**Mefloquine Advocacy Letter**

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“**Quinism?  PTSD wasn’t real either, until it was.”**

**I was administered Mefloquine/Larium, I experienced symptoms listed on manufactures product monogram black box warning. It still affects me and my family today, Please read this and help me?**

**Quinoline Anti-malarial Medication Exposure – Clinical Information Letter**

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This letter is directed towards medical providers including General Practitioners, Psychiatrists, Psychologists, Psychotherapists, Social Workers, or any other clinician or medical provider working in Veteran Health provision. This information is presented in order to help providers of Veteran health care be informed in regards to the multiple issues that have been associated with the quinoline anti-malarial drug mefloquine. I hope that you will read more in order to provide best care to your patient.

Many veterans were given quinoline based anti-malarial drugs which have now been flagged as problematic and a confounder in diagnosis of psychiatric problems. Information is surfacing about how these drugs have impacted veterans – but the clinical markers, clinical path, and best practice is much less clear. It is the aim of this letter to assist with beginning to develop clearer clinical paths in order to best handle identification and screening into your differential diagnosis for your Veteran patients and clients. Not all Veterans have access to, and can afford detailed assessment by informed providers and it would be optimal that Veterans are given care and diagnosis by their existent providers for all their medical issues.

I am writing this as a clinician, from my experience, research, and treatment of many Veterans and after speaking with other mental health providers who provide psychological and psychotherapeutic service for those who were identified as having Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or another Occupational Stress Injury (OSI). Many of our clients have come forward with similar markers that do not seem to fit the typical psychological symptomatology, and also have additional medical symptomatology, along with reported past use of quinoline anti-malarial medication use during a deployment. Clinicians have noticed that there are a number of symptoms and medical issues that are outside the scope of our psychological and behavioural practices. These are medical issues, not psychological. Ultimately, there is an observed treatment gap occurring when many of our Veterans seek medical care, and their concerns are pushed back into the realm of “psychological problems” deemed somatic, addressed piecemeal, or not addressed at all. Our Veterans deserve good medical care. We as psychological helpers know our scope of practice, and hope that medical providers are able to provide appropriate medical care, diagnosis, and referrals in tandem with our psychological treatment. It is absolutely essential that we do not treat medical issues as psychological issues and it would be unethical for us to not speak up about these concerns.

In particular, psychological and psychotherapeutic providers are seeing symptoms which include anxiety, depressed mood, mood swings, agitation, poor frustration tolerance, extremely vivid nightmares, difficulty making decisions, restlessness, confusion, problems with memory and attention, and sleep dysfunction, but these are often accompanied by other non-psychological issues including: digestive problems, dizziness, temporospatial disorientation, vertigo, tinnitus, and other hearing challenges, vision disturbance (such as convergence/focusing difficulties), sensitivity to noise, sensitivity to light, unsteady gait, migraine, thermal regulation difficulties and hot flashes, swallowing issues, nausea, and high levels of sleep apnea. We are not seeing this grouping of issues presented in this way, so consistently, with the non-veteran population who did not take a quinolone anti-malarial medication in the past. This does not affect all veterans who took a quinoline anti-malarial, but it is affecting many. This specific grouping of symptoms has been described in relation to this medication with peer reviewed literature which I will attach following this document.

Clinical Concern – Chronic Issues following the use of quinoline anti-malarials:

Although the acute effects of mefloquine are well-documented, as highlighted by the black box warning on the drug’s label, chronic effects associated with past use of quinoline anti-malarials (often from as few as a single dose) are less widely known by medical providers. These chronic effects are thought due to a chronic encephalopathy termed *neuropsychiatric* *quinism*. Please see the attached information which explains this condition in more detail. I believe that this information, together with your appropriate and informed clinical care could be of great benefit to your Veteran patients and would assist in obtaining appropriate care, differential diagnosis, and subsequent treatment.

Clinical Concern – Confounding Diagnosis:

The accurate diagnosis of PTSD, TBI, and other OSI can be confounded from the past use of quinoline anti-malarials. As we know from the DSM 5, per Criterion H, PTSD cannot be diagnosed if the symptoms are due to a medication side-effect. The possibility that chronic symptoms such as nightmares, anxiety, depression, and paranoia, that might otherwise contribute to these diagnoses, may be due to quinism requires that clinicians screen for past exposure to quinoline antimalarials.

Clinical Concern – Problems with Consistent Primary Care and Consistent Medical Records:

There is an inherent difficulty in veterans receiving consistent medical care. Unlike civilians who generally have a family doctor that is familiar with their health history, active military members frequently change geographic locations, and also did not have care provided by our various provincial government health care system. Their medical files are handled privately by the Department of National Defense and often are not transferred to primary care providers upon discharge from the military. If veterans do request their medical documents these can take up to a year to obtain and often the documentation is not fully complete, most times not stipulating the administration of quinoline anti-malarials. Veterans essentially have inconsistent primary care and inconsistent medical records, and thus are more vulnerable to comprehensive good medical treatment; the dangers of which are particularly exacerbated in the case of a complicated syndrome where good treatment depends on comprehensive and consistent care. Their current providers do not necessarily know their patients. Often it is the regular psychological and psychotherapy providers who are seeing all of these symptoms which are of medical concern.

Another confounder in providing good care, which is particularly difficult for veterans who are struggling with the above issues is the mistrust in the medical system. Veterans are often reluctant to approach medical providers as the distrust in the medical system has been established when they feel they have been given medication which has injured them in the past by medical providers. These elements need to be considered by primary care providers in particular in determining treatment and providing consistent, ethical, and compassionate care. Often it is quite difficult for psychological providers to get Veterans into medical providers, hospitals, doctors, and this presents as a barrier to healthcare.

Recommendations for Treatment:

According to the existent treatment literature, recommendations for treatment are:

* Screening for past use of quinolone anti-malarial medication use
* Screening for positive symptoms reported while taking quinolone anti-malarial medications
* Screening for the exposure to Traumatic Brain Injury
* Ask your patients if they have a copy of their medical documentation and if not they can be obtained through the Privacy Act
* Referral to Vestibular Rehabilitation if affected
* Utilize assessments to determine what is being affected and how
* If someone is presenting as having PTSD and TBI rule out quinolone toxicity having any effects
* Civilians who travelled who were prescribed quinolone anti-malarial medications also are affected
* Symptom diary is recommended to track at least a month of concerns
* Complete a sleep study
* Referral to Psychotherapy and Psychology (I have found an approach of Cognitive Behavioural Therapy, as well as Dialectical Behavioural Therapy to be approaches that have assisted in most cases thus far but more research is needed to develop a consistent and proven standard of care approach.)

Canadian Deployments which may have exposed your patient:

Ask your patients where they were deployed and ask if they were given anti-malarial medications. Known Military experience and tours which were likely to be exposed to mefloquine include: Operation Deliverance (Somalia); Operation Marquis/Cambodia Mine Action Centre (Cambodia); Operation Consonance (Mozambique); Operation Panda (Papua New Guinea); Operation Prudence (Central African Republic); Operation Tango (Western Sahara); Operation Lance/Operation Passage (Rwanda); Operation Pastel (Angola); Operation Preserve (Ethiopia); Operation Addition/Operation Eclipse (Ethiopia/Eritrea); Operation Sculpture/Operation Reptile (Sierra Leone); Operation Assurance/Operation Crocodile (Democratic Republic of Congo/Zaire); Operation Toucan (East Timor); Operation Apollo (Afghanistan) Ranging from 1992-2007. There are also additional operational deployments that used the medications.

Lack of Research – Call to Medical Providers to share information, document:

Research is much needed in this area. At the current time there are no known numbers of affected persons. If you or another individual that you know is interested in making a donation to go towards advocacy or research donations are accepted by Veterans House Charity at [www.veteranshouse.ca](http://www.veteranshouse.ca/) and a tax donation receipt will be issued. All research funding will be provided directly to The Quinism Foundation.

In summation, I thank you for continuing to improve your health care skills on behalf of the veteran patient providing this document to you. I welcome any inquiries directly at my contact information below.

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