

NATO STANDARD

AMedP-8.14

**MANAGEMENT OF POST
DEPLOYMENT SOMATOFORM
COMPLAINTS**

Edition A Version 1

JUNE 2016



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

**Published by the
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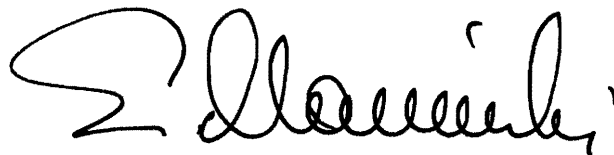
NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

3 June 2016

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CHAPTER 1 INTRODUCTION

1.1. AIM

The aim of this Allied Medical Publication is to establish common procedures by NATO nations for preventing and managing post deployment somatoform complaints.

1.2. GENERAL

In order to ensure successful pre, during and post deployment handling of psychological stress and its impact on soldiers deployed into theatre of operation, a standardised format and a common template is needed.

1.3. DEFINITION (See NTMS)**1.3.1. Mental health professional (MHP)**

A clinician appropriately trained to perform diagnosis and treatment of mental, emotional and behavioural disorders.

1.3.2. Psychiatrist

A physician appropriately trained and licensed to perform diagnosis and treatment of mental, emotional and behavioural disorders.

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CHAPTER 2 STATEMENT OF DETAILS

2.1. BACKGROUND

Non-specific physical and psychological symptoms are commonly experienced in military and civilian populations. Frequently these symptoms defy aetiological classification but may be attributed by those persons experiencing them as having been caused by some previous experience. These unexplained medical symptoms are best approached proactively with a bio-psycho-social perspective.

2.2. OCCURRENCE IN ARMED FORCES

Military forces can anticipate that personnel returning from their deployments will complain of medically unexplained symptoms and attribute these symptoms to their deployment. Military physicians must be aware that this process commonly occurs. Treating physicians should approach such patients mindful of socio-cultural and psychological factors that contribute to such suffering in addition to biological processes that may be important. Media reports, activist groups and compensation may cause, colour, reinforce and perpetuate this suffering.

2.3. LITERATURE TO DATE

1. Numerous studies have demonstrated a group of nonspecific symptoms commonly experienced by soldiers of different nations after different deployments. These symptoms can be found in individuals after recognized, psychiatric illnesses such as depression and stress disorders have been excluded. It is commonly agreed that these are somatoform disorders.

2. A number of factors exist to perpetuate the perception in the sufferer's mind that they are suffering from some sort of new and as yet unidentified illness. These factors include the media and social activism groups who give this constellation of symptoms a name (e.g. "Deployment X syndrome"). Attribution of the suffering to some physical agent or situation only perpetuates in the mind of the sufferer that they have a special condition. Even well-intentioned but perhaps overactive medical investigation can reinforce in the mind of the sufferer the perception that they are suffering with some sort of physical ailment.

2.4. ACTIONS TO BE TAKEN TO COUNTER THE DEVELOPMENT OF SOMATOFORM COMPLAINTS

1. Medical intelligence should attempt to identify risk factors (both psychological and environmental) in the operational theatre that could lead to the development of somatoform symptoms. Education incorporating psychological domains and which addresses these putative risk factors during pre deployment training is recommended.

2. Vaccination and chemoprophylaxis are processes to which non-specific symptoms may be attributed. These procedures should be carried out within an environment of education. This is particularly important with vaccinations with seldom-used agents. Seldom-used agents or those perceived to be particularly noxious should not be undertaken at the same time as vaccination with other agents.
3. Consideration should be given to carrying out a post-deployment medical examination as soon as possible after the military member has returned from their deployment. Symptoms (physical and mental) and findings should be noted and appropriately recorded. Consideration of somatoform disorders should be part of the examining physician's differential diagnoses.
4. In order to minimize the dependency upon a military member's recall (which can be biased by later events) it is strongly recommended that a log of where a military member served during their deployment should be kept. Details concerning the nature of their activities and the operational environment should also be noted.

ANNEX A LIST OF REFERENCES
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A.1. REFERENCE PUBLICATIONS

The following are the principal references used for this document:

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| a. | MC 326/3 | NATO Principles and Policies of Medical Support |
| b. | AD 83-1 | ACO Directive for Medical Support to Operations |
| c. | STANAG 2228 - AJP-4.10 | Allied Joint Doctrine for Medical Support |
| d. | STANAG 2542 - AJMedP-1 | Allied Joint Medical Planning Doctrine |
| e. | STANAG 2564 - AMedP-8.6 | Forward Mental Healthcare |
| f. | STANAG 2565 | A Psychological Guide for Leaders Across the Deployment Cycle |

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