Presentation 11 – Quentin Deming & William Weiss

Successful Antibiotic Treatment Of The Gulf War Syndrome A Pilot, Randomized, Placebo Controlled, Blinded Trial

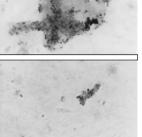
Successful Trial Of Urine Microscopy For Control Of Antibiotic Treatment Of Systemic Coccal Disease

> Edward S. Hyman M.D, FACP William Weiss and Quentin B. Deming M.D.

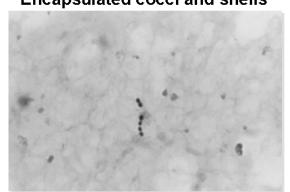
Edward S. Hyman M.D, FACP







Encapsulated cocci and shells



Flow Diagram of Protocol

Recruitment & Informed Consent (New Orleans)

Pre treatment Evaluation and conformity to admission criteria (SUNY Stony Brook)

Randomization (Kunitz & Associates-Maryland)

Hospitalized IV Rx, 2-3 weeks (New Orleans) blinded

oral Rx, 2 months (Home or duty) blinded

IV Rx, 5 days (New Orleans) blinded

Oral Rx, 1 mo, (Home or duty) blinded

Final Evaluation (SUNY Stony Brook) blinded

KAI breaks code & sends data to statistician

Patient Inclusion Criteria

- 1. Deployed to the Gulf
- 2. Symptoms did not pre-exist the deployment
- 3. Occurred by the end of 1993
- 4. No other explanation for the symptoms
- Presence of Fatigue, and Impaired Cognitive Processing, plus Somatic Pain + one additional study secondary condition
- Urine had abnormally increased excretion of GRAM positive cocci, or degenerated coccal forms

Elements of Study Design

 The sample size of 36 was calculated (using a log rank test of proportions to achieve a power (1-Type 2 error) of 80% in this trial in order to detect a change from 20% of the placebo patients demonstrating improvement to 80% of the treated patients demonstrating improvement, with a study Type-1 error of 5%, after a 4 month period of treatment.

Study Cohorts

Evaluable cohort (n=36)

Intent_to_Treat cohort (n=38)

Baseline Endpoints Variables

Primary Endpoints

- 1. Modified Fatigue Impact Scale (Fisk)
- 2. Fatigue Assessment Inventory
- 3. Neuropsych Impairment Index

Secondary Endpoints

- 1. Sleep Quality
- 2. Headache, % patients with
- 3. Median number/month
- 4. Diarrhea, % ≥ 1/day
- 5. Severity score ≥ 3
- 6. Pain, Visual Analog Scale (McGill)
- 7. Dolorimeter
- 8. Quality of Life

Baseline Variables

<u>Variables</u>

Demographic	4
Military Service	3
Urine Assessment	5
Exposure to Hazards	13
Endpoints	11

Baseline Characteristics

VARIABLE	PLACEBO	TREATMENT	TOTAL N
Age (years) mean	42.1	39.9	36
Race, % white	94.1	72.2	35
Sex, % male	88.9	83.3	36
Education, % college	70.6	88.9	35
Military Status, % Medical leave	6.2	11.8	33
Military Background % active duty	82.3	68.8	33
Time in Gulf Median (days)	182	197	29

Study population characteristics at baseline

Baseline Urine Variables

	<u>Placebo</u>	Treatment	Probability
Protein, %< 2mg/dl	52.9	33.3	0.32
Gram + cocci	29.4	27.8	1.00
Abnormal cocci+	64.7	44.4	0.31
Exploded cocci	82.4	72.2	0.69
Gram- Rods	11.8	11.1	1.0

Exposure to Hazards at Baseline

	% Ехрояите	% Ехрояите	Prob	N
	Placebo	Treatment		
Chemical warfare/nerve gas	41.7	61.5	0.43	25
Cigarette S moke	23.1	29.4	1.00	30
Deet- Insect repellent	30.8	33.3	1.00	30
Diesel fueled tent heaters	42.9	529	0.72	31
Iraqi POWs	14.3	50.0	0.06	30
Oil Well Fire Smoke	64.3	82.4	0.41	31
Petroleum Contaminated H20	30.8	31.2	1.00	29
Inocalations (Pyridos tigmine)	58.3	94.1	0.06	29
Ethanol Excess	0.0	0.0	1.00	30
Recreational Drug Use	0.0	0.0	1.00	30
Flea Collars	0.0	59	1.00	30
Pesticides, Uniform	45.4	733	0.23	26
Other Exposures	20.0	29.4	0.69	32

Outcome Variables at Baseline

OUT COME VARIABLE	PLACEBO	TREATMENT	TOTAL N
Fisk, mean score (ms)	15.1	14.9	36
Fatigue Assessment Index ms)	5.9	5.9	36
Neuropsych impairment index, median score	-0.72*	-0.60	35
Sleep Quality, median score	3.5	3.7	28
Headache, % patients with	88.9	83.3	36
Median mumber/month	13	18.5	36
Diarrhea, %≥ 1/day	37.5	25.0	28
Severity score ≥ 3	55.6	33.3	36
Pain, McGill, median score	6.3	6.0	36
Dolorimeter, median score	0.5	1.5	34
Quality of Life, median score	20.0	22.5	36

*one outlier excluded

Efficacy Evaluation Primary Variables

FATIGUE

Modified Fatique Impact Scale (Fisk)

No statistically significant difference

Baseline Final (4 months) p=0.0047 Final from Baseline p=0.0074

Fatique Assessment Inventory

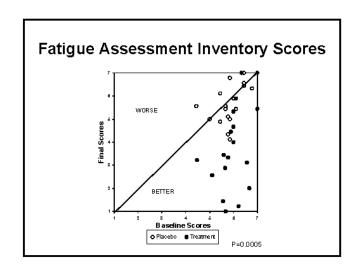
No statistically significant difference Baseline

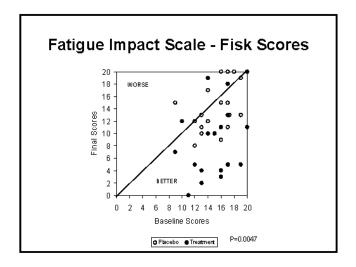
Final (4 months) p=0.0005 Final from Baseline p=0.0002

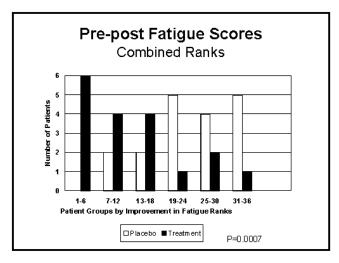
Combined Wilcoxon rank sum test p=0.0007

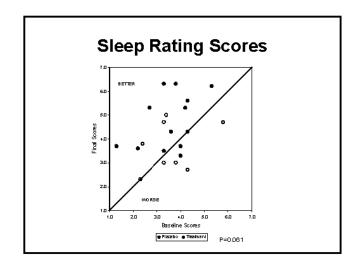
NEUROPSYCHOLOGICAL IMPAIRMENT INDEX

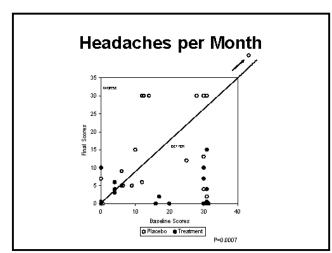
No statistically significant difference Final (4 months) No statistically significant difference

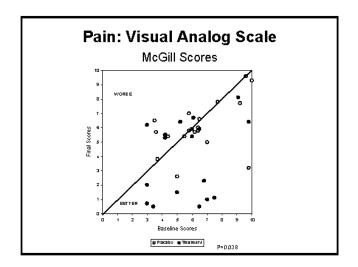


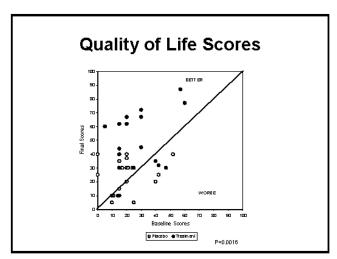






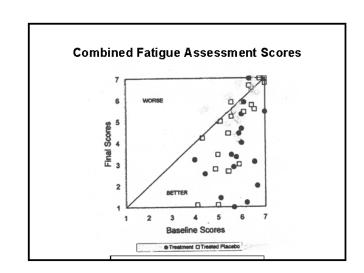


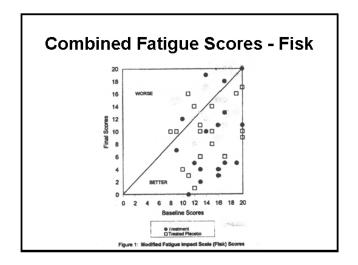


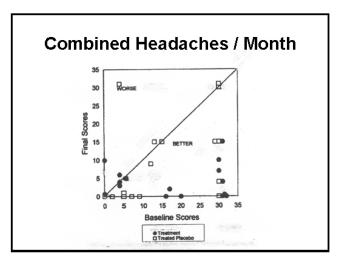


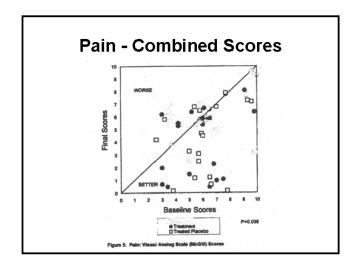
Surmise of Treatment Assignment By Patient and Evaluator

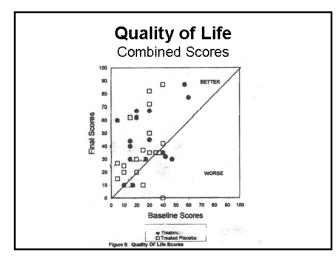
Patient Surmise		Patient on
	Placebo	Treatment
Placebo	13	3
Treatment	5	15
Total	18	18
Evaluator Surmise	Placebo	Patient on Treatment
Placebo	15	3
Treatment	3	15
Total	40	18
Total	18	10

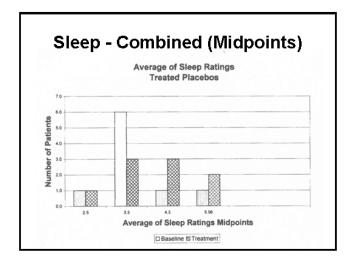












Conclusions

- A randomized, placebo-controlled, blinded, pilot study has shown that an antibiotic regimen, controlled by monitoring excretion of Gram positive cocci, is effective in ameliorating a syndrome which affects thousands of Gulf War veterans and for which no treatment has previously been proven effective.
- The validity and effectiveness of the urine microscopy method for diagnosis and for control of treatment has been confirmed.
- The hypothesis that Gulf War Syndrome is bacterial in origin, though not proven, is supported.

Statistical Methods

- Continuous, normally distributed variables were tested for treatment group differences by two-tailed t-tests. If the variables differed from a normal distribution, they were tested by the VMIcoxon rank sum test [12].
- Categorical variables, such as race and sex, were tested by a two-tailed, Fisher's exact test.
- One of the primary outcome variables, Fatigue, is based on 2 tests; the Modified Fatigue Impact Scale (Fisk), and the Fatigue Assessment Inventory. A combined statistical analysis of these 2 tests was accomplished by a combined Wilcoxon rank sum test[13].