

# Gulf War Follow Up Study: History and Update

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1 August 2017



- In response to Gulf War Veterans' health concerns VA Environmental Epidemiology Service initiated the National Health Study
- First data collection conducted in 1995
- Follow up data collections conducted in 2005 and 2012



- Sampled from the known population of Gulf War
   Veterans and Gulf
   War-era Veterans
- Permanent panel of Guar
   15,000 Gulf War
   and 15,000 Gulf Era
   Veterans

	Unit	Male	Female	Total
	Active	4,800	1,200	6,000
	Reserve	4,000	1,000	5,000
	Guard	3,200	8000	4,000
l	Total	12,000	3,000	15,000



JUN 1995

# GULF WAR FOLLOW UP STUDY: HISTORY

OMB Mumber: 2900-0558 Expiration Date: 9/1/9/1 Estimated Burden: 30 minut

#### Department of Veterans Affairs

### NATIONAL HEALTH SURVEY OF PERSIAN GULF WAR ERA VETERANS

#### QUESTIONNAIRE

SPONSORED BY U.S. DEPARTMENT OF VETERANS AFFAIRS VETERANS HEALTH ADMINISTRATION

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OMB Number: 2900-063 Estimated Annual Burden: 30 min OMB approval expires 11/30/200

### LONGITUDINAL HEALTH STUDY OF PERSIAN GULF WAR ERA VETERANS

#### QUESTIONNAIRE

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Follow-Up Study of a National Cohort of Gulf War and Gulf Era Veterans

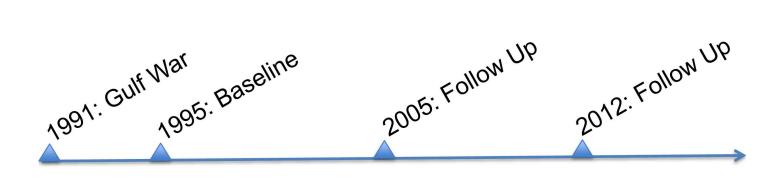
OMB Number: 2900-0780 Expiration Date: 02/28/2015 ated Burden: 30 n

Questionnaire Sponsored by the Department of Veterans Affairs



PRIVACY ACT STATEMENT: The information requested on this survey is solicited under authority of 38 U.S.C. Section 7303. It is being collected to assist VA in learning more about the health of veterans and will help VA to provide better modical care. The information you supply will be confidential and protected by the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) and specifically the VA system of records entitled 34VA12, "Veteran, Patient, Employee and Volunteer Research and Development Project Records - VA." Releases of the information may only be made with your consent or as identified in a "routine use" of the system of records, Routine uses include releases of statistical data and non-identifying data for research and associated administrative purposes, Disclosure is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

PAPERWORK REDUCTION ACT INFORMATION: This information is collected in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Accordingly, VA may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. VA anticipates that the time expended by all individuals who complete this survey will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts, and fill out the survey. The information requested on this survey will be used to help VA assess the health status of veterans and plan health care services. A response to thi survey is voluntary.





Year	Response Rate	Modes		
1995	70%	Paper and CATI*		
2005 34%		Paper and CATI		
2012 50%		WEB, Paper, and CATI		
*CATI = computer assisted telephone interview				

- Paper survey data entered by optical scanner
- CATI (computer assisted telephone interview) data entered by interviewer
- WEB (2012 only) direct into survey form by Veteran
- Our first step-conduct analysis on 2012 data



- First analysis of the 2012 data looked at cross-sectional disease prevalence twenty years after the war (Dursa et al 2016)
- Longitudinal view of the data required looking at the 2005 and 1995 data to compare it with the new 2012 data
- We observed decreased lifetime prevalence of medical conditions in 2012 compared to prevalence reported in 2005



- We were confident in the 2012 data collection and analysis
- Performed initial data quality checks of the 2005 data – comparing survey pages to electronic data
- Data recorded in 2005 electronic database did not match the data written on the paper surveys



- PDHS Leadership contacted the following groups to decide next steps
  - Institutional Review Board
  - Office of Research Oversight
  - National Center for Ethics in Health Care
  - Previous PIs of the 2005 study/authors
  - Journal
- Briefed VA and RAC Chair
- Our goal throughout-transparency and integrity of data and processes



- We performed a through audit of the 2005 data-Dr. Dursa will describe in detail
- Findings on prevalence based on 2005 survey data have not put any Veterans at risk
- Re-examining the 2005 data should have no bearing on existing policy
- We take full responsibility and have safeguards in place to ensure integrity of the data and transparency of processes



# Erin K. Dursa, PhD, MPH Epidemiology Program Post Deployment Health Services



 Principal investigator for Follow Up Study of a National Cohort of Gulf War and Gulf Era Veterans

- Performed cross sectional analysis of the 2012 follow up study
- Began to prepare data for longitudinal analysis

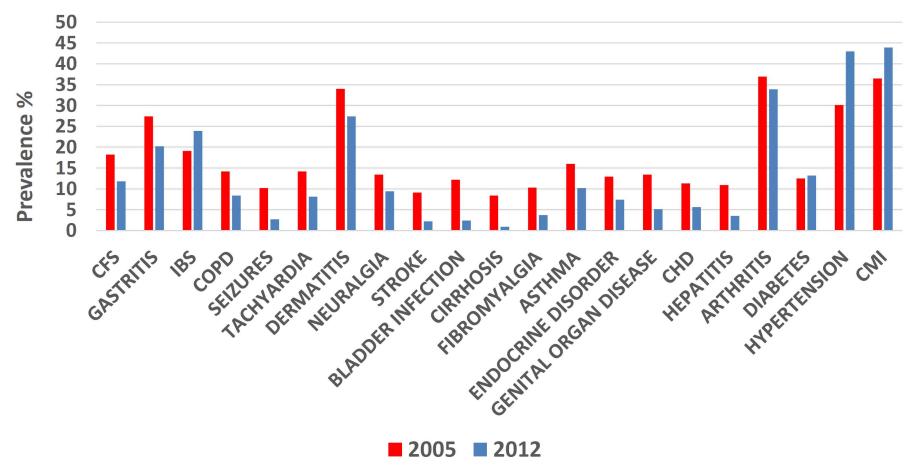


• "Has a doctor ever told you that you have any of the following conditions?"

 Comparison of overall published results from these data collections showed a markedly higher lifetime prevalence of conditions reported in 2005 than was observed in 2012

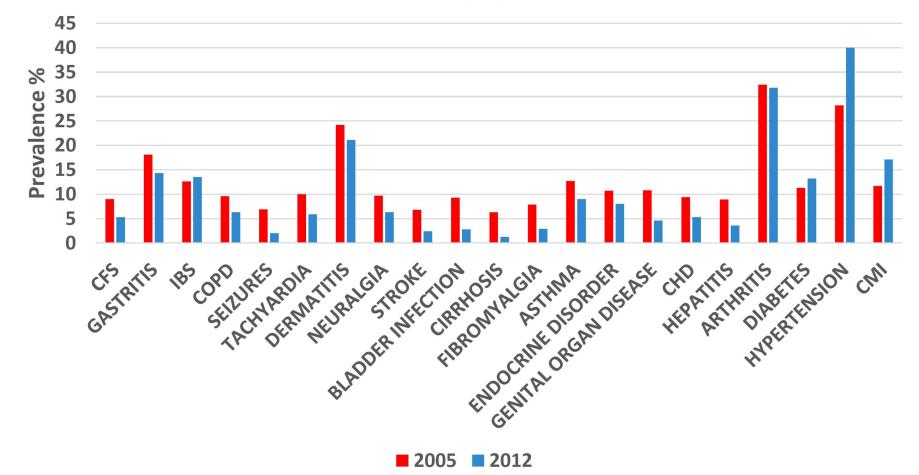


## Self Reported Prevalence of Medical Conditions in 2005 and 2012: Deployed





## Self Reported Medical Conditions in 2005 and 2012: Non Deployed



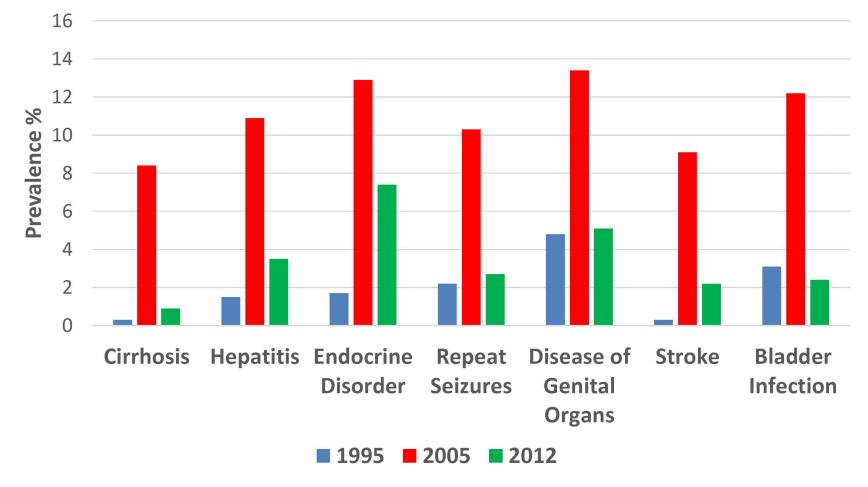


• Three data points are necessary to adequately evaluate trend that was observed in this data

• Reviewed published data from the 1995 study of the cohort and compared to results reported in 2005 and 2012

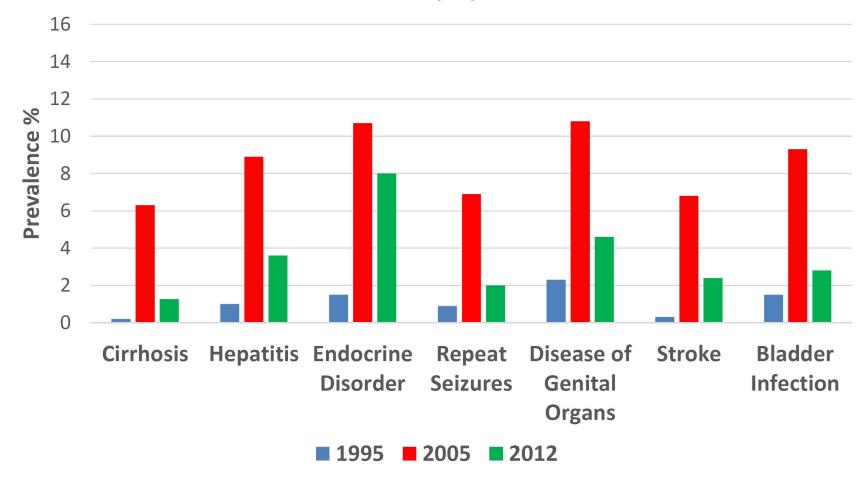


## Prevalence of Self Reported Medical Conditions Over Time: Deployed





## Prevalence of Self Reported Medical Conditions Over Time: Non Deployed





- Performed a subgroup analysis of the same Veterans who responded to survey in both 2005 AND 2012
  - Make sure the increased prevalence was not due to selection bias
  - In over 500 cases, respondents endorsed having been told by a doctor that he/she had ALL 23 medical conditions listed in the 2005 data collection; this pattern was not repeated in 2012



# Next:

- Visually inspected a random sample of PDFs of original paper surveys from the 2005 study to compare to the responses recorded in the electronic database (n=50)
- In all 50 surveys, the values reported on the paper survey were not the values recorded in the electronic database



8a.	Has your doctor <b><u>ever</u></b> told you that you have any of the following conditions?	NO	YES	<ul> <li>8b. Has this condition been present in the past 4 weeks?</li> <li>NO YES</li> </ul>
1.	Arthritis of any kind (including rheumatoid or osteoarthritis)	$\circ$		0 0
2.	Fibromyalgia	$\bigcirc$	$\circ \longrightarrow$	0 0
З.	Skin cancer	0	· •	0 0
4.	Any other cancer	$\bigcirc$	$\circ \longrightarrow$	0 0 .
5.	Dermatitis or any other skin trouble	Ø	$\circ \longrightarrow$	00
6.	Cirrhosis of the liver	0	ightarrow	0 0
7.	Hepatitis	0	$\circ \rightarrow$	0 0
8.	Chronic Fatigue Syndrome	0	$\circ \longrightarrow$	0 0
9.	Gastritis (irritation of the stomach)	O	$\circ \rightarrow$	
10.	Irritable bowel syndrome	0	$\circ \longrightarrow$	0 0
11.	Diabetes	0	$\circ \rightarrow$	0 0 IIII
12.	Other endocrine disorder (including thyroid problems)	$^{\circ}$	$\bigcirc \longrightarrow$	0 0
13.	Repeated seizures, convulsions, or blackouts	0	$\circ \rightarrow$	0 0
14.	Depression	0	$\circ \longrightarrow$	0 0
15.	Neuralgia or neuritis (nerve inflammation)	0	$\circ \rightarrow$	00
16.	Any disease of the genital organs	0	$\bigcirc \longrightarrow$	0 0
17.	Coronary heart disease	0	$\circ \rightarrow$	00
18.	Hypertension (high blood pressure)	0	$\bigcirc \longrightarrow$	0.0
19.	Stroke or cerebral-vascular accident	0	$\circ \rightarrow \rightarrow$	00
20.	Tachycardia or rapid heart	$^{\circ}$	$\sim \rightarrow$	0 0
21.	Asthma	O	0	$\circ \circ$
22.	Emphysema or chronic bronchitis (or chronic obstructive pulmonary disease)	0	ightarrow	0 0
23.	Repeated bladder infections	0	$\circ \rightarrow \bullet$	00



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5. Dermatitis or any other skin trouble	Ø	$\circ \rightarrow$	00
6. Cirrhosis of the liver	0	°>	0 0
7. Hepatitis	0	<u> </u>	0 O



- In collaboration with ORD Cooperative Studies Coordinating Center at Hines we conducted a larger audit of surveys
  - Reviewed all paper surveys with the 100% endorsement response pattern in the 2005 database
  - In all of these surveys, the recorded response in the database was a yes, the reported response on the survey was a no



 Previously reported data overestimated prevalence of medical conditions in this population

 Bias is non-differential by deployment status

 Overestimated prevalence in both Gulf War and Gulf Era populations



- Full data re-entry of all 9,397 surveys is underway
  - Double data by teams of 2 data entry specialists
  - Data entry program flags records with discrepant values for data entered by each specialist on the team
  - Each week the flagged records for each team are adjudicated by the opposite team and the onsite QA/QC manager



 Onsite QA/QC manager validates a random sample of 25% of surveys entered in each week

• VA team performs monthly quality checks on 10% of the surveys entered each month



- Completion of data re-entry is scheduled for December 2017
- Re-analysis of 2005 survey data will be performed

• Longitudinal database will be built and analyzed