

## LETTERS



## MEFLOQUINE IN MILITARY PERSONNEL

# Better approach needed to detect and treat military personnel with adverse effects from mefloquine

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The use of mefloquine in military personnel has long been controversial.<sup>1</sup> Recent evidence presented to the current defence select committee inquiry called mefloquine the “least safe of the available antimalarial regimens currently used,”<sup>2</sup> yet anecdotal evidence suggests that mefloquine has been routinely issued without an individual risk assessment for several decades. The Ministry of Defence (MOD) admitted that defined protocols for prescribing mefloquine had been available since 1997, but that it lacked internal measures to ensure that they were applied in practice (Oral evidence, 12 January 2016). Given the high incidence of neuropsychiatric side effects,<sup>3</sup> and the difficulty in ensuring appropriate prescribing and follow-up in the military setting,<sup>4</sup> this seems at odds with principles of good military medicine and is against the manufacturer’s guidelines as well as GMC good practice guidelines.<sup>5 6</sup>

To date little attention has been paid to the long term outcomes of military personnel who have been exposed to mefloquine during active service. The syndrome of mefloquine toxicity has been formally described,<sup>7 8</sup> yet military practitioners have been slow to accept this as a plausible diagnosis in people with complex neurological and psychiatric problems and confirmed exposure to mefloquine. A lack of recognition that these symptoms probably contribute to poorer mental health outcomes in military personnel affected by this disorder constitute both a “moral” and physical injury.<sup>9</sup>

At the recent defence select committee inquiry, the MOD asked people who think they have experienced adverse effects from mefloquine to come forward. Given the problems with self reporting of mental health disorders in the military and limited post-deployment psychological monitoring to identify symptoms,<sup>10</sup> there may be few takers. A better approach might be to instigate an immediate retrospective review of all prescribing records to identify those who have been exposed

during military service; delivery of a bi-yearly psychological health assessment protocol for those currently serving that can identify symptoms that might have been caused by exposure to mefloquine; and implementation of targeted programmes using the veterans support agencies to provide specific treatment and support for those affected.

Competing interests: None declared.

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