



Post-traumatic Stress Disorder— A Problem of War and Peace

*“PTSD, referred to at one time as battle fatigue, affects the lives of many of our nation’s veterans.
VA Research is working to improve the treatment of this illness.”*

John G. Demakis, MD

Director, Health Services Research and Development Service

What is post-traumatic stress disorder?

There are several diagnostic criteria for PTSD, but the most important is exposure to a “traumatic stressor.” This traumatic stressor, or event, could involve actual or threatened death or serious injury; witnessing an event that involves death or injury, or threat to physical integrity; or learning about an unexpected or violent death, serious harm, or the threat of death or injury of someone close.¹ For example, combat exposure, physical abuse, rape, or witnessing someone else being badly injured or killed would be considered traumatic stressors. Additional criteria include persistent reexperiencing of the traumatic event that can manifest as traumatic nightmares, daytime fantasies, and psychotic reenactments known as PTSD flashbacks. Other symptom criteria include avoidance behavior, in which the person will avoid anything that might remind them of the trauma. People with PTSD also often display symptoms that resemble those associated with anxiety disorder, such as insomnia, irritability or hypervigilance. Research has shown that PTSD can persist for decades and, in some persons, for a lifetime and is often marked by remissions and relapses.²

How does PTSD impact veterans’ health?

The National Comorbidity Survey, which gathered information on more than 8,000 adult Americans, indicates that the prevalence of PTSD among men and women is 7.8 percent and 10.4 percent, respectively. The National Vietnam Veterans Readjustment Survey (NVVRS) that focused on a repre-

sentative sample of 3,016 American veterans who served during the Vietnam era, showed that the estimated lifetime prevalence of PTSD among this population is 30.9 percent for men and 26.9 percent for women.³

Those with PTSD often have concomitant, or comorbid, illness(es). The most common disorders associated with PTSD are alcohol or substance abuse disorders, anxiety disorders, personality disorders, major affective disorders, and dysthymia (chronic, low-level depression).² For example, according to the NVVRS, the estimated lifetime prevalence of alcohol abuse or dependence among male veterans with PTSD is 39.2 percent, and the estimated lifetime prevalence of drug abuse or dependence among male veterans is 5.7 percent.³

Why is PTSD an important issue for VA managers?

Given the high prevalence of PTSD among veterans, including a significant number of aging veterans,⁴ as well as the comorbidity associated with this condition, PTSD has a substantial effect on veterans’ health. In fact, PTSD is now recognized as “a major public health problem for all military veterans and active-duty personnel.”⁵ PTSD often has profound negative effects on functioning and well-being, especially in chronic cases.⁶ Further, since comorbidity is associated with a more severe course of illness, poorer treatment outcome, and greater impairment, early recognition and treatment of PTSD is critical.

In order to improve VA health care for veterans with PTSD, we must increase our knowledge about this complex disorder. Below are recent findings from a few HSR&D studies that focus on some important issues related to the treatment and prevention of PTSD.

Study shows risk of PTSD for those on peacekeeping missions

Previous studies have shown that military personnel deployed to peacekeeping missions in places such as Somalia were at risk for PTSD and other mental disorders.^{7,8} This HSR&D study sought to continue research on modern peacekeeping operations and further examine the long-term mental health consequences of such duty. Specifically, this study examined the mental health consequences of the Bosnia peacekeeping mission and factors that may hinder treatment-seeking in this population of future veterans.

The baseline mental health status was evaluated for approximately 3,800 US military personnel before they were deployed to Bosnia (e.g., pre-deployment psychopathology, prior exposure to stressful overseas missions, and pre-deployment exposure to major life stressors). A cohort of these soldiers were interviewed a year later. The follow-up interview evaluated peacekeepers' appraisals of various experiences in Bosnia (positive peacekeeping experiences, general overseas mission stressors, negative peacekeeping experiences, and traumatic events), PTSD, general psychiatric symptomatology, and a measure of treatment needs and attitudes about seeking care.

Findings from this study show that approximately 77 percent of soldiers evaluated in the pre-deployment phase reported being exposed to at least one potentially traumatic event (PTE) prior to deployment. And, of those peacekeepers who experience at least one PTE, 29 percent met criteria for PTSD. Preliminary analyses from the post-deployment follow-up revealed that the most stressful aspects of the Bosnia peacekeeping mission were challenges related to witnessing the aftermath of death and destruction, observing suffering, and experiencing stress about peacekeeping duties, which are difficult for combat trained soldiers.

VA will be able to use the findings from this study to prepare special educational and treatment programs that address the unique mental health needs of veterans deployed to peacekeeping operations. VA is working in collaboration with the DoD, sharing expertise so that men and women in service as well as veteran peacekeepers will benefit from both primary and secondary forms of intervention.

Ehlich PJ, Roemer L, and Litz, BT. Post-traumatic stress disorder following service in a peacekeeping mission: The importance of qualitative thematic assessment. American Journal of Psychiatry, 154:1319-1320, 1997. HSR&D study #IIR 96-051

Witnessing serious injury to others can result in PTSD

More than 7,000 military women served in Vietnam; 86 percent of these women served as nurses and were exposed to extreme traumatic stressors. Since gender has proved to have a significant impact on the prevalence, manifestation, and treatment response of many diseases/conditions, this HSR&D study examines the psychophysiology of PTSD in regard to female, combat veterans. Participants in this study are female nurse veterans who served in Vietnam. Specifically, this project attempts to determine whether a pre-identified set of biologic markers can significantly differentiate female nurse Vietnam veterans with and without PTSD. These same markers have been shown to differentiate male PTSD and non-PTSD groups.

While this study is ongoing, data from one of the biologic markers indicates the first important psychophysiological validation of the impact of "witnessing" an event as a recognized stressor in the pathogenesis of PTSD. In other words, this study offers psychophysiological support that witnessing serious injury to others, in the absence of threat to oneself, can be a stressor sufficient to result in PTSD. As many people have witnessed others being seriously injured, (natural disasters, accidents, etc.), these results impact both the veteran and general populations. Increasing our understanding about the genesis of PTSD in women is vital to prevention and early treatment, especially since women are twice as likely as men to have PTSD at some point in their lives³ and represent an increasing segment of our armed forces.

Carson MA, Paulus LA, Lasko NB, et al. Psychological assessment of post-traumatic stress disorder in Vietnam nurses who witnessed injury or death. Journal of Clinical Consulting in Psychology. In press. HSR&D study #NRI 95-049

Study suggests gender differences in PTSD disability claims

Although VA has standard protocol to determine a claimant's eligibility for PTSD-related disability benefits, the granting of such benefits has varied across regions. Recently, concerns have been raised that PTSD claims for men and women are processed differently. Utilizing data from the Special Interest Resources System (SIRS), this

HSR&D study sought to examine both gender and regional differences in PTSD claims approval rates after adjusting for combat exposure.

The SIRS contains data on all veterans who filed a PTSD claim since 1980: 191,701 men and 5,249 women. Since 1980, the first year PTSD was recognized as a compensable diagnosis, 55 percent of male veterans' claims for PTSD have been approved versus 43 percent of women's claims. Of those PTSD claims that were denied, 5 percent of men and 2 percent of women appealed; ultimately, 63 percent of the men's appeals were granted versus 42 percent of the women's appeals.

Findings of this study showed that combat exposure was the strongest predictor of an approved disability claim, followed by unemployability. However, gender differences in PTSD claims approval rates persisted after adjusting for combat exposure and other variables. In addition, approval rates also vary by VISN. However, the study could not determine whether the differences noted were appropriate or inappropriate; nor could it determine the direction in which any bias might lie. Additional research using primary data collection is required to confirm or mitigate these findings.

*Principal Investigator: Maureen Murdoch, M.D., M.P.H.,
Minneapolis VAMC, Minneapolis, MN.
HSR&D study #GEN 97-002*

References:

1. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.
2. Friedman MJ. Post-traumatic stress disorder: An overview. VA National Center for PTSD, Research and Education on Post-Traumatic Stress Disorder. <http://www.ncptsd.org/Overview.html>, 2/28/00.
3. Epidemiological facts about PTSD. VA National Center for PTSD, Research and Education on Post-Traumatic Stress Disorder. http://www.ncptsd.org/FS_Epidemiological_Facts.html 2/28/00.
4. Schnurr PP. PTSD and combat-related psychiatric symptoms in older veterans. *PTSD Research Quarterly*. 2(1); Winter, 1991.
5. Schnurr PP, Friedman MJ. The National Center for PTSD: The past 10 years. *PTSD Research Quarterly*. 10(4); Fall, 1999.
6. Friedman MJ, Schnurr, PP. 1995. The relationship between trauma, post-traumatic stress disorder, and physical health. In MJ Friedman, DS Charney, & AY Deutch (eds.), *Neurobiological and clinical consequences of stress: From normal adaptation to post-traumatic stress disorder*. Philadelphia: Lippincott-Raven, pp. 507-524.
7. Litz BT, et al. Post-traumatic stress disorder associated with peacekeeping duty in Somalia for U.S. military personnel. *American Journal of Psychiatry*, 154, 178-184, 1997.
8. Orsillo SM, et al. Psychiatric symptomatology associated with contemporary peacekeeping: An examination of post-mission functioning among peacekeepers in Somalia. *Journal of Traumatic Stress*, 11, 611-625, 1998.

For more information about this issue of MANAGEMENT BRIEF, or to send comments, contact:

Gerry McGlynn, M.Ed., MDRC (152M), Manager, Information Dissemination Program, 150 S. Huntington Avenue, Boston, MA 02130. Phone: 617-278-4433. Fax: 617-278-4438.

To see additional MDRC publications and reports, visit the Research and Development web page at <http://www.va.gov/resdev> or the Intranet site at <http://vawww.va.gov/resdev>, or utilize the MDRC Fax-on-Demand system by calling 617-278-4492.

This is our fourteenth MANAGEMENT BRIEF. Please fax us your suggestions and comments:

Name: _____
Title: _____
Phone: _____ Fax: _____

The MANAGEMENT BRIEF is produced by the Management Decision and Research Center, a program within VA's Office of Research & Development, Health Services Research & Development Service. The purpose of the MANAGEMENT BRIEF is to provide VA senior management with a concise and timely overview of a specific health care topic that includes topic definition, benefits, VA research activities, and resources for further information.