



VA Research Currents

Update from the Medical Research Service...

Geriatricians needed as mentors for young investigators

By Paul M. Hoffman, MD, director

Our agency has long been recognized as a leader in the field of geriatric medicine. On the research side, with the large population of aging veterans treated at VA medical centers, we are in a unique position to gain important information about the aging process from this valuable pool of potential volunteers. The Medical Research Service (MRS) supports fundamental research designed to advance our knowledge of the basic mechanisms underlying the aging process and age-related disorders. VA scientists have made important discoveries in the areas of brain disorders, bone metabolism and prostate cancer. Additionally, clinician-researchers have made important advances in the diagnosis and treatment of diseases of aging through MRS-funded programs.

The MRS research portfolio related to aging is very strong, with a wide breadth of age-related research topics covered by investigators funded through the Merit Review program or by scientists funded in the collaborative setting of our Research Enhancement Award Programs (REAPs). Currently, 15 REAPs are investigating problems that are highly prevalent in the aging population, including bone disease, cardiovascular disease, prostate cancer, neurodegenerative diseases, and stroke.

REAP investigators are encouraged to train new investigators through the

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Study to track health of military personnel

In the largest study of its kind ever conducted, a team led by researchers from the Department of Defense (DOD) and VA will follow as many as 140,000 military personnel for up to 21 years to track changes in their health. Named the "Millennium Cohort Study," the effort began last year and is expected to help answer important questions about the health effects of military service. Findings will also guide DOD and VA policy on health care and benefits.

"The main goal of the study is to compare changes in health status between deployed and non-deployed personnel and to look at how deployment affects the incidence rates of chronic diseases," said Edward J. Boyko, MD, MPH, study co-investigator and director of VA's Seattle Epidemiologic Research and Information Center.

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An answer to PTSD nightmares?

Of the more than 10 million Americans with post-traumatic stress disorder (PTSD)—including hundreds of thousands of combat veterans—about one in four suffers recurrent trauma-based nightmares. A VA psychiatrist in Seattle has been clinically testing a drug called *prazosin* that he believes may be the first safe, effective treatment for this tormenting symptom. Prazosin is an adrenaline blocker

"It's a new lease on life for these guys."

originally approved for the treatment of hypertension but now prescribed mainly for urinary problems in age-related prostate enlargement.

In the July 2002 *Journal of Clinical Psychiatry*, Murray Raskind, MD, published findings from a retrospective chart-review study of 59 combat veterans with PTSD. His team found that among 36 patients who completed at least eight weeks of prazosin treatment, "recurrent distressing dreams" scores on the Clinician Administered PTSD Scale improved significantly, from 7.0 to 3.5. Scores also improved in a subset of 51 patients who began but did not complete prazosin treatment, compared with no significant change for eight patients who never started treatment. Two earlier studies by Raskind, with much smaller groups

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of patients, showed a similar effect for prazosin.

“It’s a new lease on life for these guys. It’s pretty incredible,” said Raskind, director of mental health services at the VA Puget Sound Healthcare System.

Prazosin was originally formulated for hypertension, but was replaced by more effective treatments. “It’s not a great blood-pressure-lowering drug—which is good for vets with PTSD, because we don’t want them falling down [from syncope],” said the researcher. He noted that the drug has few side effects overall. He described its action in these terms:

“It doesn’t put you to sleep—but once you fall asleep, you stay asleep without waking up at two o’clock in the morning to check the perimeter and make sure the VC [Viet Cong] are sitting in their own bunkers.”

Raskind added: “The biggest drawback is that it’s not a cure—so if you stop taking prazosin, the nightmares come back. But you can take this drug long-term. We’ve had veterans taking this drug for over five years. The nightmares stay suppressed, and it has really changed their lives.”

He cited one Vietnam veteran in particular who said that with prazosin

he was getting a good night’s sleep for the first time in 30 years.

Raskind points out that because the drug is so inexpensive, costing less than a penny a day, the companies that make it have not shown interest in sponsoring large clinical trials to evaluate its effectiveness in PTSD. So getting the drug approved for this new use and marketing it to the PTSD community still remain far-off goals.

A recent feature article in the *Seattle Weekly* about Raskind’s work with prazosin offered this wry conclusion: “It’s a painful irony that millions of people may not learn for years about a medicine that could knock out the condition that’s tormenting them, merely because they can afford it.”

Just the same, the drug is becoming known to other VA psychiatrists who work in PTSD programs, largely through Raskind’s research so far and his persistent efforts to spread the word. He is currently seeking funding from VA to conduct a randomized, placebo-controlled study involving up to 100 combat veterans that he hopes will further push prazosin to prominence.

For more information, contact Raskind at (206) 768-5375 or murray.raskind@med.va.gov. ■

Funding available for clinical trials on pain

VA’s Cooperative Studies Program (CSP) is seeking proposals for randomized, multi-site phase II and III clinical trials to test treatments and strategies for neuropathic and cancer pain. High funding priorities include:

- Evaluations of new therapies, including neuroprotectant and neurotransmitter-based agents; pain prevention treatments; off-label use of approved drugs; adjunctive, non-pharmacologic interventions; and polypharmacy approaches.
- Studies on how to optimize existing therapies and reduce side effects, with a focus on issues such as opioid versus non-opioid treatment, dosing frequency for bone metastases, and drug rotation.
- Assessment of strategies to manage shingles pain.
- Health-services research on drug delivery systems, end-of-life care and quality of life; and cost-effectiveness studies of pain treatments, interventions and models of care.

For details contact Joe Gough at joe.gough@hq.med.va.gov or (202) 565-8274.

Making informed consent meaningful

A VA-sponsored supplement on “Making Informed Consent Meaningful” appears in this month’s *Medical Care*. The supplement is one outcome of a “state of the art conference” on informed consent held last year for VA researchers, and is part of the agency’s ongoing effort to enhance the protection of human subjects in clinical research.

The supplement includes articles on ethical and practical issues associated with informed consent, such as the enrollment of subjects who may be too impaired to make their own decisions; vulnerability of research subjects to undue influence or coercion; ways to help patients understand complex medical information; and continuing efforts to improve the informed-consent process. The supplement is available at the *Medical Care* website: www.lww-medicalcare.com.

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Coming to a VA medical center near you: research methodology courses

Three courses on research methodology—videotaped at VA's Epidemiology Summer Session in Seattle in June—will be available for viewing at VA medical centers nationwide in October 2002 and February 2003 through VA's Employee Education satellite distribution network. This is the first time courses taught at VA's annual weeklong research-methodology seminar will be offered via satellite to all interested VA clinicians, researchers and administrators. Continuing education credits are available.

The courses cover cost and outcomes research, clinical trials, and general biostatistics. Each course runs four or five days, approximately two hours per day. While there is no registration charge, participants will need to buy the textbooks, secure time away from their regular responsibilities to watch the course at their VA medical center, and complete daily homework assignments.

For dates and times, registration form, and more details, log onto the website of the Seattle Epidemiologic Research and Information Center, www.eric.seattle.med.va.gov, or call Dr. Gayle Reiber at (206) 764-2089.

VA research in the news

- A July 7 *New York Times Magazine* article titled "What if It's All Been a Big Fat Lie?" cited a study by Linda Stern, MD, of the **Philadelphia VA Medical Center**. Stern is putting more than 100 obese patients on a low-carbohydrate diet, with unrestricted fats, to see if this lowers their body mass index and improves other parameters such as blood pressure, insulin and lipid levels, and the need for medications. She is encouraging the intake of monounsaturated fats and omega-3 fatty acids.

The diet is modeled on the controversial Atkins diet, which challenges conventional medical thinking on fat but has been gaining increasing acceptance from mainstream health experts.

Stern's study will also be the topic of an upcoming article in *Philadelphia Weekly* magazine.

- Hunter P. Peckham, PhD; Ronald J. Triolo, PhD; and Kevin L. Kilgore, PhD, of the **Cleveland Functional Electrical Stimulation (FES) Center** were interviewed for a recent National Geographic Channel special titled "The Prosthetic Revolution," part of the channel's "Science Times" series. The FES segment featured the center's stand/transfer program and hand-grasp system. The center is a consortium of the Cleveland VA Medical Center, Case Western Reserve University, MetroHealth Medical Center, and Edison BioTechnology Center.

Mark your calendar for the next
R&D Hotline Conference Call:

Nov. 18, 2002

Noon – 12:50 p.m. (EST)

Dial (800) 767-1750, code 17323

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Associate Investigator program, and many are doing just that. However, we are noticing fewer clinicians entering our programs as geriatric research trainees despite having mentored programs available for them such as the Associate Investigator, Merit Review Entry Program and Career Development awards. The Career Development program within MRS has

We are uniquely positioned
to gain important knowledge
about the aging process.

recently been streamlined to provide up to six years of protected time from clinical duties to allow trainees to obtain intensive preparation to become independently funded investigators. This could be a particularly enticing mechanism to accomplish the extensive training required in this complex field, where the scientist is challenged to formulate a study after considering the multiple issues of aging, disease, polypharmacology, lifestyle, etc.

We challenge VA senior scientists to work with MRS in transferring the excitement of a career in geriatric research to the next generation. GRECC and non-GRECC senior investigators interested in serving as mentors should work to attract residents and fellows to consider the Career Development pathway as a way to establish their research career. MRS is prepared to work closely with the geriatrics community to determine the most appropriate training programs for new geriatrician researchers.

For more information contact program specialist Terri Gleason at theresa.gleason@hq.med.va.gov or (202) 408-3600. ■

Career achievements

Laura A. Petersen, MD, MPH, of VA's Houston Center for Quality of Care and Utilization Studies, received a \$300,000 grant from the Robert Wood Johnson Foundation to support her participation in the foundation's Generalist Physician Faculty Scholars Program. Petersen, named junior investigator of the year in 2001 by the Society of General Internal Medicine, focuses on how the health-care payment system affects quality of care. A recipient of VA's Advanced Career Development award, she was lead author on a study, published in the Jan. 2002 issue of *Medical Care*, exploring the impact of race on cardiac care and outcomes in the VA health system.

David R. Gater Jr., MD, PhD, a research associate and physician at the Ann Arbor VA Medical Center, received the Young Academician Award from the Association of American Psychiatrists for excellence in teaching, research and academic administration.

Leslie Gonzales Rothi, PhD, director of VA's Center for Brain Rehabilitation Research in Gainesville, Fla., was elected president of the International Neuropsychological Society. Her center focuses on post-acute rehabilitation for veterans with cognitive and motor impairments due to traumatic brain injury, cerebral vascular disease and degenerative diseases.

Morris David Bell, PhD, of the VA Connecticut Healthcare System, received the American Psychological Association's 2002 Distinguished Contribution to the Science of Psychology in Public Service Award. Bell has been a leading figure in schizophrenia research and contributed significantly to the theory underpinning work-based psychiatric rehabilitation.

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Researchers will survey study respondents every three years. The first group of about 100,000 participants began filling out surveys in summer 2001. Questions cover areas such as demographics, past and current medical problems, health risks and health-related behaviors.

Part of the impetus for the study came from a 1999 report by the Institute of Medicine on the health of Gulf War veterans. The report emphasized the need for ongoing, long-term research on the effects of military deployment. Researchers from VA and other agencies have noted that Gulf War veterans report more health

ailments than non-deployed service members. A study by VA and University of Iowa authors published in the May 15, 2002, *American Journal of Epidemiology* found that veterans who were deployed to the Gulf scored lower on a variety of health measures than veterans of the same era who were not deployed to the Gulf. By providing pre-deployment health data, the Millennium Cohort Study will enable researchers to pinpoint deployment-related factors that may contribute to health problems.

A report on the study appeared in *Military Medicine* in June 2002, and more information is available at www.MillenniumCohort.org. ■

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