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Distance Learning for Georgia Health Nonprofits

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PTSD & The Returning Veteran: A Primer for Health Care Professionals

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Program Overview/Objectives:

- Describe how this current conflict is different from previous wars
- Prevalence, etiology, & clinical presentation of PTSD & TBI
- Incidence of PTSD & TBI among returning veterans



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Today's Veterans

- Demographic data
- Cultural factors in theatre/stateside
- Prevalence of exposure to combat stressors
- Prevalence of PTSD & TBI



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Average age of soldiers

- World War II- 26
Vietnam- 19
Iraq/Afghanistan – 30
- Part-time soldiers now make up about 40 percent of the 150,000 troops in Iraq, a Pentagon spokesman said. Overall, more than 184,000 reservists in all services are deployed worldwide, according to the Army National Guard Web site.

Demographics of Returning Veterans

- Many soldiers enter the military with problems. 40% report abuse or neglect in their childhood home.
- Being deployed puts even the best relationships in a bind. Roles change, financial issues surface, resentments build.



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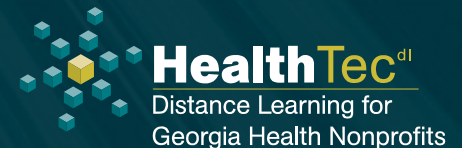


Repeated deployments

- Those on their 3rd or 4th tours of duty are showing signs of depression or other disorders in higher proportions than those on their first or second deployments.
- The report showed that 27.2% of noncommissioned officers -- the sergeants responsible for leading troops in combat -- reported mental health problems during their third or fourth tours. That was up from 18.5% of those on their second tour and 11.9% of those on their first tour. Mental health problems include signs of depression, anxiety and stress disorders.



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The War Zone Experience

- Iraq & Afghanistan: OIF/OEF
- Comparison with other wars



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The War Zone Experience

- Combat is sudden, intense and life threatening.
- It is the job of the soldier to kill the enemy.
- Innocent women and children are often killed.
- No soldier knows how he/she will perform in combat until the moment arrives.
- This war is different due to the number of deployments a soldier may experience.



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The War Zone Experience

- Military bases and convoys are under constant attack.
- Incoming explosives occur daily.
- Convoys must be constantly vigil and on-guard.
- Guards must watch for terrorist carrying explosives strapped to their bodies.



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OIF/OEF

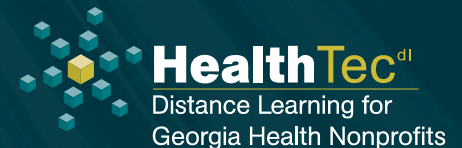
- Because of improved protective equipment, a higher percentage of soldiers are surviving injuries that would have been fatal in previous wars.
- Head and neck injuries, including severe brain trauma, have been reported in 25% of service members who have been evacuated from Iraq and Afghanistan. *The New England Journal of Medicine*

Increasing Deployment of National Guard/Reservist personnel

- Older soldiers
- Increase of women soldiers which has lead to more sexual harassment & assault complaints
- Life and family disruptions
- Post-deployment health outcomes, including intimate partner violence and child maltreatment, immediate physical and mental health, and long-term adjustment.



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Questions

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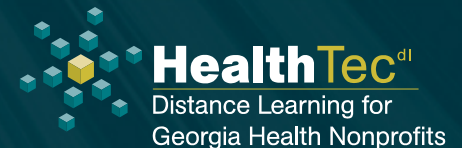


Post Traumatic Stress Disorder

- History of PTSD
- Prevalence of PTSD
- Combat and PTSD
- PTSD and other problems



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PTSD-history 19th century

- PTSD was noticed by Freud and colleagues in the Franco-Prussian War & by colleagues in U.S. (Civil War)
- Two primary hypothesis:
 - Cardiovascular: “soldier’s heart, Da Costa’s syndrome, neurocirculatory asthenia
 - Psychiatric: Nostalgia, shell shock, combat fatigue, war neurosis

PTSD-history 1940-80's

- Labeled according to the type of trauma:
 - Rape trauma syndrome
 - Survivor syndrome
 - War neurosis
 - Shell shock
 - Post Vietnam Syndrome

PTSD-history 1980 DSM III

- First time to appear as a diagnosis
- “A recognizable stressor that would evoke significant symptoms of distress in almost anyone.”
- Three symptom clusters: re-experiencing, numbing & detachment, changes in personality (12 symptoms)

PTSD-history 1987 DSM III-R

- “An event outside the range of usual human experience that would be markedly distressing to almost everyone.”
- Symptoms expanded from 12 to 17.

PTSD-history 1994 DSM IV

- Exposure to a traumatic event in which the person:
 - “Experienced, witnessed, or was confronted by death or serious injury to self or others
AND
 - Responded with intense fear, helplessness, or horror .”

PTSD-history 1994 DSM IV

■ Symptoms:

- 3 clusters: re-experiencing (5), avoidance and/or numbing (7), and hyper-arousal (5)
- Last for one month
- Cause clinically significant distress or impairment in functioning



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3 Clusters: Re-experiencing (one or more)

- Recurrent & intrusive recollections
- Recurrent dreams of the event
- Acting or feeling as if the event were recurring
- Intense psychological distress at exposure to internal/external cues
- Physiological reactivity on exposure to cues

3 Clusters: Avoidance/numbing (three or more)

- Efforts to avoid thoughts, feelings, etc.
- Efforts to avoid activities, places, or people
- Inability to recall important aspects of event
- Diminished interest in activities
- Feeling detachment/estrangement of others
- Restricted range of affect
- Sense of foreshortened future

3 Clusters: Increased arousal (two or more)

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response



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Acute Stress Disorder DSM IV

- Development of anxiety, dissociative or other symptoms that occur w/in 1 month of the traumatic event
 - Requires 3 or more dissociative symptoms
 - 1 \geq re-experiencing symptoms
 - Distress or impairment in functioning
 - Lasts a minimum of 2 days & a max of 4 weeks

National Co-morbidity Survey (1995) n=5000

- Lifetime PTSD prevalence= 6.8%
 - 9.7% women
 - 3.6% men
- Current prevalence rate= 3.6%
 - 5.2% women
 - 1.8% men



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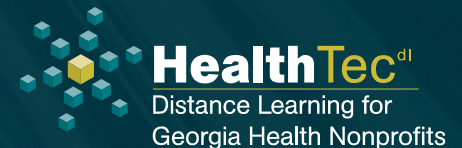


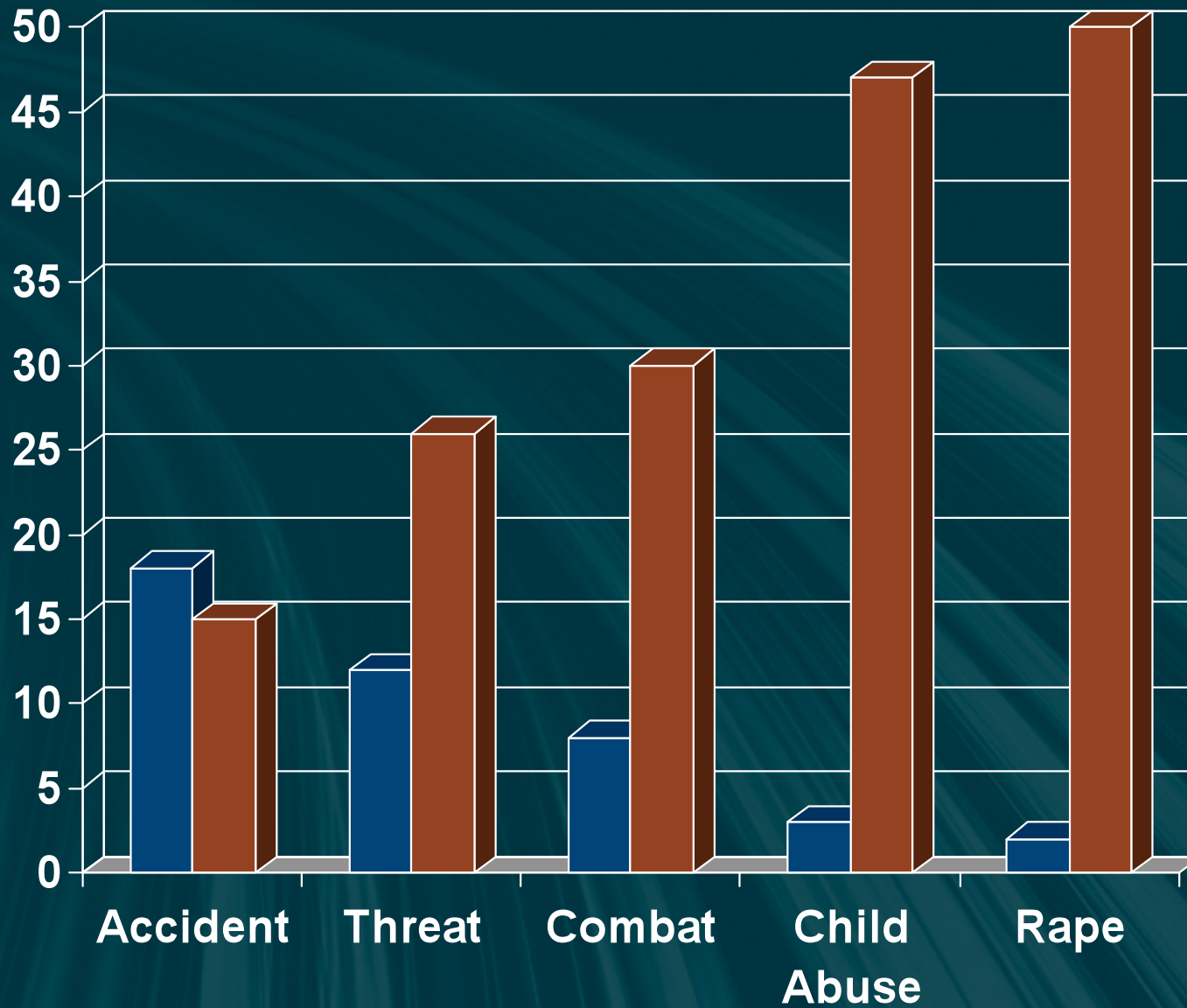
Prevalence of Trauma & PTSD

- More than 60% of Americans will experience some type of trauma in their lives
- However only 25% of those will ever experience PTSD



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Combat Exposure- NCS

- Lifetime prevalence of PTSD- 39% among combat veterans
- Male combat veterans vs. all other male trauma
 - Higher lifetime PTSD prevalence
 - Greater likelihood of delayed onset
 - Greater likelihood of unresolved problems

Questions

***Please type your question in the chat box.**



PTSD & Other Problems

- Individuals with PTSD have:
 - Elevated risk of mood, other anxiety, and substance abuse disorders
 - Elevated risk of suicide attempts
 - Greater functional impairment
 - Reduced quality of life



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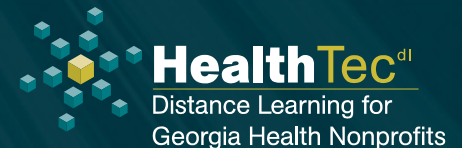


PTSD & Functioning-NCS

- Individuals with PTSD have:
 - 40% elevated odds of academic failure
 - 30% elevated odds of teen pregnancy
 - 60% elevated odds of marital problems
 - 150% elevated odds of current unemployment



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Course & Onset of PTSD

- Course is variable
- Onset usually occurs in 1-2 years after trauma (can be long delayed)
- Symptom exacerbation is common in chronic PTSD- may have a series of relapse/remission

PTSD and Recovery

- Most individuals recover but 15-25% don't
- In a study by Solomon et al. (2006), they followed 214 Israeli combat veterans over 20 years and assessed at intervals of 1, 2, 3 and 20 years.
- 8.6% of those with no symptoms in years 1-3 had symptoms at year 20.

PTSD & Triggers

- Exposure to reminders
- New traumas
- Medical illness
- Bereavement
- Retirement
- Other stressors



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Risk factors for PTSD

- Pre-traumatic-female gender, early age onset, lack of social support, prior psychological problems
- Peri-traumatic- severity of the exposure to the trauma, greater perceived threat or danger, unpredictability & uncontrollability of the traumatic event
- Post-traumatic- lack of social support (most important)



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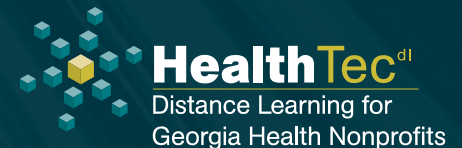
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PTSD & Family Symptoms

- Sympathy
- Depression
- Fear & Worry
- Avoidance
- Guilt & Shame
- Anger
- Negative feelings
- Drug & alcohol abuse
- Sleep problems
- Health problems



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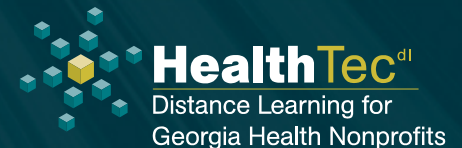


Traumatic Brain Injury

- Epidemiology & nature of TBI
- Common post concussive symptoms
- Relationship of mTBI and PTSD
- DoD response to mTBI
- Screening for mTBI



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TBI-Epidemiology

- 1-1.5 M Americans incur a TBI each year
- Significant problem for uniformed services
 - Hospitalization rate- 231/100K (males) & 150/100K (females) (1992 study)
- 15% soldiers in Iraq experience a concussion with 5% reported becoming unconscious

Common post concussive symptoms

- Physical symptoms: headaches, sleep disturbance, irritability, and/or complaints about memory or concentration. (Most resolve w/in a few days)
- Veterans who reported concussion were associated with PTSD and depression

TBI-Symptoms

- Difficulty organizing daily tasks
- Blurred vision or eyes tire easily
- Headaches or ringing in the ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Feeling tired all the time
- Feeling light-headed



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TBI-Symptoms (cont')

- Trouble with memory, attention or concentration
- More sensitive to sounds. Lights, distractions
- Impaired decision making or problem solving
- Difficulty inhibiting behavior-impulsive
- Slowed thinking, moving, speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior



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TBI-Symptoms

With TBI...some symptoms may be present immediately; others may appear much later. People experience brain injuries differently. Speed of recovery varies.

Most people with mild injuries recover fully, but it can take time. In general, recovery is slower in older persons. Some symptoms can last for days, weeks or longer



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Relationship of mTBI and PTSD

- Soldiers who had a concussion during deployment were much more likely to develop PTSD or depression.
- Those particularly having lost consciousness were at a very high risk for other health problems; however the concussion may not be the primary reason for the symptoms.



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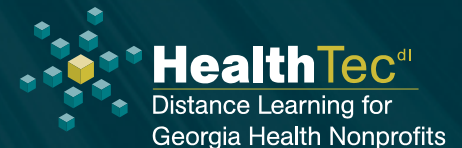


DoD response to mTBI

- Soldiers coming back from Iraq receive screening for TBI as part of the Post Deployment Health Assessment (PDHA)
- There is some hesitation to screen all returning soldiers as a diagnosis of TBI might lead soldiers to attribute other symptoms to TBI rather than the proper diagnosis



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Post Deployment Health Reassessment

- PDHRA, is a new part of the military force health protection program. It is a health screening tool used 3-6 months following redeployment or return of service members from overseas deployment. PDHRA extends the continuum of care for deployment related health concerns and provides education, screening, assessment and access to care.



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Military Acute Concussion Evaluation (MACE)

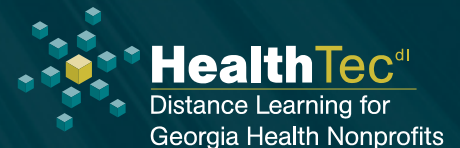
- The Defense and Veterans Brain Injury Center have created the MACE to evaluate for TBI.
- 3 Question screen:
http://dvbic.org/public_html/pdfs/3-Question-Screening-Tool.pdf

Future Sessions

- PTSD Treatment approaches
- Challenges to treatment
- Overcoming barriers to treatment
- Cross cultural considerations
- Vicarious traumatization
- Resources



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Evaluation

- To complete the evaluation now, paste the survey link below into your web browser.

[http://www.surveymonkey.com/s.aspx?
sm=BixgfRGhjBTalz6ocTsJrA_3d_3d](http://www.surveymonkey.com/s.aspx?sm=BixgfRGhjBTalz6ocTsJrA_3d_3d)

- The web link will also be sent to all who registered for the event in a separate email.
- This evaluation must be completed in order to receive contact hours.



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