Veterans' Issues Breakout Session

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Disclosures/Conflict of Interest

- No disclosures or conflicts of interest.

- The views expressed in this presentation are those of the presenter and do not reflect the official policy of the Department of Veterans Affairs or the U.S. Government.

Presentation Goals

- While focusing on the needs of older Veterans
  - Describe similarities and differences among Posttraumatic Stress Disorder (PTSD), moral injury, and Traumatic Brain Injury (TBI)
  - Describe how different cohorts of Veterans have different experiences and needs related to PTSD, moral injury, and TBI
  - Interaction with the VA system to connect clients/consumers to resources

Mental Health Issues of Veterans

- **Veterans often have multiple risk factor and comorbidities that can cause or exacerbate mental health problems, making it difficult and perhaps arbitrary to assign a single etiology.**

PTSD
Depression
Anxiety
Pain
Physical Injuries
Medical Conditions

Adjustment Disorders
Substance Abuse
Sleep Disorders

- **Not just related to combat**

Veteran cohorts

- Vietnam Veterans
  - Young, discriminated, stigmatized, no cure, mistrust of VA, legacy of war, seeing new wave of Veterans
- Post-Vietnam
  - Traumas may come from lesser known conflicts (Central America, Iran) and may have been highly classified
- Gulf War
  - Older age, Gulf War syndrome, greater national recognition

PTSD

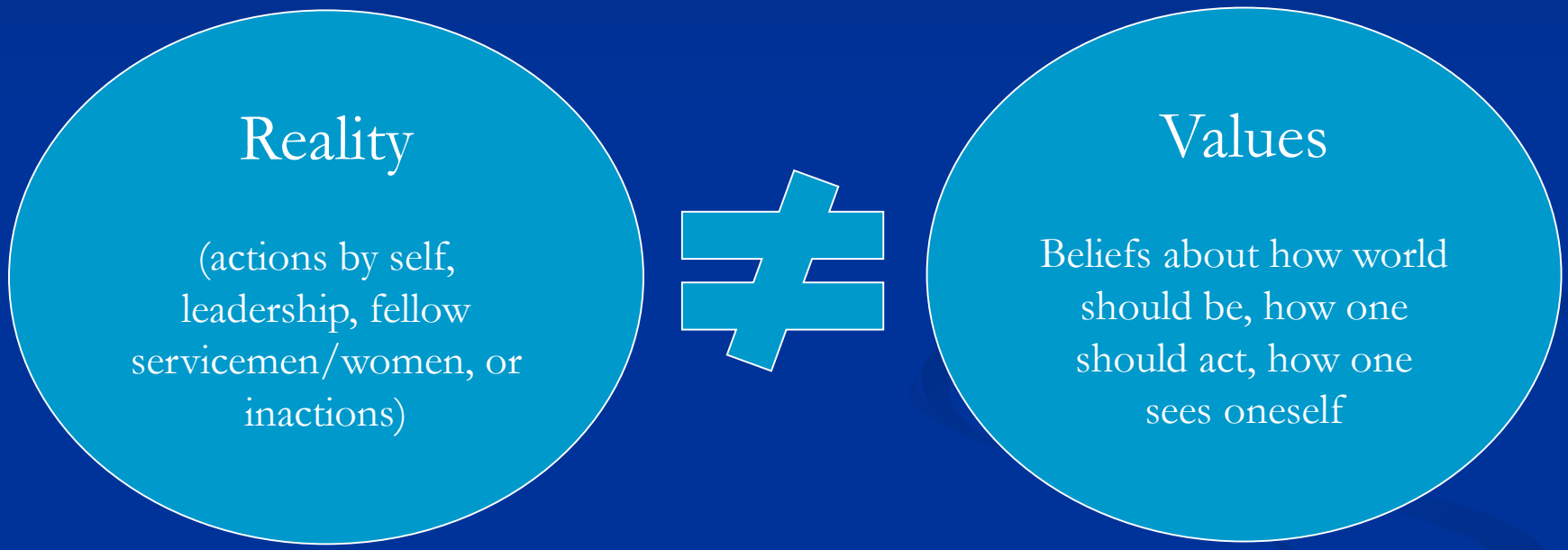
- Re-experiencing (nightmares, intrusive memories)
- Avoidance (internal and external)
- Negative Alterations in mood/cognition (depression, loss of interest, negative beliefs about self)
- Over-arousal (irritability, hypervigilance)
- Been around for thousands of years

PTSD, continued

- Posttraumatic Distress does not always equal PTSD
  - Depression
  - Generalized Anxiety
  - Substance abuse
- Subthreshold PTSD
- Combat exposure without PTSD may still cause over-arousal symptoms

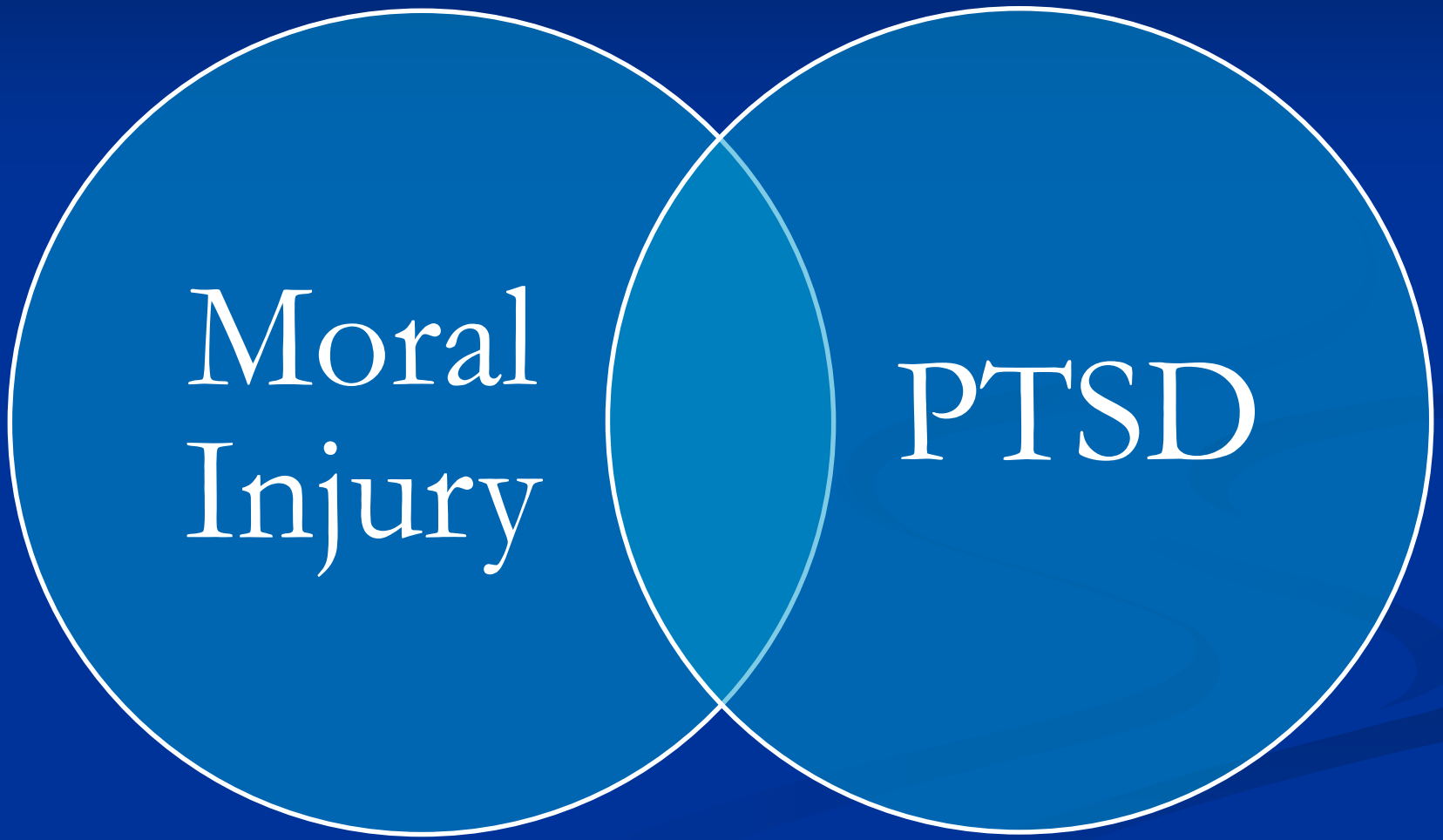
Moral Injury

Inconsistency between



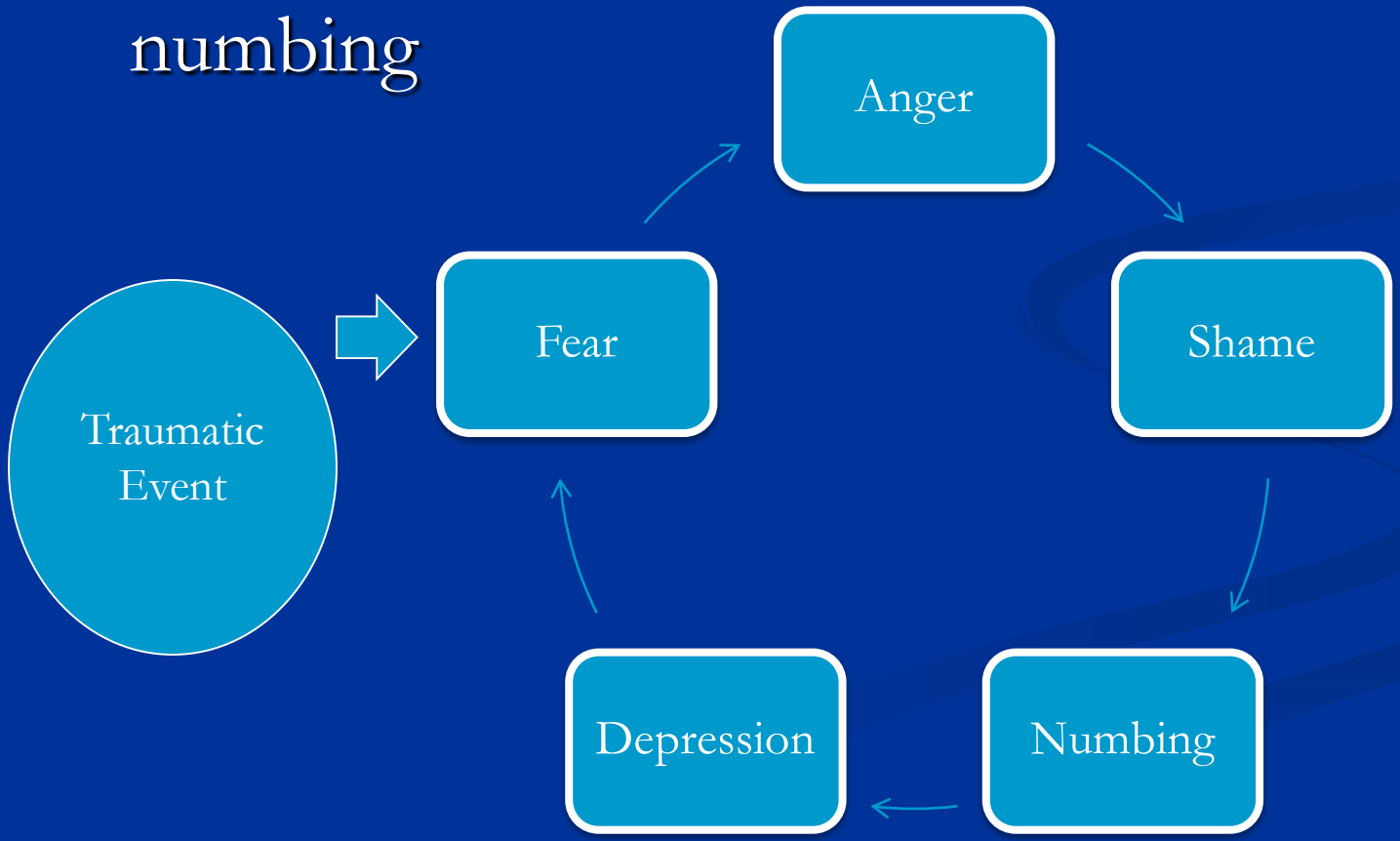
Moral Injury, continued

- Perpetration
  - Inaction during combat or stressful time
    - Hindsight bias
  - Violence in battle or from coercion/conformity
- Betrayal
  - Chronic abuse
  - Being lied to or seeing hypocrisy in leadership
- Survivor's guilt
- Addresses the spiritual and ethical side


Moral Injury
PTSD

Shame

- Related to both moral injury and PTSD
- Leads to anger, avoidance, suicidal ideation, and numbing



Defining TBI

- A traumatically induced structural injury and/or physiological disruption of brain function:
  - as a result of an external force
  - that is indicated by the new onset or worsening of at least one of the following clinical signs **immediately following the event**:

1. Any period of LOC
2. Any loss of memory for events before or after (PTA)
3. Any alteration in mental state (confusion, disorientation)
4. Neurological deficits that may or may not be transient
5. Intracranial lesion

Departments of Defence and Veterans Affairs Consensus Definition of Traumatic Brain Injury (2009)

TBI Severity Classification

Severity	AOC	PTA	LOC	GCS
Mild	<1 day	0-1 day	<30 min	13-15
Moderate	>1 day	1-7 days	30 min – 1 day	9-12
Severe	>1 day	>7 days	> 1 day	<9

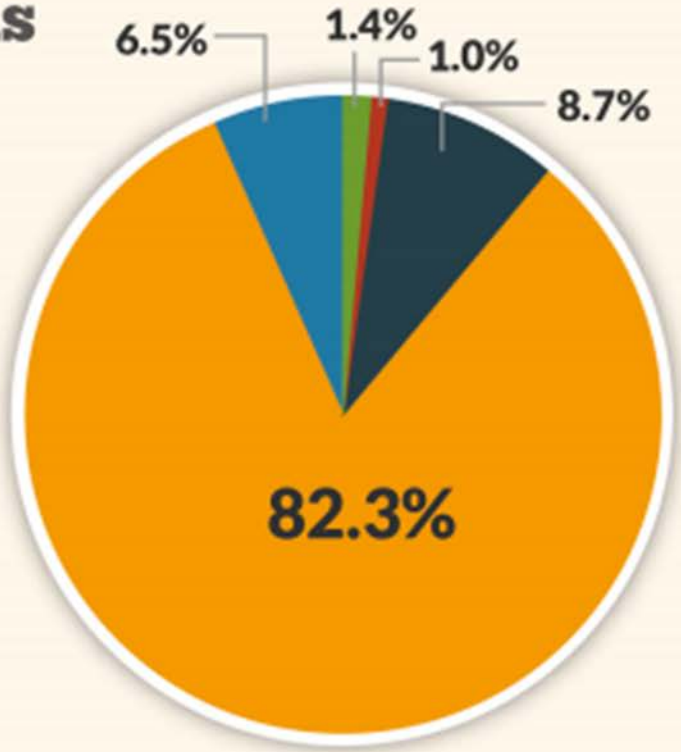
AOC=alteration of consciousness; PTA=post traumatic amnesia;
LOC=loss of consciousness; GCS=Glasgow Coma Scale

TBI in U.S. Military

DoD Numbers for Traumatic Brain Injury
Worldwide – Totals

2000-2015

Penetrating	4,971
Severe	3,578
Moderate	30,072
Mild	283,216
Not Classifiable	22,193
Total - All Severities	**344,030**



Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Branch (AFHSB)

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)

2000-2015, as of March 30, 2016

*percentages do not add up to 100% due to rounding convention

Assessing it

- Good clinical interview still best
- Getting time line
- Be sure to not spoon feed symptoms
- Sometimes difficult (if not impossible) to assign causality to symptoms
  - Ex: after that blast exposure, "I was really dazed!"

    dazed -> confused -> saw stars

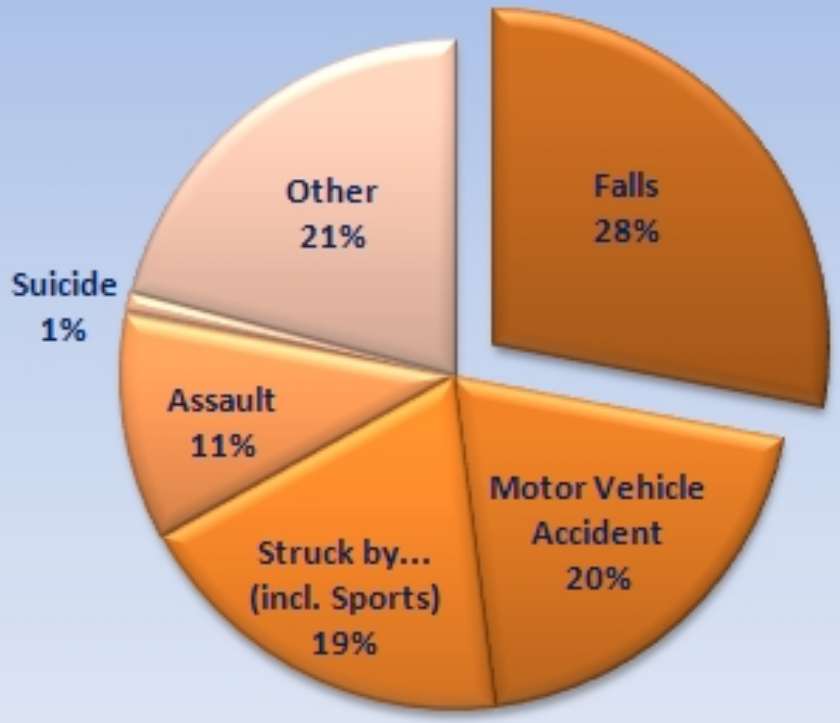
    Least specific to most specific for mTBI

    (Walker et al., *J Neurotrama* 2015)

Causes of TBI

Traumatic Injuries

Major Causes of Traumatic Brain Injuries



Source: National Center for Injury Prevention and Control, CDC

Common Chronic Effects Associated with Moderate/Severe TBI

Somatic Effects

- Headaches
- Fatigue
- Low energy
- Dizziness
- Balance/coordination changes
- Pain (co-morbid in majority of patients)
- Sensory disturbance
- Sleep disturbance (high rate sleep disorders)

Common Chronic Effects Associated with Moderate/Severe TBI

Behavioural Effects

- Impulsivity
- Disinhibition (less filter)

  (or)
- Apathy
- Lack of initiation
- Lack of spontaneity

Common Chronic Effects Associated with Moderate/Severe TBI

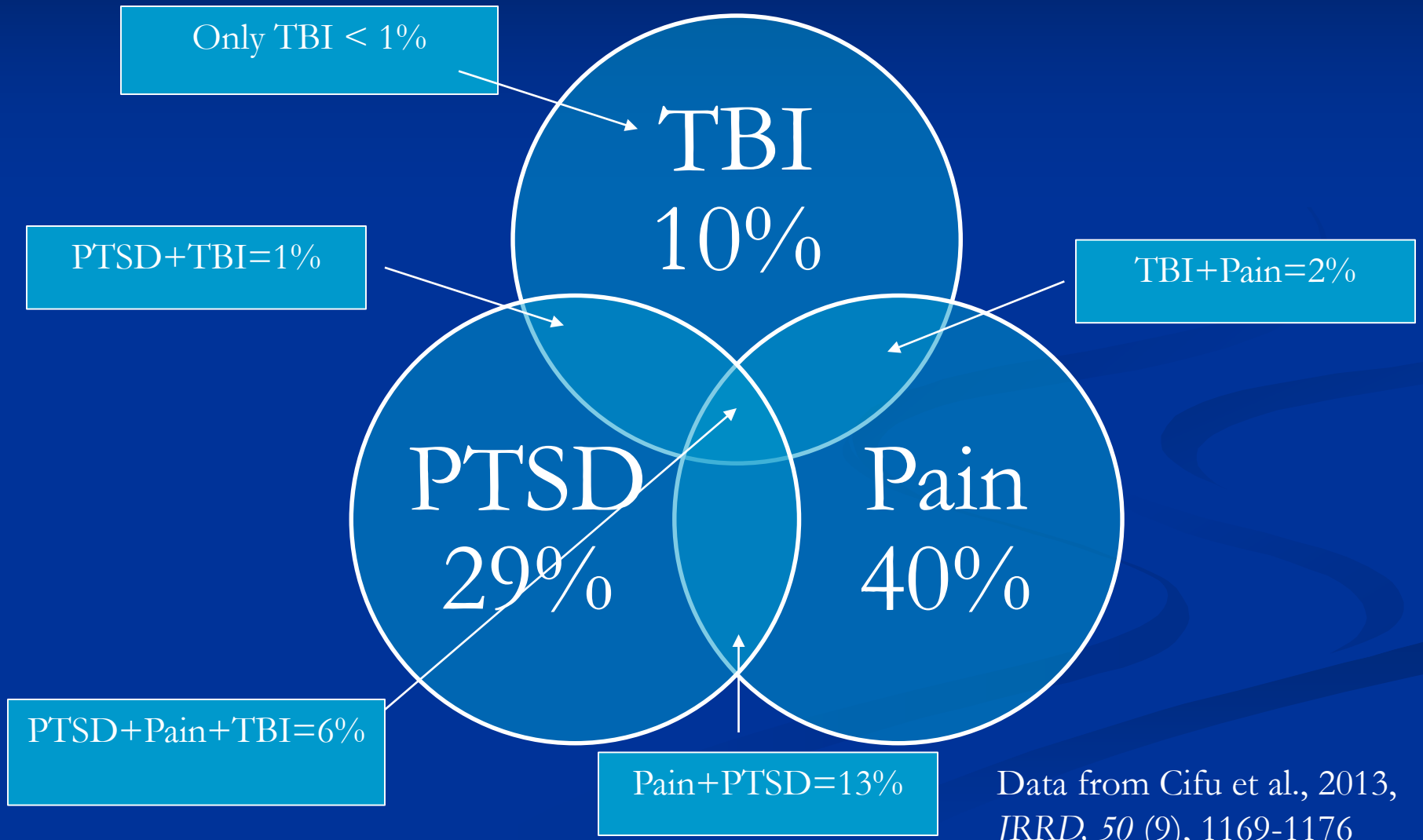
Emotional Effects

- Anxiety (including PTS)
- Depression
- Irritability
- Emotional dysregulation
- Less range of emotion
- Less sensitive to others' emotions

Chronic Effects in mild TBI

- **Multiple studies show most mTBI effects resolve within weeks or months,** ***but persist for some.***
- Factors associated with delayed recovery
  - -Depression/Anxiety
  - -Pain
  - -Sleep disorder
  - -Litigation
  - -Substance abuse
- **There is reason to believe that frequently cognitive symptoms are from these other factors or PTSD**

Among 613,391 OEF/OIF Veterans



Data from Cifu et al., 2013, *JRRD, 50* (9), 1169-1176

Shared Neurobiology of Mild TBI and PTSD

- Evidence that overlapping brain regions are associated with MTBI and PTSD effects:
  - TBI
    - Frontotemporal regions among the most vulnerable
    - Imaging abnormalities
    - Neurocognitive effects - attention, executive function, memory, & processing speed
  - PTSD
    - Frontotemporal dysfunction model of PTSD
    - Imaging abnormalities
    - Neurocognitive effects - attention, working memory, memory acquisition, & inhibition of irrelevant information

When PTSD and TBI are from same event

- Symptoms can be even more confusing
  - Somatic re-experiencing symptoms
  - Disorientation, confusion may reappear
  - Feedback loop of pain/anxiety
  - May occur with a physical injury too (whiplash)

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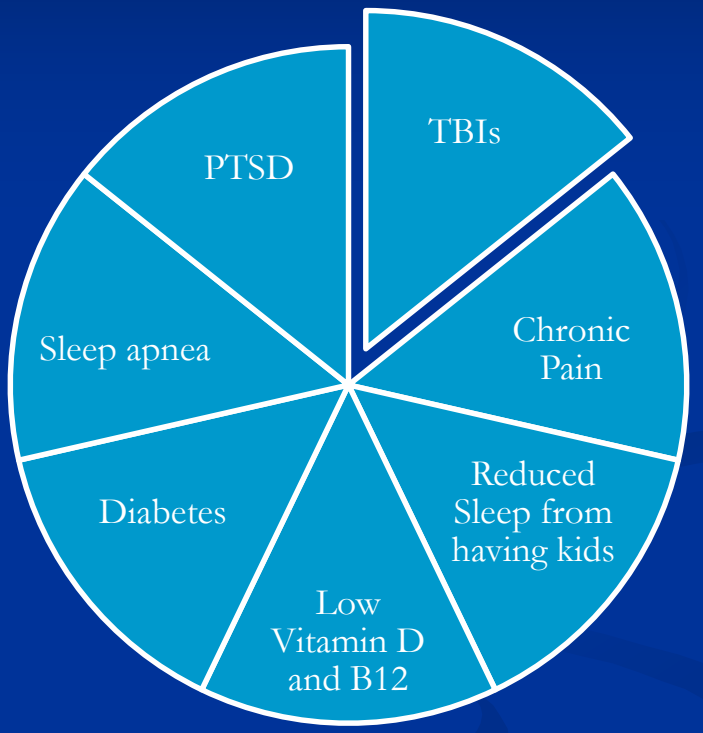
Danger of over-pathologizing TBI

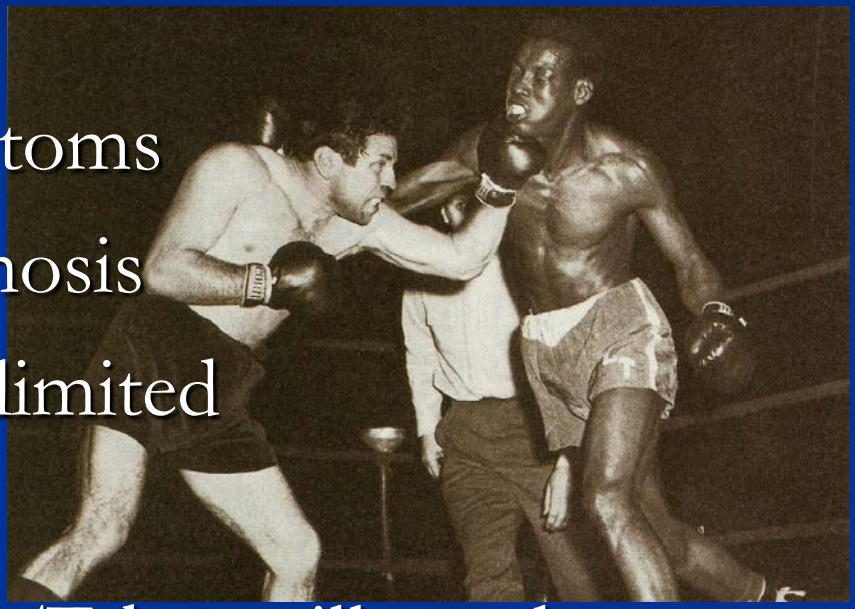
- Self-fulfilling prophecy
- Decreased self-efficacy
- Downward spiral



- Need to keep etiology in perspective

Chronic Traumatic Encephalopathy (CTE)

- Unique biomarkers
- Non-specific clinical symptoms
- Largely post-mortem diagnosis
- Research is very early and limited

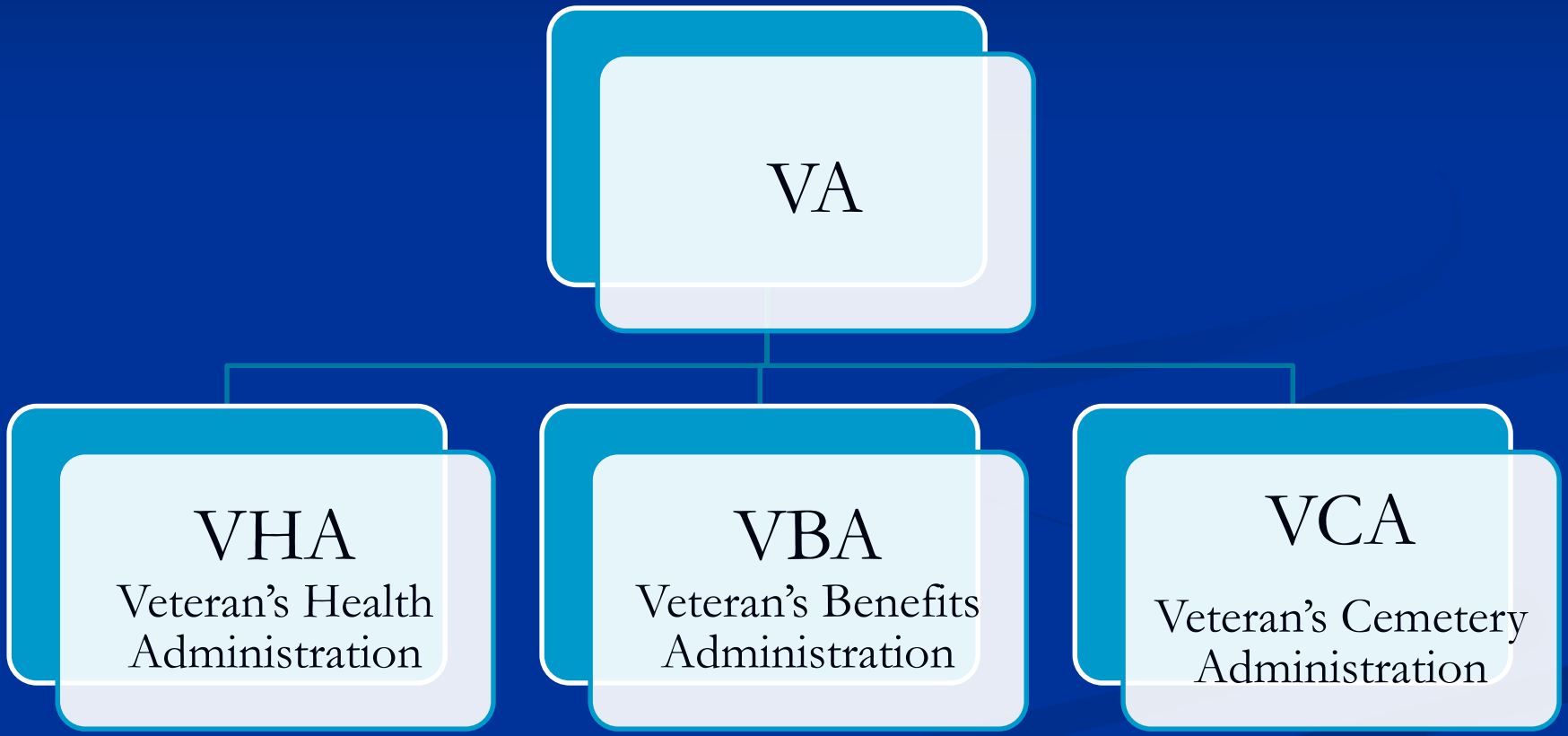


- Growing concern about CTE but still much we don't understand and danger of over-pathologizing is huge

Working with the VA

- VA Portland has a catchment area of much of Oregon and Southern Washington
  - The main clinics are in Portland and Vancouver, WA
  - There are Community Based Outpatient Clinics (CBOCs) in Bend, Fairview, Hillsboro, Lincoln City, The Dalles, Newport, North Coast (Warrenton), Salem, and West Linn. There is also a community resource and referral center in downtown Portland.

Branches of VA



Balancing Treatment and Disability

- Can be challenging
  - Different branches administer different services, but
    - There is overlap!
  - Confusing and isolating to navigate
  - Inherently imperfect

VA Portland Services for Aging Veterans

- Neuropsychology Services (Portland & Bend)
  - Assessments
  - Rehabilitation
  - Study interventions looking at PTSD/Mtbi
- Neurology Clinic
  - Has clinics for Dementia, MS, Parkinson's (Vtel offered), Stroke, Movement Disorder, and Seizures
  - Provide diagnosis, med management, and f/u assessments
- Geropsychiatrists reside in different clinics and will deal with the psychiatric medications.

Mental Health at the VA

- Mental Health Resources are offered at main campuses and to a varying degree at all CBOCs .
- For Veterans who are remote, Vtel resources available through Portland. Veterans can go to CBOC or interact from home
- MyHealtheVet allows remote access to medical records
- Veteran's Choice Program

Enrollment

- Enrollment offices are in Portland, Bend, Fairview, Hillsboro, Salem, Vancouver, and West Linn.
- They can be contacted at (503) 273-5069 or (800) 949-1004, ext. 55069
- You can also enroll online: https://www.va.gov/healthbenefts/apply/

Contact Numbers for VA Portland

- Main number for Portland: 503 220-8262
- Main number for Vancouver: (360) 696-4061
- National Enrollment Number: 1-877-222-VETS (8387)
- Choice Program: 1 (866) 606-8198
- MyHealtheVet: (503) 220-8262 or (800) 949-1004, ext. 57854 for Portland or Vancouver ext. 33306 Or national hotline at (877) 327-0022
- VSO in Portland: (503) 988-8387 or (360) 696-4583

https://www.portland.va.gov/

THANK YOU!