

2015

# Diagnosis and Treatment of PTSD and other service-related conditions in the Veteran Patient Population

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## Recommended Citation

Mayhew, Christopher, "Diagnosis and Treatment of PTSD and other service-related conditions in the Veteran Patient Population" (2015). *Family Medicine Clerkship Student Projects*. Book 68.  
<http://scholarworks.uvm.edu/fmclerk/68>

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# Diagnosis and Treatment of PTSD and other service-related conditions in the Veteran Patient Population

Chris Mayhew

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April 2015

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# The Problem and Need

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- There are approximately 48,602 veterans living in the state of Vermont, ~20% reside in Chittenden County<sup>1</sup>
- In 2007, roughly 4,000 Vermont veterans sought treatment through the Veterans Administration (VA) for a mental health and/or substance abuse condition. Of the 4,000 who sought VA treatment, approximately 1,500 were in treatment for PTSD<sup>2</sup>
- Only 40% of the veteran population receives some care from the VA<sup>3</sup>
- According to a VA study, less than 30% of community providers felt knowledgeable about how to refer a veteran to the VA for physical or mental health services<sup>4</sup>
- Currently there are no military history templates or specific PTSD screening tools in PRISM

# PTSD: The Cost

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- From 2004 – 2009 the VA spent about \$500 million, or \$4,100 per patient per year to treat PTSD<sup>5</sup>
- In the “Invisible Wounds of War” RAND study, researchers estimated the 2005 societal costs, including the costs from unemployment and suicide, of treating service members with PTSD ranged from \$5,900 to \$10,300 over a two year time period<sup>6</sup>
- Many combat veterans who have experienced trauma fail to avail themselves of treatment services. For some veterans, the symptoms of their condition may inhibit their ability or willingness to engage in treatment<sup>7</sup>

# Community Perspectives

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- *Dr. [Name Withheld], M.D., PhD*
  - Senior Adviser at the VA's National Center for PTSD in White River Junction; Professor of Psychiatry Dartmouth
  - Advocates for the use of the PC-PTSD-5 and PCL-5 as PTSD screening and diagnostic tools in the primary care setting
- *Dr. [Name Withheld], M.D.*
  - National Co-Director Post Deployment Integrated Care Initiative VA; Assistant Clinical Professor of Medicine Yale
  - Military service may not be mentioned by patients so providers need to ask
  - Providers need to have access to resources so they can act on any information gained from a military health history or PTSD screen
  - Kindly donated copies of the VA Military Health History Pocket Card

# Community Perspectives

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- *[Name Withheld], Iraq War Veteran*
  - Believes the military should provide better mental health care for active service members and do a better job helping veterans reintegrate to civilian life
  - Says he and many other former service members he knows will almost always go to community providers when seeking health care

# Intervention and Methodology

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- Designed and distributed a powerpoint presentation to educate providers on caring for veterans in the community setting:
  - How to use the PC-PTSD-5 (screening tool) and the PCL-5 (diagnostic tool)
  - Evidenced based PTSD treatments
  - How to take a military health history
  - Catalogued List of Veteran Resources with descriptions
- Disseminated paper and electronic copies of tools and literature:
  - PC-PTSD-5 and PCL-5
  - VA Military health history pocket card
  - Relevant Literature: The Unmasked Question (JAMA 2012) and PTSD/TBI Quick Fact Sheet

# Results and Responses

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- *Dr. Katherine Mariani, physician, S. Burlington Family Practice*
  - “This presentation and the associated tools are very helpful. This information is something we can definitely incorporate into our practice.”
- *[Name Withheld], Iraq War Veteran*
  - “Whenever I go the doctor it’s usually in my community and not at the VA. I think it’s great to educate physicians on the unique health conditions in the veteran patient population.”
- *[Name Withheld], Social Worker , UVM Community Health Team*
  - “It’s tough to navigate the complexities of the VA and the resources available to veterans. It’s nice to have all these resources listed in one place.”



# Effectiveness and Limitations

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- For complicated medical cases referring veterans to the VA for specialized services is usually the best option
- The cutoff score of >38 for the PCL-5 is sufficient for making a provisional PTSD diagnosis in civilians or veterans in a typical civilian primary care setting, however the cut-off score may decrease in populations with a prevalence of PTSD >15%
- Implementing the use of PTSD screening tools and good military health history taking requires the support of staff members
- Catalogued veteran resources are subject to change and should be updated periodically

# Recommendations for future Projects

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- Survey veteran patients who receive most of their healthcare outside the VA to gauge: 1) their level of satisfaction with the healthcare they receive and 2) their provider's awareness of their military service and how it affects their life and health
- Design an educational presentation on military culture
- Update the list of VA and Community veteran resources and remind providers that it exists
- Try to embed validated PTSD screening instruments (e.g. PC-PTSD-5 and PCL-5) and/or a military health history template into PRISM

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