POST TRAUMATIC STRESS DISORDER (PTSD) & MILITARY SEXUAL TRAUMA (MST)

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OBJECTIVES

• Identify at least 5 of the DSM-V diagnostic criteria for PTSD
• Describe the impact, assessment and management of PTSD at end-of-life
• Describe the unique needs and management of veterans at end of life and in hospice with PTSD and other emotional/mental trauma
PTSD is a clinical mental diagnosis characterized by extreme difficulty adjusting to a trauma (Feldman & Periyakoil 2006)

In lay terms also known as:
- Soldier’s heart
- Shellshock
- Battle fatigue
- Vietnam Syndrome

Example: General Patton slaps soldier across the face during WWII for being a “coward.”
# CAUSES OF PTSD

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INCIDENCE OF PTSD IN U.S.

• ~ 84% of people encounter a traumatic event during their lives and 15% to 24% of these develop PTSD

• 7.7 million Americans are affected by PTSD

• 6.5% rate of PTSD in older adults

• 8% to 10% rate in younger adults

Source: Dinnen S et al 2015; Feldman et al 2014
DIAGNOSTIC CRITERIA FOR PTSD

• Exposure to actual or threatened death, serious injury or sexual violation.

• The exposure must result from one or more of the following scenarios, in which the individual:
  – directly experiences the traumatic event;
  – witnesses the traumatic event in person;
  – learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
  – experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (consistent combat exposure).

• Duration of symptoms is more than 1 month
Behavioral Symptoms Associated with PTSD

- Re-experiencing
- Avoidance
- Negative cognitions and mood
- Arousal

2013 American Psychiatric Association; DSM-5
RE-EXPERIENCING AN EVENT

- Thoughts or perception
- Images
- Dreams
- Illusions or hallucinations
- Dissociative flashback episodes
- Intense psychological distress or reactivity to cues that symbolize some aspect of the event. “Trigger Points.” sounds, smells, sights, feel, environment, etc.
AVOIDANCE

- Avoidance of thoughts, feelings, or conversations associated with the event
- Avoidance of people, places, or activities that may trigger recollections of the event
- May feel ashamed, embarrassed, remorseful, etc.
- Doesn’t want to relive event
NEGATIVE COGNITIONS AND MOOD

- Inability to remember an important aspect of the event (i.e. rape victims)
- Persistent and exaggerated negative beliefs about oneself, others, or the world
- Persistent, distorted cognitions about the cause or consequences of the event(s)
- Persistent negative emotional state
- Markedly diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions
MARKED ALTERATIONS IN AROUSAL AND REACTIVITY

- Intractable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Concentration problems
- Sleep Disturbance
- Trigger Points
ADDITIONAL DSM-V CRITERION AND SPECIFIERS

- Duration of symptoms is more than 1 month
- The disturbance causes clinically significant distress or impairment in functioning
- The disturbance is not attributable to the physiological effects of a substance or other medical condition
• 79% of women & 88% of men with PTSD have at least one other psychiatric diagnosis

• 51% of men with PTSD abuse and/or dependent on alcohol and/or drugs

• Elevated rates of PTSD symptoms are found in those with comorbid Social Anxiety Disorder and PTSD
PTSD AND END OF LIFE

• PTSD is often chronic and persistent

• Symptoms of PTSD are more common in terminal illness

• Symptoms may be reactivated or exacerbated in the elderly and in those with deteriorating physical health, especially dementia/alzheimers patients

• Significant correlations of PTSD among patients with terminal illnesses and decreased physical, mental, and social functioning and decreased quality of life

• During EOL, one also experiences a reflection of their life
IMPACT OF PTSD ON EOL CARE

Impact of PTSD on Patient
- Anxiety and anger
- Poor medical adherence
- Difficulty engaging in problem-focused communication
- Distrust of authority

Impact of PTSD on Staff
- Frustration
- Anger
- Uncertainty of how to communicate with patient to address medical needs
SCREEN FOR PTSD

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you

1. Have had nightmares about it or thought about it when you did not want to?

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

3. Were constantly on guard, watchful, or easily startled?

4. Felt numb or detached from others, activities, or your surroundings?

A “yes” response to any 2 items or to the single hyperarousal item (#3) is considered a “positive” screen

Brief Posttraumatic Stress Disorder Screen for Primary Care. National Center for PTSD: http://www.ncptsd.org
U.S. VETERANS

- The median age of the largest cohort of military veterans is 65 years old; veterans of the Vietnam War
- Korean War Veterans are in their 80s & 90s
- World War II Veterans are in their 90s
- ~1,600 veterans die each day
- ~22.5 million veterans; ~18 million over 65 years old
- ~96% of all veteran deaths occur outside of VA facilities
- Approximately 85% of veterans in Hospice experience at least one neuropsychiatric syndrome (Holland 2013)
UNIQUE NEEDS OF VETERANS

• Impact of military culture, battle experiences, and experiences after returning home and exiting the military

• Spiritual pain or spiritual needs that are a direct result of military experiences

• Wartime acts or transgressions may result in negative emotional and spiritual consequences

• Higher rate of sadness or anxiety at end of life

• Stoicism
U.S. VETERANS AND PTSD

• 1/3 of all U.S. deployed troops will develop PTSD, major depressive disorder, traumatic brain injury, or a combination of any of the three conditions

• 20%-42% of all active soldiers require mental health services of some form
POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA)

• Prior to 2003, PTSD was not screened
  • WWII, Korean War, Vietnam War veterans with PTSD did not receive medical attention
• DD FORM 2796 Apr 2003 (4pages)
  • Did you see anyone wounded, killed or dead during this deployment?
  • Were you engaged in direct combat where you discharged your weapon?
  • During the deployment, did you ever feel that you were in great danger of being killed?
  • Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?
• Revised Oct 2015 (10 pages with more detailed questions)
  • Have you ever had any experiences that was frightening, horrible or upsetting that in past month:
    • Had nightmares or thought about it when you did not want to?
    • Felt nub or detached from others, activities, or your surroundings?
• Additional DD2900 is Post-deployment reassessment (PDHRA) taken 90-180 days after redeployment
COMPARISON BETWEEN VETERANS AND NONVETERANS

- Veterans have been found more likely to exhibit:
  - Post Traumatic Stress Disorder (PTSD) symptomatology
  - Commit suicide, ~22 veterans everyday
  - Drink in excess
  - Have multiple medical comorbidities; while under utilization of VA health services and cultural barriers to accessing services
  - Use medical services at higher rates
  - Sadness and anxiety at end-of-life
WHAT WE CAN DO

• Assess
  – Assess all patients for any history of military service
  – If served, assess if patient was engaged in combat
  – Are any elements of his/her military service still troubling to the patient
  – Military Sexual Trauma (MST)
MILITARY SEXUAL TRAUMA (MST)

- Fairly new trauma with efforts to combat the pandemic
- Sadly, this trauma has occurred in the past
- Females are not the only victims; male veterans can be victims too
- Sense of betrayal from the government, military, and entrusted comrades
- Sometimes don’t want loved ones to know
- How many people would be comfortable answering “yes” to a person/caregiver they just met answering this question?
WHAT WE CAN DO

• Anticipate underreporting of both physical and emotional pain
• Create a safe, comforting environment
• Mitigate triggers for those coping with PTSD
• Show appreciate to the veteran for his/her service
• Acknowledge the virtues of the military and the sacrifice of those who have served
• Provide information on veteran benefits
“When you join the military, they are going to break you down and build you up into what they want you to be. And that’s somebody who’s going to push through the pain, suck it up, soldier on, and finish until the mission is complete… the stigma [of admitting weakness] that had been so cemented in our conscious was as hard as a wall and we were brick by brick trying to break it down.” (Foley 2015)
GRIEF AND BEREAVEMENT SUPPORT

• Recognize that caregivers of Veterans may require greater levels of grief and bereavement support
  • 76% more likely to report not receiving enough bereavement support when compared to caregivers of non-veterans
  • Listen to their stories
  • Do not dismiss with platitudes
REFERENCES

• Therivel J. Evidenced-Based Care Sheet: End-of-Life Care of Male and Female Veterans. Cinahl Information Systems, EBSCO. January 9, 2015.


• McMillan KA, Sareen J, Asmundson GJG. Social Anxiety Disorder Is Associated with PTSD Symptom Presentation: An Exploratory Study Within A Nationally Representative Sample. J of Traumatic Stress.

• Hernandez DF, Waits W, et al, Practice comparisons between accelerated resolution therapy, eye movement desensitization and reprocessing and cognitive processing therapy with case examples. Nurse Education Today. 2016; Obtained 6/20/16 form http:///dx.doi.org/10.1016/j.nedt.2016.05.05.010

REFERENCES


• Foley PS. The metaphors they carry: Exploring how veterans use metaphor to describe experiences of PTSD. J of Poetry Therapy. 2015; 28(2): 129-146.


• EPEC for Veterans Trainer’s Guide Module 8: Psychosocial Issues in Veterans 2011


• https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.esd.whs.mil%2FPortals%2F54%2FDocuments%2FDD%2Fforms%2FDD%2Fdd%2Fdd2796.pdf&data=02%7C01%7CJoseph.Vitti%40vnsny.org%7C425ba703d9124b8a3a9e08d8356f98d3%7Cd38bb0078ed4dd8a065ba61877b4f50%7C1%7C0%7C637318100711165901&sdata=BYDNAJLP4Ap5pe9PZ1EhaLJqAbC4On6X7OR6MPWO%3D&reserved=0

• https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.esd.whs.mil%2FPortals%2F54%2FDocuments%2FDD%2Fforms%2FDD%2Fdd2900.pdf&data=02%7C01%7CJoseph.Vitti%40vnsny.org%7C7C425ba703d9124b8a3a9e08d83356f98d3%7Cd38bb0078ed4dd8a065ba61877b4f50%7C1%7C0%7C637318100711175895&sdata=lmLuhrDr4%2Fa3ZwXy3HNoM%2FQHLJg6%2BiiPaY9gQm0%3D&reserved=0

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