Caring for Military Combat Veterans with Post-Traumatic Stress Disorder (PTSD)

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Introduction
Military Veterans

- Service in Armed Forces:
  - Active Duty
  - National Guard
  - Reservists
  - Retirees
Military Veterans (continued)

- Permanently stationed
- Temporarily deployed
- Hazardous duty combat areas
- Increased risk for severe mental health disorders
Nature of PTSD

- Known as *shell shock* or *combat stress*
- Traumatic or life-threatening experience(s)
- Induces stress-related responses
- Impaired functioning
Nature of PTSD (continued)

- Consequences of non-treatment:
  - Homelessness
  - Substance abuse
  - Domestic violence/relationship breakdown
  - Criminality
Understanding PTSD
PTSD Incidence & Prevalence

- Rare disorder
- Increasing incidence among combat veterans
- Psychiatric casualty
- Caused by stress & trauma
PTSD Incidence & Prevalence (continued)

- Increased risk
  - Young veterans

- Predisposing factors
  - Poor SES
  - Immaturity
PTSD Signs/Symptoms

- Acute or Chronic:
  - Sleep disturbances
  - Difficulty with memory/concentration
  - Night Sweats
  - Fatigue
PTSD Signs/Symptoms (Continued)

- Impairs Functioning:
  - Professional
  - Social
  - Physical
  - Interpersonal
PTSD Signs/Symptoms (Continued)

Occur in 4 main Clusters (DSM-V):

- Intrusion (re-experiencing)
- Avoidance
- Negative Alteration (Cognition/Mood)
- Increased Arousal
PTSD Treatment Interventions
Pre-deployment Strategies

- Pre-deployment risk screen:
  - Impractical
  - Infeasible
  - Inadequate
Post-deployment Strategies

- Pharmacotherapy
- Psychotherapy
- Exposure therapy
Pharmacological Therapy

- SSRIs

1st Line Pharmacological treatment
Selective Serotonin Reuptake Inhibitors (SSRIs)

- Sertraline (Zoloft) or Paroxetine (Paxil)
- Treats anxiety & comorbid depression
- 6 week therapeutic blood level
  - Drawback
Pharmacological Therapy (Additional Options)

- Mood Stabilizers
- Atypical Antipsychotics
- Prazosin/Tricyclics/MAOIs
- BZDs/Beta Blockers
Cognitive Behavioral Therapy (CBT)

- Aids PTSD symptom management
- Boosts quality of life
- Focuses on interpreting trauma
- Encourages coping strategies
Virtual Reality Exposure Therapy (VRE)

- Connects emotion to fear activation
- Uses computer-generated technology
- Simulates trauma events
VRE (continued)

- Reduces combat-related anxiety
- Helps overcome stigma
- Favored over “talk” therapy
Factors Interfering with PTSD Treatment
Barriers to Care (Initial Tx)

- Lengthy periods without treatment
- Lack of PTSD Knowledge
- Feelings of invalidation
- Personal values/beliefs
Barriers to Care (Pharmacology)

- Fear of side effects & addiction
- Medication “crutch”
- Improper usage/dosing
- “self-medication” (substance use)
Treatment Retention

- Iraq & Afghanistan veterans:
  - Less likely to seek psychiatric treatment
  - Less likely to remain in treatment

- Significant factors:
  - Age
  - Comorbidity
Comorbidities

- Makes PTSD treatment difficult
- Overshadow PTSD symptoms
- Same signs/symptoms as other psychiatric disorders
Medication Adherence and Relapse

- Medication Misuse
- Missed appointments
- Treatment non-compliance
- Re-hospitalization
Access to Care Issues
Diagnosis and Treatment Discrepancies

- Low % of diagnosis documentation
- Misdiagnosis
- Patients in treatment $\leq 50\%$
- Patient reporting of symptoms
Recommendations
Recommendations

- Seek advanced PTSD knowledge
- Conduct research
- Research technology-based therapies
Recommendations (Continued)

- Culture change

- Encourage PTSD treatment

- Policies & Procedures
  - Review, revise, update, or implement
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Any Questions
References


References (Continued)


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