

US Army examines why some soldiers avoid PTSD care, strategies to keep them in treatment

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U.S. Army researcher Maj. Gary H. Wynn, M.D., shared new analysis on why some Soldiers suffering from combat-related post-traumatic stress disorder (PTSD) never seek care or drop out of treatment early during a presentation today at the American Psychiatric Association's annual meeting. His presentation, "Epidemiology of Combat-Related PTSD in U.S. Service Members: Lessons Learned," also described the approaches the Army is using to address this issue and improve overall patient outcomes.

Currently, fewer than half of the Soldiers who report symptoms of combat-related PTSD receive the care they need. And of those Soldiers who do start [treatment](#), between 20 percent and 50 percent walk away before its completion. According to recent studies*, some of the key reasons include Soldiers' general lack of trust for any mental health professional, a belief that [psychological problems](#) tend to work themselves out on their own and a perception that seeking [mental health treatment](#) should be a last resort.

"We've learned that keeping Soldiers who are already enrolled in PTSD treatment from dropping out is the most important strategy for improving outcomes," said Maj. Wynn, a research psychiatrist, Center for Military Psychiatry and Neuroscience at the Walter Reed Army Institute of Research. "This requires better matching of evidence-based therapies with patient preferences to improve engagement and a patient's willingness to remain in care."

And the need for care is significant. During his presentation, Maj. Wynn provided an overview of recent research that shows the vast majority of U.S. infantry in combat zones have at least one experience during deployment that could potentially lead to combat-related PTSD, such as

receiving incoming artillery, rocket or mortar fire (93 percent), being attacked or ambushed (91 percent) or knowing someone seriously injured or killed (87 percent). Research also suggests that increased exposure to these [traumatic events](#), such as during multiple deployments common throughout the wars in Iraq and Afghanistan, increases a Soldier's risk of developing PTSD-related symptoms.

An average of 15 percent of U.S. infantry experience PTSD symptoms post-deployment, according to Army analysis of multiple studies. The physical symptoms are numerous, ranging from back, joint, stomach, limb and chest pain to dizziness, fatigue, trouble sleeping, nausea, headaches and more. Common psychological symptoms include depression, anger, mistrust, panic, guilt and violent behavior.

"Our research found PTSD associated with a wide variety of general health conditions affecting the autonomic nervous system and leading to neuroendocrine dysregulation," said Maj. Wynn. "The Army is using multiple approaches to reach and treat Soldiers who experience symptoms, and we continue to test and refine approaches over time."

The Department of Defense and Department of Veterans Affairs currently employ multiple approaches to improve diagnosis and treatment of PTSD, including:

- Pre- and post-deployment behavioral health screening
- Coordination with in-theater health providers to ensure continuity of care for Soldiers during deployment
- Increased education to reduce the perceived stigma of seeking care

- Collaborative care to support primary care interventions
- Ongoing investments to expand behavioral health care resources
- Development of evidence-based VA-DoD PTSD Clinical Practice Guidelines
- Increased focus on improving patients' willingness to stay in care through better understanding of negative perceptions and matching treatment to patient preferences
- Improved marketing of behavioral health care to Service Members and Veterans
- Normalizing reactions within the context of patients' military occupational environment

"These programs will help us achieve our goal to improve [patient outcomes](#) by providing more effective, tailored PTSD treatment plans that encourage more [Soldiers](#) to seek care and then help them stick with their treatment," said Maj. Wynn.

More information: *Kim PY, et. al. *Military Psychology* 2011; Pietrzak RH, et. al. *Psych Services* 2009.

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