Screening for PTSD in Veterans and Expanding Awareness of PTSD Resources

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CVMC Family Medicine
Berlin, VT

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The University of Vermont
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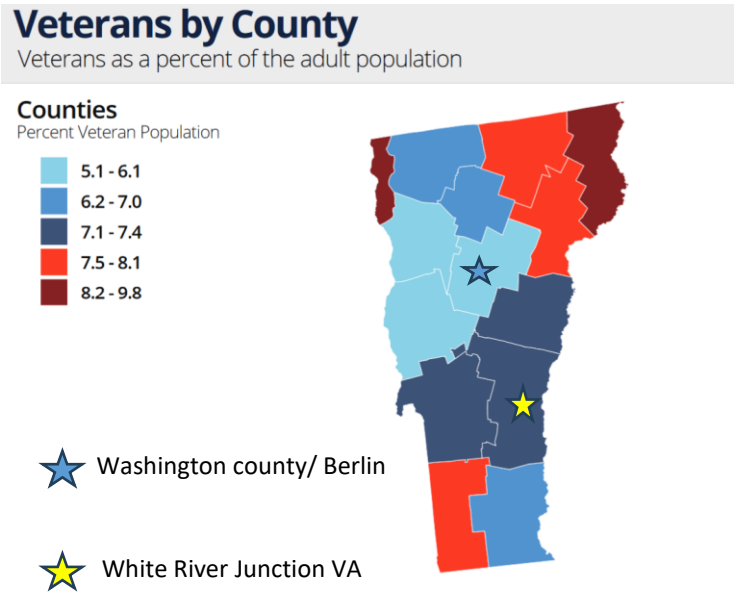
Problem and Need

- Post traumatic stress disorder (PTSD) is associated with increased risk of suicide, depression, substance use disorders, intimate partner violence, and persistently low quality of life (1).
- In Veterans using Veterans Affairs Healthcare about 23% had lifetime incidence of PTSD; 7% of veterans have lifetime incidence of PTSD in those not seeking VA healthcare. This discrepancy could partially be explained by lack of screening in those not getting care by the VA (2).
- A study found that trauma-focused psychotherapies in Veterans such as cognitive behavioral therapy, prolonged exposure therapy, and eye movement desensitization, were only marginally superior to non-trauma-focused therapy approaches (3). Such alternative treatments like pet therapy, mindfulness, and acupuncture do not require a mental health professional. These approaches could broaden access to treatment and avoid potential barriers to care like insurance and wait time. Veterans with PTSD who underwent mindfulness training had fewer reported PTSD symptoms at a 2 month follow up (3).
- There is a lack of data on the prevalence of PTSD in the Vermont Veteran population. There is also a lack of knowledge of alternative treatment resources for veterans to access (4).



Public Health Cost and Cost Considerations

Compensation and pension from the VA: (5)

- Vermont: $144,481 (0.17% of national average)

Medical care cost:

- Vermont: $158,813 (0.23% of national average)

Percentage of adult population that are Veterans:

- Vermont 8.89%
- National Average: 6.60%

Percentage of veterans age 65 and over:

- Vermont: 50.80%
- National Average: 47.05%

Unique Cost Considerations: 6.5% of Vermont's veterans live in poverty

Median household income for veterans in Vermont: $59,559
Average household income in Vermont: $64,980

21.3% of Vermont's veterans have a service-connected disability rating (5)

Berlin, VT (6)

- Persons in poverty: 23.7%
- Average household income: $44,298
- Persons under 65 years old with disability: 22.7%

Out of pocket expenses for traditional psychotherapy can range from $200-300 per session. Research has shown the most cost-effective strategy for managing PTSD is giving patients a choice in their therapy. (7) In a population with already increased levels of poverty and an area with lower income than the rest of Vermont, this cost could be especially significant in this community.

Community Perspectives

- Anonymous, veteran in the community

"I personally do not feel comfortable discussing my mental health with VA providers. I think it is extremely important to have a place where you can go and not be expected to talk about your traumas and feel like a regular person."

- Anonymous, veteran in the community

"Asking patients what their veteran status is, is extremely important as it is such a significant part of our identity. However, this is rarely done, and I have never been asked about my veteran status at a doctor's office…. Many veterans must receive care from the VA to obtain their benefits, but that means they must travel sometimes upwards of 2 hours to get medical aid and once they arrive the care given is subpar. I also don't think many of us know what other resources exist within our community."

Intervention and Methodology

PC-PTSD-5

Description: The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) is a 5-item screen designed to identify individuals with probable PTSD. Those screening positive require further assessment, preferably with a structured interview.

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event?
YES / NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? YES / NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES / NO
3. Been constantly on guard, watchful, or easily startled? YES / NO
4. Felt numb or detached from people, activities, or your surroundings? YES / NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES / NO

Have you served, or are you currently serving, in the military? YES/NO

Were you affected by the recent floods in Vermont? YES/NO

This is not an exhaustive list of all therapies available for the treatment options, but of these, check which one(s) you'd be most interested in:

- **Cognitive Behavioral Therapy (CBT):** *Focuses on identifying and modifying unhealthy thought patterns, beliefs, or behaviors*
- **Animal-Assisted Therapy:** *Therapeutic approach involving interactions with trained animals to promote physical, emotional, and psychological well-being*
- **Exposure Therapy:** *Confrontation and gradual exposure to reduce fear and avoidance of traumatic memories and situations*
- **Eye Movement Desensitization and Reprocessing (EMDR) Therapy:** *Mental health treatment technique involving eye movement in a specific way while you process traumatic memories in order to heal from trauma and other distressing life situations*
- **Blue Mind Therapy:** *The theory that being on, around, or in a large body of water allows people to enter a mildly meditative state and allow for healing*
- **Acupuncture:** *Technique in which practitioners insert fine needles into the skin to treat health conditions. The needles may be manipulated manually or stimulated with small electrical currents. Acupuncture has, in some form, been in use for the last 2,500 years.*

Reference: Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument]. Available from https://www.ptsd.va.gov URL: https://www.ptsd.va.gov/professional/ assessment/screens/pc-ptsd.asp

- Provided patients at CVMC family medicine in Berlin, VT and UVMMC family medicine in Hinesberg, VT with PC-PTSD-5* screens and a survey inquiring interest in PTSD treatment modalities. See example on left
- Current or prior military service was screened
- If patients screened positive for PTSD, a non-exhaustive list of empiric treatments and alternative therapies were listed to gauge interest in several modalities.
- Distributed pamphlets from Josh's House (a Vermont-based wellness and recreational center including traditional and alternative healing modalities) and a document we compiled with available resources for Vermont veterans to providers at Hinesburg Family Practice and CVMC Family Practice in Berlin, VT.
- **The PC-PTSD-5 has been shown to be an effective screening tool in primary care settings (8).*

Results/ Response Data/ Results

Hinesburg:

Total survey responses: 18

Pts who experienced adverse event: 8 (40% of total respondents)

Interest in traditional and alternative therapeutic modalities:

Cognitive behavioral therapy: 1 (12.5%)

Animal therapy: 1 (12.5%)

Exposure therapy: 2 (25%)

Eye movement desensitization and reprocessing: 1 (12.5%)

Blue mind therapy: 3 (37.5%)

Acupuncture: 2 (25%)

Berlin:

Total survey responses: 8

Pts who experienced adverse event: 3 (37.5%)

N =1 experienced traumatic event, but wrote they were not yet ready to talk about it or seek treatment

Interest in traditional and alternative therapeutic modalities:

Cognitive behavioral therapy: 1 (12.5%)

Animal therapy: 0 (0%)

Exposure therapy: 0 (0%)

Eye movement desensitization and reprocessing: 0 (0%)

Blue mind therapy: 0 (0%)

Acupuncture: 0 (0%)

Evaluation of Effectiveness and Limitations

- Since responses were anonymized, it is unknown which patients already had a PTSD diagnosis, or if we were catching previously missed diagnoses
- In Berlin, there were new providers who were uncomfortable adding more screening tools for patients because they already were heavily screening for other diagnoses. This led to a smaller and less randomized population queried. The added PTSD screening could also lead to decreased interest in participation by patients.
- Due to the older population in Berlin, many patients did not bring their glasses and were unable to read the small print of the survey; leading to fewer responses
- Many veterans fear PTSD being listed as a diagnosis in their electronic medical records, so this may have hindered their response rates. Surveys were distributed prior to hearing directly from veterans that they are less willing to have their symptoms documented.
- The short duration of the survey distribution led to few survey responses and poor generalizability
- Surveys were effective in catching positive PTSD symptoms and interest in alternative treatment modalities
- Possibly more effective to ask veteran status and screen for PTSD separately

Potential Future Interventions/ Projections

- A staff meeting to inform providers of community resources for veterans, such as Josh's House, to better be able to disseminate information to patients
- SlicerDicer is an Epic program to filter patient data, however the returned data did not have accurate numbers when filtered for PTSD. A future project could investigate fixing the discrepancies and screening those with PTSD regardless of veteran status
- Generate a monthly newsletter from Josh's House and other resources to be distributed to local family practices
- Work toward anonymity of veterans seeking psychiatric treatment such that fear is no longer a barrier to treatment

Works Cited

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