



# Federal Health Matters

## Army Health Initiative Draws First Lady's Praise

The military's push to turn recruits into health-conscious warriors has caught the eye of First Lady Michelle Obama, who hopes it can become a model for making all U.S. citizens more focused on fitness and nutrition.

Recently, Mrs. Obama visited Fort Jackson in South Carolina to see what the army has done to overhaul the soldiers' diets and exercise programs, as part of the post's new "Soldier Athlete" initiative. The initiative was designed to improve troops' physical fitness capacity and nutritional habits to better prepare them for combat. A lack of fitness is "not just a health issue but a national security issue," Obama said.

The nutrition-based aspect of the initiative—called "Fueling the Soldier"—utilizes the "Go for Green" labeling system. Every food choice in the dining hall is labeled red, yellow, or green; soldiers are encouraged to select green-labeled foods, which are considered high performance. Foods that are higher in calories and considered "performance limiting" are being swapped with healthier options in the dining hall and in vending machines.

Mrs. Obama, who has championed childhood obesity as a major, national concern, agreed that the nation's obesity problems create problems for the military. According to the U.S. Army, an increasing number of young Americans are too overweight to join the military. In addition, children are spending too much time in front of TV and computer screens, not getting enough exercise, and consuming too many sugary foods and drinks, which can lead to developing fragile bones, a higher rate of bone injuries, and skyrocketing dental costs. Those

who do enter the military learn significant lifestyle changes that they can adapt for civilian life and share with their families.

Mrs. Obama and Jill Biden, wife of Vice President Joe Biden, plan to launch a campaign in March to help support military families and the many struggles they endure. President Obama also has announced programs meant to support military families, including initiatives to prevent suicide and homelessness.

## Study Finds Propranolol Does Not Prevent PTSD

According to a recent study published in *CNS Neuroscience & Therapeutics*, clinical results do not support the use of propranolol (a  $\beta$ -adrenergic blocker) to prevent posttraumatic stress disorder (PTSD), although, it may help with the physiologic response.

The randomized, placebo-controlled study examined 41 emergency department patients who experienced an acute psychologic trauma. Patients were randomized to receive up to 240 mg/day of propranolol or placebo for 19 days. Patients were assessed 1 and 3 months after the traumatic event for symptoms of PTSD, and participated in a script-driven imagery assessment to measure psychophysiological reactivity.

The investigators reported that physiologic reactivity, severity of PTSD symptoms, and the rate of PTSD diagnostic outcome did not vary significantly between the 2 groups. However, subgroup analyses at the 5-week assessment showed that participants who took propranolol with high adherence had lower physiologic reactivity during the script-driven imagery

than those who took the placebo with high adherence.

The authors concluded that the physiologic results provide some limited support for a model of PTSD, in which, a traumatic conditioned response is reduced by posttrauma propranolol. However, the clinical study results did not support the preventive use of propranolol in the acute aftermath of a traumatic event.

## First Meeting to Review Treatment for Brain-Injured Soldiers; Lawmakers Seek Expanded Coverage for Veterans

The Institute of Medicine (IOM) Committee on Cognitive Rehabilitation Therapy (CRT) for Traumatic Brain Injury (TBI) has begun a year-long study of CRT to determine whether the Pentagon's health plan should cover the treatment for troops who have experienced TBIs in Iraq and Afghanistan. An estimated 300,000 veterans have sustained TBIs from these wars.

The IOM study will examine a previous TRICARE report that relied on a controversial study to deny coverage for the treatment, which helps "rewire" soldiers' brains to perform basic tasks, such as memorizing lists and following orders. TRICARE said the study showed there wasn't enough evidence to support paying for the treatment, which can cost more than \$50,000 per soldier.

The IOM panel of experts will review scientific data and ultimately render a verdict on whether it supports the efficacy of CRT for the 3 categories of TBI severity (mild,

moderate, and severe), and across 3 phases of recovery (acute, subacute, and chronic). In April 2009, a consensus panel assembled by the Pentagon said the therapy works, especially for soldiers with more severe forms of brain injury. Other groups, such as the Brain Injury Association of America, also have weighed in to support it. Even some major private insurance companies pay for it.

The IOM committee will consider the efficacy of CRT as compared with no treatment, sham treatment, and other nonpharmacologic treatment for the cognitive domains of attention, language, memory, visuospatial perception, and executive function. They hope to pinpoint what types of CRT work best, and what kind of doctors and clinicians are best qualified to provide it. The IOM review will continue through the end of the year, and the panel expects to convene other public sessions to help them arrive at a decision.

In a related matter, a bipartisan group of lawmakers recently called on the DoD to provide mental health coverage to soldiers with TBIs in light of recent reports detailing their difficulties in obtaining this much-needed care. The lawmakers noted that the issue has been under review for 2 years, with no immediate resolution in sight.

In a letter drafted to Defense Secretary Robert Gates, the group—consisting of 70 members of Congress—wrote, “Considering that our service members have been deployed in 2 conflicts for nearly a decade, it is our hope that there exists some contingency plan to provide cognitive rehabilitation for service members who are returning home today, particularly those with mild traumatic brain injuries.”

Under current policy, without a waiver “applicable only under very unusual and limited circumstances,” most soldiers cannot receive CRT, even though many Medicaid pro-

grams and private insurers cover the service, the lawmakers wrote.

## Pentagon Report Cites Increasing Mental Health Problems

A recently released Pentagon report states that mental health problems are sending more men in the U.S. Military to hospitals than any other cause. They also are the second highest reason for hospitalization of female military personnel, only behind conditions related to pregnancy.

The 31-page report by the DoD's Medical Surveillance System noted a large, widespread, and growing mental health problem among U.S. Military members—including a sharp increase in mental health disorder diagnoses from 78,658 active-duty troops (5.6% of the force) in 2003 to 123,374 (8.5% of the force) in 2009—possibly reflecting the increase in troops deployed to Afghanistan and Iraq.

The report also indicated that the rate of incident diagnoses of post-traumatic stress disorder (PTSD) increased nearly sixfold from 2003 to 2008. New outreach and screening, as well as the military's efforts to reduce the stigma attached to seeking treatment, also may have contributed to the higher numbers.

From 2007 through the second quarter of 2010, the army had the highest rates of new diagnoses of the most common and long-lasting problems: PTSD, major depression, bipolar disorder, alcohol dependence, and substance dependence. The only exceptions to this observation were in 2007, 2008, and the first 2 quarters of 2010, when the incidence rates of new diagnoses of alcohol dependence in the marine corps were the highest of all the services, the report said.

Furthermore, the army was relatively most affected (based on lost

duty time) by mental disorder–related hospitalizations overall; and in 2009, the loss of manpower in the army was more than twice that in the marine corps and more than 3 times that in the other services.

Researchers call for additional study, and qualify that tracking mental health problems can be a moving target, as treatment and attitudes change.

## Marines Test New Concussion Care

The marine corps in Afghanistan is part of a new concussion care program designed to give psychiatrists, physicians, and even chaplains and sergeants a better way to treat those with the number 1 battle injury.

The navy-marine corps effort, called the Operational Stress Control and Readiness (OSCAR) Program, consists of 2 parts. The first part includes psychiatrists and psychologists who become part of the combat team. They are embedded in the division's regiments and battalions, live and train with the troops, and get out in the field with them. OSCAR mental health professionals are not primarily clinical health care providers, but, rather, combat/operational stress control specialists who educate and are educated by the marines with whom they repeatedly share their time, including before, during, and after deployment.

The second part of the program offers special training to medical officers, corpsmen, chaplains, religious personnel, and key leaders at the sergeant and first sergeant level so they can deliver basic mental health care to troops in harm's way. Ultimately, the program hopes to reduce the stigma attached to seeking mental health care by making providers seem more empathetic and approachable. ●