Depression, PTSD Vary Among Injured Troops

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ATLANTA — There is no one-size-fits-all formula for the course of posttraumatic stress disorder and depression among battle-injured soldiers, Capt. Thomas A. Grieger, MC, USN, reported in a poster presentation at the annual meeting of the American Psychiatric Association.

Delayed symptom presentation and interpatient variations in the progression of both conditions suggest that current methods for screening injured soldiers' mental health, which focus on symptom assessment upon hospitalization, may cast too small a net, according to Dr. Grieger.

Of 613 consecutive soldiers evacuated from Afghanistan and Iraq to a U.S. military tertiary care hospital for treatment of combat injuries, 4% screened positive for probable posttraumatic stress disorder (PTSD) on admission and 4% screened positive for probable depression. All of the soldiers included in the study had serious injuries requiring hospitalization lasting from weeks to months.

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However, after 3 months, 12.2% and 8.9% of the soldiers screened positive for probable PTSD and depression, respectively. After 6 months, 12.0% and 9.3% of the soldiers screened positive for the respective conditions. Based on a longitudinal analysis, 79% of the patients who screened positive for either condition at 6 months had screened negative for both conditions at the time of their initial assessment. No baseline demographic characteristics were associated with risk for PTSD or depression at either the 3- or 6-month follow-ups, he said.

The results demonstrate that "screening battle-injured soldiers for PTSD and depression during initial hospitalization does not accurately identify those who will have symptoms of the disorders at later follow-up," said Dr. Grieger of the Uniformed Services University of the Health Sciences in Bethesda, Md.

The low initial rates might be reflective of the soldiers' lack of realization of the severity of their injuries or the extent of their rehabilitation programs. As time goes by, symptoms of mental illness might present if the pain and/or disability has not diminished substantially, he suggested.

Patients who initially screen positive for either PTSD or depression seem to fare better than those whose symptoms present later. "Of those soldiers who met the criteria for either condition during initial evaluation, approximately half had remission 6 months later," Dr. Grieger said. It is unclear whether this occurs as a consequence of the natural course of the conditions or because such patients tend to receive more intense mental health interventions from the outset.

Continuity of psychiatric care for combat-injured soldiers notwithstanding, the stand-alone results of initial assessments are critical for identifying and managing most soldiers at risk for related psychiatric illnesses, Dr. Grieger concluded.

To assess the presence or absence of probable PTSD in this study, Dr. Grieger and his colleagues used the 17-item National Center for PTSD Checklist of the Department of Veterans Affairs (PCL-17). They used the Patient Health Questionnaire Depression Scale (PHQ-9) to assess probable depression. ■

Injured Soldiers Show Delayed Symptom Presentation