Reservists Carry Heavy Psychosocial Burdens

BY BRUCE JANCIN
Denver Bureau

COLORADO SPRINGS — As U.S. troops rotate home from Iraq, the psychosocial problems they bring with them tend to differ depending upon whether they are active duty or National Guard reservists, Thomas L. Jewitt, M.D., said at a symposium on addictive disorders sponsored by Psychotherapy Associates.

Reservists as a group have a lot more problems. They're also much more likely to play them up in hopes of being excused from further military duty, according to Dr. Jewitt, a psychiatrist at the Veterans Affairs Black Hills Health Care System in Fort Meade, S.D.

National Guard members experience more psychosocial difficulties because they and their families are far less prepared for abrupt call-up and deployment than are full-time military families, he said at the meeting, which was cosponsored by the Penrose-St. Francis Healthcare System.

Reservists are subject to a heavier load of low-intensity war-related stressors that begin piling up even before they reach the combat zone. These include family worries, financial difficulties, unfulfilled obligations back home, misunderstandings about the duration of deployment, and uncertainty about their civilian job security. All of this is exacerbated by sudden immersion into the hurry-up-and-wait world of military life, with its attendant boredom and overcrowding punctuated by fear.

These low-intensity stressors have traditionally been discounted by mental health authorities. The traumatic psychiatric impact of high-intensity war-related stressors—facing combat under fire, witnessing mutilated bodies and massive destruction—has been far more extensively studied. Of late, however, there has been growing appreciation that low-level war-related stressors actually make a major contribution to psychopathology in veterans, Dr. Jewitt continued.

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Full-time military families are prepared for fathers or mothers to be absent periodically; their lives revolve around deployment.

These families have their share of problems, of course, but they also have a strong social support system, particularly if they live on or near military bases. In the event of family dysfunction, they also have some access to mental health and counseling services.

In contrast, reservist families are scattered throughout the country and typically get no help at all from military-affiliated mental health services, Dr. Jewitt noted.

Because the predeployment strength of National Guard units headed for the Middle East was less than expected, many reservist units were split up and their members were assigned to fill open spots in active-duty units. As a result, they often didn't bond cohesively with their new unit—and that's recognized to be a significant risk factor for combat-related psychosocial problems, Dr. Jewitt said.

Active-duty troops tend to be younger—often just 18 or 19 years old—and better trained than reservists. They also have more unit cohesiveness.

"They're much less likely to pathologize their complaints," the psychiatrist observed. "Most of the active-duty troops want to stay on active duty. They don't want to go to the health clinic. Most times when you see these folks, at first they're quiet, reserved, polite, cautious. They don't want to be seen as having problems that could cost them promotions or job choices. Reservists may be another matter."

Indeed, active-duty troops often present to medical or mental health clinics only after being ordered to. They are notorious appointment no-shows. Dr. Jewitt's advice to physicians and therapists seeing such patients for the first time is to ditch the medical and psychotherapy jargon in favor of concrete, readily understandable language. And focus on establishing rapport rather than information-gathering, especially during the first visit. "You're more likely that way to get them back for a second visit," he said.

The problems that often bring veterans of the Iraq conflict to the attention of health professionals include social withdrawal, intense and difficult-to-treat hostility, substance abuse, guilt and shame, and family dysfunction.

Regardless of whether the returning veteran is with the reserves or the full-time military, however, the preventive mental health lessons learned in the aftermath of the Vietnam War still apply today. The priorities are to prevent family breakdown, social withdrawal and isolation, employment problems, and substance abuse.

Substance abuse is a big problem in combat veterans. When it occurs with comorbid posttraumatic stress disorder, long-term outcomes are considerably less favorable than with either condition alone. Studies have shown that success in reducing PTSD symptoms leads to decreased substance abuse; however, the converse is not true. State-of-the-art therapy involves treating both conditions concurrently, Dr. Jewitt said. ■

Chronic Pain Syndromes Common in Returning Veterans

BY COLIN NELSON
Contributing Writer

BOSTON — Chronic pain was the most frequent complaint among U.S. soldiers returning from foreign war zones, according to findings from a new survey of patients at a Florida veterans' hospital.

The high prevalence and severity of chronic pain syndromes among veterans may result from stress and hardship rather than wounds, according to a report presented in a poster at the annual meeting of the American Pain Society.

The high prevalence and severity of chronic pain syndromes among veterans may result from stress and hardship rather than wounds.

Ronald Gironda, Ph.D., and his associates at the James A. Haley Veterans Affairs Medical Center in Tampa, Fla., reviewed records of 793 patients who were veterans of conflicts in Afghanistan and Iraq through November 2004.

None of the patients suffered gunshot wounds or blast injuries, he said.

About 47% of patients (373) reported pain. Some 28% (222 patients) reported pain scores of 4 or greater on a scale of 0-10. The researchers randomly selected 100 patient records from this group for closer inspection.

In the subgroup with significant pain, the average pain score was 6.6—considered "significant pain that is likely to interfere with functional activity," said Dr. Gironda, a pain specialist.

The veterans' primary complaints were back pain (46%), lower limb pain (31%), upper limb pain (7.5%), neck pain (6%), and headache (4.5%).

"I think when all is said and done we're going to see even higher rates of pain in this new group of veterans than we saw in the Persian Gulf War," Dr. Gironda told FAMILY PRACTICE NEWS.

The pain patients suffered a gauntlet of assaults on their well-being. Many had become physically inactive and deconditioned since their return. "They were often depressed, demoralized, unemployed, and had no social contact," he noted.

"We know that there is a relationship between psychosocial factors and the report of pain—how it is experienced and how it develops and unfolds over time," Dr. Gironda said. "One of the main goals of treatment is to help these individuals develop skills to cope with the pain."

In addition to providing medical therapy, a 3-week interdisciplinary pain program introduces veterans to new exercise regimens, relaxation techniques, and cognitive-behavioral therapy to reduce fear of pain and fear of activity. Within the first week or so they also are weaned off of opiates.

"The VA has a real opportunity here," Dr. Gironda added. "We know that the sooner we address these pain conditions the less likely they are to become truly chronic—or, if they become chronic, the less likely they are to be severe."

Dr. Gironda said that it is unknown how many of these soldiers had chronic pain complaints before they entered a war zone. It also is difficult to say how the prevalence and severity of these complaints compare with those in the general public.

For example, a recent survey by researcher Michael Von Korff, Sc.D., and colleagues at Group Health Cooperative in Seattle estimated that nearly 20% of all adult Americans had chronic spinal pain in the prior 12 months (Pain 2005;113:331-9). The majority of those with chronic spinal pain (87%) reported at least one other chronic pain condition, physical ailment, mental disorder, or substance abuse problem.

By that standard, the prevalence of chronic pain conditions in hospitalized veterans may not be all that much greater than it is among their noncombatant peers. How the severity and duration of their complaints compare with the general population is unclear. ■

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In one survey, almost half (47%) of veterans returning from Afghanistan and Iraq reported pain, with more than a quarter (28%) reporting pain scores of 4 or greater on a 0-10 scale.