

## Trauma, Substance Use Disorder in Rural and Urban Veterans

Researchers from the Omaha, Nebraska VA, the University of Nebraska, and the Creighton University School of Medicine conducted a study of 60 Veterans currently enrolled in substance use disorder (SUD) treatment to determine if there were any rural versus urban differences in trauma history. The study subjects completed an interview to assess SUD diagnosis as well as childhood, military and lifetime trauma exposures. Childhood trauma, lifetime trauma and response to military trauma were compared between rural and urban Veterans. The researchers found that although there were no significant differences between the urban and rural Veterans in trauma exposure, they did find an association between childhood trauma and multiple attempts at treatment for substance use disorder in both groups. The full citation for this article is Nash B DL, et al. *Trauma and substance use disorders in rural and urban Veterans*. J Rural Health. 2011 Mar;27(2):151-8.

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### Did You Know?

- According to the National Survey on Drug Use and Health, an overwhelming majority of adults aged 21 to 64 in the United States with substantial alcohol problems—those meeting diagnostic criteria for either alcohol abuse disorder or alcohol dependence disorder—do not perceive a need for treatment of their disorder. See <http://www.samhsa.gov/treatment> for more information on sources of help for alcohol-related and other problems.
- Warfarin, an anti-coagulant, is one of the most frequently prescribed drugs in the U.S., with more than 17.8 million prescriptions dispensed annually. This medication is used to prevent blood clot formation that could lead to a stroke or heart attack.
- Once warfarin therapy begins, the international normalized ratio or INR (time required for blood to clot divided by the average population time required) must be tested periodically to ensure proper warfarin dosing.



## Implementation of an Anti-Coagulation Tele-Health Clinic for Rural Veterans

Many Veterans have blood clotting conditions that require them to take anti-coagulants or “blood thinners” to prevent heart attacks or stroke. In an effort to improve care for these Veterans, the West Texas VA Health Care System, in a pilot project funded by ORH, implemented a Tele-Health Anti-Coagulation clinic which serves 600 Veterans living within the 55,000 square mile primary service area of the main hospital. In the past, Veterans would report to the West Texas VA Medical Center or one of the Community Based Outpatient Clinics on a monthly basis to have their international normalized ratio (INR) checked. Then results would be available to the primary care provider within 24 to 48 hours. The provider would then adjust medications accordingly.

With the implementation of the Anticoagulation Tele-Health Clinic, staff utilizes equipment that records the Veteran's INR level with just a finger stick. The results are then made available to the Clinical Pharmacist in Big Spring within four to five minutes. The Veteran and the Clinical Pharmacist are then allowed to discuss the results via a "Tele-Health" unit. The two can see each other on a computer screen and adjustments to the medication are made immediately. Dr. Jason Cornish is the Clinical Pharmacist responsible for the Anticoagulation Tele-Health Clinic and is currently scheduling patients every 15 minutes. Patients with critical values are identified and appropriate care is provided immediately which prevents a delay in care or the possibility of not being able to reach the Veteran by phone. Since implementation, significant improvements in INR control have been demonstrated at all the clinics. In addition, significant improvements have been demonstrated in decreasing the number of critical INR values.

