

Higher Prevalence of PTSD and Neurological Deficits Found in Veterans with Mild Traumatic Brain Injury with Loss of Consciousness

Mild traumatic brain injury (mTBI) is a common military injury among troops serving in the conflicts in Iraq and Afghanistan. There is increasing evidence that a history of mTBI can increase risk for PTSD. VA researchers recently published online a case-control study examining whether neurological deficits and PTSD in combat Veterans are related to episodes of mTBI. The researchers evaluated three groups for the presence of neurological deficits including PTSD and cognitive deficits: Veterans who had TBI and loss of consciousness in combat (LOC); Veterans without mTBI and LOC; Veterans who sustained mTBI and LOC in a civilian setting. They found that more episodes of mTBI with LOC were associated with higher prevalence rates of neurological deficits ((ND)(impaired olfaction was the most frequently recognized ND)) or of PTSD. They also found that the severity of PTSD and extent of olfactory impairment increased with the number of episodes of LOC and that cognitive function performance was inversely related to the number of episodes of LOC. They concluded that two possible connections between mTBI and PTSD are: 1) circumstances leading to combat mTBI likely involves severe psychological trauma and 2) that altered cerebral functioning following mTBI may increase the likelihood that a traumatic event results in PTSD. They also concluded that olfaction is a sensitive test for neurological injury associated with mTBI with LOC and recommend that olfactory testing be incorporated into neurological examinations for TBI. They further state that olfactory testing is the most sensitive indicator of persisting injury following that can be done in a clinic setting. *Citation: Ruff, L.R., Riechers, R.G., Wang, X., Piero, T., & Ruff, S.S. (2012). Ruff RL, Riechers RG II, Wang X-F, et al. A case control study examining whether neurological deficits and PTSD in combat veterans are related to episodes of mild TBI. BMJ Open 2012;2: e000312. ♦*

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Did You Know?

- Large surveys suggest that an estimated 15-23% percent of OEF/OIF personnel have experienced a traumatic brain injury (TBI), with the majority being mild TBI (mTBI).
- Experts believe that about 11-20% (up to 1 in every 5) of Veterans that served in Operation Enduring Freedom (OEF) and Operating Iraqi Freedom (OIF) suffer from Post-Traumatic Stress Disorder (PTSD).
- The highest rates of PTSD (33 to 39%) are reported among OEF/OIF soldiers with a history of mild TBI.
- A recent study by VA researchers found that among 49,000 Veterans with a new diagnosis of PTSD, those who were less than 25, those who received their diagnosis from a primary care clinic and those living in rural areas were less likely to receive the recommended amount of care. ♦



Transitions in Dual Care for Veterans

A substantial amount of Veterans receive dual care, or care from both the Veterans Health Administration (VHA) and non-VHA health systems. Researchers have found that many patients take on the role of coordinating their own health care due to the lack of communication and coordination between the two systems. There is a significant difference between rural and urban primary care physicians and specialists when it comes to their experiences and perceptions about dual care. Rural physicians report seeing a much higher proportion of Veterans than urban physicians. Rural physicians have also reported difficulties in making referrals to the VHA, patient transfer, and in prescribing medications for Veterans. Non-VHA physicians who acknowledge co-managing their Veteran patients with VHA providers forward clinical notes to the VA either through the patient or through fax, telephone, or mail. Sharing information between systems allows the Veteran patient to see a provider at either health system and receive quality health care whenever necessary. Many rural Veterans have to travel long distances to receive health care from a VHA facility; dual care allows the Veteran to be seen at a health care facility in their area. For this reason, the use of dual care has increased over the years and the VHA and non-VHA systems have developed strategies for better information sharing, communication, and coordination. ♦

