




**Pain and PTSD:  
Caring for our Veterans in  
Civilian Communities**







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November 13, 2013

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**Objectives**

- Discuss similarities in the signs and symptoms of chronic pain and PTSD
- Identify specific health issues unique to the Veterans community which impact the experience of pain and PTSD and strategies to assess, diagnose and treat co-morbid pain and PTSD
- Identify barriers to pain care in the Veteran population
- Discuss strategies for improving co morbid pain and PTSD care in the civilian community.

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**Military Update: Community effort needed to heal war wounds**

*Mullen -2009 Defense Forum in Alexandria, Va., sponsored jointly by the U.S. Naval Institute and the Military Officers Association of America.*

- Navy Adm. Michael Mullen, chairman of the Joint Chiefs, states that government must seek greater involvement from communities across the country to support wounded warriors, traumatized veterans and damaged military families.
- Mullen expressed concern over rising numbers of homeless veterans, slow expansion of a pilot program to streamline the disability evaluation system and a lack of solutions from medical research for timely diagnosis and treatment of PTSD and traumatic brain injury.
- When they go home after the parade, when they go home after the recognition ceremony, their dreams haven't changed ... to raise a family, go to school, send their kids to school, own a home ... The only way I can see us meeting [those needs] is through a community-based connection, a broad connection, that is sustained for them over the entirety of their lives."

Tom Philpott, Special to Stars and Stripes  
Pacific edition, Saturday, September 19, 2009



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### Why is this Important



The total Veteran population in the United States and Puerto Rico , as of 2010 Census, was approximately 20.2 million. The population of women veterans numbered 1.6 million. [www.census.gov](http://www.census.gov)

Reserve and National Guard are deployed along with Active Duty personell

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### Nationally

- Over 50,000 Military personnel have been wounded in Operation Iraqi Freedom and Operation Enduring Freedom in Afghanistan



a. Department of Defense. "Operation Iraqi Freedom (OIF) U.S. Casualty Status." Fatalities as of February 5, 2013, 10 a.m. EDT. at <http://www.defense.gov/news/casualty.pdf>.  
b. Department of Defense. "Operation New Dawn (OND) U.S. Casualty Status." Fatalities as of February 5, 2013, 10 a.m. EDT. at <http://www.defense.gov/news/casualty.pdf>.  
c. Department of Defense. "Operation Enduring Freedom (OEF) U.S. Casualty Status." Fatalities as of February 5, Post-Traumatic Stress Disorder

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### Research – National

- Defense Center of Excellence for TBI and PTSD
- Veterans Administration
- Rand Corporation 2007

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### Albert Schweitzer

"We must all die. But that I can save a person from days of torture, that is what I feel as my great and even new privilege. Pain is a more terrible lord of mankind than even death itself."

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IASP Definition of Pain  
***"Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."***

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### Definition of Pain

- *Pain is whatever the experiencing person says it is, wherever they say it does.*
- Margo McCaffrey RN  
MS FAAN and
- Chris Pasero RN MSN



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### Acute Pain



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### Chronic Pain



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### Procedural Pain



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### Special Populations

- Language and cultural barriers
- Pediatric
- Addiction History
- Geriatric
- Unresponsive patients
- Military/Veterans



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### Consequences of unrelieved pain

- Physiological
- Psychological
- Sociological
- Economic



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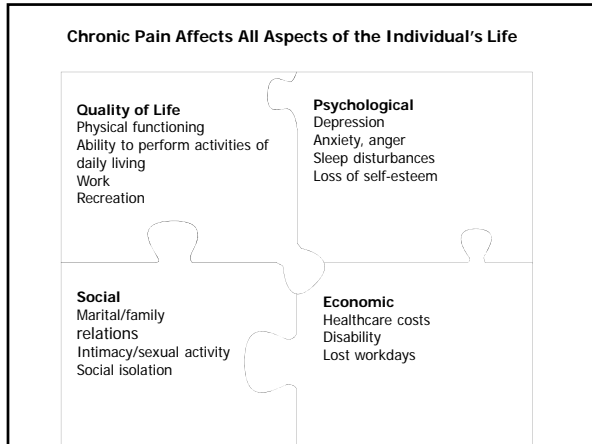
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### Assessment Tools

- Pain Scales
- Diaries
- Questionnaires

0 NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST POSSIBLE PAIN

No Pain Mild Pain Moderate Pain Severe Pain

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## Components of Assessment

- Location
- Intensity
- Quality
- Onset, Duration
- Precipitating Factors
- Relieving factors



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## Wounded

- Operation Iraqi Freedom: 29,911
- Operation Enduring Freedom: 1,937
- Persian Gulf War :467
- Vietnam 153,303
- Korea 103,284
- World War II 405,399



<http://www.fas.org/sqp/crs/natsec/RL32492.pdf>. Current as of April 30, 2008.

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## Combat Wounds

- Traumatic Amputation
- Traumatic Brain Injury
- Burns
- Shrapnel Damage/
- Nerve Damage/ Impingement



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## Traumatic amputation

- Traumatic amputation is the loss of a body part -- usually a finger, toe, arm, or leg -- that occurs as the result of an accident or trauma.



- **Number of OEF/OIF Amputees (as of 7/31/09): 913**

<http://www1.va.gov/vetdata/docs/>

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## Burns



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## Shrapnel Wounds

- Shrapnel is extremely sharp and it's caused by a bomb or grenade (booby traps). The thrust can sever a head or limbs.
- Shrapnel can embed itself into a human body destroying organs, or, if the poor soldier is lucky enough it can be removed.
- Shrapnel causes paralysis in the less fortunate (severs the spinal column.)
- Shrapnel can also enter the gut area and cause severe damage laying the person's stomach wide open.
- Shrapnel can enter the body at any angle and can be in extremely small pieces which is difficult for the surgeon to remove.



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## What is Traumatic Brain Injury?

Traumatic brain injury (TBI), an acquired injury when sudden trauma causes damage to the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain.



<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>

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## Incidence of Military TBI

- 88-97% of Combat injuries involve blast

<http://www.warreliefillness.va.gov/palmsalto/conference/papers/2009/slides/taber-neurobiology-of-tbi-1-16-09.pdf>

- 59% of soldiers at WRAMC injured by blast had TBI
- (Jan03-Feb05: 44% mild, 56% mod-severe)  
DVBC study N Engl J Med 2005;352:2043-2047
- 17.8% of 13,400 returning soldiers reported history consistent with TBI due to blast.** J Nuc Med 2007;48 (6):24



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## Mild TBI

- A person with a mild TBI may remain conscious or may experience a loss of consciousness for a few seconds or minutes. Other symptoms of mild TBI include headache, confusion, lightheadedness, dizziness, blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a change in sleep patterns, behavioral or mood changes, and trouble with memory, concentration, attention, or thinking.

<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>



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### Moderate TBI

- A person with a moderate or severe TBI may show these same symptoms, but may also have a headache that gets worse or does not go away, repeated vomiting or nausea, convulsions or seizures, an inability to awaken from sleep, dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion, restlessness, or agitation.

<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>




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### Women's Issues

- MST: Military Sexual Trauma
- Both women and men can experience sexual harassment or sexual assault during their military service. VA refers to these experiences as military sexual trauma, or MST. Like other types of trauma, MST can negatively impact a person's mental and physical health, even many years later. Some problems associated with MST include:
  - Disturbing memories or nightmares
  - Difficulty feeling safe
  - Feelings of depression or numbness
  - Problems with alcohol or other drugs
  - Feeling isolated from other people
  - Problems with anger or irritability
  - Problems with sleep
  - Physical health problems

■ Women Veterans in NH: 8,741 (10/2008)

<http://www1.va.gov/womenvet/page.cfm?pg=5>




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### Invisible wounds and Mental Health Concerns

- Depression
- Suicide
- Stress Management
- Anger Management




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- Depending on the conflict in which they served, 10 to 30 percent of soldiers who have spent time in war zones experience the debilitating and life-altering symptoms of post-traumatic stress disorder (PTSD).  
US Department of Defense Congressionally Directed Medical Research Programs (2009, September 1). Innovative Therapies For
- 5% of men and 10% of women will experience PTSD at some point in their life. In contrast, 30% of Vietnam veterans, and 15% of OEF and OIF Veterans have been diagnosed with PTSD.
- <http://www.warrelatedillness.va.gov/wriisc-health-conditions.asp#tbi>
- PTSD is diagnosed when these feelings do not subside or they get worse. It is important to get treatment for these symptoms because they may lead to drinking and drug use, trouble sleeping, irritability, and angry outbursts. Eventually, PTSD may interfere with work, family relationships, and social life. [National Center for PTSD](#)

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### PTSD , TBI and Chronic Pain: Common symptoms

- • Decreased concentration
- • Agitation/irritability
- • Insomnia
- • Social isolation/detachment
- • Impaired memory
- • Affect and Mood disturbances-Depression




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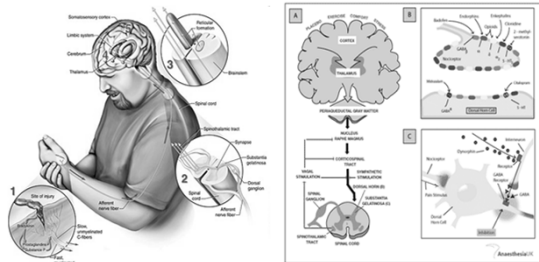
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### Pain and the Nervous System



[www.frca.co.uk/images/pain\\_pathway.gif](http://www.frca.co.uk/images/pain_pathway.gif)

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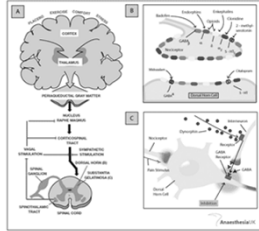
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## Depression and the Nervous System

- **Ketamine and NMDA Receptor Antagonists for Depression**
- By Walter A. Brown, MD | February 1, 2007
- [www.psychiatrytimes.com/home](http://www.psychiatrytimes.com/home)



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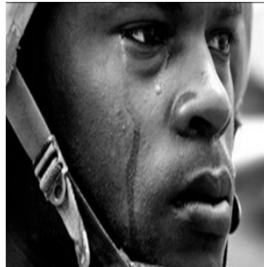
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## Psychosocial Issues

*In your life, have you ever had an experience so horrible, frightening, or upsetting that, in the past month you :*

- Have had nightmares about it or thought about it when you did not want to
- Tried hard not to think about it or went out of your way to avoid it
- Were constantly on guard, watchful, or easily startled
- Felt numb or detached from others, activities, or your surroundings



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### DSM-IV Diagnostic Criteria for PTSD

- Exposure to a traumatic event and subjective emotional response of fear, helplessness, or horror
- Persistent re-experiencing of the traumatic event
- Persistent avoidance and numbing
- Persistent symptoms of increased arousal
- Significant distress or impairment
- Duration of at least 1 month

DSM-IV™, 1994

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## DSM-5 Diagnostic Criteria for PTSD

- PTSD (as well as Acute Stress Disorder) moved from the class of anxiety disorders into a new class of "trauma and stressor-related disorders."
- All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion.
- The rationale for the creation of this new class is based upon clinical recognition of variable expressions of distress as a result of traumatic experience. The necessary criteria of exposure to trauma links the conditions included in this class.

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## Trauma Exposure Measures

- [Chart - Trauma Exposure Measures](#)
- [Combat Exposure Scale \(CES\)](#)
- [Evaluation of Lifetime Stressors \(ELS\)](#)
- [Life Events Checklist \(LEC\)](#)
- [Life Stressor Checklist - Revised \(LSC-R\)](#)
- [Potential Stressful Events Interview \(PSEI\)](#)
- [Stressful Life Events Screening Questionnaire \(SLESQ\)](#)
- [Trauma Assessment for Adults-- Self-report \(TAA\)](#)
- [Trauma History Questionnaire \(THQ\)](#)




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## PTSD screening tools

- [Chart - Screens for PTSD](#)
- [Beck Anxiety Inventory - Primary Care \(BAI-PC\)](#)
- [The Primary Care PTSD Screen \(PC-PTSD\)](#)
- [Short Form of the PTSD Checklist - Civilian Version](#)
- [Short Screening Scale for PTSD](#)
- [SPAN](#)
- [SPRINT](#)
- [Trauma Screening Questionnaire \(TSQ\)](#)



WWW.VA.GOV Reviewed/Updated Date: November 5, 2012

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## Assessing PTSD

### Signs & Symptoms: PTSD

- Efforts to avoid thoughts
- Avoids activities
- Poor memory
- Anhedonia
- Feeling detached
- Feeling 'flat'
- Sense of a foreshortened future
- Flash-backs
- Difficulty with sleep
- Irritability
- Outbursts of anger
- Hypervigilance
- Difficulty concentrating
- Exaggerated startle response
- Intrusive thoughts

Adapted from DSM-IV-TR (2009) p.468.



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## PTSD affects all aspects of the individual's life



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## Treatment Options For Managing Pain



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### Opioid Analgesia

- Moderate to Severe Pain
- Multiple delivery systems
- Short Acting – morphine, hydromorphone, hydrocodone, oxycodone.
- Long Acting-morphine, fentanyl, methadone, oxycodone



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### Non Opioid Analgesia

- Mild to Moderate Pain- Minimize discomfort
- Oral non-opioids: ASA , acetaminophen, NSAIDS, Cox-2's, adjunctive medications



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### Major Classes of Adjunctive Analgesics

- Anticonvulsants
- Antidepressants
- Anxiolytics
- Topical Agents
- Muscle relaxants
- Corticosteroids

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## Physical Therapy

- Licensed Professional
- May be helpful in myofascial pain, trigger point soreness, fibromyalgia



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## Acupuncture



- Trained and credentialed practitioner
- May be useful for fibromyalgia, headache, myofascial pain, low back pain, osteoarthritis
- Data on success is growing

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## Relaxation Techniques

- Exercise
- Biofeedback
- Music
- Guided Imagery
- Focused Breathing
- Stress Reduction through Yoga
- Aromatherapy



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### Additional Options



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### Treatment options for managing PTSD

- Cognitive behavioral therapy
- Medications



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### Additional options

- Physical therapy/ Exercise
- Acupuncture
- Yoga
- Relaxation techniques
- Therapy Dogs



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### What are the chief obstacles for a soldier seeking treatment for PTSD?

- "That he or she is a soldier. We're trained to program the emotions of combat out of our systems. A classic definition of courage is that you're scared to death but you do your job anyway. Asking for help is counterintuitive for a soldier. I think it's imperative to change the military culture or at least understand that people can be broken. Just like vehicles, aircraft, or any other machine, soldiers have to appear for maintenance."
- *Heart of a Patriot-Former Senator (D-Ga) Max Cleland- Vietnam Veteran*

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### Challenges

- Scott Quilty, who lost an arm and a leg in Iraq, said medical care for wounded and returning veterans overlooks the challenge of reintegration. He said in his case, learning to use prostheses was "easy."
- "The most difficult portion was the reintegration, rejoining my family, my community," Quilty said. "We have a lot of strategies in this country but we don't have a strategy to effect a healthy homecoming for service veterans and their families. We need a national strategy that rivals a plan for war."




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### First.....

- Ask the question



Are you a Veteran ?

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## Military Health History

- When and where did you serve
- What did you do while serving
- Were you involved in combat
- Were you wounded, injured ill or hospitalized while in the service



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## Issues of Concern

- Do you have service connected illness or injury or disability
- Were you exposed to chemicals, gasses, pesticides or other toxins



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## Family Issues

- Are you homeless- is your housing safe
- Do you have dependents that you care for
- Have you been deployed or away from you family



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### Unique Health Risks

- OIF/OEF
- Desert Storm War
- Vietnam
- Korea
- WWII




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### Barriers to appropriate care

- Access
- Availability
- Awareness
- Advocacy




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### Addressing Access/ Availability

- Increase VA Clinics
- Vet Center- peer to peer
- Web CamTechnology
- Video Teleconferencing



[http://www.nextgov.com/nextgov/na\\_20100322\\_5628.php](http://www.nextgov.com/nextgov/na_20100322_5628.php)  
 Defense readies system to treat PTSD, brain injuries remotely  
 By Bob Brown 03/22/2010

Army Surgeon General Eric Schoemaker wants the service to begin providing mental health services over the Internet.  
 (R.D. Ward/Defense Department )

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## Awareness/Advocacy

- Legislation
- Research
- Continuing Education
- Literature




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## Army Master Resilience Training

- "It is designed to enhance a Soldier's mettle, mind and mental thinking and focuses on the five dimensions of strength: emotional, social, spiritual, family and physical. "



<http://www.army.mil/news/2010/03/29/36520-army-master-resilience-training-course-provides-valued-instruction/> Accessed 4/14/2010

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UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS



<http://www.mentalhealth.va.gov/>



**Veterans Chat**  
Operating Hours: 24 hours 7 days a week

Are you a veteran in emotional distress?

If so, we invite you to chat live with a crisis counselor and get help.



<http://www.mentalhealth.va.gov/>  
Accessed 4/27/2010

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 **National Resource Directory**  
An Online Partnership for Wounded, Ill and Injured Service Members, Veterans, Their Families and Those Who Support Them

- The NRD is a partnership among the Departments of Defense, Labor and Veterans Affairs. The information contained within the NRD is from federal, state and local government agencies; Veterans service and benefit organizations; non-profit and community-based organizations; academic institutions and professional associations that provide assistance to wounded warriors and their families.
- <http://www.nationalresourcedirectory.gov/>



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### Improving Care

- Ask the question
- Listen to the answer
- Recognize the symptoms
- Utilize available resources



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