

VETERAN IDENTIFICATION, SCREENING AND TREATMENT IN THE COMMUNITY HEALTHCARE SETTING

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VETERAN SUICIDE

- 1 every 72 minutes
- 20 veterans a day¹
- 140 per week
- 560 per month
- 6720 per year

5420²



1. Suicide Among Veterans and Other Americans 2001 – 2014 Report, <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>, Accessed on 2/19/2018
2. <https://www.defense.gov/casualty.pdf> Accessed on 2/19/2018

In Loving Memory of



Walter R. Reitsma
April 13, 1984 – July 20, 2017



Walter R. Reitsma

April 13, 1984 - July 20, 2017

Do not stand at my grave and weep. I am not there, I do not sleep. I am a thousand winds that blow, I am the diamond's gift of snow.

I am the sunlight on ripened grain, I am the autumn's gentle rain. When you awaken in the morning's hush, I am the swift uplifting rush.

Of quiet birds in circled flight, I am the soft stars that shine at night. Do not stand at my grave and cry, I am not there, I did not die.

PTSD

- **3x** more likely to commit suicide with a PTSD Diagnosis¹
- **Lifetime Prevalence**²
 - Civilians 6.8%
 - Veterans
 - Vietnam – 30.9%
 - Gulf War – 12.1%
 - Iraq and Afghanistan Wars – 13.8%
- **PTSD affects health:**^{3,4}
 - Increased cardiovascular morbidity, substance abuse, chronic pain
 - 2x more likely to be hospitalized
 - Longer lengths of stays and increased readmission rates



Half of Post-9/11 Vets Aren't Getting Mental Health Care, Report Says

After 16 years of war, an embattled VA is fighting staff burnout and red tape to help ex-soldiers get the help they need.

By **John Tozzi**

January 31, 2018, 11:00 AM EST

About half of U.S. veterans who served during the wars in Afghanistan and Iraq don't get the mental health care they need, according to a new report that recommends changes to improve the care delivered by the Veterans Affairs health system.

VETERAN HEALTHCARE

- 30% of veterans receive their care through the VA System.
- “We know that of the 20 suicides a day that we reported last year, 14 are not under VA care. This is a national public health issue that requires a concerted, national approach.”

Dr. David J. Shulkin, VA Secretary

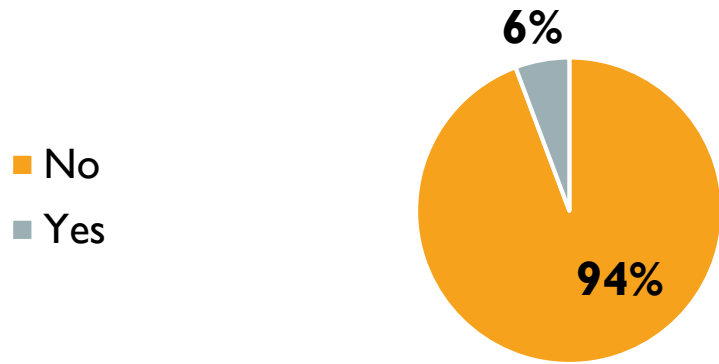
- Role for Community Primary Care

PROJECT OVERVIEW

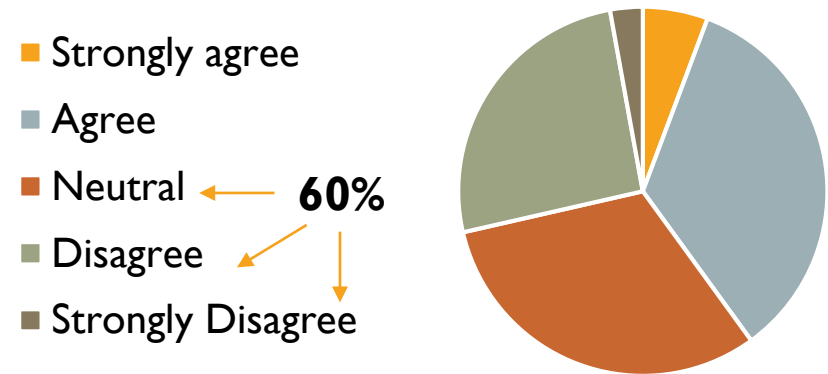
- Identify barriers to care/identification
- Survey of Veterans and Providers - needs assessment
 - Veterans: engagement and identification (n=44)
 - Providers: identification, comfort level and awareness of recourses (n=35)
- Creation of Veteran Identification/Screening/Treatment Toolbox

PROVIDER SURVEY RESULTS

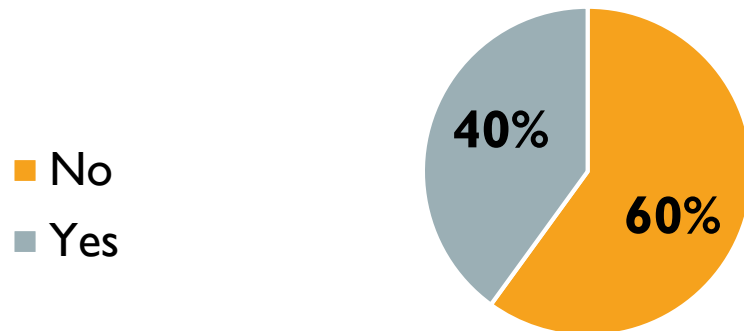
Do You Routinely Ask Patients About Their Service



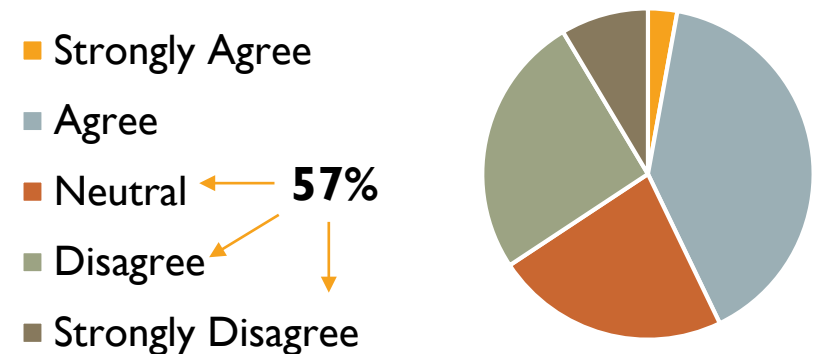
I Am Comfortable Discussing Military Service



Have You Screened a Vet for PTSD

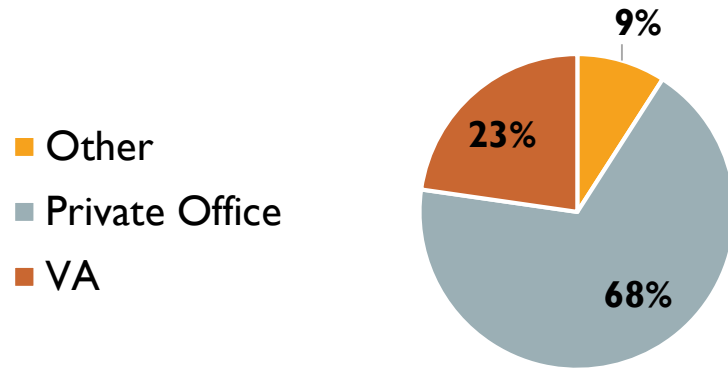


I have Knowledge of Where to Start with a Vet With PTSD

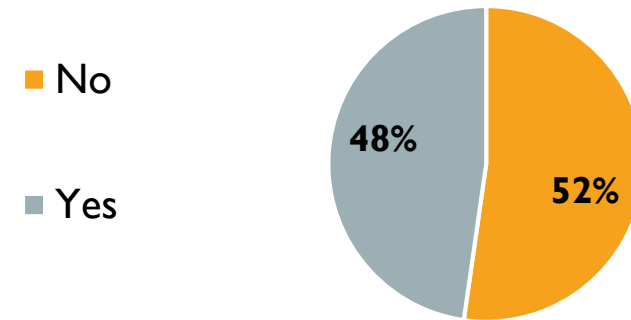


VETERAN SURVEY RESULTS

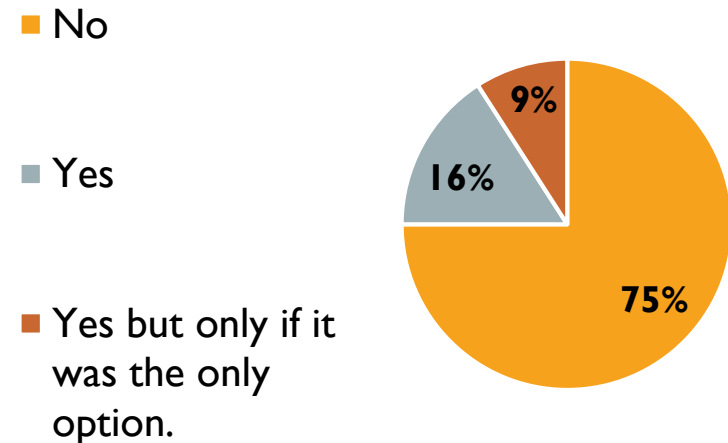
Where do you Receive Primary Care



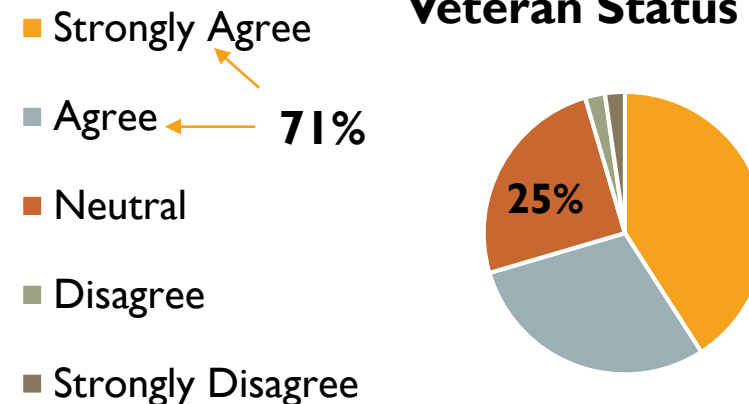
Asked About Service by Civilian Dr. & Screened for PTSD



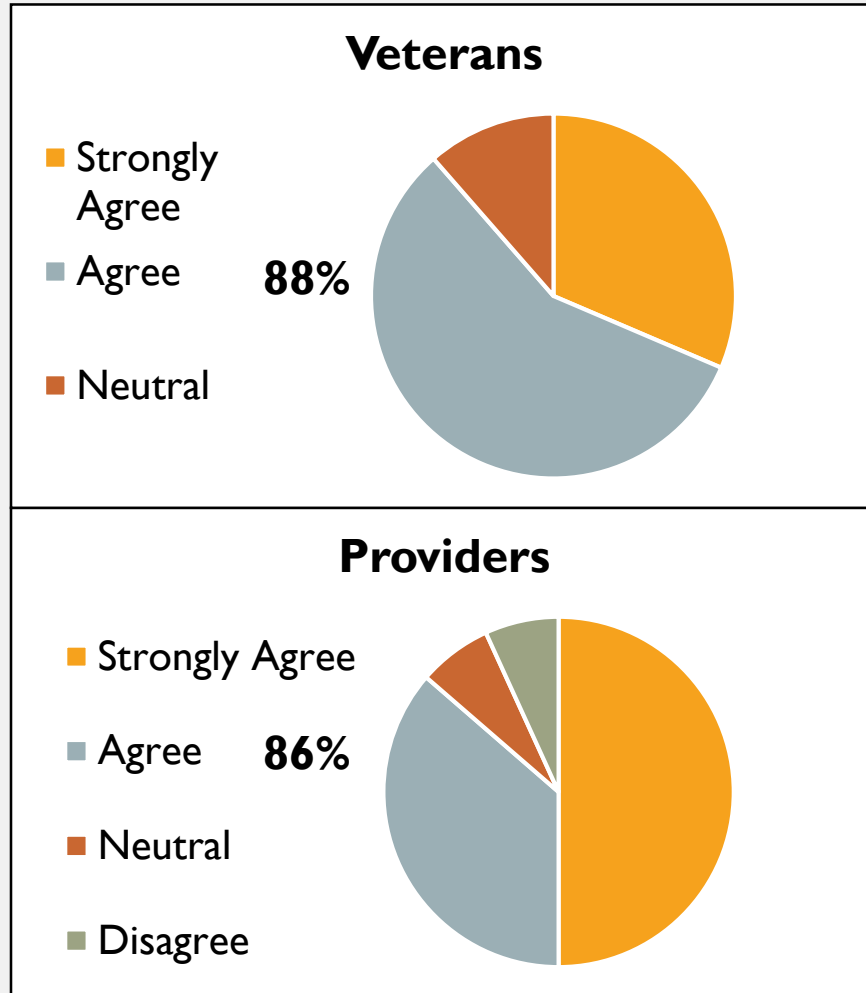
Would you go to the VA



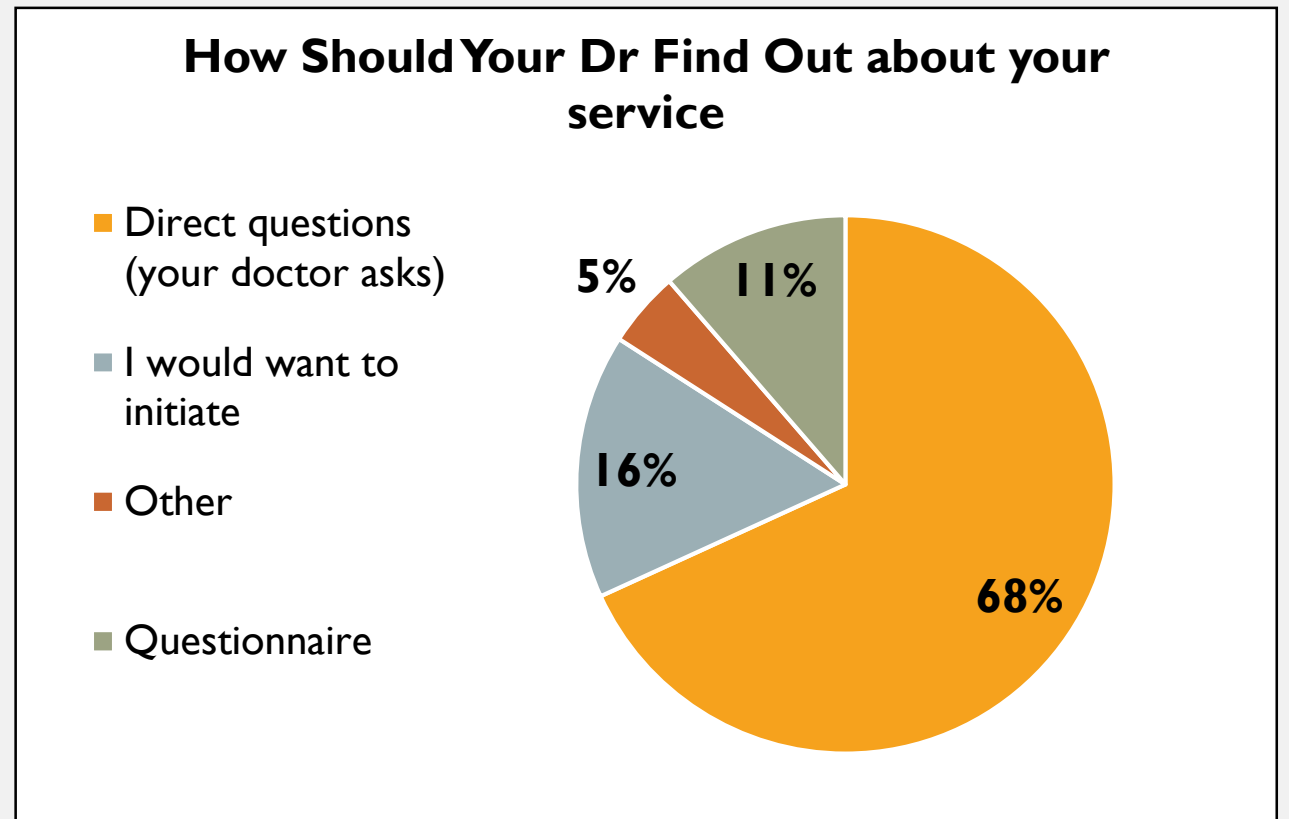
Important for Provider to know Veteran Status



Do Vets Have Unique Needs



Vet Preference For Screening



DISCUSSION AND CONCLUSIONS

- Lack of screening within the community
 - Leaves a large number of veterans at risk
- Lack of comfort level discussing military service in depth
- Lack of awareness of resources and treatment approaches

Overwhelming number of resources.

PTSD REVIEW

- Diagnosis based on 4 symptom clusters:
 - Re-experiencing
 - memories, flashbacks, or recurrent nightmares
 - Avoidance
 - including reminders of the event
 - Negative Cognitions and Mood
 - sense of blame of self or others, estrangement from others, markedly diminished interest, or inability to remember parts of the event
 - Arousal or Reactivity
 - aggressive, self-destructive behavior, sleep disturbances, hypervigilance or concentration problems
- Duration of symptoms: 1 month

SCREENING

- Greatest supporting evidence in Primary Care (PC-PTSD and PCL)
- **PC-PTSD (Primary Care PTSD Screen)**
 - 5 Questions – yes or no
 - Can be completed in <5 minutes
 - Yes to any 3 questions = positive screen. (sensitivity .93; specificity .79)
 - indicates the need for additional assessment

PCL (PTSD Check List)

20 items – rated 0-4 rating on severity/likelihood

Uses:

Monitoring symptom change during and after treatment

5-10 point change = reliable change

10-20 point change = clinically significant

Screening individuals for PTSD

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES

NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

NO

2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

NO

3. been constantly on guard, watchful, or easily startled?

YES

NO

4. felt numb or detached from people, activities, or your surroundings?

YES

NO

5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES

NO

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

POSITIVE SCREEN: NOW WHAT?

1. Discuss Results
2. Referral to Mental Health Professional Trained in PTSD
 - **Suggest evaluation rather than Treatment (less stigma)**
 - If patient is not willing, can consider pharmacotherapy or CAM
 - Give patient education
 - [VA Website](#)
3. Safety Contract with Patient
4. Provide Patient with Crisis Numbers
 - **Suicide Prevention Lifeline 1-800-273-8255 (TALK)**
 - **Veterans Crisis Line: 1-800-273-8255, press 1** (text 838255)
5. Frequent brief office visits or telephone check-ins help keep patient engaged.

BHC TREATMENT

- First line: Psychotherapy
 - Prolonged Exposure; Cognitive Processing Therapy; CBT etc.
- Telemedicine interventions
 - similar in efficacy and patient satisfaction to direct face-to-face therapy²⁴
 - Good for geographic barriers, agoraphobia, physical disability
 - Mobile App: PTSD Coach

MEDICATIONS

- Medications:
 - use pharmacotherapy when psychotherapy is not available or not preferred by patient²⁴
 - **Sertraline** – 50-200mg
 - **Paroxetine** – 20-60mg
 - **Fluoxetine** - 20—60mg
 - FDA approved for PTSD Tx.
 - SSRIs/SNRIs first line – Largest evidence

CAM THERAPY

- Accupuncture, Hypnotherapy, Meditation, Yoga
 - Not recommended for primary treatment
 - Are safe and effective as adjunctive techniques.
- Moderate-to-strong evidence for several CAM interventions as adjunctive PTSD treatments.⁴⁷⁻⁴⁹

SELF-HELP OPTIONS

Apps:

- [PTSD Coach: Mobile App](#)
 - Info on PTSD/Treatments.
 - Tools for handling stress
 - Links to support
- [Mindfulness Coach](#)
- [VetChange](#)
 - Online program – teaches how to cope with symptoms without Alcohol
- [Mindfulness Practice in the Treatment of Traumatic Stress](#)
- Peer Support groups, Dogs for PTSD

TRAINING FOR PROVIDERS

- DE Assist Program
 - 2 day intensive program to train community providers and family/friends
- [Suicide Prevention Resource Center](#)
Toobox for Primary Care Practices
- [Zero Suicide Training](#)
Online and in person Workshops

EFFECTIVENESS

- Important to have open communication with BHC and PCP
- 60% respond to therapy
- 20-30% attain remission.

TOOLBOX

DISCUSSION/SCREENING

Initial screening during Social History Taking – Goal is to normalize the discussion while obtaining the necessary information. (Quick Texts for Initial PTSD A&P should be conducted if Screen is positive and time permits)

Assess for History of Service during Social Hx taking

Follow up Questions:
(Initiate the conversation)

1. What Branch
2. What years
3. What was your job
4. How many deployments
5. What was your longest deployment?

(Focus questions)

6. Ask how was the experience
7. What was it like to be overseas for so long and return home
8. Did you see combat
9. Experience/Treated for PTSD

Perform PCL
(PC-PTSD Screen
as alternative)^{1,2}

Repeat Screening
every 6-12 months

**Red Flags to prompt
earlier screening:**

1. Change in mood
(anxiety/depression)
2. Major life event (i.e.
loss of job/loved one,
Divorce)
3. Drug/Alcohol Abuse

Exam Findings:

1. Restlessness
2. Poor Eye Contact
3. Flat Affect

TREATMENT

Positive Screen



Discuss Results

Offer “evaluation”
with BHC

Create Safety
Contract

Provide Crisis
Numbers

- **Suicide Prevention Lifeline 1-800-273-8255 (TALK)**
- **Veterans Crisis Line: 1-800-273-8255, press 1**

Office visits Monthly
to check in

Repeat screen
monthly

Initiate With BHC or if BHC is not available/preferred

Medications:³
(Strongest Evidence)

Sertraline 50 mg to
200 mg daily

Paroxetine 20 to 60
mg daily

Venlafaxine 75 mg
to 300 mg daily

Self Help Tools:⁴

- [PTSD Coach: Mobile App](#)*
- [VetChange](#)
- [Mindfulness Coach App](#)
- [Mindfulness Practice in the Treatment of Traumatic Stress](#)
- Peer support

CAM Therapy:⁵
(Supplementary)

Acupuncture⁶,
Hypnotherapy⁷,
Meditation⁷, Yoga⁶

CURRENT DEPLOYMENTS



QUESTIONS?

Discussion/Screening

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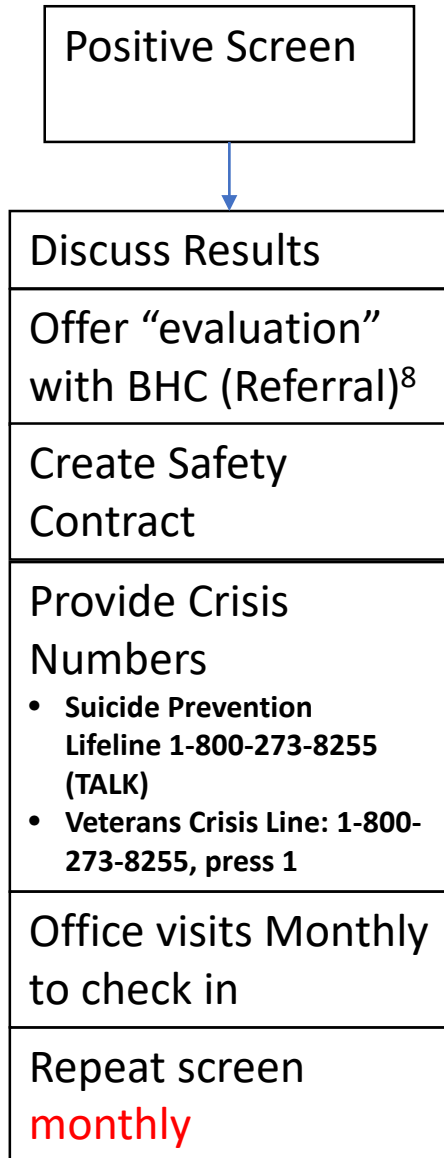
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Exam Findings:

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Treatment



Initiate With BHC or if BHC is not available/preferred

<p><u>Medications:</u>³ (Strongest Evidence)</p> <p><u>Sertraline</u> 50 mg to 200 mg daily <u>Paroxetine</u> 20 to 60 mg daily</p> <p><u>Venlafaxine</u> 75 mg to 300 mg daily</p>	<p><u>Self Help Tools:</u>⁴</p> <ul style="list-style-type: none">• PTSD Coach: Mobile App*• VetChange• Mindfulness Coach App• Mindfulness Practice in the Treatment of Traumatic Stress• Peer support	<p><u>CAM Therapy:</u>⁵ (Supplementary)</p> <p>Acupuncture⁶, Hypnotherapy⁷, Meditation⁷, Yoga⁶</p>
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Quick Texts – Initial HPI

;hpi_PTSD_initial

Initial PTSD encounter:

Inciting Event:

When did it occur:

When did symptoms start:

Previous Traumatic Events through
lifetime:

Previous treatment for
Anxiety/Depression:

Symptoms:

Most concerning symptom:

Re-experiencing: How often?

Nightmares: How often? What are
they about?

Avoidance: Yes/No?

Paranoia: Yes/No?

Overall Mood:

Arousal/Reactivity:

How disruptive are symptoms:

SI/HI Ideation:

Alcohol/Substance abuse Screen

Medications:

Currently on SSRI: Yes/no

Hx of SSRI use:

PC-PTSD Score today:

Quick Texts – Initial A&P

;ap_PTSD_initial

[Age] year old [Gender] presenting for initial encounter for PTSD

Symptoms and duration of illness consistent with PTSD

Inciting event most likely XXX.

Patient denies SI/HI and feels safe at this time.

Plan: Referral to BHC provided, Safety contract signed, Crisis numbers provided, PTSD treatment applications discussed and websites provided to patient

Follow up: 2 weeks/1month

To consider: CAM treatments, Adjuvant medication

Quick Texts – Follow up HPI

;hpi_PTSD_followup

Follow up PTSD:

Established with therapist:

Attending Therapy how often:

Has it been Helpful?

What obstacles are/were there to obtaining care?

Symptoms:

Most concerning symptom:

Re-experiencing: How often?

Nightmares: How often? What are they about?

Avoidance: Yes/No?

Paranoia: Yes/No?

Overall Mood:

Arousal/Reactivity:

How disruptive are symptoms:

SI/HI Ideation:

Alcohol/Substance abuse Screen

Medications

Currently on:

Adherent to medications:

Reports improvement with medication

Denies side effects

Alternative Therapies

CAM Treatment:

Apps

PC-PTSD Score today:

Quick Texts – Follow up A&P

;ap_PTSD_followup

[Age] year old [Gender] presenting for follow up of PTSD

Patient is unchanged/improved/worse based on symptoms.

Adherent to therapy and medication.

Patient denies SI/HI and feels safe at this time.

Plan: Continue with BHC, Safety contract and Crisis numbers reviewed, PTSD treatment applications discussed and websites provided to patient.

Follow up: 1month

To consider: CAM treatments, Adjuvant medication