Impact on Mental & Sexual Health Post Deployment

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### Largest integrated health care system in the U.S.

- Over 8 million enrollees
- Publicly funded
- 152 tertiary hospitals
- >1,000 Community Based Outpatient Clinics (53% care delivered)
- ~350,000 staff: ~93,000 nurses
- Roughly 60% of all medical residents obtain a portion of their training at VA hospitals
- VA medical research programs benefit society at-large.

### Over 5.5 million primary care patients

- Each assigned to an individual primary care provider/team
- 8,000 primary care teams
Veterans Health Administration VISNs
Veteran Demographics

21% had encounter in Mental Health

6.1% Female

44% Male

25% (male)
Operation Enduring Freedom/ Operation Iraqi Freedom/ Operation New Dawn (OEF/OIF/OND) Veterans

- 2M deployments since September 11, 2001
- 28% of servicemen/women deployed twice
- 34% of servicemen/women deployed more than three times
- 70,000 injured
- 52,229 survived injuries (survival rate 90% with serious or critical injuries)
- TBI, Amputations, Urotrauma, Substance Abuse, Burns, Psychological Stress, Polytrauma, Spinal Cord Injury
- Average age of injured: 22 years
- 40% of returning Veterans have issues with readjusting to civilian life, feel isolated
- 148,500 Veterans committed suicide
- 20 Veterans take their lives each day
- > 50% receiving care in the community

Source: Department of Defense, 2015
Post Traumatic Stress Disorder (PTSD)

• PTSD is a condition resulting from exposure to direct or indirect threat of death, serious injury, or physical violence including sexual violence.

• Events that can cause PTSD are called "stressors" and may include assaults, natural disasters, accidents or deliberate human-made events and disasters, including war.

• Events such as combat and sexual assault or rape are especially likely to lead to PTSD.

• In FY 2013 the diagnostic criteria for PTSD were updated by the American Psychiatric Association.

• PTSD is no longer categorized as an anxiety disorder but falls into a new category called "trauma and stressor-related disorders."

• Source: Department of Veterans Affairs, 2013
Post Traumatic Stress Disorder (PTSD)

• Symptoms include:
  - intrusive symptoms, re-experiencing the traumatic event
  - avoiding reminders of the events
  - negative changes in thoughts & feelings
  - hyperarousal

• PTSD is not diagnosed unless all 4 types of symptoms persist for at least a month and cause significant distress or problems with day to day functioning. Source: Department of Veterans Affairs, 2016

Source: Department of Veterans Affairs, 2013
Post Traumatic Stress Disorder (PTSD)

• FY Year 2013: 533,720 Veterans with primary or secondary diagnosis of PTSD


• Between FY 2002 and through third quarter of FY 2013, a cumulative number of 286,897 OEF/OIF/OND Veterans have received a provisional diagnosis of PTSD in VA Medical Centers and clinics.

• VA operates an internationally recognized network of more than 200 specialized programs for the treatment of PTSD.

• Source: Department of Veterans Affairs, 2013
Military Sexual Trauma (MST)

- One of the traumatic stressors a Veteran may experience during his/her military service is military sexual trauma, or MST.
- MST is the term used by VA to refer to sexual assault or repeated, threatening sexual harassment experienced during military service.
- Approximately 1 in 5 women and 1 in 100 men evaluated for VA health care have reported experiencing MST.
- Data reflects only to the rate of MST among Veterans who have chosen to seek VA health care; they do not address the actual rate for all those who serve in the U.S. Military.
- Rates of MST are higher among women.
- Significant numbers of women and men seen in VA who have experienced MST.
Suicide among Veterans – As Reported on Death Certificates

• Suicide is a growing public health problem for the nation and its Veterans
• Of the 147,763 suicides reported in 21 states, 27,062 (18.3%) were identified as having history of U.S. military service on death certificates.
• Veteran status was unknown or not reported for more than 23% (n=34,027) of all suicides during the project period
• Data from CDC, Veterans account for approximately 20% of the deaths from suicide in the U.S.
• Data from VA increase the estimate to 22%
• 18-22 Veterans die from suicide each day
Veterans Mental Health

• In FY2012, as part of VA’s major transformational initiative to improve Veterans Mental Health

• Networks received funding and developed a plan to expand evidence-based psychotherapy for PTSD via clinical video conferencing.

• FY 2013, the number of tele-mental health encounters for PTSD psychotherapy increased from 27,598 in FY 2012 to 46,964 in FY 2013.

• In FY 2011, a national VA PTSD Consultation Program was established to reach providers who are not a part of VA PTSD specialty care, including primary care providers and other providers, such as case managers, who have questions about the assessment and treatment of Veterans with PTSD.
Sexual Health

• A fundamental human right

• Important to overall health and quality of life

• Satisfaction provides many benefits to patients and their partners
Physiologic and Psychologic Impact of ED

Physiologic Changes Inhibit Erections

Psychologic Barriers

Intercourse Attempts

Conscious Focus on Erection

Loss of Erection

Frustration & Worry

Barada JH. Rev Urol 2003;5(Suppl 7):S28-S34
Despite the current rhetoric about sex and intimacy’s involving more than penile-vaginal intercourse, the quest for a rigid erection appears to dominate both popular and professional interest. Moreover, it seems likely that our diligence in finding new ways for overcoming erectile difficulties serves unwittingly to reinforce the male myth that rock-hard, ever available phalluses are a necessary component of male identity. This is indeed a dilemma.

Rosen and Leiblum, 1992
Psychosocial History

• Psychiatric history
  • Depression, anxiety, schizophrenia, and obsessive-compulsive disorder

• Psychosocial history
  • Socioeconomic: job/social position, social practices, and cultural issues
  • Interpersonal: relationship issues, self-esteem, and sexual trauma/abuse

Sexual Dysfunction & Mental Illness

- Depression
- Schizophrenia
- Anxiety
- Eating Disorders
- Personality Disorders
  - Impaired interpersonal relationships
- First generation Anti-psychotics
  - Weak antagonistic activity at D2 receptors
- 2nd generation anti-psychotics
  - Improved
- SSRI

PTSD & Sexual Dysfunction

- ED or other sexual dysfunction more likely to be reported\(^1\)
  - Male Veterans > Civilian Counterparts with PTSD
- "PTSD impairs sexual functioning across multiple domains
  - Desire
  - Arousal
  - Orgasm
  - Sexual Activity
  - Sexual Satisfaction most commonly reported problems were erectile dysfunction, premature ejaculation, and overall sexual disinterest.

- Most commonly reported problems
  - ED, PE, & Overall Sexual Disinterest
- 85 percent with mental health diagnosis reported ED, compared with 22 percent rate among male combat Veterans without any mental health diagnosis.\(^2\)
- Clinicians should proactively address the sexual concerns of combat veterans with PTSD\(^2\)

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PTSD Female Veterans

- 1259 eligible Female veterans screened for PTSD
- 266 women (21%) screened positive for current PTSD
- Reported more psychiatric problems
  - Substance abuse
  - Lifetime exposure to domestic violence
  - Significantly more likely to endorse physical health problems
  - Obesity, Smoking, irritable bowel syndrome, fibromyalgia, chronic pelvic pain, polycystic ovary disease, asthma, cervical cancer, and stroke.

- Symptoms of PTSD are common in women treated at VA facilities.
- PTSD associated with self-reported mental and physical health problems
- Poor health-related quality of life in these patients.
- Design VA primary care services for the growing population of female veterans.

Military Sexual Trauma (MST)

- **Military Sexual Trauma (MST)** is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service.¹

- 24 percent of female Veterans seeking VA health care report a history of MST.

- Negative sexual consequences > effects of civilian sexual assault.

- Survivors of MST often are required to continue working with their attacker.

- ↑ Stress and make victims more vulnerable to developing sexual dysfunction.

- Veterans with PTSD (Combat/MST/Both)
  - Alcohol Abuse
  - Illicit Substance Abuse

¹[www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf](http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf)
Military Sexual Trauma Treatment

• Examine the association between MST, combat experiences, and mental health outcomes (i.e., posttraumatic stress disorder [PTSD] and depression) and
• Examine the association of MST and use of VA and non-VA health care services among female veterans who served in Iraq and Afghanistan.

• Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans’ (N= 185)

• Measures of demographic variables
  • Military history
  • Combat exposure
  • MST
  • PTSD
  • Depression symptoms
  • Use of VA and non-VA health care

Patrick S. Calhoun, Amie R. Schry, Paul A. Dennis, H. Ryan Wagner, Nathan A. Kimbrel, Lori A. Bastian, Jean C. Beckham, Harold Kudler, and Kristy Straits-Tröster. The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan

Military Sexual Trauma Treatment

• Overall, 70% of the sample experienced one or more combat-related experiences.

• 15.7% endorsed MST during deployment to Iraq or Afghanistan.

• MST and combat exposure were both positively associated with PTSD and depression symptoms.

• MST was associated with:
  • Increased use of VA mental health services.
  • Not independently related to VA service utilization after accounting for PTSD and depression symptoms.

• Approximately half of the women who reported MST had not used VA health care.
Veteran Mental Health Services Utilization

- Combat duty in Iraq was associated with high utilization of mental health services and attrition from military service after deployment.
- The deployment mental health screening program provided another indicator of the mental health impact of deployment on a population level.
- Limited utility in predicting the level of mental health services that were needed after deployment.
- The high rate of using mental health services among Operation Iraqi Freedom veterans after deployment highlights challenges in ensuring that there are adequate resources to meet the mental health needs of returning veterans.

Charles W. Hoge, MD; Jennifer L. Auchterlonie, MS; Charles S. Milliken, MD. Mental Health Problems, Use of Mental Health Services and Attrition From Military Service After Returning From Deployment to Iraq or Afghanistan. JAMA. 2006;295(9):1023-1032.
Health Care Providers Role in Post Deployment Sexual Dysfunction

- Identify avenues to address sexual dysfunction among Veterans with PTSD
- Obtain training to feel confident and qualified to address the problem.

"Some providers view sexual dysfunction as a medical issue, others as a psychological issue, leading providers to believe it is not within their purview to assess or treat such disorders," write the authors. "Moreover, there is controversy about the qualifications providers should have to treat sexual dysfunction. It has been argued that sexual problems should be addressed solely by those who specialize in sexual issues."

Charles W. Hoge, MD; Jennifer L. Auchterlonie, MS; Charles S. Milliken, MD. Mental Health Problems, Use of Mental Health Services and Attrition From Military Service After Returning From Deployment to Iraq or Afghanistan. JAMA. 2006;295(9):1023-1032.