

CDP



Research Update -- November 21, 2024

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- Links of Interest
- Resource of the Week – Annual Report on Suicide in the Military: Calendar Year 2023 (DoD Office of the Under Secretary of Defense for Personnel and Readiness)

<https://doi.org/10.1016/j.amepre.2024.11.001>

Patterns of Emerging Tobacco Product Use Among U.S. Adults, 2019-2022.

Carolyn M. Reyes-Guzman, Laura Baker, Haley Goss-Holmes, Michele H. Bloch

American Journal of Preventive Medicine

Available online 14 November 2024

Introduction

Quantifying the use of emerging tobacco products such as nicotine pouches (NPs) and heated tobacco products (HTPs) is crucial for informing public health interventions and measuring their potential effects on tobacco use morbidity, mortality and benefits from complete tobacco cessation.

Methods

Using data from the May 2019 and September 2022 cycles of the Tobacco Use Supplement to the Current Population Survey (TUS-CPS), we calculated U.S. population-wide estimates of ever and/or current use of NPs and HTPs by key socio-demographic characteristics, cigarette smoking status and preference of characterizing flavors in NPs. We present weighted frequencies, proportions and associated 95% confidence intervals. Analyses were conducted in 2024.

Results

In both survey cycles, a substantial fraction of adults who ever used HTPs had never smoked cigarettes (52.0% in 2019; 27.4% in 2022). Among those who currently used HTPs or NPs (2022 only), many reported having never smoked cigarettes (42.5% and 41.4%, respectively), while many also reported currently smoking (32.2% and 24.8%, respectively). We observed similar sociodemographic characteristics across use of both HTPs and NPs. Mint was the most common flavor choice among adults who currently used NPs (52.8%).

Conclusions

Continued surveillance of emerging tobacco products such as HTPs and NPs can inform public health approaches and support future research to better quantify the health consequences from these products.

<https://doi.org/10.1001/jamanetworkopen.2024.44599>

Cost-Effectiveness of Computer-Assisted Cognitive Behavioral Therapy for Depression Among Adults in Primary Care.

Ali, S., Alemu, F. W., Owen, J., Eells, T. D., Antle, B., Lee, J. T., & Wright, J. H.

JAMA Network Open
November 14, 2024

Key Points

Question

Is computer-assisted cognitive behavioral therapy (CCBT) plus treatment as usual, compared with treatment as usual alone, cost-effective for treating depression in primary care?

Findings

In this economic evaluation of a socioeconomically diverse population of 175 patients with mild to moderate depression, CCBT had higher quality-adjusted life years (QALYs) and treatment success at a marginal cost. The incremental cost-effectiveness ratios were \$37 295 per QALY and \$3623 per case of treatment success.

Meaning

These findings suggest that CCBT is a cost-effective strategy for treating depression in a diverse primary care population.

Abstract

Importance

Approximately 1 in 5 adults are diagnosed with depression in their lifetime. However, less than half receive help from a health professional, with the treatment gap being worse for individuals with socioeconomic disadvantage. Computer-assisted cognitive behavioral therapy (CCBT) is an effective and convenient strategy to treat depression; however, its cost-effectiveness in a sociodemographically diverse population remains unknown.

Objective

To evaluate the cost-effectiveness of clinician-supported CCBT compared with treatment as usual (TAU) in a primary care population with a substantial number of

patients with low income, limited computer or internet access, and lack of college education.

Design, Setting, and Participants

This economic evaluation was a randomized clinical trial–based cost-effectiveness analysis. The trial was conducted at the Departments of Family and Geriatric Medicine and Internal Medicine at the University of Louisville. Enrollment occurred from June 24, 2016, to May 13, 2019. Participants had mild to moderate depression and were followed up for 6 months after treatment completion. The last follow-up assessment was conducted on January 30, 2020. Statistical analysis was performed from August 2023 to August 2024.

Exposure

CCBT intervention was provided for 12 weeks and included 9 modules ranging from behavioral activation and cognitive restructuring to relapse prevention strategies, supported by telephonic sessions with a clinician, in addition to TAU, which included standard clinical management in primary care.

Main Outcomes and Measures

The primary health outcome was quality-adjusted life years (QALYs), estimated using the Short-Form 12 questionnaire (SF-12). The secondary outcome was treatment response, defined as at least 50% improvement in the Patient Health Questionnaire. The intervention cost included sessions with mental health clinicians and the cost of the CCBT software, plus the cost of loaner computer and internet data plan for low-resource households. An incremental cost-effectiveness ratio (ICER) was computed, while adjusting for baseline scores, age, and sex. The cost-effectiveness acceptability curve presented the probability of CCBT being cost-effective for a range of willingness-to-pay values.

Results

Among the 175 primary care patients included in this study, 148 (84.5%) were female; 48 (27.4%) were African American, 2 (1.2%) were American Indian or Alaska Native, 4 (2.5%) were Hispanic, 106 (60.5%) were White, and 15 (8.6%) were multiracial; and the mean (SD) age was 47.03 (13.15) years. CCBT was associated with better quality of life and higher chance of treatment response at the posttreatment and 6-month time points, compared with the TAU group. The ICER for CCBT was \$37 295 (95% CI, \$22 724-\$66 546) per QALY, with a probability of 89.4% of being cost-effective at a willingness-to-pay threshold of \$50 000/QALY. The ICER per case of treatment response was \$3623 (95% CI, \$2617-\$5377).

Conclusions and Relevance

In this trial-based economic evaluation, CCBT was found to be cost-effective, compared with TAU, in primary care patients with depression. As this study included individuals with low income and with limited internet access who are underrepresented in cost-effectiveness studies, it has important policy implications for addressing unmet needs in sociodemographically diverse populations.

<https://doi.org/10.1001/jamanetworkopen.2024.45913>

Telehealth Brief Cognitive Behavioral Therapy for Suicide Prevention: A Randomized Clinical Trial.

Baker, J. C., Starkey, A., Ammendola, E., Bauder, C. R., Daruwala, S. E., Hiser, J., Khazem, L. R., Rademacher, K., Hay, J., Bryan, A. O., & Bryan, C. J.

JAMA Network Open
November 12, 2024

Key Points

Question

Can brief cognitive behavioral therapy (BCBT) for suicide prevention reduce suicide attempts and suicidal ideation when delivered remotely via video telehealth?

Findings

Results of this randomized clinical trial of 96 US adults with recent suicidal ideation and/or suicidal behavior show that patients who received BCBT had significantly fewer suicide attempts during the 1-year follow-up vs patients who received present-centered therapy. Reductions in suicidal ideation occurred in both treatments with no significant differences between groups.

Meaning

These findings suggest that BCBT delivered via video telehealth is effective for reducing the risk of suicide attempts among adults with recent suicidal ideation and/or suicidal behavior.

Abstract

Importance

Suicide rates continue to increase in the US. Evidence-based treatments for suicide risk exist, but their effectiveness when delivered via telehealth remains unknown.

Objective

To test the efficacy of brief cognitive behavioral therapy (BCBT) for reducing suicide attempts and suicidal ideation among high-risk adults when delivered via telehealth.

Design, Setting, and Participants

This 2-group parallel randomized clinical trial comparing BCBT with present-centered therapy (PCT) was conducted from April 2021 to September 2023 with 1-year follow-up at an outpatient psychiatry and behavioral health clinic located in the midwestern US. Participants reporting suicidal ideation during the past week and/or suicidal behavior during the past month were recruited from clinic waiting lists, inpatient service, intermediate care, research match, and direct referrals from clinicians. A total of 768 participants were invited to participate, 112 were assessed for eligibility, and 98 were eligible and randomly assigned to a treatment condition. Data analysis was from April to September 2024.

Interventions

Participants received either BCBT, an evidence-based suicide-focused treatment that teaches emotion regulation and reappraisal skills, or PCT, a goal-oriented treatment that helps participants identify adaptive responses to stressors. Participants were randomized using a computerized stratified randomization algorithm with 2 strata (sex and history of suicide attempts).

Main Outcomes and Measures

The primary outcome was suicide attempts as measured by the Self-Injurious Thoughts and Behaviors Interview-Revised. The secondary outcome was severity of suicidal ideation as measured by the Scale for Suicide Ideation.

Results

Participants included 96 adults (mean [SD] age, 31.8 [12.6] years; 64 female [66.7%] and 32 male [33.3%]), with 51 receiving BCBT and 45 receiving PCT. Of all participants, 85 (88.5%) completed at least 1 session. From baseline to 12 months, 12 participants receiving PCT (estimated percentage, 35.6%) made 56 suicide attempts and 11 participants receiving BCBT (estimated percentage, 30.0%) made 36 suicide attempts. Participants randomized to BCBT made significantly fewer suicide attempts than participants randomized to PCT (mean [range], 0.70 [0.00-8.00] attempts per participant

vs 1.40 [0.00-10.00] per participant) and had a 41% reduced risk for suicide attempts (hazard ratio, 0.59; 95% CI, 0.36-0.96; P = .03). Severity of suicidal ideation significantly decreased in both treatments (F_{4,330} = 50.1; P < .001) but did not differ between groups (F_{4,330} = 0.2; P = .91).

Conclusions and Relevance

The findings of this randomized clinical trial suggest that BCBT delivered via video telehealth is effective for reducing suicide attempts among adults with recent suicidal thoughts and/or behaviors.

Trial Registration

ClinicalTrials.gov Identifier: [NCT04844294](https://clinicaltrials.gov/ct2/show/study/NCT04844294)

<https://doi.org/10.1001/jamapediatrics.2024.4385>

Prevalence of Adverse Childhood Experiences in Child Population Samples: A Systematic Review and Meta-Analysis.

Madigan, S., Thiemann, R., Deneault, A. A., Fearon, R. M. P., Racine, N., Park, J., Lunney, C. A., Dimitropoulos, G., Jenkins, S., Williamson, T., & Neville, R. D.

JAMA Pediatrics

November 11, 2024

Question

What is the prevalence of adverse childhood experiences (ACEs) among samples of children aged 0 to 18 years in English language–published literature?

Findings

This systematic review and meta-analysis across 65 studies revealed the prevalence was 42% with 0 ACEs, 22% with 1 ACE, 13% with 2 ACEs, 8% with 3 ACEs, and 15% with 4 or more ACEs. The prevalence of 4 or more ACEs was higher among children in residential care, with a history of juvenile offending, and in Indigenous peoples.

Meaning

These results demonstrated that ACEs in children 18 years or younger are common and, in some contexts, chronic; focused prevention, early identification, and tailored interventions are needed to reduce exposure and mitigate the impacts of ACEs.

Abstract

Importance

Exposure to adverse childhood experiences (ACEs) before the age of 18 years is a major contributor to the global burden of disease and disability.

Objective

To meta-analyze data from samples with children 18 years or younger to estimate the average prevalence of ACEs, identify characteristics and contexts associated with higher or lower ACE exposure, and explore methodological factors that might influence these prevalence estimates.

Design, Setting, and Participants

Studies that were published between January 1, 1998 and February 19, 2024, were sourced from MEDLINE, PsycINFO, CINAHL, and Embase. Inclusion criteria required studies to report the prevalence of 0, 1, 2, 3, or 4 or more ACEs using an 8- or 10-item ACEs questionnaire (plus or minus 2 items), include population samples of children 18 years or younger, and be published in English. Data from 65 studies, representing 490 423 children from 18 countries, were extracted and synthesized using a multicategory prevalence meta-analysis. These data were analyzed from February 20, 2024, through May 17, 2024.

Main Outcomes and Measures

ACEs.

Results

The mean age of children across studies was 11.9 (SD, 4.3) years, the age range across samples was 0 to 18 years, and 50.5% were female. The estimated mean prevalences were 42.3% for 0 ACEs (95% CI, 25.3%-52.7%), 22.0% for 1 ACE (95% CI, 9.9%-32.7%), 12.7% for 2 ACEs (95% CI, 3.8%-22.3%), 8.1% for 3 ACEs (95% CI, 1.4%-16.8%), and 14.8% for 4 or more ACEs (95% CI, 5.1%-24.8%). The prevalence of 4 or more ACEs was higher among adolescents vs children (prevalence ratio, 1.16; 95% CI, 1.04-1.30), children in residential care (1.26; 95% CI, 1.10-1.43), with a history of juvenile offending (95% CI, 1.29; 1.24-1.34), and in Indigenous peoples (1.63; 95% CI, 1.28-2.08), as well as in studies where file review was the primary assessment method (1.29; 95% CI, 1.23-1.34). The prevalence of 0 ACEs was lower in questionnaire-based studies where children vs parents were informants (0.85; 95% CI, 0.80-0.90).

Conclusions

In this study, ACEs were prevalent among children with notable disparities across participant demographic characteristics and contexts. As principal antecedent threats to child and adolescent well-being that can affect later life prospects, ACEs represent a pressing global social issue. Effective early identification and prevention strategies, including targeted codesigned community interventions, can reduce the prevalence of ACEs and mitigate their severe effects, thereby minimizing the harmful health consequences of childhood adversity in future generations.

<https://doi.org/10.1177/0095327X241293706>

Subjective and Objective Measurement of Underemployment and Income Among Post-9/11 Veterans.

Morgan, N. R., Davenport, K. E., Balotti, B. A., Aronson, K. R., & Perkins, D. F.

Armed Forces & Society

First published online November 14, 2024

Underemployment is an involuntary condition where individuals consider their employment inferior relative to a standard. This study analyzes underemployment among veterans using data from a large longitudinal study and federal occupational data to explore the relationship between subjective perceptions and objective indicators. Veterans reported their occupations, salaries, and subjective underemployment. Each veteran's occupation was matched with O*NET job zone, education, and occupational median income data. Four groups were identified: neither subjectively nor objectively underemployed, subjectively underemployed only, objectively underemployed only, and both subjectively and objectively underemployed. A one-way analysis of variance (ANOVA) examined salary differences. Most veterans' occupations required some education, and higher educational attainment correlated with increased underemployment. Two thirds of cases showed agreement between subjective and objective assessments, with underemployed veterans earning significantly less. This study highlights the reliability of self-reports as indicators of objective underemployment and underscores the need for innovative strategies to address veteran underemployment through early detection.

<https://doi.org/10.1177/0095327X241291856>

Differences in Post-Traumatic Stress Disorder (PTSD) Between U.S. Civilians and Military Veterans in the Gulf War and Post-9/11 War Eligibility Cohorts: A Research Note.

Ortiz Diaz, K. J., Landes, S. D., & Monnat, S. M.

Armed Forces & Society

First published online November 12, 2024

Post-traumatic stress disorder (PTSD) is common among military veterans who experienced combat compared with those who did not. However, it is unknown how PTSD rates differ between veterans and nonveterans when accounting for combat status. We used a sample of 10,880 participants from the 2021 and 2022 National Wellbeing Survey—national annual cross-sectional surveys of U.S. adults aged 18 to 64—to assess relationships between military veteran-combat status and PTSD diagnosis among two war eligibility cohorts: the Gulf War and post-9/11 conflicts. We found that among both war eligibility cohorts, combat veterans were more likely than nonveterans to report a PTSD diagnosis: 3.42 times greater probability in the Gulf War eligibility cohort and 4.87 times greater probability in the post 9/11 cohort. Noncombat veterans had greater probability of PTSD (odds ratio [OR] = 1.63) than nonveterans only in the post 9/11 cohort. These results underscore the importance of ensuring proper mental health care for combat veterans.

<https://doi.org/10.1016/j.jad.2024.11.038>

Symptoms of depression, but not PTSD, influence cognitive performance in healthy Army National Guard Soldiers.

Ridgewell, C., Donovan, A., Haven, C., Proctor, S. P., & Heaton, K. J.

Journal of Affective Disorders

Available online 13 November 2024

Highlights

- Comorbid depression and PTSD may contribute to more severe cognitive impairment.

- Greater symptoms of depression led to poorer attention in National Guard soldiers.
- Symptoms of PTSD had no effect on cognitive performance in National Guard soldiers.
- Monitoring of attention is critical even in those with minor depressive symptoms.

Abstract

Introduction

Research suggests that comorbid depression and PTSD may contribute to cognitive impairment. However, few studies have explored this dynamic in military personnel who report only subclinical symptoms of PTSD and depression.

Methods

Army National Guard Soldiers (ARNG; N = 1415) completed the Automated Neuropsychological Assessment Metrics (ANAM), the PTSD Checklist (PCL), and the Center for Epidemiological Studies Depression Scale (CES-D). The effects of PTSD and depression symptoms on ANAM performance were examined using multiple linear regression analyses. Exploratory factor analysis and regression models examined the relationship between symptom clusters and ANAM performance.

Results

Six factors were identified: avoidance/flashbacks, cognitive/social difficulty, depressed mood, positive mood, sleep difficulty, and hypervigilance. Elevated symptoms of depression (measured using factor scores) were associated with poorer attention (β range -0.19 – -0.18 , p range < 0.01 – 0.04 , f^2 effect size range 0.02 – 0.94).

Conclusion

Depression symptoms were associated with diminished attentional performance in a large sample of ARNG Soldiers who reported no clinical diagnosis. This study was limited in that unmeasured factors other than depression, PTSD, or demographics may explain much of the variance in cognitive performance. These findings highlight the importance of careful mental health screening and strategies to heighten awareness of the potential detrimental effects of depression and PTSD on health and performance.

<https://doi.org/10.1097/MLR.0000000000002077>

Financial Well-Being of U.S. Military Veterans and Health Impact: Results From the Survey of Household Economics and Decisionmaking.

Elbogen, E. B., Serrano, B. N., & Huang, J.

Medical Care

62(12): p S91-S97, December 2024

Objective:

Research has shown that psychosocial well-being in veterans, including financial status, is related to better clinical outcomes after leaving military service. The current study examines variables linking financial well-being to physical health in veterans and non-veterans and identifies financial variables related to veteran status.

Methods:

We analyzed data from the nationally representative 2021 Survey of Household Economics and Decisionmaking conducted by the U.S. Federal Reserve Board and compared the responses of veterans (N = 1176) to a non-veteran sample matched by age, sex, education, race, ethnicity, and geographic region (N = 1176).

Results:

Multivariable analyses revealed that although veterans and non-veterans were similar in many financial domains, veterans were more likely to spend money on the lottery and gambling, pay overdraft fees on bank accounts, and take out payday or pawn shop loans. Analyses showed over one-third (35%) of veterans reported credit card debt, significantly higher than non-veterans. In veterans and non-veterans, higher physical health ratings were related to higher income, lacking medical debt, living in a community of greater economic advantage, and having a rainy-day fund in case of financial emergencies. Ratings of one's credit score were also significantly associated with ratings of one's physical health, in both veterans and non-veterans.

Conclusions:

The data pinpoint specific financial domains to inform policy, education, and outreach aimed at improving veterans' psychosocial well-being. The results also reveal that individual and environment-level financial variables were related to physical health in this national survey, demonstrating the value of assessing financial well-being in the context of medical care, for both veteran and non-veteran patients.

<https://doi.org/10.1037/tra0001782>

Gender differences in reported potentially morally injurious events among post-9/11 U.S. combat veterans, using two measures.

Myers, M. N., Kurz, A. S., Paul, J., Wild, M. G., & O'Brien, S. F.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Military experiences that violate one's sense of right and wrong (i.e., potentially morally injurious events [PMIEs]) may result in moral injury, characterized by shame, guilt, demoralization, self-condemnation, and social withdrawal. The objective of this study was to examine gender-related differences in the rate of reporting PMIEs.

Method:

Secondary analyses were conducted on a previously collected longitudinal cohort study of postdeployment functioning among U.S. post-9/11 combat veterans in Central Texas (N = 406). As part of the parent study, participants completed two measures of PMIEs—the Moral Injury Events Scale (MIES; Nash et al., 2013) and the Moral Injury Questionnaire—Military Version (MIQ-M; Currier et al., 2015). Gender differences at the item response level were analyzed in a series of Bayesian multilevel item response theory models.

Results:

The most frequently endorsed responses on both the MIES and MIQ-M for both men and women were never or strongly disagree. On the MIQ-M, more veteran men endorsed experiencing PMIEs to some degree. On the MIES, more veteran women endorsed strongly agree to betrayal items.

Conclusions:

Veteran men and women reported any PMIE occurring at relatively high rates. Gender differences at the item response level were found for most items on both the MIES and MIQ-M, albeit of small magnitude. Awareness of gender differences in the likelihood of experiencing a given PMIE may help inform clinical assessments and case conceptualizations. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Veteran men and women both report potentially morally injurious military experiences;

men and women may report slightly different types of potentially morally injurious events. However, the method of assessment—asking about specific combat experiences versus appraisals of morally wrong or betrayal events—may account for some gender-based differences in rates of moral injury events. Veteran men and women’s history of potentially morally injurious events should be assessed using multiple methods. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1097/PAF.0000000000000961>

A 3-Year Retrospective Review of Complex Suicides With a Review of the Literature.

Paredes Rivera, A., Dramé, A. S., & Knight, L. D.

The American Journal of Forensic Medicine and Pathology
45(4): p 308-313, December 2024

Complex suicide is defined as death by the intentional use of more than 1 method to end one's life. Complex suicides can fit into the planned or premeditated category, where 2 or more methods are used simultaneously or in close succession, or unplanned, the use of 2 or more methods, in which the first method attempted fails (often because it is too unpleasant or painful), and another method is employed subsequently that is successful.

A retrospective review of 3 years of suicide fatalities examined by the Washoe County Regional Medical Examiner's Office in Reno, Nevada, was conducted. A total of 725 suicide cases dated from April 1, 2020, to April 1, 2023, were reviewed, including autopsy, toxicology, and scene investigation reports. Among the 725 suicide cases reviewed, 19 cases (2.62%) of complex suicide were identified. Of those cases, 17 employed 2 methods, and 2 cases employed 3 methods. No cases were identified with >3 methods.

In the 19 complex suicides that were identified, gender, age, marital status, military service, sexual orientation, religion, race, occupation, incident location, suicide note, suicidal ideation history, past suicide attempt, psychiatric disorders, and motive for suicide were examined in addition to methods used.

<https://doi.org/10.1016/j.sleh.2024.09.004>

Insomnia and sleep apnea in the entire population of US Army soldiers: Associations with deployment and combat exposure 2010-2019, a retrospective cohort investigation.

John A. Caldwell, Joseph J. Knapik, Soothersuk Kusumpa, Tanja C. Roy, ... Harris R. Lieberman

Sleep Health

Available online 22 October 2024

Objectives

This retrospective cohort study examined clinically diagnosed insomnia and sleep apnea and analyzed associations with deployment and combat exposure in active-duty soldiers (n = 1,228,346) from 2010 to 2019.

Methods

Retrospective data were obtained from the Soldier Performance, Health, and Readiness database.

Results

Overseas soldier deployments peaked in 2010, decreasing thereafter as soldiers were withdrawn from Iraq and Afghanistan. From 2010 to 2012 insomnia incidence increased at a rate of 6.7 cases/1000 soldier-years, then decreased after 2012 at 5.3 cases/1000 soldier-years. Sleep apnea increased 2010-2016 at 1.9 cases/1000 soldier-years and generally declined thereafter. Risk of insomnia increased with deployment (hazard ratio = 1.51; 95% confidence interval = 1.49-1.52) and combat exposure (hazard ratio = 1.15; 95% confidence interval = 1.13-1.17). Risk of sleep apnea was increased by deployment (hazard ratio = 1.89; 95% confidence interval, 1.86-1.92) and combat exposure (hazard ratio = 1.09; 95% confidence interval, 1.07-1.11). Most relationships remained after accounting for other factors in multivariable analyses, except that the association between sleep apnea and combat exposure was reduced (hazard ratio = 0.94; 95% confidence interval = 0.92-0.97).

Conclusions

Insomnia risk decreased in the period nearly in parallel with a reduction in the number of deployments; nonetheless deployment and combat exposure increased insomnia risk in the period examined. Risk of sleep apnea increased in the period and was related to

deployment but not combat exposure after accounting for demographics and comorbid conditions. Despite reductions in insomnia incidence and a slowing in sleep apnea incidence, sleep disorders remain highly prevalent, warranting continued emphasis on sleep-disorder screening and improving the soldier sleep habits.

<https://doi.org/10.1037/men0000503>

Resisting the cycle of violence: Impact of childhood abuse and neglect on individual and relationship functioning in early career enlisted Air Force male service members.

Snyder, D. K., Cigrang, J. A., Balderrama-Durbin, C., Spierling, T. N., Alsaif, H. K., Kidd, K. R., Slep, A. M. S., Heyman, R. E., Lorber, M. F., Eckardt, A. C., Mitnick, D. M., & Waggoner, J. W.

Psychology of Men & Masculinities

Advance online publication

Adverse childhood experiences (ACEs) have been consistently associated with worse physical and mental health outcomes in adulthood (Felitti et al., 1998; Merrick et al., 2019) as well as higher risk for relationship dysfunctions (Khalifian et al., 2022; Wheeler et al., 2019) including intimate partner violence (IPV; Spencer et al., 2022). In the present study of 559 partnered male early career air force service members (252 married and 307 nonmarried), 39% reported having experienced at least one ACE before the age of 18. Both childhood abuse and neglect were significantly correlated with symptoms of depression, anxiety, posttraumatic distress, elevated anger, somatic distress, and alcohol misuse. Couple relationship distress and dysfunctional communication patterns were associated with prior childhood emotional or physical abuse but not with childhood neglect or exposure to parental IPV. Prevalence rates of IPV perpetration or victimization were comparable to those reported by the Centers for Disease Control and Prevention (2023) for the general population. The relative risk ratios of individual or relational dysfunctions in adulthood, given any ACE, ranged from 1.61 to 2.32. These findings are considered for their implications for early identification and intervention with male service members at elevated risk from childhood adversity for a broad spectrum of individual and relationship dysfunctions. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Different types of adverse childhood events (childhood abuse, neglect, or exposure to parental violence) predicted symptoms of mental health distress (e.g., depression, anxiety, posttraumatic stress, or alcohol misuse) and romantic relationship dysfunction (e.g., relationship distress or conflict) for male service members. Findings affirm the importance of screening for antecedent risk factors such as childhood trauma in military settings and developing prevention and intervention programs promoting individual and relationship health to disrupt the cycle of violence. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/fsh0000917>

Penetration rates of behavioral health consultants targeting cardiovascular disease and associated modifiable risk factors among military health care beneficiaries.

Wilfong, K. M., Hunter, C. L., Kroke, P. C., Curry, J. C., & Goodie, J. L.

Families, Systems, & Health
Advance online publication

Introduction:

Targeting cardiovascular disease (CVD) and its associated risk factors is important not only in the general population, but also among those served by the military health care system. The primary care behavioral health model of integrating behavioral health consultants (BHCs) into a primary care setting is one method for enhancing how these modifiable risk factors are addressed; however, it is unknown how often BHCs are used to target those with biopsychosocial factors contributing to CVD and those with diagnosed CVD.

Method:

The present study evaluated what percentage of primary care patients with diagnosed CVD risk factors (i.e., tobacco use, obesity, and depression) or diagnosed CVD were referred to BHCs. Data were drawn from electronic health records of U.S. military primary care clinics over the 3-year period from January 2017 to December 2019.

Results:

A total of 1,321,072 unique individuals were included. Among the sample, 37.1% were

active duty, 40.6% were married, 43.8% were female, and 30.9% were between 45 and 64 years old. The study revealed penetration rates of 1.5% (8,577 of 583,659 patients) for patients diagnosed with CVD, 5.3% (10,286 of 192,566 patients) of those demonstrating tobacco use, 3.4% (8,765 of 256,852 patients) of those demonstrating obesity, and 20.0% (31,125 of 155,656 patients) of those diagnosed with depression.

Discussion:

These findings suggest that BHCs are underutilized for targeting CVD and some associated risk factors in military primary care clinics. Research should explore whether these findings replicate in other health care systems and implement methods to improve BHC utilization. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Behavioral health consultants are underutilized in primary care settings to target cardiovascular disease and associated risk factors. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1080/02615479.2024.2409195>

How U.S. social work students are prepared to work with culturally diverse individuals: A scoping review of constructs and interventions.

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Social Work Education

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Globalization exerts its influence on every nation and impacts all members of society, whether through direct or indirect means. Now more than ever, U.S. social workers must implement cultural competence, cultural humility, cultural awareness, and other similar constructs while working with culturally diverse individuals, families, and communities to ensure effective and culturally responsive practice. The Council on Social Work Education directs social work programs to teach students these invaluable constructs. However, it remains unclear which construct is most effective and how it is regularly measured, how these constructs are taught, and once they are taught, if knowledge is gained and applied directly in the field. This scoping review analyzed literature from 2012–2022 to determine how U.S.-based social work students are

equipped to work with culturally diverse individuals. Findings indicate that diverse constructs exist but often lack a clear definition and similar constructs are measured inconsistently, with many studies utilizing unvalidated measures. The literature also points to a myriad of interventions aimed at helping social work students glean the necessary knowledge and skills to work within cultural diversity, including mostly U.S.-based learning opportunities, international opportunities, and a combination of the two.

<https://doi.org/10.1038/s41598-024-74086-0>

Burnout and turnover risks for healthcare workers in the United States: downstream effects from moral injury exposure.

Timothy J. Usset, Lucas D. Baker, Brandon J. Griffin, J. Irene Harris, Riley D. Shearer, Jeffrey Munson, Cassandra Godzik, William C. Torrey, Shoshana H. Bardach, Albert G. Mulley Jr., Amy Locke, Hannah M. Wright, Megan Call, Bryan Sexton, Tait Shanafelt & Andrew J. Smith

Scientific Reports

Published: 22 October 2024

Moral injury has emerged as a construct of interest in healthcare workers' (HCW) occupational stress and health. We conducted one of the first multidisciplinary, longitudinal studies evaluating the relationship between exposure to potentially morally injurious events (PMIEs), burnout, and turnover intentions. HCWs (N = 473) completed surveys in May of 2020 (T1) and again in May of 2021 (T2). Generalized Linear Models (robust Poisson regression) were used to test relative risk of turnover intentions, and burnout at T2 associated with PMIE exposure, controlling for T1 covariates. At T1, 17.67% reported they had participated in a PMIE, 41.44% reported they witnessed a PMIE and 76.61% reported feeling betrayed by healthcare or a public health organization. In models including all T1 PMIE exposures and covariates, T2 turnover intentions were increased for those who witnessed a PMIE at T1 (Relative Risk [RR] = 1.66, 95% Confidence Interval [CI] 1.17–2.34) but not those that participated or felt betrayed. T2 burnout was increased for those who participated in PMIE at T1 (RR = 1.38, 95%CI 1.03–1.85) but not those that witnessed or felt betrayed. PMIE exposure is highly prevalent among HCWs, with specific PMIEs associated with turnover intentions and burnout. Organizational interventions to reduce and facilitate recovery from moral injury should account for differences in the type of PMIE exposures that occur in healthcare work environments.

<https://doi.org/10.4088/JCP.24m15465>

Prevalence, Correlates, and Burden of Subthreshold PTSD in US Veterans.

Fischer, I. C., Na, P. J., Harpaz-Rotem, I., Marx, B. P., & Pietrzak, R. H.

The Journal of Clinical Psychiatry

Published: October 23, 2024

Objectives:

To provide an up-to-date estimate of subthreshold posttraumatic stress disorder (PTSD) in US military veterans based on a recently proposed working case definition of subthreshold PTSD and identify sociodemographic, psychiatric, and functional correlates of subthreshold PTSD relative to full PTSD.

Methods:

Data were analyzed from a nationally representative sample of US veterans. Probable lifetime subthreshold PTSD was operationalized as self reported endorsement of a potentially traumatic event (Criterion A); any 2 or 3 PTSD symptom clusters (Criteria B-E); symptom duration of more than 1 month (Criterion F); and PTSD symptom-related distress or functional impairment (Criterion G).

Results:

The prevalence of lifetime full PTSD was 8.4% (95% CI, 7.2%-9.7%) and the prevalence of subthreshold PTSD was 3.9% (95% CI, 3.2%-4.8%). Subthreshold PTSD was associated with intermediately elevated odds of current and lifetime psychiatric disorders and clinical problems relative to veterans with no PTSD (adjusted odds ratios [OR] ranged from 1.7 for current alcohol use disorder and 3.3 for lifetime major depressive disorder [MDD]). Full PTSD was associated with even greater odds for most outcomes (OR ranges from 1.7 for current drug use disorder to 11.1 for lifetime MDD). Veterans with subthreshold PTSD reported intermediate-level reductions in mental, psychosocial, and cognitive functioning relative to veterans with no PTSD and full PTSD.

Conclusions:

Subthreshold PTSD is prevalent and associated with considerable psychiatric and functional distress/impairment among US veterans. Efforts to identify and treat veterans

with subthreshold PTSD may lead to improvements in mental health and functioning in this population.

<https://doi.org/10.1097/NUR.0000000000000861>

Addressing US Military Transgender Care Inequalities: Clinical Nurse Specialist Bridging Healthcare Gaps.

Vendramel Santos Weeks, L., & Linder, J. M.

Clinical Nurse Specialist
8(6): p 292-302, 11/12 2024

Purpose/Objectives

There are more than 130 000 US veterans and more than 12 500 active-duty service members who identify as transgender. Lack of training in transgender and gender-affirming care among healthcare providers in the military is still reported. The article aims to explore and advocate for the unique role of advanced practice registered nurses, especially clinical nurse specialists, in providing culturally sensitive and evidence-based care to the transgender population within the US military.

Description of the Project/Program

The clinical nurse specialists' pivotal role in policy advocacy and translation of evidence to improve the quality of care and patient outcomes for transgender service members is highlighted. The article also explores the historical journey of transgender care in the US military, addressing discriminatory policies and the implications of the ever-evolving regulations in military transgender healthcare.

Outcome

The article aims to create awareness of clinical nurse specialist utilization in US military healthcare services to improve the care of transgender individuals in the military.

Conclusion

The uncertain future for transgender service members highlights the ongoing commitment needed to navigate complex military healthcare policies and foster inclusive, evidence-based practices. Therefore, the clinical nurse specialist plays a pivotal role in shaping the future of transgender healthcare within the US military.

<https://doi.org/10.1186/s12913-024-11731-4>

Oscillating US Department of Defense policies and medical record documentation of gender dysphoria in service members: an observational time-series analysis.

Krista B. Highland, David A. Klein, Sydney Rogers, Alexander G. Velosky, Christina Roberts & Noelle S. Larson

BMC Health Services Research

Published: 23 October 2024

Background

United States military policies regarding service by transgender service members have shifted several times within the past decade. The relationships between policy changes and electronic health record documentation of gender dysphoria, a current and historic policy requisite for gender affirming care receipt, in active duty service members remain unknown.

Methods

Bayesian estimator of abrupt change, seasonality, and trend models identified changepoints in the proportion of service members who had new and then historical medical record documentation consistent with gender dysphoria from January 2015 to August 2022. Changepoints were evaluated as they related to salient military policy-related events.

Results

Approximately 3,853 active duty and activated National Guard or Reserve service members received a documented diagnosis corresponding to gender dysphoria from January 2015 to August 2022. Four significant changepoints were identified across both time series. Salient historical events that occurred during the changepoint periods were identified for contextualization.

Conclusions

Clinical documentation of gender dysphoria oscillated with changes to policies and public statements by government leaders, which may in turn, impact military recruitment and retention. This study highlights the need for equitable policies that optimize the strength of a diverse military force. Equity-oriented monitoring is needed to continually

examine the impact of military service policies on readiness and retention to support actionable, data-driven improvements to policies and their implementation.

<https://doi.org/10.1016/j.beth.2024.10.003>

Moderators and mediators of treatments for suicidal thoughts and behaviors: A review of more than 50 years of randomized controlled trials.

P Goger, R Guo, S Jo, CB Cha, J Ribeiro, X Huang, K Fox

Behavior Therapy

Available online 22 October 2024

Highlights

- Studies of suicide treatment moderators and mediators are scarce and lack quality.
- Therapeutic alliance may be a promising moderator in adults.
- Evidence for history of suicidality and comorbid depression as moderators is mixed.
- Study of mediators has only just begun, with more replication studies needed.

Abstract

Psychosocial treatments for suicidal thoughts and behaviors (STBs) are in need of improvement, as suicide rates have substantially increased in the last 20 years and current interventions show limited efficacy. One way to potentially boost response rates is to personalize treatments by identifying what works how and for whom to maximize impact across different individuals. A scoping review of all suicide treatment randomized controlled trials was performed on PubMed, PsycInfo, and GoogleScholar through May 2024 to identify moderators and mediators of suicide treatment. 46 studies including moderators and 15 studies including mediators were identified and evaluated by at least two independent researchers. The most frequently tested moderators across both adults and adolescents include age, gender/sex, history of STBs, therapeutic alliance, comorbid depression, and comorbid borderline personality disorder diagnoses or symptoms, with the strongest support found for therapeutic alliance in adults. No mediator was tested in more than one trial or research group, but hopelessness, avoidance, mentalization, and number of treatment contacts in adolescents and resilience, anxiety sensitivity, acceptance, and therapeutic relationship in adults showed

positive signals. Overall, additional work is needed as heterogeneity, lack of replication attempts, and concerns about moderator and mediator quality currently limit confidence in findings.

<https://doi.org/10.3233/NRE-230380>

Traumatic brain injury and sleep in military and veteran populations: A literature review.

Landvater, J., Kim, S., Caswell, K., Kwon, C., Odafe, E., Roe, G., Tripathi, A., Vukovics, C., Wang, J., Ryan, K., Coccozza, V., Brock, M., Tchopcev, Z., Tonkin, B., Capaldi, V., Collen, J., Creamer, J., Irfan, M., Wickwire, E. M., Williams, S., ... Werner, J. K.

NeuroRehabilitation

Vol. 55, no. 3, pp. 245-270, 2024

BACKGROUND:

Traumatic brain injury (TBI) is a hallmark of wartime injury and is related to numerous sleep wake disorders (SWD), which persist long term in veterans. Current knowledge gaps in pathophysiology have hindered advances in diagnosis and treatment.

OBJECTIVE:

We reviewed TBI SWD pathophysiology, comorbidities, diagnosis and treatment that have emerged over the past two decades. **METHODS:** We conducted a literature review of English language publications evaluating sleep disorders (obstructive sleep apnea, insomnia, hypersomnia, parasomnias, restless legs syndrome and periodic limb movement disorder) and TBI published since 2000. We excluded studies that were not specifically evaluating TBI populations.

RESULTS

Highlighted areas of interest and knowledge gaps were identified in TBI pathophysiology and mechanisms of sleep disruption, a comparison of TBI SWD and post-traumatic stress disorder SWD. The role of TBI and glymphatic biomarkers and management strategies for TBI SWD will also be discussed.

CONCLUSION:

Our understanding of the pathophysiologic underpinnings of TBI and sleep health, particularly at the basic science level, is limited. Developing an understanding of

biomarkers, neuroimaging, and mixed-methods research in comorbid TBI SWD holds the greatest promise to advance our ability to diagnose and monitor response to therapy in this vulnerable population.

<https://doi.org/10.1001/jamanetworkopen.2024.43416>

Differences in Brain Volume in Military Service Members and Veterans After Blast-Related Mild TBI: A LIMBIC-CENC Study.

Dennis, E. L., Rowland, J. A., Esopenko, C., Tustison, N. J., Newsome, M. R., Hovenden, E. S., Avants, B. B., Gill, J., Hinds, S. R., 2nd, Kenney, K., Lindsey, H. M., Martindale, S. L., Pugh, M. J., Scheibel, R. S., Shahim, P. P., Shih, R., Stone, J. R., Troyanskaya, M., Walker, W. C., Werner, K., ... Wilde, E. A.

JAMA Network Open
November 11, 2024

Key Points

Question

Are there differences in regional brain volume in military service members and veterans with a history of blast-related mild traumatic brain injury (TBI)?

Findings

In this cohort study of 774 service members of the US military, individuals with a history of blast-related mild TBI had a significantly smaller volume in several central brain regions, including the corona radiata, internal capsule, and globus pallidus, compared with those who did not have a history of blast-related mild TBI. These differences in brain volume were further associated with cognitive performance.

Meaning

In this study, blast-related mild TBI was associated with long-term differences in brain structure that explained the association between blast-related TBI and cognitive function, highlighting the importance of continuing care and regular assessments to track changes over time.

Abstract

Importance

Blast-related mild traumatic brain injuries (TBIs), the “signature injury” of post-9/11

conflicts, are associated with clinically relevant, long-term cognitive, psychological, and behavioral dysfunction and disability; however, the underlying neural mechanisms remain unclear.

Objective

To investigate associations between a history of remote blast-related mild TBI and regional brain volume in a sample of US veterans and active duty service members.

Design, Setting, and Participants

Prospective cohort study of US veterans and active duty service members from the Long-Term Impact of Military-Relevant Brain Injury Consortium–Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC), which enrolled more than 1500 participants at 5 sites used in this analysis between 2014 and 2023. Participants were recruited from Veterans Affairs medical centers across the US; 774 veterans and active duty service members of the US military met eligibility criteria for this secondary analysis.

Assessment dates were from January 6, 2015, to March 31, 2023; processing and analysis dates were from August 1, 2023, to January 15, 2024.

Exposure

All participants had combat exposure, and 82% had 1 or more lifetime mild TBIs with variable injury mechanisms.

Main Outcomes and Measures

Regional brain volume was calculated using tensor-based morphometry on 3-dimensional, T1-weighted magnetic resonance imaging scans; history of TBI, including history of blast-related mild TBI, was assessed by structured clinical interview. Cognitive performance and psychiatric symptoms were assessed with a battery of validated instruments. We hypothesized that regional volume would be smaller in the blast-related mild TBI group and that this would be associated with cognitive performance.

Results

A total of 774 veterans (670 [87%] male; mean [SD] age, 40.1 [9.8] years; 260 [34%] with blast-related TBI) were included in the sample. Individuals with a history of blast-related mild TBI had smaller brain volumes than individuals without a history of blast-related mild TBI (which includes uninjured individuals and those with non-blast-related mild TBI) in several clusters, with the largest centered bilaterally in the superior corona radiata and subcortical gray and white matter (cluster peak Cohen d range, -0.23 to -0.38 ; mean [SD] Cohen d, 0.28 [0.03]). Additionally, causal mediation analysis revealed that these volume differences significantly mediated the association between

blast-related mild TBI and performance on measures of working memory and processing speed.

Conclusions and Relevance

In this cohort study of 774 veterans and active duty service members, robust volume differences associated with blast-related TBI were identified. Furthermore, these volume differences significantly mediated the association between blast-related mild TBI and cognitive function, indicating that this pattern of brain differences may have implications for daily functioning.

<https://doi.org/10.3233/NRE-230241>

The role of nutrition in mild traumatic brain injury rehabilitation for service members and veterans.

Monti, K., Conkright, M. W., Eagle, S. R., Lawrence, D. W., & Dretsch, L. M.

NeuroRehabilitation

Vol. 55, no. 3, pp. 281-294, 2024

BACKGROUND:

Veterans Affairs and the Department of Defense (DOD) acknowledge that nutrition may be a modifier of mild traumatic brain injury (TBI) sequelae. Military clinicians are considering nutritional supplements and dietary interventions when managing patients with mild TBI. Therefore, clinicians should be familiar with the current evidence for nutritional interventions in mild TBI and special considerations related to the military lifestyle.

OBJECTIVE:

This narrative review aims to summarize the existing evidence surrounding the role of special diets and select nutrients in mild TBI outcomes, gut microbiota changes, and special considerations for Service members and Veterans recovering from mild TBI.

METHODS:

We conducted a literature review in PubMed and Google Scholar limited to nutritional interventions and nine topics with primary focus on mild TBI, although we included some articles related to moderate-to-severe TBI where relevant: 1) ketogenic diet, 2) Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet, 3) omega-

3 fatty acids, 4) creatine, 5) vitamin D, 6) weight management, 7) gut microbiota, 8) caffeine, and 9) alcohol. We summarized key findings and safety factors where appropriate for each intervention. We also identified nutritional supplement safety and operational ration considerations and areas in need of further research.

RESULTS:Preclinical studies and early human trials suggest that the specific nutrients and diets discussed in the current article may offer neuroprotection or benefit during mild TBI rehabilitation. Omega-3 fatty acids, creatine, and vitamin D are generally safe when taken within recommended guidelines.

CONCLUSION:

More evidence is needed to support nutritional recommendations for enhancing neuroprotection and mitigating mild TBI symptoms in humans. The DOD's Warfighter Nutrition Guide recommends a whole food diet rich in antioxidants, phytonutrients, omega-3 fatty acids, micronutrients, probiotics, and fiber to optimize long-term health and performance.

<https://doi.org/10.3233/NRE-230269>

TBICoE approach to concussion rehabilitation in service members and veterans.

Gano, A., Gold, J., Remigio-Baker, R. A., & Monti, K.

NeuroRehabilitation

Vol. 55, no. 3, pp. 347-356, 2024

BACKGROUND:

Concussion, also known as mild traumatic brain injury (mTBI), is a condition with unique ties to military service. Service members (SMs) are inherently at a higher risk for concussive injuries due to the intense physical training environment and combat operational tempo required to serve. The Traumatic Brain Injury Center of Excellence (TBICoE) is the US Department of Defense authority on this condition and provides a thorough approach to management of concussion and associated symptom sequela.

OBJECTIVES:

This article seeks to review the TBICoE approach to the management and rehabilitation of military SMs with mTBI, and highlight resources available to military medical providers. **METHODS:**The authors reviewed evidence and TBICoE resources to provide

this comprehensive overview of the TBICoE approach to management and rehabilitation of concussion in military SMs.

RESULTS:

A progressive return to activity protocol in conjunction with symptom-guided management of common post-concussive sequelae, including headache, vestibular and oculomotor issues, sleep dysfunction, cognitive rehabilitation, and behavioral health comorbidities are essential for concussion management in the acute, post-acute and chronic phases of injury.

CONCLUSION:

The TBICoE approach to the rehabilitation of military SMs is comprehensive, and includes initial management with a stepwise return to duty protocol and an objective return to duty screening. The mainstays of treatment for SMs with post-acute and chronic post-concussion symptoms are headache management, vestibular and oculomotor rehabilitation, sleep interventions, cognitive rehabilitation, and early intervention for behavioral health comorbidities. These evidence-based strategies may be applied in the treatment of SMs in the US and internationally.

<https://doi.org/10.3233/NRE-230291>

Testosterone and neurobehavioral outcomes in special operations forces military with multiple mild traumatic brain injury.

Barnett, N., Ljubic, M., Chung, J., & Capizzi, A.

NeuroRehabilitation

Vol. 55, no. 3, pp. 271-279, 2024

BACKGROUND:

U.S. Special Operations Forces (SOF) are at increased risk of multiple mild traumatic brain injury (mTBI). Testosterone was prescribed for several participants in a VA program designed to address sequelae of mTBI for SOF.

OBJECTIVE:

To determine testosterone prevalence in the Palo Alto VA Intensive Evaluation and Treatment Program (IETP) and observe for association between testosterone and neurobehavioral outcomes. METHODS:A retrospective cohort study included patients in

the Palo Alto VA IETP. Sociodemographic data, testosterone blood levels, and neurobehavioral outcomes were collected from medical records.

RESULTS:

55 IETP participants were included: six were testosterone users; the rest were classified as non-users. Testosterone use in this population is 11%, higher than reported national averages in the U.S. Of the 6 testosterone users, 2 (33%) had a formal diagnosis of hypogonadism prior to initiation of testosterone. Neurobehavioral outcome scores between testosterone users and non-users failed to show statistically significant differences, except for the PROMIS pain score, which was higher in the testosterone user population.

CONCLUSION:

The current study did not find an association between mmTBI, testosterone use, or testosterone level and neurobehavioral outcomes. This study highlights a need to further examine the relationship between hypogonadism, mmTBI, SOF culture around testosterone, and the effects of testosterone use in this population.

Links of Interest

Behavioral Health of Adolescents Across Sexual Identities: Results from the 2023 National Survey on Drug Use and Health

<https://store.samhsa.gov/product/behavioral-health-adolescents-across-sexual-identities-results-2023-national-survey-drug-use-health/pep24-07-028>

Think twice before you scan QR codes: Understanding QR code scams

<https://news.va.gov/136377/think-twice-before-you-scan-qr-codes/>

Veterans continue brotherhood as peer specialists with VA

<https://news.va.gov/136097/veterans-continue-brotherhood-peer-specialists/>

Mental Health First Aid Advances Into the Workplace, but Questions Remain

<https://jamanetwork.com/journals/jama/fullarticle/2826619>

Military services need more training, better feedback on officer evaluations critical for promotions, watchdog says

<https://www.stripes.com/theaters/us/2024-11-15/military-evaluations-promotions-15859442.html>

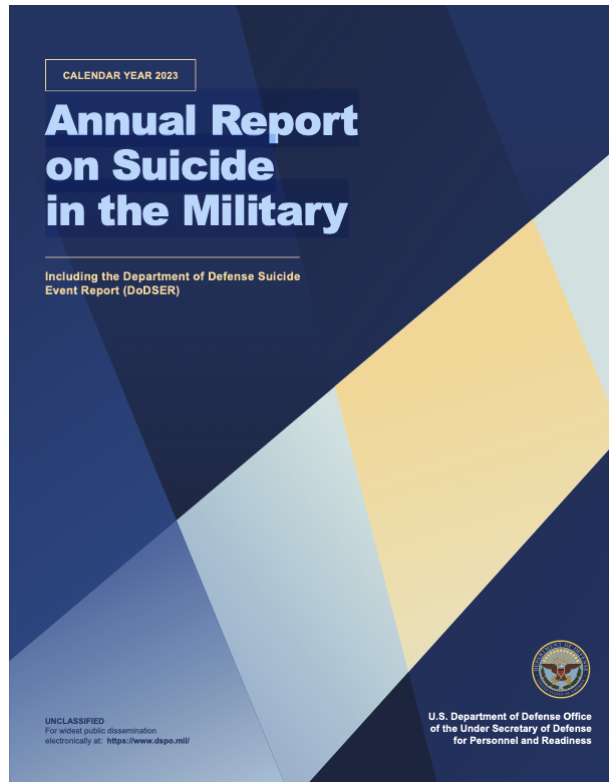
- [Military Officer Performance: Actions Needed to Fully Incorporate Performance Evaluation Key Practices](#) (GAO)

Resource of the Week – [Annual Report on Suicide in the Military: Calendar Year 2023](#)

From the U.S. Department of Defense, Office of the Under Secretary of Defense for Personnel and Readiness

Key Takeaways:

- Suicide rates for Active Component Service members gradually increased from 2011 to 2023. The rate in 2023 was higher than the rates in 2022 and 2021.
- Although rates fluctuated for the Reserves and National Guard between 2011 and 2023, the overall trend remained stable. The Reserve rate in 2023 was higher than the rate in 2022 and lower than the rate in 2021. The National Guard rate in 2023 was lower than the rates in 2022 and 2021.
- Active, Reserve, and National Guard suicide rates were similar to the U.S. population for most years between 2011 and 2022. Comparisons were made after accounting for age and sex differences.
- Young enlisted males accounted for the largest number of suicide deaths. Service members from all demographic groups can be impacted by increased risk for suicide.
- Female Active Component members had a lower suicide rate than the overall Active Component.
- Use of a firearm was the most common method of death across Components and military Services.



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