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Uniformed Services University

Research Update -- July 17, 2025

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- Resource of the Week – Defense Primer: Regular Military Compensation (Congressional Research Service)

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Incidence and Nature of Antidepressant Discontinuation Symptoms: A Systematic Review and Meta-Analysis.

Kalfas, M., Tsapekos, D., Butler, M., McCutcheon, R. A., Pillinger, T., Strawbridge, R., Bhat, B. B., Haddad, P. M., Cowen, P. J., Howes, O. D., Joyce, D. W., Nutt, D. J., Baldwin, D. S., Pariante, C. M., Lewis, G., Young, A. H., Lewis, G., Hayes, J. F., & Jauhar, S.

JAMA Psychiatry
Published Online: July 9, 2025

Key Points
Question
What are the incidence and nature of symptoms following discontinuation of antidepressants?

Findings
This systematic review and meta-analysis of 49 randomized clinical trials found that on average, participants who stopped antidepressants experienced 1 more discontinuation

symptom compared to those who discontinued placebo or continued antidepressants. The most common symptom in the first 2 weeks following antidepressant discontinuation was dizziness, and discontinuation of antidepressants was not associated with depressive symptoms.

Meaning
Individuals who discontinued antidepressants experienced more symptoms compared to those discontinuing placebo or continuing an antidepressant, but the mean number of symptoms was below the cutoff for clinically important discontinuation syndrome.

Abstract
Importance The incidence and nature of discontinuation symptoms following antidepressant cessation remain unclear.

Objective
To examine the presence of discontinuation symptoms using standardized scales (eg, Discontinuation-Emergent Signs and Symptoms [DESS]) and the incidence of individual discontinuation symptoms in individuals who stop taking antidepressants.

Data Sources
The databases Embase, PsycINFO, Ovid MEDLINE, and Cochrane Library were systematically searched from inception until November 7, 2023.

Study Selection
Randomized clinical trials (RCTs) reporting discontinuation symptoms using a standardized scale or individual symptoms (eg, adverse events) following antidepressant cessation were included.

Data Extraction and Synthesis
Data extracted were cross-checked by 2 reviewers. Additional unpublished data from 11 RCTs were included. A random-effects meta-analysis was conducted to calculate standardized mean difference between individuals who discontinued an antidepressant vs those who continued an antidepressant or discontinued placebo. A proportion and odds ratio (OR) meta-analysis was performed to assess incidence of individual discontinuation symptoms compared to placebo. Subgroup analyses were conducted to compare different antidepressants. Data analysis was conducted between September 2024 and December 2024.

Main Outcomes and Measures
The primary outcomes were incidence and nature of antidepressant discontinuation symptoms measured using standardized or unstandardized scales.

Results
A total of 50 studies were included, 49 of which were included in meta-analyses. The 50 studies included 17 828 participants in total, with 66.9% female participants and mean participant age of 44 years. Follow-up was between 1 day and 52 weeks. The DESS meta-analysis indicated increased discontinuation symptoms at 1 week in participants stopping antidepressants (standardized mean difference, 0.31; 95% CI, 0.23-0.39; number of studies [k] = 11; n = 3915 participants) compared to those taking placebo or continuing antidepressants. The effect size was equivalent to 1 more symptom on the DESS. Discontinuation of antidepressants was associated with increased odds of dizziness (OR, 5.52; 95% CI, 3.81-8.01), nausea (OR, 3.16; 95% CI, 2.01-4.96), vertigo (OR, 6.40; 95% CI, 1.20-34.19), and nervousness (OR, 3.15; 95% CI, 1.29-7.64) compared to placebo discontinuation. Dizziness was the most prevalent discontinuation symptom (risk difference, 6.24%). Discontinuation was not associated with depression symptoms, despite being measured in people with major depressive disorder (k = 5).

Conclusions and Relevance
This systematic review and meta-analysis indicated that the mean number of discontinuation symptoms at week 1 after stopping antidepressants was below the threshold for clinically significant discontinuation syndrome. Mood worsening was not associated with discontinuation; therefore, later presentation of depression after discontinuation is indicative of depression relapse.

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The REACH VET Program and Mortality Outcomes Among Veterans at High Risk of Suicide.

Dent, K. R., Cooper, S., & McCarthy, J. F.

JAMA Network Open
Published Online: July 8, 2025

Introduction
To support veterans at high risk for suicide, the Veterans Health Administration (VHA)

developed a suicide risk prediction algorithm and implemented the Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET) program. It identifies VHA patients at high risk for suicide (top 0.1% risk tier), providing outreach and care coordination. An effectiveness evaluation of the REACH VET program documented reductions in nonfatal suicide attempts but did not identify associations with suicide mortality. Those mortality analyses were limited to a 6-month period for a subset of the study cohort. This study evaluates the association of REACH VET with mortality outcomes through 24 months for an expanded cohort.

Methods

Analyses were conducted as a part of Veterans Affairs Office of Suicide Prevention operations, and institutional review board review was not required. We followed the STROBE reporting guideline for cohort studies.

A differences-in-differences design was used to evaluate the association of REACH VET with suicide, external-cause mortality, and all-cause mortality. The intervention group included patients who were identified in the top 0.1% risk tier during the REACH VET implementation period (March 2017 to June 2021). A subthreshold high–risk tier group (top 0.3%-0.1% risk tier) was identified as a control group. Comparable groups were also identified during a preintervention period (March 2014 to December 2015). Mortality was assessed using national death certificate data through 2021 per the Veterans Affairs/Department of Defense Mortality Data Repository.

Cox proportional hazards regression was used to estimate the association of the REACH VET program with mortality outcomes across 6-, 12-, and 24-month follow-up periods adjusting for age and sex. The eMethods in Supplement 1 provides detailed information on study methods. Significance was assessed using 2-tailed $\chi 2$ tests, with $\alpha = .05$.

Results

The analytic cohort consisted of 266 246 observations (92.3% male; 0.6% American Indian or Alaskan Native, 0.9% Asian, Native Hawaiian, or Other Pacific Islander, 14.2% Black, 81.4% White, 1.6% multiple racial groups, and 1.3% unknown or missing; 91.0% non-Hispanic; mean [SD] age, 51.2 [15.0] years). Accounting for potential period and cohort differences, inclusion in the REACH VET program was not associated with suicide mortality (6-month hazards ratio [HR], 1.18 [95% CI, 0.83-1.69]; 12-month HR, 1.25 [95% CI, 0.94-1.67]; 24-month HR: 0.92 [95% CI, 0.68-1.24]) (Table). Similarly, inclusion in REACH VET was not associated with risk for external-cause mortality (6-month HR, 0.99 [95% CI, 0.80-1.23]; 12-month HR, 1.07 [95% CI, 0.91-1.27]; 24-month

HR, 1.06 [95% CI, 0.90-1.25]) or all-cause mortality (6-month HR, 1.03 [95% CI, 0.93-1.15]; 12-month HR, 1.04 [95% CI, 0.95-1.13]; 24-month HR, 1.03 [95% CI, 0.95-1.12]).

Discussion

Consistent with previous reports, this cohort study did not observe associations of REACH VET program inclusion with subsequent mortality outcomes. Findings highlight the complexities of suicide prevention. Although the REACH VET program has been associated with improvements in suicide-related risk factors, including suicide attempts, this study replicated prior observations that program inclusion was not associated with mortality outcomes. Differential associations of the REACH VET program with nonfatal and fatal suicide attempts may be influenced by differences in characteristics of patients who attempt suicide vs those who die from suicide. Compared with patients with nonfatal suicide attempts, individuals who die by suicide tend to use more lethal methods and be older, more often male, and have more medical morbidity. Considered alongside our findings, this suggests that the REACH VET program may be less effective for specific subpopulations of VHA patients at high risk, such as males or those using more lethal methods. Additional research is needed to evaluate these hypotheses.

A limitation of this study was its low power to detect small associations for rare outcomes; power analyses suggest we would need approximately 1.4 million patients to observe a 10% difference in suicide risk across a 12-month follow-up. Furthermore, analyses may not have fully accounted for underlying group differences in mortality risks across time. Although REACH VET care coordination and outreach are important for improving mental health outcomes and preventing suicide attempts, additional approaches are needed to enhance suicide prevention for patients at high risk.

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Firearm Storage and Firearm Suicide.

Miller, M., Wertz, J., Swanson, S. A., Simonetti, J. A., Zhang, Y., & Azrael, D. R.

JAMA Network Open
Published Online: July 7, 2025

Key Points

Question

Is the suicide method used by people who die by suicide associated with how firearms in their homes were stored?

Findings

In this case-control study of 725 decedents who died by suicide, the odds of dying by firearm suicide were substantially lower for adolescents and young adults (aged 15 to 20 years), but not for adults, when all firearms in their homes were locked.

Meaning

The findings of this study suggest that to help prevent suicide among adults living in homes with firearms, interventions should focus on reducing firearm access, rather than on specific storage practices.

Abstract

Importance

Suicide-prevention interventions often recommend removing firearms from the homes of individuals at elevated risk of suicide or, short of removal, locking and unloading all household firearms. The recommendation to remove firearms is based on strong and consistent evidence. For adults, however, the recommendation to lock firearms is based on few studies with inconsistent findings.

Objective

To assess the association between firearm storage practices and suicide method by sex and age.

Design, Setting, and Participants

This case-control study investigated decedents aged 15 years or older who lived in a home with firearms in the last year of their life and who died by suicide. Data were from the 1993 National Mortality Followback Survey. Analyses were conducted from June 1, 2024, to March 30, 2025.

Exposures

The presence of 1 or more unlocked firearm in the decedent’s residence and/or 1 or more loaded firearm.

Main Outcomes and Measures

The main outcome was firearm storage practices by suicide method. Logistic models, including both exposures, compared the relative odds of exposure among decedents

who died by firearm suicide vs nonfirearm suicide, adjusted for sex, age, and region of residence at the time of death.

Results
Among the 725 individuals who died by suicide (mean [SD] age, 47.1 [19.7] years; 554 males [85.0%]), 606 (83.6%) decedents died by firearm suicide and 119 (16.4%) died by nonfirearm suicide. Adult suicide decedents who used firearms were neither more nor less likely than those who used other suicide methods to have lived in a home where all firearms were locked (odds ratio [OR], 1.15 [95% CI, 0.67-1.95]) or unloaded (OR, 0.78 [95% CI, 0.44-1.36]). Corresponding ORs for locked firearms were 1.29 (95% CI, 0.69-2.44) for men and 0.58 (95% CI, 0.24-1.41) for women; for unloaded firearms, ORs were 0.80 (95% CI, 0.41-1.56) for men and 0.61 (95% CI, 0.25-1.51) for women. Among adolescent and young adult (hereinafter adolescent) decedents aged 15 to 20 years, approximately half (26 of 43 [60.5%]) who died by firearm suicide, but none of the 7 who died by nonfirearm suicide, had lived in a home with unlocked firearms. Among adolescents in households in which all firearms were locked, suicide method was not associated with whether any firearm was unloaded (OR, 1.36 [95% CI, 0.10-18.9]).

Conclusions and Relevance
In this case-control study, neither locking nor unloading household firearms was associated with whether adults used a firearm in their suicide. By contrast, adolescents who died by firearm suicide were far more likely to have lived in a household with unlocked firearms than were adolescent decedents who died by nonfirearm suicide methods. Suicide-prevention approaches that aim to reduce suicide mortality, especially for adult subpopulations likely to own firearms, should focus on firearm access rather than storage practices.

See also: Safe Gun Storage and Youth Suicide—The Sum of Their Regrets (Invited Commentary)

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National Suicide Prevention Lifeline (Now 988 Suicide and Crisis Lifeline): Evaluation of Crisis Call Outcomes for Suicidal Callers.

Gould, M. S., Lake, A. M., Port, M. S., Kleinman, M., Hoyte-Badu, A. M., Rodriguez, C. L., Chowdhury, S. J., Galfalvy, H., & Goldstein, A.

Suicice and Life-Threaning Behavior
First published: 23 May 2025

Introduction
With the 988 Suicide and Crisis Lifeline's expanding role in the crisis care continuum in the U.S., assessments of its effectiveness are more important than ever. The current study estimated the extent to which suicidal Lifeline callers perceived their crisis calls as helping them and stopping them from killing themselves, whether their suicidal thoughts recurred after the call, and the caller characteristics and counselor practices associated with these outcomes.

Methods
Telephone interviews were conducted with 437 adult suicidal callers to 12 Lifeline crisis centers between April 15, 2020 and August 15, 2021. The interview collected callers' demographic and clinical characteristics and their perceptions of counselor practices and call outcomes. A series of logistic regression analyses assessed the association of caller characteristics and counselor practices with call outcomes.

Results
The vast majority of suicidal Lifeline callers thought their crisis call helped them (nearly 98%) and stopped them from killing themselves (88.1%). Callers' perceptions of counselor behaviors in the domains of fostering engagement/connection, collaborative problem-solving, and safety assessment/management were strongly associated with callers' perceived effectiveness of the crisis call.

Conclusions
Our study offers empirical evidence for the effectiveness of the Lifeline's (now 988 Lifeline's) telephone crisis services from the caller's perspective.

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How do active duty army personnel view the relationships between firearms and suicide? The role of sociopsychological factors, firearm ownership status, and lifetime history of suicidal thoughts and behaviors.

Daruwala, S. E., Allan, N., Tucker, R., Bryan, C. J., Dretsch, M. N., Trachik, B., & Bozzay, M. L.

Social Psychiatry and Psychiatric Epidemiology
2025; 60(7), 1625–1637

Background
Firearms are the primary method by which US military personnel die by suicide, and those at highest risk tend to store firearms unsafely. Promoting secure firearm storage practices is a major component of the Department of Defense's suicide prevention strategy, but perceptions about firearms being associated with suicide risk may impact such efforts.

Purpose
This study examined perceptions that (1) firearm ownership and (2) storage practices are associated with suicide risk and whether key sociopsychological factors (e.g., entrapment, threat perceptions, honor ideology) were associated with these beliefs in a sample of Active Duty (AD) enlisted Army personnel. We then examined if associations varied as a function of firearm ownership or a lifetime history of suicidal thoughts and/or behaviors (STBs).

Methods
Survey data about sociopsychological factors and ownership-suicide risk beliefs and storage-suicide risk beliefs were collected from 399 AD Army personnel. Multiple regression and multigroup path analyses were used.

Results
Greater intolerance of uncertainty and entrapment, and weaker honor ideology, were associated with greater ownership-suicide risk beliefs, whereas being a parent of a minor child was linked with weaker ownership-suicide risk beliefs. None of the variables examined were associated with storage-suicide risk beliefs. Participants with a lifetime history of STBs who had higher threat perceptions endorsed weaker ownership-suicide risk beliefs.

Conclusions
AD Army personnel may tend to believe that firearm ownership and storage practices are largely unrelated to suicide risk. More tailored messaging and suicide-gun violence prevention efforts are likely needed. Findings have important implications for military suicide prevention efforts.

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https://doi.org/10.1097/HTR.0000000000001034

Sex Differences in Early/Unplanned Separation Among US Service Members With a History of Mild Traumatic Brain Injury.

Wal, I., Hoover, P., Adams, R. S., Forster, J. E., Caban, J. J., & Engler, M. B.

Journal of Head Trauma Rehabilitation
40(4):p 296-306, July/August 2025

Objective:
To investigate the incidence of early/unplanned (E/U) separations following mild traumatic brain injury (mTBI) and assess whether sex impacts the hazard of separation.

Setting:
Military Health System (MHS).

Participants:
Active duty service members (N = 75,730) with an initial mTBI diagnosis in military records between January 2011 and January 2018.

Design:
Retrospective cohort study of electronic health records in the MHS. Cause-specific Cox proportional hazards models were used with sex at birth as the primary predictor.

Main Measures:
Early/unplanned (E/U) separation, defined as military separation attributed to disability, misconduct, poor performance, death, or other medical circumstances, within 2 years following the initial mTBI.

Results:
Incidence of E/U separation within 2 years following mTBI was 13.7% (11.0% in women and 14.2% in men). Disability and misconduct separations were most common. Female service members had lower adjusted hazards for any E/U separation (Hazard Ratio [HR] = 0.65; 95% Confidence Interval [CI]: 0.61,0.69), disability separation (HR = 0.71; 95% CI: 0.65, 0.78), misconduct separation (HR = 0.40; 95% CI: 0.36, 0.45), and poor performance separation (HR = 0.84; 95% CI: 0.72, 0.99), compared to males, but had higher adjusted hazards for separations due to other medical circumstances (HR = 1.24; 95% CI: 1.04, 1.48).

Conclusion:
Male and female service members had different hazards of E/U separation following mTBI. Separating early may increase the risk of adverse health and socioeconomic outcomes, so additional research is needed on why these separations occur and why they may be impacting men and women differently.

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Service members' exposure to potentially morally injurious events: Intimate partner knowledge and response.

Taverna, E., Litz, B. T., Fredman, S. J., Renshaw, K. D., & Allen, E. S.

Military Psychology
Published online: 11 Jul 2025

Moral injury entails functionally impairing moral emotions, beliefs, and behaviors resulting from enacting, experiencing, or witnessing events that transgress deeply held moral beliefs. Moral injury is associated with concerns about disclosure regarding military experiences, such as feeling judged. Yet, little research has documented the extent to which intimate partners know about service members' exposure to potentially morally injurious experiences (PMIEs) and their reactions to this knowledge. The current study is a secondary analysis of data from a sample of 579 couples (1,158 individuals) that included male service members' reports of experiencing specific events during deployment (i.e., PMIEs by self, PMIEs by others, loss, or life threat) and their female civilian partners' reports of the service member telling them about such events. Results suggest that partners are significantly less likely to report being told about service members' exposure to PMIEs compared to exposure to experiences of threat and loss. In general, service members' reports of the seriousness of deployment experiences and their distress regarding these experiences were associated with a greater likelihood of partners' reports of being told about such experiences. In the current sample, partners had low ratings of negative changes in opinions of the service member after learning of their exposure to PMIEs by self or by others. Although preliminary, findings may inform understanding of the conditions under which disclosure of military experiences to intimate partners is more or less likely and the type of partner reactions that might be observed among military couples in intact relationships.

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https://doi.org/10.1097/HRP.0000000000000433

Badge of Courage: Pain and Suffering After Military Service in a Nonveteran.

Song, S. H., Shumate, J. N., Friedman, R. S., Drogin, E. Y., Feldman, J. J., & Dunn, E.

Harvard Review of Psychiatry
33(4): p 232-238, 7/8 2025

Feigning and fabrication by a patient can evoke anger and distress in staff and generate diagnosis and management challenges. When faced with difficulties that can lead to moral injury among health care providers, and even risk compromised patient care, clinical teams must balance empathy with appropriate boundaries. This case report examines an individual with a history of polysubstance use and acute-on-chronic pain whose persistent patterns of fabrication—spanning exaggerated military service, terminal illness, family trauma, and academic accomplishments—posed substantial risk-assessment and treatment-planning challenges across multiple clinical presentations. Insights from three expert discussants with distinct specializations in psychodynamic formulation, distress management, and forensic psychiatry are provided. Through their analyses, the complex interplay among chronic pain, inadequate distress tolerance, personality pathology, and health care utilization are evaluated in conjunction with evidence-based approaches to differential diagnosis and management. This article presents practical recommendations for preserving therapeutic engagement while protecting appropriate boundaries and, ultimately, working toward optimized care delivery for such challenging, vulnerable patients.

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https://doi.org/10.1002/jts.23179

Associations between higher exposure to potentially morally injurious events and negative posttraumatic cognition trajectories throughout cognitive processing therapy.

Limdi, A. M., Szoke, D. R., Smith, D. L., Pridgen, S. A., & Held, P.

Journal of Traumatic Stress
First published: 09 July 2025

Individuals with higher potentially morally injurious event (PMIE) exposure often exhibit elevated levels of negative posttraumatic cognitions (NPCs). Researchers have argued that individuals with moral injury (MI) following PMIE exposure experience more prescriptive NPCs than those without MI. As these prescriptive NPCs may be harder address using cognitive processing therapy (CPT), first-line posttraumatic stress disorder (PTSD) treatments may not fully address MI. This study evaluated the impact of PMIE exposure on NPC trajectories during intensive CPT for PTSD. We examined NPC trajectories in a group of 738 service members and veterans (SMVs) who participated in a 2-week CPT-based intensive PTSD treatment program. Time was a significant predictor of the Posttraumatic Cognitions Inventory (PTCI) score trajectory over treatment, $p < .001$. The interaction between time and PMIE exposure also significantly predicted PTCI trajectories, $p = .008$, such that higher PMIE exposure was related to higher PTCI scores during the first half of treatment; however, by the end of treatment, PTCI scores were visually similar regardless of PMIE exposure. The PTCI subscales (Negative Cognitions About the Self, Negative Cognitions About the World, and Self-Blame) were also analyzed and resulted in similar associations with time and PMIE exposure as well as with PTCI total score. These findings suggest that intensive CPT appears to be effective in reducing NPCs in SMVs regardless of PMIE exposure. Therefore, even when patients report PMIE exposure, CPT clinicians should continue identifying and targeting NPCs.

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Military experience and depression: a prospective multi-cohort analysis across nations.

Zhu, X., Du, Y., Wang, M., & Guo, C.

Social Science & Medicine
Volume 381, September 2025, 118291

Highlights

- Military experience was linked to varied depression risks among men from three countries.
- Veterans with advanced age may be exempt or benefit from this depression risk.
- The military experience duration is U-shapedly associated with and depression onset.
- Military training may influence veterans' depression risk via their physical health.

Abstract
Depression is a growing public concern, but whether it is associated with military experience still needs investigation. This study aimed to examine this association among male veterans. We employed data from the Chinese Family Panel Study 2010–2020 (China), the Socio-Economic Panel 2009–2021 (Germany) and the Panel Study of Income Dynamics 2009–2021 (USA) and included 27300 male adults aged above 18 years. The Cox proportional hazards model was applied to examine the association between military experience and depression with subgroup analyses. The restrictive cubic spline model was used to estimate the nonlinear relationship. The mediating effect of chronic diseases on this association was also explored. In the USA and the pooled sample of Germany and the USA, the depression risk for those with military experience was increased by 88 % (1.88, 1.67–2.12) and 49 % (1.49, 1.34–1.66), respectively. It was reduced by 42 % (0.58, 0.42–0.79) in German veterans but not significantly different in Chinese veterans. Some age heterogeneity existed. In the USA and the pooled sample, no increased risk of depression was observed among older veterans, while in China, they faced a decreased risk (0.74, 0.55–0.99). There was a U-shaped relationship between military time and depression in Germany, the USA and their pooled sample. Chronic disease partially mediated the association between military experience and depression in Germany, the USA and their pooled sample. This study advocates for cross-national policy interventions providing tailored mental health support and chronic disease management to mitigate depression risks among military personnel, particularly new recruits and long-serving veterans.

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https://doi.org/10.1093/milmed/usaf371

Scholarships-for-Service: Financial Outcomes of Military and Government Scholarships for Medical Students.

Todd, C. P., Bruno, R. J., Halvorsen, H., Leone, R. M., Remondelli, M. H., & Schofer, J. M.

Military Medicine
Published: 12 July 2025

Introduction
The cost of medical education has risen significantly, leading many prospective physicians to seek financial assistance through military and government scholarship

programs. These programs, including the Health Professions Scholarship Program (HPSP), Uniformed Services University of the Health Sciences, Medical and Dental Student Stipend Program (MDSSP), and Department of Veterans Affairs (VA) HPSP, offer tuition coverage, stipends, and financial incentives in exchange for service commitments. Although these pathways provide the potential for debt-free education and early-career compensation, concerns remain about their long-term financial trade-offs compared to civilian medical practice. Previous studies suggest that while military and government service physicians may experience lower initial salaries, pension benefits and retention incentives can offset financial disparities over time. However, current literature lacks a comprehensive analysis that accounts for key financial factors, including specialty-specific earnings, military bonuses, and federal pension structures. This study seeks to fill this gap by systematically comparing the lifetime financial outcomes of 6 physician career pathways across 3 medical specialties: orthopedic surgery, internal medicine, and anesthesiology.

Materials and Methods

A financial model was constructed to track lifetime earnings from medical school entry at age 22 to retirement at age 65. Each pathway was analyzed based on 2 career trajectories: early leave, representing physicians who separate after completing their minimum service obligation, and late leave, representing those who complete a pension-eligible military or government career. Compensation calculations incorporate base salaries, stipends, residency pay, bonuses, retention incentives, and pensions. Location-dependent factors such as Basic Allowance for Housing and cost-of-living adjustments were integrated for accuracy. Civilian salaries were sourced from Eastern Virginia Medical School resident pay tables and Doximity's 2023 Physician Compensation Report, while military and VA compensation data were derived from government reports.

Results

Findings indicate that while military physicians generally earn lower salaries during service compared to their civilian counterparts, benefits such as debt-free education, stipends, and pension plans contribute to long-term financial competitiveness. The largest determinant of lifetime earnings was specialty selection rather than pathway choice. Orthopedic surgeons consistently earned the highest lifetime compensation across all pathways, while internal medicine physicians exhibited more comparable earnings between military and civilian careers. Notably, pathways incorporating VA service and reserve military duty, such as MDSSP and VA HPSP, demonstrated competitive lifetime earnings relative to civilian practice, particularly in lower-compensated specialties.

Conclusions
The financial outcomes of military and government service pathways for physicians are generally competitive with civilian practice, particularly when factoring in pension benefits and debt-free education. Specialty choice remains the primary driver of lifetime earnings, often outweighing differences between pathways. Beyond financial considerations, intangible benefits such as leadership opportunities, unique training experiences, and job security should also inform students' decisions when evaluating service-based medical education programs. Understanding these financial trade-offs is critical for students making informed career decisions, as well as for policymakers assessing the effectiveness of recruitment and retention incentives.

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https://doi.org/10.3357/AMHP.6613.2025

The Most Common Disqualifying Medical Conditions in Army Aviators, 2016-2020.

Simmons, E. A., Lee, A., & Kelley, A.

Aerospace Medicine and Human Performance
Online Publication Date: 01 Jun 2025

INTRODUCTION:
Military aviators have long undergone enhanced medical screening to minimize accidents and deaths. U.S. Army aviators undergo a rigorous initial screening process followed by annual medical evaluations governed by published standards of medical fitness which are updated periodically. An aeromedical summary is submitted for disqualifying conditions, resulting in either a waiver of the standard or suspension of flight status. This study aimed to identify the most common disqualifying medical conditions in U.S. Army aviators in recent years and analyze trends over time.

METHODS:
A retrospective observational study was performed using 5 yr of data from the U.S. Army's Aeromedical Epidemiological Data Repository. Incidence rates for the 10 most common disqualifying conditions, and the waiver approval rate for those conditions, were calculated. Annual incidence was calculated for hypertension aeromedical summary submissions.

RESULTS:
Lumbar and cervical spinal disorders (101.55 and 39.26 per 10,000 aviator-years,

81.6% and 79.1% waived, respectively), obstructive sleep apnea (62.00 per 10,000 aviator-years, 93.4% waived), hearing loss (27.96 per 10,000 aviator-years, 98.0% waived), and hypertension (26.13 per 10,000 aviator-years, 97.3% waived) were the most common conditions submitted. Psychological diagnoses were also common, with post-traumatic stress disorder, anxiety and phobias, adjustment disorder, and mood disorders having a cumulative incidence of 44.20 per 10,000 aviator-years and a waiver rate of 45.4%. Submissions for hypertension substantially decreased starting in 2019.

DISCUSSION:
Spine disorders are among the leading disqualifying conditions in U.S. Army aviators and metabolic conditions were submitted less often than previously reported, likely due to changes in aeromedical policy with respect to hypertension.

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Telehealth Use for Mental Health Treatment Among US Adolescents.

Joshua Breslau, Alyssa L. Halbisen, Olesya Baker, Jonathan H. Cantor, Ryan K. McBain, Ateev Mehrotra, Jacquelin M. Rankine, Bradley D. Stein, Fang Zhang, Hao Yu

Journal of Adolescent Health
Published online June 21, 2025

Purpose
To examine telehealth use for mental health treatment in a 2022 national sample of adolescents.

Methods
We analyzed data on adolescents (ages 12–17) who received mental health treatment in the past 12 months (N = 3,708) from the 2022 National Survey of Drug Use and Health. Proportions of adolescents who used telehealth as part of their treatment were compared across treatment settings. Survey-adjusted X2 tests and logistic regression models were used to examine associations of demographic and clinical characteristics with telehealth use.

Results
Among adolescents who received mental health treatment in the past 12 months, 45.3% received some care via telehealth. Among the 28.8% of adolescent service users who

received treatment in only one setting, use of telehealth was higher in office-based specialty care (54.5%) than schools (9.2%), outpatient mental health treatment centers (5.3%), and general medical care settings (3.9%). Among the 71.2% of adolescent service users who received care in multiple settings, use of telehealth was more common in those whose care included office-based specialty care (71.4%) than in those whose care did not include office-based specialty care (27.6%). In logistic regression models, use of telehealth was associated with age, gender, race/ethnicity, rurality, drug or alcohol disorder and past-year major depressive episode or suicidal ideation.

Discussion
High use of telehealth for mental health treatment for adolescents was concentrated in office-based specialty care. Understanding the potential for telehealth in mental health treatment in other settings, especially schools and mental health treatment centers, is needed to inform efforts to expand treatment options.

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https://doi.org/10.7249/PEA1363-14

Alcohol Use Disorder Among U.S. Veterans.

Jordan P. Davis, Whitney S. Livingston, Rachel K. Landis, Rajeev Ramchand

RAND Corporation
Published Jun 10, 2025

Key Takeaways

- Excessive drinking is a leading factor in preventable deaths among U.S. veterans and is associated with higher health care usage.
- In 2023, 55 percent of veterans consumed alcohol in the past month, among whom 42 percent engaged in binge drinking and 16 percent reported heavy alcohol use, and 9 percent of veterans met the criteria for alcohol use disorder (AUD) in the past year.
- Risk factors for AUD among veterans include younger age; post-9/11 service; combat exposure; trauma history; co-occurring mental health disorders, such as posttraumatic stress disorder (PTSD); and sociodemographic factors, such as having a lower income or being unpartnered.

- Evidence-based behavioral treatments are useful for treating AUD. Integrated care models addressing both AUD and co-occurring PTSD are promising, but further research is recommended to improve retention and outcomes.
- Pharmacotherapy is effective but potentially underused because of provider hesitancy and systemic barriers. Policy changes focused on improving provider competency in prescribing medications is necessary. Research on novel treatments, such as psychedelic therapies and medications typically used for obesity or diabetes, might provide new options for AUD management.
- Federal and state-level policy efforts should focus on preventing AUD during military-to-civilian transitions and expanding access to treatment. Improving treatment accessibility through community partnerships and telehealth is also critical to addressing unmet needs among veterans.

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Feasibility, utility, and acceptability of an online ACT-based rehabilitation for clinical burnout.

Clason van de Leur, J., Lundbäck, K., Forslund, S., Virtanen, N., & Buhrman, M.

Cognitive Behaviour Therapy
Published online: 15 Jul 2025

The prevalence of stress-related sick leave in Western society has increased clinical and scientific interest in conditions like clinical burnout. However, evidence-based treatments for clinical burnout remain scarce. This uncontrolled pilot study examined the feasibility, utility, and acceptability of an online rehabilitation program for clinical burnout based on Acceptance and Commitment Therapy (ACT). Twenty-six patients with clinical burnout were included in a 12-week online ACT rehabilitation. Self-rated questionnaires were administered pre-treatment, weekly during treatment, post-treatment, and at three- and six-month follow-ups. Independent raters assessed clinical severity, average working time, and functional disability. There were no dropouts and a high module completion rate (85%), demonstrating feasibility. The rehabilitation's utility was supported by clinical ratings indicating reduced clinical severity, functional disability, and increased working time from 18% at baseline to 75% at the six-month follow-up. Significant improvements were seen in exhaustion, anxiety, depression, psychological flexibility, and perfectionistic concerns with medium to large effect sizes ($g = 0.67–1.31$) at post-treatment, which were maintained at the six-month follow-up ($g = 0.86–1.50$).

Treatment credibility and satisfaction were high, with few negative effects, indicating high acceptability. These findings suggest that this ACT-based online rehabilitation for clinical burnout holds sufficient promise to warrant further clinical trials.

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https://doi.org/10.1080/16506073.2025.2512146

Single-session behavioral activation for alcohol use disorder: a randomized controlled pilot trial.

Cognitive Behaviour Therapy
Published online: 15 Jul 2025

Brief psychotherapy interventions for alcohol use disorder (AUD) focus on increasing motivation to reduce alcohol-use, rather than strategies for changing alcohol-use behaviors. Behavioral activation, an action-oriented, client-centered psychotherapy addresses this gap though reinforcement of value-based, substance-free activities. We examined preliminary efficacy of a single-session behavioral activation intervention ("ultrabrief behavioral activation", UBA) for people with mild-moderate AUD. UBA was studied in a randomized controlled parallel-group pilot trial with an assessment-only control group (N = 40). Alcohol-use was assessed at baseline and at follow-up visits up to 3 months. Participants in the UBA and control group exhibited reduced percent drinking days, drinks per drinking day, and average amount of alcohol consumed. The most pronounced difference between groups occurred for percent drinking days at the two-week follow-up visit (d = -0.53, p = 0.064). Behavioral activation and value-consistency increased while anhedonia decreased in the intervention group. UBA warrants further investigation as a therapeutic tool to close the gap between brief motivational intervention and prolonged psychotherapy courses for AUD.

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Links of Interest

Whole Health Approach Paves Veteran's Path to Sobriety
https://www.maketheconnection.net/read-stories/whole-health-approach-paves-veterans-path-to-sobriety/

Therapy changed how I think about my chronic pain
https://news.va.gov/141077/therapy-changed-how-think-about-chronic-pain/

How one caregiver transformed her life
Finding Hope in the Journey with Building Better Caregivers
https://news.va.gov/141060/how-one-caregiver-transformed-her-life/

Should I Let My Pet Sleep With Me? The Truth About Sleeping with Cats and Dogs
https://www.rand.org/pubs/commentary/2025/07/should-i-let-my-pet-sleep-with-me-the-truth-about-sleeping.html

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Resource of the Week – Defense Primer: Regular Military Compensation

Updated, from the Congressional Research Service:

> Congress sets compensation levels for members of the Armed Forces through statutory authorizations and appropriations. When people talk about military pay, they are often referring only to "basic pay." Although basic pay is normally the largest component of the cash compensation a servicemember receives, there are other types of military pay, allowances, and tax benefits that add significantly to it. Regular Military Compensation (RMC) is a statutorily defined measure of the cash or in-kind compensation elements which all servicemembers receive every payday. It is widely used as a basic measure of military cash compensation levels and for comparisons with civilian salary levels.
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> Regular Military Compensation (RMC)
> RMC, as defined in law, is “the total of the following elements that a member of the uniformed services accrues or receives, directly or indirectly, in cash or in kind every payday: basic pay, basic allowance for housing, basic allowance for subsistence, and Federal tax advantage accruing to the aforementioned allowances because they are not subject to Federal income tax.” (37 U.S.C. §101(25)) Military compensation is structured much differently than civilian compensation, making comparison difficult. RMC provides a more complete understanding of the cash compensation provided to all servicemembers and therefore is usually preferred over basic pay when comparing military with civilian compensation, analyzing the standards of living of military personnel, or studying military compensation trends.

Table 1. Average Annual Compensation for Selected Paygrades

April 1, 2025, data; assumes all cash pay (e.g., BAH instead of government quarters)

Pay Grade	Rank	Basic Pay	BAH	BAS	Estimated Federal Tax Advantage	RMC
E-1	Private, Seaman Recruit, Airman Basic,	$26,962	$21,257	$5,589	$3,797	$57,605
E-5	Second Class, or Staff Sergeant		$26,487	$5,589	$6,284	$86,199
E-8	Master Sergeant, First Sergeant, Senior Chief Petty Officer, or Senior Master Sergeant.	$80,660	$33,138	$5,589	$5,781	$125,169
O-1	Second Lieutenant or Ensign	$49,529	$23,967	$3,849	$ 5,628	$82,973
O-4	Major or Lieutenant Commander	$112,637	$38,031	$3,849	$10,397	$164,915
O-6	Colonel or Captain	$167,196	$43,466	$3,849	$13,505	$228,016

Text of Defense Primer: Regular Military Compensation

Source: Department of Defense, Selected Military Compensation Tables, April 1, 2025, "Detailed RMC Tables for All Personnel", Page B-3. Pay table changes for junior enlisted went into effect on April 1, 2025. The most recent compensation tables available upon request from DOD (https://militarypay.defense.gov/References/Greenbooks/).

Notes: Rates rounded to nearest dollar; rows may not sum exactly due to rounding. O-1 rates exclude officers with prior enlisted experience who qualify for the O-1E rate. The E-1 rate used is the All E-1 rate. This publication computes the estimated average annual federal tax advantage using the standard deduction and 2025 tax rates, including earned income tax credit. The actual annual tax advantage for servicemembers will vary based on their unique tax situation.

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