“War changed me forever.” Almost every combat veteran says this in retrospect. Generations of combat-exposed veterans as well as their families have struggled with the psychological toll war takes in the years after the fighting is over. Long before the term Post-Traumatic Stress Disorder (PTSD) was coined in 1980, the psychological injury of combat trauma was expressed in such terms as “shell shock” and “war neurosis.” Psychological and physical consequences of multiple combat traumas are even measurable using archival military records of Civil War soldiers. While PTSD may be a relatively new term, its psychological symptoms are certainly not a new phenomenon.

The veterans returning from the current wars in Iraq and Afghanistan are no exception to the risk of psychological injury. Charles Hoge and associates, in their landmark study of PTSD from the first cohorts of Soldiers deployed to Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF), estimated that up to 20 percent were suffering from a PTSD-like syndrome after they came back. Their new report indicates that 35 percent of OIF/OEF veterans used mental health services within their first year of returning home.

Although the cumulative number of OIF/OEF deployed military personnel reached 1.5 million as of August 2006 (with an estimated 2.5 to 3 million serving on active duty over the past five years since 9/11), this does not yet compare with the 3.4 million deployed to Southeast Asia during the Vietnam War, from 1964 to 1973 (with a total of 8.7 million serving in the military). Given that a higher proportion is serving in theater, the magnitude of mental health problems of returning veterans of the current wars may outpace the Vietnam War if fighting and casualties continue at the current level.

Generations of research teams at Washington University School of Medicine in St. Louis, Mo., have followed Vietnam veterans at risk of PTSD and substance abuse for the past 30 years. The Vietnam Era Study (VES) originated in a request from a research arm commissioned by the White House under President Richard Nixon’s
it still feels like Iraq. I have to watch out for a sniper all the time.”

Ray is part of the Soldiers’ Young Legacy (SYL) study by the same research team, a new study to interview servicemembers deployed to Iraq and Afghanistan. Despite the great success the VES achieved, many questions about PTSD still remain. For example, were there signs even before the Soldiers were first exposed to combat?

Accumulated research findings now point to the possibility that certain individuals are more susceptible to develop symptoms of PTSD when exposed to severe trauma, just as some people are more likely to develop a severe flu when exposed to a virulent virus. If such a susceptibility does exist for PTSD, how can researchers help detect the signs and identify persons who are more likely to develop PTSD?

The Soldiers being deployed to Iraq and Afghanistan are helping the research team answer these questions. Unlike the previous VES and many other studies of veterans of the Vietnam War, the First Gulf War, or current OIF/OEF war veterans, the Washington University study is attempting to obtain information before as well as after deployment. Information gained will enable military authorities and clinicians to identify the development of PTSD earlier. This, in turn, would allow intervention before Soldiers experience acute stress syndrome.

While veterans of the Vietnam War came home in a time when the term Post-Traumatic Stress Disorder didn’t exist, current Iraq and Afghanistan veterans are serving in a time when many characteristics of PTSD are known on a biophysical level. PTSD has now been associated with changes in the levels of certain hormones and even changes in the size and shape of certain parts of the brain. Moreover, research appears to suggest biological susceptibilities may be one reason some, but not all, people exposed to combat develop PTSD.

However, there are many more questions these results have not been able to answer. For example, are those with PTSD showing different levels of certain hormones because they experienced trauma, or did they develop PTSD because they already had different levels of these hormones before they experienced trauma? These are the sorts of questions that information from the SYL study can help answer. Participants will be asked to give DNA and biological samples of certain hormones associated with stress before and after they are deployed.

What happens in Soldiers’ lives after combat can also affect biological adaptation, such as cognitive and neurological adaptation, including hormone and brain functions. For example, social support by a spouse and
real names), participated in their pre-deployment interviews in late May. When the research staff last spoke with Jeff, he was excited about the opportunity to put his skills to use, while Shawn was concerned about the family he was leaving behind. Before he left, Shawn said, “I hope that by participating in the Washington University research, it helps... identify problem areas for Soldiers who are deployed to Iraq. I hope this educates the public on how global conflict... wear(s) on Soldiers and their families.” Both Jeff and Shawn are currently serving in Iraq and are expected home this fall. While they were not sent off with coffee mugs, as were their predecessors in the VES, they were each given an MRI photograph of their brain taken for the study: a different parting gift presented in appreciation of the great gift of knowledge they will provide that will benefit all future veterans.

Readers interested in finding out more about the new study should visit www.rkp.wustl.edu/proj_desc_SYL2.html or call 800-863-7414.

Dr. Price, Ph.D., M.P.E., is a psychiatric epidemiologist and Research Associate Professor of Psychiatry at Washington University School of Medicine in St. Louis. She is the principal investigator for both the Vietnam Era Study and the Soldiers’ Young Legacy pilot project. Mr. Widner, M.S.W., is the project coordinator for Dr. Price. Mr. Klemisch is currently a senior at Washington University and a research assistant working in the Price lab. Mr. Collins, L.C.S.W., and Dr. Haug, Ph.D., are consultants to both the Vietnam Era Study and the Soldiers’ Young Legacy pilot project. Mr. Collins is the Team Leader for the St. Louis Veterans Affairs Readjustment Counseling Center. Dr. Haug is the Team Leader for the Cheyenne Veterans Affairs Readjustment Counseling Center.

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