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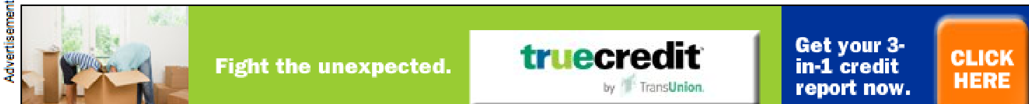

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Military study ties soldiers' symptoms to stress

By Gregg Zoroya, USA TODAY

WASHINGTON — Military physicians may be incorrectly attributing health problems to mild cases of traumatic brain injury (TBI) when the conditions are actually caused by post-traumatic stress disorder, according to an Army study released today.

That may lead physicians not to treat the underlying illness, which may very well be a psychiatric disorder, says the study led by Col. Charles Hoge, a psychiatrist and epidemiologist who has conducted landmark research on PTSD. Problems exist with the Army's method of defining mild TBI and how it screens soldiers for the wound months after they come home, Hoge says.

Hoge's study, which will be published in Thursday's *New England Journal of Medicine*, comes amid growing evidence that large numbers of soldiers and Marines exposed to blasts may have suffered brain injuries. The vast majority of injuries are characterized as mild, but they are also little understood when the cause is roadside bombs or other blasts.

In response, the Army announced just days ago plans to expand efforts to identify soldiers who suffered concussions, screening thousands for the wounds as they return from Iraq or Afghanistan to Army installations across the country.

Although soldiers returning from combat deployments may have suffered concussions while on the battlefield, doctors "can't automatically assume" the injury is causing ongoing problems such as loss of concentraton, irritability or sleep disturbance.

Moreover, Hoge says, when soldiers are told by military doctors that they suffered a mild brain injury in combat, many wrongly assume the condition is permanent. In fact, he says, the concussion — if it happened at all — will likely heal and any lingering problems appear to be the result of PTSD or depression, where recovery is possible.Hoge's study highlights divisions within military medicine over mild traumatic brain injury. Hoge says he has briefed Army leaders on his research and that officials are discussing whether to revise screening efforts for such brain injuries.The study "threw a wrench" into current policy, says Army Col. Heidi Terrio, an epidemiologist and family medicine specialist who screens returning soldiers for brain injury at Fort Carson, Colo.

Military and civilian brain injury experts criticized Hoge's conclusions. They said more thorough screenings, not fewer, are needed to understand the extent of each soldiers symptoms, how many concussions they suffered and exactly what happened. "I think he's missing the point," Dr. Greg O'Shanick, a neuro-psychiatrist and medical director for the Brain Injury Association, says of the study.

In the minority of cases in which symptoms persist, mild brain injuries hurt areas of the brain that deal with goal-setting and analysis, O'Shanick says. Such problems may not emerge until after a soldier leaves the military's structured environment. That, he says, makes it critical to document any case of concussion to understand the source of future problems.

Symptoms for brain injury and PTSD are too similar to draw sweeping conclusions, says Air Force Lt. Col. Mike Jaffee, a psychiatrist and neurologist who heads the Defense and Veterans Brain Injury Center.

It's too simple, Jaffee says, to draw an either-or conclusion about mild brain injury and PTSD. "We need to be able to evaluate our warriors for any symptoms that may be impairing them and make sure they get the appropriate treatment and care."

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A *New England Journal of Medicine* editorial accompanying the study says does highlight the twin complexities of mild head injuries and PTSD, and how one might aggravate the other.

"The finding that mild traumatic brain injury is associated with an increased incidence of PTSD raises interesting possibilities about how mild traumatic brain injury may compound PTSD," the editorial says.

Hoge isn't discounting the significance of a head injury in combat, he said in an interview. But diagnosing it months after the wound occurred may lead to wrong conclusions, he says.Currently, battlefield medics work hard to identify cases of brain injury minutes after they occur. But many soldiers shake off the effect of the concussion and are not diagnosed or treated. In those cases, Army doctors say, the only way to locate them is to screen everyone as they come home, sometimes months later.

Hoge used the results of Army screening tests to determine which soldiers had TBI, PTSD and other health problems. By comparing the results for each test, he says he concluded that PTSD, not brain injury, was the most likely cause of the other symptoms, such as irritability, headaches and concentration problems.

These screenings indicate that 10% to 20% of returning troops may have suffered a mild brain injury in combat. Half still suffer from symptoms such as irritability, memory lapses, sleep and concentration problems attributed to the brain injury, the Army says.

The surveys asks soldiers if they were hurt by an explosion, vehicle accident or other event, and blacked out or were dazed, confused, "saw stars" or couldn't remember what happened. The survey was designed by the Defense and Veterans Brain Injury Center based on injury definitions from the U.S. Centers for Disease Control and Prevention.

In the *New England Journal* study, researchers used this survey on 2,525 soldiers in 2006, three to four months after combat. They found about 15% tested positive for mild brain injury under the CDC definition. Researchers found that these soldiers, particularly those who had blacked out, had many health problems.

But when researchers did a statistical analysis comparing soldiers with a mild brain injury, with those who also had PTSD or only had PTSD, they found that health problems were more likely the result of post traumatic stress disorder and depression.

"The symptoms and health problems that we expected to be due to concussion actually proved to be related to PTSD and depression," Hoge says.

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