

Course Objectives

The goal of this program is to inform nonmilitary nurses of the potential health concerns and psychological factors affecting combat veterans returning to civilian life. After studying the information presented here, you will be able to:

- Identify three physical conditions that combat veterans may experience upon their return home.
 - Describe the psychological conditions common among returning combat veterans.
 - Discuss one reason why talking about problems of adjustment is difficult for military personnel.
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The men and women serving in Iraq and Afghanistan are being challenged by the horrors of war but have yet to meet one of their biggest challenges — returning home and readjusting to civilian life. The transition to life back home is not always smooth for veterans, especially for those who served in a combat theater. For the men and women returning from Iraq and Afghanistan, this transition may be complicated by both physical and psychological needs.

Many service members involved in combat operations deal with types of stress most U.S. civilians never imagine. Service members live for months in places without the hygiene of home and may be exposed to bacteria, viruses, and parasites.

In addition, the use of Reserve and National Guard forces is higher than in any past armed conflict.¹ There are also an increasing number of women in areas of conflict.

While VA facilities are prepared to handle these men and women, many veterans may choose to receive care from civilian health care providers and facilities. This makes it vital that all nurses, not just military nurses, recognize the special needs of combat veterans.

This module will present some of the special health care needs of veterans, such as the skin disorder leishmaniasis, conditions related to environmental exposures, psychological conditions, medically unexplained physical symptoms (MUPS), and gastrointestinal conditions. (Other combat injuries are beyond the scope of this module.)

Skin disorders — ‘the Baghdad boil’

Leishmaniasis is caused by a heterogeneous group of protozoan parasites belonging to the genus *Leishmania*. Some *Leishmania* species primarily affect the skin; others are mainly internal. It has become increasingly clear that some species frequently associated with visceral leishmaniasis can produce skin lesions, and species usually found in the skin can disseminate visceraally. In addition, each clinical syndrome can be produced by multiple species.²

Although leishmaniasis occurs predominantly in people living in endemic regions, travelers to these areas can also be infected, even after less than one week of exposure. Cutaneous leishmaniasis has been reported in U.S. military personnel, primarily among those stationed in Iraq.³ (It's often called “the Baghdad boil.”) Returning combat veterans should be questioned about any skin rashes or lesions. Diagnosis of leishmaniasis must be confirmed by biopsy and polymerase chain reaction (PCR) analysis, which is available at Walter Reed Army Medical Center in Washington, D.C., and Brooke Army Medical Center in San Antonio, Texas. Combat veterans referred to their local VA medical centers can be tested for leishmaniasis, and their biopsies can be sent to one of these facilities for final diagnosis.

Leishmaniasis is transmitted from the bite of sand flies. Any rash or skin disorder that a combat veteran experiences during or after deployment to Southwest Asia should be investigated. While some skin disorders may be harmless, health care providers should rule out parasitic lesions as soon as possible. A combat veteran diagnosed with leishmaniasis will be treated at Walter Reed or Brooke Army Medical Center, where military medical personnel work with personnel from the Centers for Disease Control and Prevention.

A hostile environment

Combat veterans may encounter a wide variety of environmental exposures that can significantly affect their health status. Environmental exposures — particularly to the skin, throat, and lungs — may cause short-term respiratory problems, such as nosebleeds, coughing, shortness of breath, and wheezing. Headaches, fatigue, and dizziness also may be present. Environmental exposures also may worsen pre-existing allergic and respiratory conditions.

Some of the environmental exposures in Southwest Asia include —

- Pesticides, most common being DEET (N, N-diethyl-meta-toluamide). The standard military insect repellent contains 33% DEET, which is a significantly higher level of DEET than in most over-the-counter products. When applied as directed, DEET is safe and effective against mosquitoes, biting flies, ticks, fleas, and harvest mites.
- Loud noise from firing weapons and missiles.
- Heavy metals, which include depleted uranium and lead. Depleted uranium is a by-product of the uranium enrichment process; it possesses less U-235 and about 50% of the radioactivity of natural uranium. Depleted uranium was first used in large amounts during the first Gulf War, in 1991. The U.S. military used it in the manufacture of munitions, armor, and armor-piercing projectiles.⁴
- Vehicle exhaust gases from battle tanks, Humvees, and army trucks.
- Combustion products, which include oil fires/oil fire smoke, solid-waste burning, and tent heaters.
- Extreme hot or cold climates.
- Very fine particles of dust and sand.

Service members may be exposed to any or all of these environmental hazards, and some experience no lasting effect. The effects of environmental exposure on each person is different, depending on medical history and the extent of exposure. But health care professionals need to be aware of the impact these environmental hazards may have on combat veterans.

The Department of Defense takes precautions to prevent environmental exposures in the first place, including providing soldiers with preventive education, updating vaccinations, and performing pre- and postscreening exposure to tuberculosis. (Returning combat veterans may require rescreening.)

Psychic wounds

Combat veterans may experience a wide range of psychological conditions when they return to civilian life. Health providers should be able to recognize when conditions are problematic and make the appropriate referrals.

Some returning combat veterans may experience post-traumatic stress disorder (PTSD), a psychological condition that results from traumatic events such as combat, violent personal assault, kidnapping, natural and man-made disasters, and aircraft and motor vehicle accidents. PTSD has been described as “the complex somatic, cognitive, affective, and behavioral effects of psychological trauma.”⁵ PTSD is characterized by intrusive thoughts, nightmares and flashbacks about traumatic events, avoidance of reminders of trauma, hypervigilance, and sleep disturbance, all of which lead to considerable social, occupational, and interpersonal dysfunction. The diagnosis of PTSD can be challenging because the presenting symptoms may easily be explained away as other problems and the patient may be reluctant to talk about the trauma.⁵

However, the most common psychological condition among returning combat troops is readjustment disorders — defined by difficulty in returning to civilian life. Symptoms may mimic PTSD but are less intense and easier to treat. The symptoms of these conditions may be delayed for years, but they can be treated effectively. If readjustment disorders aren’t treated, they may develop into PTSD. It’s important to note that symptoms of readjustment disorder or acute combat stress are normal reactions. Unlike previous conflicts, the wars in Iraq and Afghanistan have no “behind-the-lines” or safe zones. Combat theaters are dangerous, and soldiers may witness traumatic injuries and death among comrades. Combat veterans and their families can be reassured that stress reactions may be a normal consequence of witnessing combat deaths and living in a constantly stressful environment.

Returning combat veterans should be screened for depression. The most important single marker of pathologic depression is that it interferes with a person’s ordinary expectable function, such as self-care, the maintenance of important relationships, the performance of work-related tasks, and economic self-support.⁶

Other psychological conditions that combat veterans may experience include sleep disorders and substance abuse. The inability to fall asleep or early waking without being able to fall back to sleep can be a sign of depression. Nightmares may occur with depression or PTSD. For some people, sleeping all the time or using sleep as an escape may be a sign of depression.

When first experiencing feelings of depression or readjustment disorder, many people will “self-medicate” with alcohol or drugs to numb their pain, guilt, or fears. This may be true of a service member returning from a combat theater. Other than another soldier who has experienced the same trauma, who could understand? There also is the social stigma of “needing” help. In the military, unique factors contribute to the resistance to seeking such help, particularly soldiers’ concerns about how peers and the leadership will perceive them if they seek help.¹

All of these psychological conditions can potentially interfere with every aspect of the combat veteran’s life. Readjustment disorders and post-traumatic stress disorder can cause anger, which can get in the way at work, stifle marital relationships, and cause loss of friendships. For some, depression can lead to suicidal thoughts. The possible redeployment to the same combat theater may also contribute to depression. Assessment of psychological function is therefore an essential part of treating the combat veteran.

Taking MUPS seriously

The term medically unexplained physical symptoms (MUPS) describes a situation in which a person experiences multiple, ongoing physical symptoms for which his or her health care provider can find no specific cause.⁶ MUPS have been documented in every armed conflict since the Civil War. The most common physical symptoms include headaches, fatigue, memory loss, unexpected weight changes, sleep problems, joint and muscle pain, skin rash, and digestive problems.

It's believed that at any given time, 10% of the general population has an array of similar physical symptoms.⁶ When combat veterans have MUPS, treatment is symptom-driven; that is, unless or until diagnostic testing can uncover the underlying cause of the complaint, the patient is treated symptomatically.

GI tract woes

The two most common gastrointestinal conditions among combat veterans are diarrhea and constipation. The irregular routine of living in a combat theater can cause both these symptoms. Many combat veterans find that as they return home to normal circumstances, their bowels become more normal. But living, sometimes for weeks on end, in an area where they do not know what will happen next and where hygiene is not always a priority can lead to parasites' invading the GI tract, causing diarrhea. Some forms of GI disease are self-limiting, but others require antibiotics or more invasive diagnostic studies.

Many combat veterans suffer from constipation. Veterans may not have had fresh fruit and other fiber in their diet. Sometimes constipation is secondary to the forced inactivity of maintaining military positions. Constipation can cause abdominal pain and hemorrhoids from straining to have a bowel movement.

Once they're safe at home ...

Many systems and programs are in place to help veterans with their health care needs. The VA uses a nationwide computerized personal record system to help health care providers track those needs. The computerized system includes clinical reminders that alert providers to screening and treatment needs for groups of patients. Most recently the clinical reminders have added a combat veteran section. These clinical reminders help ensure that all combat veterans seen for the first time have been screened in all the identified areas. Clinical reminders can be shut off or set to continue, prompting the primary care provider to follow up on specific identified problems.

The VA started the Seamless Transition Program www.seamlesstransition.va.gov/dependents.asp in 2003. The program is available to any combat veteran, whether on active duty or in the Reserve or National Guard, regardless of activation status. In collaboration with the Department of Defense, the program involves full-time VA social workers and veterans' benefits service representatives, who are assigned as VA/ Department of Defense liaisons to major military treatment facilities receiving combat casualties. The liaisons work closely with the military multidisciplinary team to provide case management coordination and appropriate transfers to VA medical facilities and to ensure that severely injured service members and their families receive counseling about VA benefits and programs. The Seamless Transition Program also has a designated combat veteran case manager at each VA medical facility to work with active duty service members from Iraq and Afghanistan and enrolled combat veterans. The case manager may be a nurse or a social worker.

In the past decade, providing specific services for veterans who served in a combat theater and tracking their exposure-related illnesses have become Department of Defense and VA priorities. The department runs the Deployment Health Clinical Center, which works to improve deployment health care by providing caring assistance and advocacy for military personnel and families with postdeployment health concerns. The center serves as a catalyst and resource for the continuous improvement of deployment health care across the military health system.⁷

The VA provides the war-specific environmental Registry Program, which tracks the environmental-exposure health conditions of combat veterans. The Registry Program provides enrolled combat veterans with news updates on conditions being researched or proved to be service-connected.

The VA also established two War-Related Illness and Injury Study Centers, in East Orange, N.J., and Washington, D.C., which provide services to combat veterans who have difficult-to-diagnose disabling illnesses. The centers provide clinical care and education and develop research on potential environmental exposure and adverse health outcomes. These health care programs may be accessed through the Department of Defense or the VA or on the Web at www1.va.gov/Environagents/page.cfm?pg=17.

Who's eligible?

All returning soldiers who served in a combat theater or in combat against a hostile force during a period of hostilities after November 11, 1998, are eligible beginning on the date of their separation from active military service for two years of cost-free VA hospital care, medical services, and nursing home care for any illness. This applies even if there is insufficient medical evidence to conclude that a condition is attributable to such service.⁸

The troops who have served in Iraq and Afghanistan have special health care needs as they return and readjust to civil life. Many of the circumstances that service members have encountered in hostile theaters of operations are foreign to the patients whom most nurses assess. Civilian nurses must be able to recognize physical and psychological conditions unique to returning veterans and assess whether treatment can be provided at a local health care facility or whether they should refer patients to the VA. Civilian nurses should also encourage returning veterans to contact their nearest VA facilities to learn more about their eligibility for VA health care benefits.

The Army Medical Department has reviewed this module for accuracy. This review does not constitute or imply endorsement of the module by the U.S. Army or the Army Medical Department.

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