



Federal Health Matters

Recent Study Finds Suicide Among Veterans All Too Common

Recently published research appearing online in *BMC Public Health* concluded that military veterans who have attempted suicide are at considerable risk of another suicide attempt. They were also found to have an even greater risk of death from all causes.

The study examined the medical records of U.S. veterans who had previously attempted suicide 1 time and were seen at a VA medical center (VAMC) for a suicide attempt between 1993 and 1998. The veterans were followed through 2002. The researchers found that veterans who had previously attempted suicide were 3 times more likely to die of any cause than individuals in the general population. The VA and other media sources have reported that among younger veterans the suicide rate increased by 26% between 2005 and 2007.

According to data in the study, from 1993 to 1998, more than 10,000 veterans received treatment and were released from a VAMC following a suicide attempt. The study identified several factors that contributed to the attempted suicides, including a high prevalence of diagnosed alcohol disorder or abuse (31.8%); drug dependence or abuse (21.8%); psychoses (21.2%); depression (18.5%); and hypertension (14.2%). Overall, heart disease (20.2%) was the leading cause of death with suicide second at 13.1%, followed by unintentional injury at 12.7%.

During the study period, suicide was the ninth leading cause of death in the U.S. population overall at 1.8%; however, suicide was the leading cause of death among women veterans at

25% and second among men veterans at 12.7%. According to the study, veterans who served active duty during Operation Enduring Freedom and Operation Iraqi Freedom, as well as those with posttraumatic stress disorder, had a 33% greater risk for suicide.

The findings concluded that, with today's U.S. military forces facing combat in numbers not seen since the Vietnam War, there is a significant need for medical and psychological intervention on behalf of at-risk veterans, particularly those who have previously attempted suicide.

Targeting suicide as a national priority, the VA in 2007 established the Veterans Crisis Line, a toll-free, confidential hotline number (1-800-273-TALK [8255] press 1). The hotline is available 7 days a week, 24 hours a day, and is staffed by trained health professionals. Veterans may also chat online at <http://www.VeteransCrisisLine.net>, whether or not they are registered with the VA or enrolled in VA health care.

Study of Antidepressant Implant Underway

A Minnesota-based medical technology and services company has received U.S. regulatory approval to expand study of a pacemaker-like device that uses electronic signals to treat depression. BROADEN™ (BROdmann Area 25 DEep brain Neurostimulation) is a controlled, blinded study that uses a deep brain stimulation system.

The FDA granted St. Jude Medical, Inc., permission to enroll 125 patients at 20 sites across the United States. Previously, the study was limited to 3 locations. The study is examining the safety and effectiveness of stimulating a certain area of the brain known as

Brodmann Area 25 to treat severe depression. Patients must have depression that has been resistant to 4 types of treatment, such as drug therapy and electroshock treatment.

Shaped like a pacemaker, the device is implanted under the skin of the chest and then connected to electrodes in the brain. The electrodes deliver pulses of electricity that stimulate the deep brain.

According to the National Institute of Mental Health, in excess of 21 million adults in the U.S. are afflicted with a form of depressive disorder. Nearly 4 million of those individuals live with severe depression that does not respond to medications, psychotherapy and, in some cases, electroconvulsive therapy.

Game-Changing Health Care Model Initiated

The Medical Home Port model, the U.S. Navy's newest service intended to change the manner in which health care is provided by the Navy and the military health system, recently launched its first overseas location in Okinawa. The goal of the model is to provide comprehensive health care to active-duty service members and their families.

The model, which was announced earlier this year, provides service members and their families team-based care so that there will always be someone in the doctor's office who knows the patient and the patient's situation. The team may consist of a physician leader, a physician assistant, a nurse, a corpsman or a medical technician, and the front desk staff.

As the program develops, additional members, such as pharmacists, nutritionists, and social workers, may

be added to the team. By using the model, patients will always be cared for by their team. If a patient needs to see a physician or another health care provider, he or she will be a member from the patient's own team.

In addition to providing patients with a team of health care professionals, this new model will make access to care easier, as well as help reduce medical costs by focusing on prevention, wellness, and disease management. Patients will have same- or next-day access to clinics, which will reduce the number of emergency room visits and, subsequently, will save money. Medical Home Port allows patients to book appointments, communicate with their caretakers, and view their laboratory results using the Internet. Similar programs are already being planned. These include programs at the Air Force, the Army, and the VA.

Incidence of Osteoarthritis Greater Among U.S. Military Personnel

A study published online in the June edition of *Arthritis & Rheumatism* showed significantly higher osteoarthritis (OA) incidence rates in military populations than among similar age groups in the overall U.S. population. The study also aimed to determine the influence of demographic and occupational factors associated with the condition among active duty service members.

Findings in the study concluded that the degree of difference in OA rates between military service members and the general population increased as the subjects aged over the

years. Black service personnel had increased OA rates as compared with white military personnel or those in other racial groups.

Using the Defense Medical Surveillance System, or DMSS, researchers identified cases of physician-diagnosed OA in U.S. service members between 1999 and 2008. In the study, more than 108,000 incident cases of OA were recorded in this military population that experienced close to 14 million person-years at risk to the disease during the 10-year study period. The unadjusted incidence rate among all active-duty U.S. service members during the same time frame was 7.86 per 1,000 person-years.

Demographic analysis revealed that women had a 20% higher OA incidence rate than men. Among service personnel who were 40 years of age or older, the incidence of OA was 19 times higher than for those 20 years of age or younger.

OA is the most common form of arthritis. It is traditionally considered a disease that affects older individuals, with incidence rates increasing with age.

Health Data Exchange to Increase This Fall

According to a new fact sheet about the Virtual Lifetime Electronic Record project, the VA plans to expand capabilities to exchange health care information with the Pentagon and select private sector providers. The ultimate goal of the project, according to President Obama, is to provide seamless communication of health records and benefits history between the DoD, VA,

and private sector "from the day they first enlist to the day that they are laid to rest."

Currently, 5 regions are covered in the exchange; however, this will increase to cover 6 additional ones. Testing will begin in these 11 geographical regions in September. Performance data collected during a 6-month trial period will help determine whether the program will be expanded nationwide in 2012, according to the fact sheet, which was prepared for a July 26 industry conference. The \$53.4 million being used to fund this extension was approved by the Senate subcommittee on VA appropriations in June.

Data exchanged between private health care providers and hospitals in San Diego, California, plus additional test sites in Virginia, Washington State, Utah, and Indiana, have been used by the VA in conjunction with Health and Human Services Department-supported standards for the National Health Information Network.

Another new project that uses data from the lifetime record program will allow veterans access to their burial benefits via the VA National Cemetery Administration. Access will be through their VA eBenefits on a pre-need basis.

In addition to the expansion of the data exchange program, in September 2011, the VA plans to open a Web portal that will give veterans the ability to authorize the release of specific medical information, held by the VA, to designated providers. Exchange capability for this function will be tested this fall, allowing 2 health care providers to directly provide information to one another. ●