



Defense Health Board

Final Report: Psychotropic Medication and Complementary and Alternative Medicine

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Charge

Question to the Board:

- Review and provide recommendations on DoD use of Complementary and Alternative Medicine (CAM)
- Examine and provide recommendations on prescription practices and psychotropic med use
- Consider issues that would augment and ensure patient safety and quality of care
- Take into account the context of specific military-unique challenges that might impact the well-being and psychological health of Service members



Charge (Continued)

Scope of Interest:

- In-theater, deployed, and operational settings
- Service members engaged in peace-keeping missions, preparing to deploy, or between deployments
- Most common mental health (MH) conditions in theater
- Optimal evidence-based therapies for most common in-theater MH conditions that are viable in theater
- Clinically appropriate deployment-related clinical practice guidelines
- Provider scope of practice: who is providing care and in what context



Charge (Continued)

- Treatment processes and protocols used by primary care physicians and psychiatrists prescribing medication in theater
- In-theater availability of medical records for providers
- Existing framework for the dissemination of knowledge and awareness of deployment-limiting conditions related to psychological health in theater
- Stigma and associated challenges related to mental health issues and deployability



Charge (Continued)

- **Due to the breadth of subject matter expertise required for this review, the DHB established two work groups to address this issue: the Psychotropic Medication and CAM Work Groups**
 - Membership included Psychological Health External Advisory Subcommittee members and Board members representing a variety of specializations
 - The Psychological Health External Advisory Subcommittee officially assumed this charge upon the expiration of several work group members' appointments on December 15, 2010
 - The Psychological Health External Advisory Subcommittee completed their review of this charge prior to the expiration of several work group members' appointments on June 30, 2011.



Membership

- Dr. Charles Fogelman
- Dr. Richardean Benjamin
- Dr. Ross Bullock
- Dr. Robert Certain
- Dr. Christopher Colenda
- RADM Peter Delany
- Dr. John Fairbank
- Dr. Jesse Fann
- Dr. David Hovda
- Dr. Kurt Kroenke
- Dr. David Kupfer
- Dr. Brett Litz
- Dr. Shelley MacDermid Wadsworth
- Dr. Dennis O'Leary
- Dr. Michael Parkinson
- Dr. James Campbell Quick
- Dr. Joseph Silva
- Dr. Thomas Uhde



Recent Activities

- **Work Group/Subcommittee meetings:**
 - November 3, 2010
 - December 2-3, 2010
 - February 24-25, 2011
 - May 9, 2011



Interim Report

The following revisions to the interim report were proposed at the June, 2011 DHB meeting and incorporated into the interim report, as well as the final report:

- Prevalence of Psychological Health Conditions, Finding Number Two: revised to remove implications that the majority of military members and their family members do not suffer adverse psychological effects at any point following service. The finding now reads:
 - Despite these exposures, the majority of military members and their families do not appear to have experienced immediate, adverse psychological effects requiring medical and mental health care



Interim Report (continued)

- Way Ahead: revised to incorporate a list of the key issues that the DoD should continue to focus on, including:
 - DoD must continue to assess, recognize, and decrease the very real stigma associated with psychological health conditions.
 - DoD must continue to recognize the generally decreased access to military medical and mental health expertise, policy, and best practices in the Guard and Reserve Component.
 - DoD and VA must continue to improve communication and systems integration to ensure that the prevalence of psychological conditions and the treatment of military members are better described and optimized, particularly for long periods following deployments and conclusion of active service.



Findings: Prevalence of Psychological Health Conditions

1. Service members and their families are experiencing psychological and behavioral health challenges as a predictable consequence of prolonged and repeated deployments.
2. Despite these exposures, the majority of military members and their families do not appear to have experienced immediate, adverse psychological effects requiring medical and mental health care.
3. The precise prevalence and treatment of psychological health problems among Service members, particularly in theater, is difficult to estimate due to inadequate data collection.
4. Efforts are underway across DoD to improve psychological health screening and to foster psychological health and resiliency as assets that need to be developed and sustained.



Findings: Prevalence of Psychological Health Conditions (Continued)

5. Since 2009, psychological health staffing has doubled and troops have reported better access to care. Nonetheless, improvements can be made in both initial military training and continuing operationally relevant professional development.
6. The importance of sleep problems is reflected in pharmacy data that sleep medications are the predominant prescription psychotropic drug used in theater.
7. Pain is among the most common problems reported by Service members. Pain increases the risk of psychological conditions such as post-traumatic stress disorder (PTSD) and depression and can make such conditions more difficult to treat. The prevalence of pain is a major reason for the prescribing of opioid medications.



Recommendations: Prevalence of Psychological Health Conditions

1. DoD should conduct a comprehensive and systematic review of the prevalence and functional elements of an integrated line and medical model (prevention, self-, “buddy-”, and unit-care, field/echelon clinical care delivery) for preventing, detecting, and treating known and predictable psychological conditions in theater. The model should be informed by the 5 to 10 years of data on psychological health accumulating from the two conflicts.
2. Psychological first aid for predictable combat stress may be best provided at the self- and “buddy-care” level with enhanced line and leadership training. Peer-to-peer training prior to deployment should augment personal resiliency training.



Recommendations: Prevalence of Psychological Health Conditions (Continued)

3. DoD should standardize and deploy uniform coding practices for the diagnosis and treatment of psychological health disorders with particular emphasis on in-theater practical deployment, surveillance and quality improvement purposes.
4. DoD should incorporate point-of-care guidelines, decision-support tools, and guidance that can be integrated into the medical and mental health care workflow. Training remains essential, particularly for providers in theater who may not have ready access to automated decision support tools.
5. Analogous to the Task Force on Pain, DoD should establish a Task Force on Sleep to identify emerging scientific findings and define best operational and medical practices to optimize performance and readiness.



Findings: Prevalence of Psychotropic Prescription Drug Use

1. DoD currently lacks a unified pharmacy database that reflects medication use across predeployment, deployment, and post-deployment settings. Military Health System (MHS) data systems are inadequate to understand and detect important clinical and pharmacy data in a timely fashion. The AHLTA system is not sufficiently linked with pharmacy information. The MHS PEC has identified these areas as limiting and is working to identify a data structure for improved in-theater data collection.
2. There has been a trend towards increased use of psychotropic drugs in theater over the past three years.
3. There does not appear to be an inappropriate increase in the use of psychotropic medication.
4. Service members can receive medications through multiple routes with varying degrees of documentation.



Findings: Prevalence of Psychotropic Prescription Drug Use (Continued)

5. The use of multiple psychotropic medications may be appropriate in select individuals. Polypharmacy can constitute a balanced approach to optimize functioning. Close monitoring of multiple drugs of any type is necessary to both optimize treatment and minimize side effects. However, individual clinical- and population-level MHS data systems do not comprehensively detect polypharmacy, adverse drug-drug interactions, or potential for abuse, particular in theater.
6. Some off-label use of psychotropic medications is appropriate based on available information and evidence. However, DoD lacks a consistent policy or approach for the off-label use of drugs.
7. There may be an underuse of alternative treatment strategies.
8. There is lack of uniform access to medications in theater.



Recommendations: Prevalence of Psychotropic Prescription Drug Use

1. Healthy lifestyles should be the foundation of DoD efforts to support resilient responses to operational stressors and psychological health in general. Particular emphasis should be placed on proper sleep hygiene.
2. DoD should review and modify existing policies and practices for capturing, tracking, and monitoring prescription drug data as well as all sources of untracked drugs.
3. DoD should review its current guidance regarding the off-label use of certain medications (for example, Seroquel[®]).
4. DoD should assure that its definition of polypharmacy is consistent with its general use in civilian practice.



Findings: Complementary and Alternative Medicine

1. There is growing evidence of the effectiveness of some CAM modalities, which may be a practical alternative treatment choice or an adjunct to prescription medications.
2. CAM modalities are not a covered benefit under TRICARE, despite some being available in varying degrees at multiple military treatment facilities.



Recommendations: Complementary and Alternative Medicine

1. DoD should conduct and support military-relevant studies to measure the effectiveness of CAM approaches versus psychotropic medications for the management of common psychological symptoms/conditions with high prevalence and/or operational concerns.
2. DoD should encourage the Services to create CAM-consultancies.
3. DoD should ensure that any CAM treatments that are recommended in the clinical practice guidelines (CPGs) are part of the TRICARE benefit and that uniformed providers are trained in these techniques.



Findings: Clinical Practice Guidelines

1. DoD has initiated some promising integrated line and medical protocols for identifying and rapidly
2. addressing psychological health issues in-theater (e.g., TEAMS).
3. The 2010 Department of Veterans Affairs (VA)/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress is a significant contribution to improving acute psychological health services for Service members. However, a systematic means to evaluate and readjust the guideline's practicability and usefulness in theater does not appear to be in place.
4. It is uncertain how well disseminated and implemented current CPGs are.
5. Provider training alone is insufficient for ensuring that CPGs are deployed and utilized appropriately. Policy, line and in-field systems and support are required to insure optimization of care.



Recommendations: Clinical Practice Guidelines

1. Better integration of line and medical approaches to the identification and treatment of combat stress disorders with uniform guidance and implementation necessary across the Services.
2. In-context descriptions of appropriate clinical pathways for common psychological health issues should be made available at the point of care.
3. DoD should prioritize its psychological health research and practice guidelines so that they are evidence-informed as they are actually conducted in applied field operations and garrison care. This should include the systematic application of quality improvement techniques. DoD should develop a framework for determining the effectiveness and utility of all interventions, rapid dissemination of these data, and rapid turnaround in the application of those data to care.



Findings: Training

1. DoD has increased the number and quality of trained psychological and behavioral health personnel as well as psychological health training for primary care providers and members of the chaplain corps. However, available education and training opportunities are not standardized.



Recommendations: Training

1. Basic training courses for all providers should include integrated protocols for managing combat stress reactions and related co-morbidities, including content on line leadership and unit practices, self-care, psychotropic medications, psychotherapy, and effective CAM modalities.



Recommendations: Training (Continued)

2. Professional competencies must be consistently maintained and updated to reflect best evidence, and continued professional supervision should be available. Specific training with defined, specialty-specific scope of practice for the treatment of psychological conditions in theater should be developed, deployed and updated based on new evidence derived from civilian and military focused operational studies. DoD should optimize the use of existing educational tools, teletechnologies, and mobile applications for training all levels of care providers for PTSD and other psychological conditions.
3. DoD should develop web-based self-management tools and strategies to educate and guide Service members and families on evidence-based treatment alternatives for chronic problems, such as sleep and pain.



The Way Ahead

- The DHB urges attention to the following key issues in the future:
 - DoD must continue to assess, recognize, and decrease the very real stigma associated with psychological health conditions.
 - DoD must continue to recognize the generally decreased access to military medical and mental health expertise, policy, and best practices in the Guard and Reserve Component.
 - DoD and VA must continue to improve communication and systems integration to ensure that the prevalence of psychological conditions and the treatment of military members are better described and optimized, particularly for long periods following deployments and conclusion of active service.



Discussion