

Paper

1039 — Five-Year Mortality Correlates for Veterans of Iraq and Afghanistan

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Objectives:

Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF) suffer mental and physical comorbidity, including the "Polytrauma Clinical Triad" (PCT): posttraumatic stress disorder (PTSD), pain, and traumatic brain injury (TBI). Yet other conditions affect these veterans. Comorbidity clusters identified among OEF/OIF veterans using the Veterans Health Administration (VA) in two consecutive years, FY2008-FY2009, included PCT with Depression/Chronic Disease (PCT-plus; 5%); PCT alone (9%); Mental Illness/Substance Abuse (Mental-SUD; 24%); Sleep Disorders/Amputation/Chronic Disease (4%); Pain with PTSD (6%); and Relatively Healthy (53%). PCT-plus patients had the highest mortality through FY2010. To better understand the mortality hazard for our returning warriors, we examined 5-year mortality.

Methods:

Archival data defined the sample and measures, including age, race, sex, married, Active-Duty vs. Guard/Reserve, enlisted vs. officer/warrant officer, TBI. Diagnosis on two dates defined specific disorders, the Deyo approach defined the Charlson comorbidity score, and any diagnosis of prior suicide attempt or overdose in FY09 was noted. Cox proportional hazards modeled survival.

Results:

The sample of 164,933 OEF/OIF veterans (12% women) included African-American (16%), Hispanic (11%), and white (65%) veterans; 60% were in their 20's. A startling 4% had attempted suicide. Premature death correlated with PCT-plus (HR = 2.7), PCT-alone (HR = 2.0), and Mental-SUD (HR = 2.1). Relative to age 20-29, the youngest veterans' risk of death (age 18-19; HR = 2.4) rivaled ages 50-59 (HR = 2.8) and ages 60-69 (HR = 2.6). Prior suicide attempt (HR = 2.2) or overdose (HR = 3.0) greatly increased risk.

Implications:

It was dismaying to see elevated mortality risk for those with PCT. Adding other chronic disease only increased this risk. But most troubling was the evidence of the inroads of despair on these young lives. Prior suicide attempts and overdose behavior, as well as merely being among the young, correlated with shortened survival.

Impacts:

Much work has been done within the VA to reach out to veterans coping with the sequelae of military service. But with 40% of OEF/OIF veterans eschewing the VA, and the Veterans Care Act now channeling VA-enrolled patients to non-VA healthcare, coordinated efforts between the VA and private healthcare systems may be required to maximize dissemination of existing and developing services wherever veterans seek care.