

# Depression and military post-traumatic stress disorder: a new syndrome or a pre-e...

[Government](#), [Military](#)



Post-traumatic stress disorder (PTSD) has been brought to the public's attention by the problems experienced by veterans returning from military conflicts in Iraq and Afghanistan. Up to 13 percent of military personnel coming back to America are afflicted with the disorder (Friedman, 2014). There is a current controversy concerning the military discharging soldiers for pre-existing mental conditions rather than following up with care for PTSD. The question emerges as to whether PTSD, which is no longer considered an anxiety disorder, is a continuation of pre-existing mental illness or develops as a separate syndrome under stressful conditions. This paper presents information for both viewpoints, but the indications at this time is that while pre-existing mental problems predispose to PTSD, post-traumatic stress disorder is a persistent syndrome that arises from one or more traumatic events.

The American Psychiatric Association added post-traumatic stress disorder to the classification manual it publishes, the Diagnostic and Statistical Manual of Mental Disorders 3rd edition (DSM-III)(Salcioglu and Basoglu). The recognition of PTSD was controversial when first discussed, but the recent recognition of it as a separate disorder has brought together psychiatric practice and clinical theories. The most influential determination was that trauma was the precipitating agent in the development of PTSD. It is important to note that PTSD was originally classified as an anxiety disorder, but was removed from that designation. This indicates that individuals with anxiety disorders prior to enlistment may be predisposed to the development of PTSD, but PTSD is not necessarily an extension of the previous mental issues. The diagnostic symptoms of negative thoughts and

mood, re-experiencing, arousal (sleep disturbances, hyper-vigilance, aggressiveness, self-destructiveness, recklessness, and others), and avoidance are not associated with other anxiety disorders because these symptoms are prompted by trauma.

The problem with evaluating PTSD involves the symptoms mimicking those of other psychiatric disorders. When alcohol and drug use are incorporated into the diagnosis, it is difficult to determine if the mental instability present is related to combat exposure or to a previous condition intensified by exposure to trauma. Approximately 88 percent of the men and 79 percent of the women with PTSD symptoms also demonstrate signs of another psychiatric disorder (Salcioglu and Basoglu). When the behavior of a victim of traumatic head injury (a common trauma in combat) complicates the diagnosis, it becomes even more difficult to differentiate between PTSD, anxiety disorders, or symptoms of a traumatic brain injury. Prior to the recognition of PTSD as a mental disorder, approximately 1.7 million Vietnam veterans reported PTSD symptoms. It is difficult to comprehend that this many American soldiers had serious pre-existing mental instability prior to enlistment.

Sandweiss et al. (2011) conducted a study to evaluate the severity of PTSD associated with the extent of physical injuries. The decision by the authors was a positive correlation (the greater the physical injury, the more extensive the PTSD symptoms); however, the article also states previous studies have refuted the findings. The article also states that soldiers with previous indications of mental instability are more likely to develop PTSD than recruits that were more mentally stable. This supports the claim that

PTSD is not specifically created by trauma in all patients.

Litz and Schlenger (2009) found in a cross-sectional study of army surveillance data, the occurrence of PTSD in soldiers previously deployed was 14 percent (60 percent were sent 18 to 36 months prior). When a later longitudinal study was performed, the possibility of PTSD cases rose from 11.8 percent to 16.7 percent. Troops that were not deployed displayed PTSD possibilities in only 4 percent of the population. These figures indicate that PTSD is significantly related to the stress of combat.

In addition, Reger et al. (2015) conducted research into the numbers of suicides in deployed servicemen and women and the number in veterans. Their findings were that veterans committed suicide in a higher proportion than the general population, but not while deployed. Interestingly, only around 10 percent of the people that committed suicide had been diagnosed with PTSD. A connection could be made that soldiers deal with PTSD symptoms better while still in service, but on discharge have more problems coping. Also, individuals with PTSD severe enough to prompt suicide avoid medical assistance that would have resulted in a diagnosis. There are two factors to consider about this study, however. First, the data was obtained no more recently than 2008 when PTSD was still considered an anxiety disorder and incorrect diagnoses may have been assigned. Second, suicide tends to be under-reported in order to save face for the decreased; diagnosed PTSD patients killing themselves may not be reflected accurately in the statistics. Finally, there are indications the suicide rate for the general population also rose in that time period and the explanations may influence the results for military suicides.

The importance of the decision concerning an association between PTSD and prior mental illness is related to the recent actions by the United State Department of Defense; in 2007 approximately 22, 000 soldiers a day were being discharged for “ pre-existing conditions” rather than combat fatigue (an early term for PTSD). These military personnel, including those with traumatic brain injuries, were ineligible for medical care on their return to the United States.

When reviewing the statistics associated with veterans and active-duty military personnel regarding the development of post-traumatic stress disorder, the indications are that individuals have the ability to develop the mental illness in various degrees related to the stress of combat. Continuing research into predicting high-risk individuals may allow their removal from traumatic service and assign them to other areas of military service.

### **Annotated Bibliography**

Friedman, M. “ Literature on DSM-5 And ICD-11”. PTSD Research Quarterly 25. 2 (2014): 1-10. Web.

Litz, Brett T., and William E. Schlenger. “ PTSD in Service Members And New Veterans Of The Iraq And Afghanistan Wars: A Bibliography And Critique'. PTSD Research Quarterly 20. 1 (2009): n. pag. Web. 18 June 2015.

### **The article reviews numerous studies and research in the diagnosis and percentage of**

cases of PTSD in the military.

Reger, Mark A. et al. “ Risk Of Suicide among US Military Service Members Following

Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation from the US Military". JAMA Psychiatry 72. 6 (2015): 561. Web. The research addresses the increased risk of suicide after deployment. Their findings indicate that while suicides are higher than in the general public for veterans of service, there is not an association with increased numbers of suicides while deployed.

Salcioglu, E., and M. Basoglu. " Posttraumatic Stress Disorder (Treatment of Posttraumatic Stress Disorder". International Encyclopedia of Rehabilitation. J. H. Stone and M. Blouin. 1st ed. 2010. Web. 21 June 2015.

### **The article presents a history of the recognition and diagnosis of PTSD and reviews**

methods for counseling in the treatment methods today.

Sandweiss, Donald A., and et al. " Preinjury Psychiatric Status, Injury Severity, and Postdeployment Posttraumatic Stress Disorder". JAMA Psychiatry: Arch Gen Psychiatry 68. 5 (2011): 496-504. Web. 21 June 2015.

The study was conducted to determine if the extend of PTSD symptoms is related to the extent of physical injury of the soldier. Findings stated a positive correlation between level of PTSD and extend of injury, but other studies refute the findings.

### **Works Cited**

Dine, Philip. " Many Soldiers Get Boot For 'Pre-Existing' Mental Illness.". Post-Dispatch

Washington Bureau 2015. Web. 19 June 2015.

Litz, Brett T., and William E. Schlenger. " PTSD in Service Members And New

<https://assignbuster.com/depression-and-military-post-traumatic-stress-disorder-a-new-syndrome-or-a-pre-existing-mental-disorder-essay/>

Veterans Of The

Iraq and Afghanistan Wars: A Bibliography And Critique". PTSD Research Quarterly

20. 1 (2009): n. pag. Web. 18 June 2015.

Friedman, M. " Literature on DSM-5 And ICD-11". PTSD Research Quarterly 25. 2 (2014): 1-10.

Web.

Reger, Mark A. et al. " Risk Of Suicide among US Military Service Members Following

Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation

Sandweiss, Donald A., and et al. " Pre-injury Psychiatric Status, Injury Severity, and

Post-deployment Post-traumatic Stress Disorder". JAMA Psychiatry: Arch Gen Psychiatry 68. 5 (2011): 496-504. Web. 19 June 2015.