

PTSD Among Veterans

Opinion

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Author Details

Steven Koven*

Department of Urban and Public Affairs, University of Louisville, USA

*Corresponding author

Steven Koven, Professor, Department of Urban and Public Affairs, University of Louisville, USA

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PTSD is an issue that continues to plague war veterans and others. The military publication Stars and Stripes reported in 2019 (Olson, W. Sedatives used for PTSD treatment despite warnings. <https://www.stripes.com/news/sedatives-still-used-for-ptsd-treatment-despite-warning>) that physicians at the U.S. Department of Veterans Affairs (VA) continue to prescribe tranquilizers (benzodiazepines at relatively high rates. A variety of reasons are posited for the continued use of benzodiazepines. A major rationale is the ease of continuation in treatment since many mental health providers inherited patients who previously were receiving the drug from other clinicians. Vietnam War-era veterans began taking benzodiazepines years before guidelines were in place that identified the limited positive impacts and downsides of the drug.

According to the National Center for PTSD (a component of the Veterans Administration the purports to be the world's leading research and educational center of excellence on PTSD) benzodiazepines do not help with PTSD symptoms and can have serious side effects over time. Benzodiazepine users can become dependent, the drug can become a crutch and patients may begin to feel that they cannot live without the drugs. Such dependence never truly teaches patients how to live with stress; recovery from PTSD becomes more difficult. Awareness has increased in recent years of the negative side effects of benzodiazepines. The National Center for PTSD listed the following negative effects:

- taking the drug along with alcohol, street drugs, strong pain medication, or other sedatives at the same time could be fatal,
- use can increase depression, irritability and anger,
- use can lead to poor attention confusion dementia and Alzheimer's disease,

d. use can worsen the effects of chronic obstructive pulmonary disease (COPD), and

e. use can pose risks to newborn babies. The VA notes that once initiated, benzodiazepines can be very difficult to discontinue due to significant withdrawal symptoms.

Furthermore, studies do not indicate that benzodiazepines are effective for treating core PTSD symptoms such as avoidance, hyper-arousal, numbing and dissociation. Department of Defense/Veterans Administration guidelines caution against use of benzodiazepines with patients suffering from combat related PTSD. A widely cited meta-analysis of the impact of benzodiazepines on PTSD concluded that benzodiazepines were not associated with improvements in PTSD related outcomes. Conclusions of this study also noted that using benzodiazepines in patients with recent trauma may increase the risk of developing PTSD. The study authors stated that the risks associated with use outweighed the short-term benefits (Guina, Rossetter, DeRhodes, Nahhas, & Welton. 2015. Benzodiazepines for PTSD: A Systematic review and meta-analysis. *Journal of Psychiatric Practice*, 281-303.

Considering the severity of veteran problems such as drug addiction, suicide, homelessness, and failure to adjust to civilian life, it is incumbent upon health providers to offer treatments that at the least do no harm. Treatments that are not approved by organizations such as the VA should be evaluated. If outcomes of use are deemed to be negative, they should be limited. Government organizations should get on the same page regarding how to deal with PTSD. Veterans deserve care that is in line with best practices for the long run rather than what is easiest to provide.

