Post-Traumatic Stress Symptoms 5 Years After Military Deployment to Afghanistan: An Observational Cohort Study


SUMMARY: Service members who are deployed are at risk for developing posttraumatic stress disorder (PTSD) symptoms. This study uses longitudinal data to model trajectories for how symptoms may present over time: low level and stable (resilient), moderate but increasing (delayed onset), and increasing symptoms in the first year but decreasing (recovering). Findings indicate that Soldiers who experience heavy combat and younger Soldiers may more likely display a delayed onset of symptoms.

KEY FINDINGS:
- Average level of PTSD symptoms increased in the first six months after deployment when compared with pre-deployment; however, 12 months after deployment levels returned to pre-deployment then levels increased in the later follow ups at 2 years and 5 years, illustrating a delayed onset trajectory.
- Participants who were deployed in 2007 or 2008 scored higher on the survey, suggesting a relationship between combat exposure and increased PTSD symptoms as Dutch Soldiers faced heavier combat.
- Younger Soldiers reported higher survey scores and were more likely to experience delayed onset symptoms for PTSD.

IMPLICATIONS FOR PROGRAMS:
Programs could:
- Establish a mentoring system for younger Service members to pair up with older Service members or Veterans
- Provide ongoing education regarding stress management for Service members and their families
- Collaborate with community providers and professionals to develop a toolkit or awareness resources for Service members and families to recognize PTSD-related symptoms

IMPLICATIONS FOR POLICIES:
Policies could:
- Encourage help-seeking behaviors as a healthy way to promote Service member and family readiness
- Propose ongoing and longer-term follow-ups for Service members who may present PTSD symptoms
- Recommend monitoring of younger Service members as they may be at an increased risk of developing PTSD symptoms

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA’s National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.

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METHODS
- A self-report questionnaire was used to assess participants for symptoms of PTSD.
- Participants were assessed at 1 month prior to deployment and follow-up assessments were conducted at 1 month, 6 months, 12 months, 2 years, and 5 years after deployment.
- Scores from the survey were analyzed at the different time points and models were designed to illustrate symptomatic trajectories: resilient, delayed onset, or recovery.

PARTICIPANTS
- Participants consisted of 1,007 Dutch military personnel who were deployed to Afghanistan anytime between March 2005 and September 2008.
- Of the 960 participants who had a high survey score at one or more time points, 91% were male and 86% were 21 years old or older; no race/ethnicity was reported.
- Rank of participants included: 40% Private, 21% Corporal, 26% Non-commissioned Officer, and 14% Staff Officer.
- Most (76%) were deployed in either 2007 or 2008 while 24% were deployed in either 2005 or 2006 and 69% had no redeployments, 20% had one and 11% had multiple deployments.

LIMITATIONS
- Female Soldiers were underrepresented in this study, leading to an incomplete understanding of how all Soldiers are affected by trauma.
- No information was collected regarding any treatment or help-seeking behaviors and no information was collected regarding possible comorbidity of other conditions over time.
- There were no efforts to collect any clinical or objective measures of PTSD from participants.

AVENUES FOR FUTURE RESEARCH
Future research could:
- Include more female participants to gain a better understanding of how PTSD symptoms present over time with female as well as male Service members
- Incorporate question items that address any help-seeking behaviors or whether the participant may have any other psychiatric conditions emerging during the follow up portions of the study
- Explore a more detailed way to measure combat stress rather than use years of deployment to represent combat intensity and stress

ASSESSING RESEARCH THAT WORKS

Design
Appropriate
Research Plan and Sample

Methods
Appropriate Measurement and Analysis

Limitations
Few

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