A Retrospective Cohort Study of U.S. Service Members Returning from Afghanistan and Iraq: Is Physical Health Worsening Over Time?


Data was collected from 670 Operation Enduring Freedom/Operation Iraqi Freedom Veterans evaluated at a post-deployment clinic in New Jersey to assess the physical health functioning at several time points post-deployment. In this clinical sample, significantly lower physical health scores corresponded to increasing amount of time post-deployment after adjusting for probable PTSD.

Key Findings:

- Veterans in this post-deployment sample endorsed physical health functioning that is substantially worse than that of the general U.S. population, and indicative of impaired physical functioning regardless of the length of time post-deployment.
- Significantly lower physical health scores corresponded to increasing amount of time post-deployment after adjusting for probable PTSD. Two subscales of physical health (physical functioning and role-physical functioning) also indicated that the longer after return from deployment that Veterans were seen in this clinic, the poorer their physical health.

Implications for Programs:

- Programs could offer courses for Service members about the importance of regular self-care, exercise, and good nutrition to support physical healthy, especially for those that have experienced deployment.
- Programs could provide referral resources for some of the most common physical problems endorsed by this cohort of Veterans.

Implications for Policies:

- Policies could recommend funding for the provision of a range of activities that support good health (e.g., access to recreation centers, regular wellness checks, exercise facilities).
- Policies could provide support for ongoing physical health assessment for Veterans, particularly monitoring a range of health indicators after deployment.

Avenues for Future Research:

- Future research could follow Service members over time, including before deployment and longer than 1-year post-deployment, to track physical health status.
- Additional studies could use non-self-report measures such as doctors’ evaluations of physical health.
**Methodology:**
- Data from OEF/OIF Veterans evaluated at a post-deployment health clinic in New Jersey was used.
- Veterans were stratified into four groups based on time post-deployment: 1 year, 2 years, 3 years, 4 or more years.
- Demographic information, deployment dates, probable diagnosis of PTSD, and responses on the physical health component of the short form health survey questionnaire were collected.
- Analyses of covariance analyzed the impact of PTSD, age and gender on physical health; results were compared to functioning in the general U.S. population.

**Participants:**
- 679 Operation Enduring Freedom/Operation Iraqi Freedom Veterans participated (86% male).
- 1st year characteristics: Mean age = 32.50 (SD=9.80), 75% Reserve/National Guard, 76% Army, 16% Marine Corps, 6% Navy, 30% probable PTSD.
- 2nd year characteristics: Mean age = 32.00 (SD=9.60), 57% Reserve/National Guard, 66% Army, 25% Marine Corps, 6% Navy, 31% probable PTSD.
- 3rd year characteristics: Mean age = 32.00 (SD=10.30), 46% Reserve/National Guard, 56% Army, 29% Marine Corps, 9% Navy, 46% probable PTSD.
- 4th year characteristics: Mean age = 34.80 (SD=9.70), 52% Reserve/National Guard, 57% Army, 18% Marine Corps, 13% Navy, 47% probable PTSD.

**Limitations:**
- This is a cross-sectional sample and causal conclusions about Veterans worsening over time cannot be reached.
- Because this is a cross-sectional sample, the scores indicating poorer physical functioning may simply mean that Veterans wait to be seen until they are sufficiently symptomatic.
- All data were self-report and may be biased.

### Assessing Research that Works

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Not applicable because authors do not discuss implications