Supporting Military Families Through Research and Outreach

REACH

PUTTING RESEARCH TO WORK FOR MILITARY FAMILIES

Prevalence and Features of Panic Disorder and Comparison to Posttraumatic Stress Disorder in VA Primary Care

Military Focused Article

Gros, D. F., Frueh, B., & Magruder, K. M. (2011). *General Hospital Psychiatry, 33*(5), 482-488.
http://www.journals.elsevier.com/general-hospital-psychiatry/

Using cross-sectional data collected in 1999 from a large sample of Veterans visiting VA Medical Centers (VAMCs), the authors investigated the prevalence of Panic Disorder (PD), and its association with both well-being (e.g., physical and mental health) and health care utilization (e.g., visits, medication use). Authors also investigated the combination of PD and PTSD diagnoses and associations with well-being and health care utilization.

Key Findings:

- 8.3% of participants received a Panic Disorder (PD) diagnosis, 12.1% met the criteria for PTSD, and 4.5% of the sample met the criteria for both PD and PTSD.
- Veterans with PD (alone, or with PTSD) reported significantly worse physical health (i.e., pain and general health), mental health (i.e., role limitation due to emotional problems and emotional well-being), and social functioning, compared to veterans without PD or PTSD. Participants with PD or PTSD also were more likely to visit a VAMC and use antidepressant medications.
- Veterans with both PD and PTSD reported more severe PTSD symptoms, but there were no differences in well-being or health care utilization.

Implications for Programs:

- Programs serving military Service members and Veterans may incorporate curriculum on PD specifically, and could discuss PD in curriculum dealing with stress and trauma.
- Professional development and educational opportunities should be available for program staff to learn about the types of anxiety disorders Service members and Veterans may experience.
- Educational opportunities for community members about the challenges military families experience would aid in the understanding of how best to support Service members and Veterans, especially those experiencing PD or PTSD symptoms.

Implications for Policies:

- Support should be sustained for the recognition, assessment, and treatment of PD in Veteran Affairs Medical Centers (VAMCs) and other health care settings.
- Resources could be made available to support education, assessment, and treatment of PD for Service members and Veterans.
- Military organizations should continue collaboration with community programs and services to provide support and treatment for Service member and Veterans who are experiencing PD symptoms and their families.

Avenues for Future Research:

- The current results need to be replicated in a more recent and diverse sample (e.g., age, and military branch) and with current active duty Service members.
- Future studies focusing specifically on Veterans experiencing PD and/or PTSD can provide more nuanced evidence about their experiences.

Prepared by Military REACH Team.
For additional information, please visit **http://reachmilitaryfamilies.arizona.edu**

THE UNIVERSITY OF ARIZONA. USDA John & Doris Norton School FAMILY AND CONSUMER SCIENCES

Developed in Collaboration with the Department of Defense's Office of Family Policy, the National Institute of Food and Agriculture, and the U.S. Department of Agriculture under Award No. 2009-48667-05833.

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Background Information

Methodology:

- Data for this study was collected at four VAMCs using baseline self-report surveys of PTSD symptoms and general health, a retrospective review of patient charts, and a follow-up phone interview that assessed for mood disorders, anxiety, substance abuse, and PTSD. T-tests and ANOVAs were used to test for group differences between Veterans with a PD diagnosis, a PTSD diagnosis, both PD and PTSD diagnoses, and those with no PD/PTSD diagnoses.
- This study focused on Veterans.

Participants:

- In this study 844 Veterans participated; most were males (79%) with an average age of 59.5 years (*SD* = 12.7 years).
- In the sample, 61% of participants were White (African American, Hispanic, American Indian, Asian or other were included in the analyses but percentages were not provided.)

Limitations:

- The data for this study were collected in 1999, and the sample was limited to only Veterans using VAMC services; both of these issues limit the generalizability of the findings to current Service members.
- Those who participated may differ from non-participants in a way that is not measured, but affected the outcome variables. For instance, those who agreed to participate may be functioning better (or worse) than those who did not participate.
- Health care utilization may be underreported, as data were limited to VA health care services received, rather than all health care services received (e.g., visits to a urgent care or other community-based health center).

Assessing Research that Works

Research Design and Sample				**Quality Rating**: ★★☆
	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	☐	☒	☐	☐
Research Methods				**Quality Rating**: ★★☆
	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The research methods (e.g., measurement, analysis) used to answer the research question were...	☐	☒	☐	☐
Limitations				**Quality Rating**: ★☆☆
	Excellent *Minor Limitations* (★★★)	Appropriate *Few Limitations* (★★☆)	Limited *Several Limitations* (★☆☆)	Questionable *Many/Severe Limitations* (☆☆☆)
The limitations of this study are…	☐	☐	☒	☐
Implications				**Quality Rating**: ★☆☆
	Excellent (★★★)	Appropriate (★★☆)	Limited (★☆☆)	Questionable (☆☆☆)
The implications of this research to programs, policies and the field, stated by the authors, are…	☐	☐	☒	☐
	☐ Not applicable because authors do not discuss implications			
Overall Quality Rating				★★☆

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