# National Coalition on Mental Health and Aging and National Council on Aging

**Present** 

PTSD and Aging: Perspectives from the Veterans Health Administration

November 18, 2020







# Tips for using Zoom

- You have joined the webinar in **listen-only mode**.
- The audio portion of this call will be heard through your computer speakers.
- Please make sure your speakers are on and the volume is turned up!
- Click the microphone at the bottom of your screen for instructions if you prefer to join by phone.
- Type all questions into the Q&A box at the bottom of your screen.
- The slides and recording of this webinar will be shared by email within a few days.







#### **Mission:**

To provide opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.



Visit: www.ncmha.org





#### **History, Membership and Activities:**

- Formed in 1991 by a group of organizations from the aging and mental health fields
- Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.
- Co-sponsor events to highlight challenges of mental health and aging
- Identify new approaches to addressing problems.



# **NCOA:** Who We Are

We believe every person deserves to age well

#### **OUR VISION**

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

#### **OUR MISSION**

Improve the lives of millions of older adults, especially those who are struggling







# **NCOA's Center for Healthy Aging**

- Goal: Increase the quality and years of healthy life for older adults and adults with disabilities
- Two national resource centers funded by the Administration for Community Living
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention
- Other key areas: Behavioral health, physical activity, immunizations, oral health







#### Webinar Series Roll Out – 2020-2021

- December 16 Pathways to Homelessness among Older Adults with Mental Illness
- January 13, 2021 *Implementing Local Coalitions*
- February 17 New Approaches to Addressing Substance Use and Misuse in Older Adults
- March 17 Approaches and Treatments for Sleep Disorders in Dementia
- April 21 Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series









# PTSD and Aging: Perspectives from the Veterans Health Administration

### Elissa McCarthy, PhD

PTSD Consultation Program Consultant, National Center for PTSD

#### Sadie Larsen, PhD

PTSD Consultation Program Consultant, National Center for PTSD Associate Professor, Medical College of Wisconsin

#### Michele J. Karel, PhD, ABPP

National Mental Health Director, Geriatric Mental Health Office of Mental Health and Suicide Prevention

November 18, 2020

- Participants will be able to identify at least 3 symptoms of Posttraumatic Stress Disorder (PTSD)
- 2. Participants will be able to describe late life considerations for assessing and treating PTSD
- 3. Participants will be able to identify at least 3 National Center for PTSD resources and educational products



## NATIONAL CENTER FOR PTSD (NCPTSD) MISSION

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

www.ptsd.va.gov

**David Hanson**US Air Force | 1967-71

FACETUOBA



www.ptsd.va.gov/aboutface

Direct link to the video:

https://www.youtube.com/watch?time\_continue=8&v=AZS6qWmdOC4&feature=emb\_logo



# What is PTSD?

PTSD 101: PTSD Overview and Treatment

www.ptsd.va.gov/professional/continuing ed/ptsd overview tx.asp

# The person was exposed to actual or threatened death, serious injury, or sexual violence:

- Direct personal experience
- Witnessed
- Learned about it happening to close family or friend (violent or accidental)
- Repeated or extreme exposure at work (e.g., first responders, medics)

#### Daily hassles

#### Can include:

- Car breaking down
- Paying bills

#### Major life events

#### Can include:

- Losing a job
- Divorce
- Buying a new home
- Getting married

#### Serious traumatic events

#### Can include:

- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse
- Natural disasters
- Torture



### PTSD SYMPTOM CLUSTERS



#### 1. Intrusions/re-experiencing

✓ 1 of 5 symptoms required

#### 2. Avoidance

✓ 1 of 2 symptoms required

# 3. Neg. alterations in cognitions and mood

✓ 2 of 7 symptoms required

# 4. Alterations in arousal and reactivity

✓ 2 of 6 symptoms required

- Intrusion (or re-experiencing, "flashbacks")
  - Recurrent distressing dreams or memories of the event; acting/feeling as if the event is happening again

#### Avoidance

 Avoiding memories, thoughts, feelings, people, places or activities that are reminders of the event

#### Negative alterations in cognitions and mood

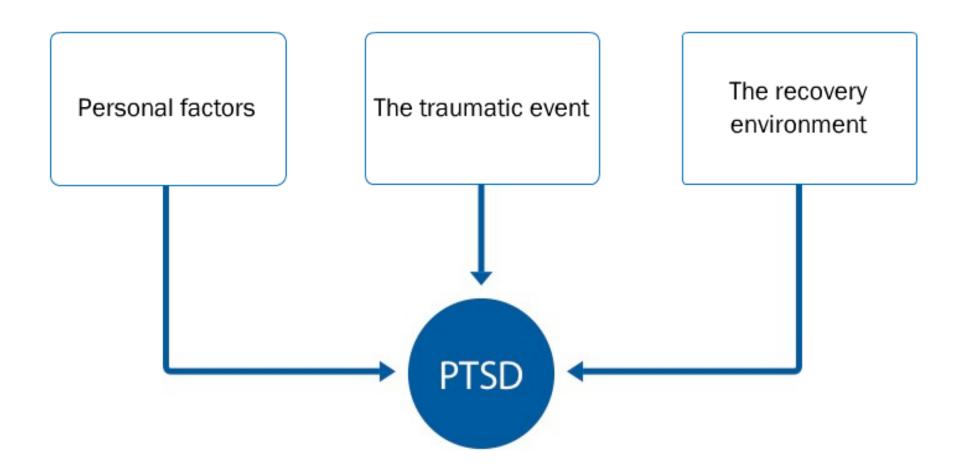
 Diminished interest in activities, feeling detached, inability to feel positive emotions, negative emotions, distorted blame of self or others

#### Alterations in arousal and reactivity

 Irritable behavior, outbursts of anger, reckless or selfdestructive behavior, problems concentrating, hypervigilance, exaggerated startle, sleep disturbance



#### WHY DO SOME PEOPLE GET PTSD WHILE OTHERS DO NOT?



- Post-Traumatic Stress has been recognized for over 100 years under different labels
  - PTSD was not an official diagnosis until 1980
- Trauma and PTSD may be "hidden variables" in the lives of older adults:
  - Retrospective accounts may be biased by deficits in recall and avoidance
  - Selective bias: Increased mortality in those with PTSD

(Kaiser, Cook, Glick, & Moye, 2019)



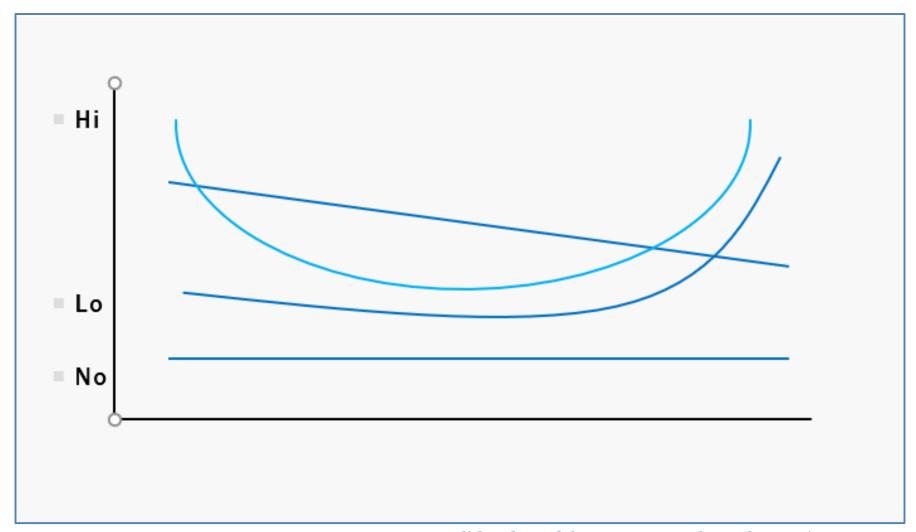
#### PREVALANCE OF PTSD IN OLDER ADULTS

- Lifetime PTSD prevalence in US older adults is somewhat less common than in younger adults
  - Full PTSD from 2.5-6.5%
  - Partial PTSD 5.5%
  - Partial PTSD in clinical or treatment seeking samples
     11-18%

Kessler et al., 2005; Pietrzak et al., 2012, Goldstein et al., 2016; Durai et al., 2011; Bramsen & van der Ploeg, 1999



### LIFESPAN COURSE OF PTSD SYMPTOMS VARIES



Slide adapted from Moye, Cook, & Pless-Keiser 2018

- People may (re)engage with trauma memories in an effort to find meaning and build coherence
- Normative life review processes can lead to meaning-making, self-acceptance, posttraumatic growth, and wisdom
- This process may be facilitated by coping with late life challenges, social engagement with peers, and psychoeducation or therapy

Davison et al., 2016

- These same processes can also lead to (re-)emergence of PTSD symptoms in late life
- Distress from memories that may have been avoided for years (e.g. through work or family obligations)
- Aging-related changes may trigger feelings related to earlier trauma and/or decreased opportunity for avoidance:
  - Pain, illness, impairment
  - Bereavement
  - Retirement
  - Changes in social and familial roles
  - Loss of control
  - More time for reflection
  - Cognitive changes

#### AGING AND HEALTH

- PTSD associated with poorer physical health (Pacella et al., 2013; Ryder et al., 2018)
  - Self-reported somatic symptoms
  - Chronic medical conditions
  - Cardiovascular disease
  - Gastrointestinal health
  - Pain
- Possible mechanisms (Schnurr & Green, 2004; Ryder et al., 2018)
  - Biological (e.g., allostatic load, HPA dysregulation, inflammation)
  - Behavioral (e.g., substance use, poor self-care, insomnia)
  - Psychological (e.g., depression, panic)

(Kang et al., 2018)

#### PTSD AND DEMENTIA

A systematic review of 24 studies among older Veterans found risk for dementia was higher in Veterans with PTSD than those without PTSD

## Two large studies in civilian populations:

- Using a dataset from Wang et al. (2016) found that adults with a diagnosis of PTSD had a 4.37-fold higher risk of dementia.
- Using electronic medical data from nearly 500,000 patients, Flatt et al. (2018) found older adults with PTSD had a 73% increase in risk of dementia.

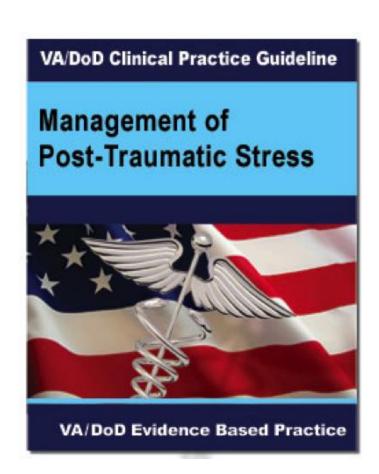


# Management and Treatment of PTSD



## 2017 VA/DOD CLINICAL PRACTICE GUIDELINE

- Keeping up with the rapidly expanding evidence base for PTSD treatment represents a difficult challenge for most clinicians.
- The VA/DoD PTSD guideline is designed to support clinical decision making with evidence-based recommendations, not to define VA/DoD standards of care or policy.



www.healthquality.va.gov/guidelines/MH/PTSD

## PTSD SCREENING AND MEASUREMENT-BASED CARE

We suggest periodic screening of PTSD using validated measures such as the Primary Care PTSD Screen or the PTSD Checklist.

#### PC-PTSD-5

- 5 item
- Self-report
- Screen for PTSD in Primary Care
- Positive if 3 or more YES responses

#### PCL-5

- 20 item
- 5-10 minutes
- Self-report
- Screen and monitor PTSD
- 33 cut-point score

**PC-PTSD-5:** www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp **PCL-5:** www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

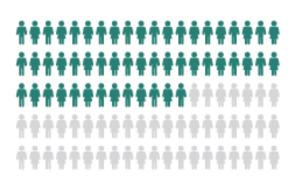


# HOW EFFECTIVE ARE THE BEST TREATMENTS?



53 OUT OF 100

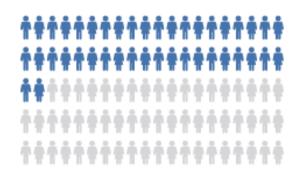
people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.





**42** OUT OF **100** 

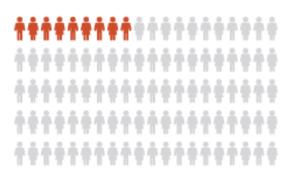
people who take medication will no longer have PTSD after about 3 months of treatment.







people who don't get treatment will no longer have PTSD after about 3 months.



www.ptsd.va.gov/publications/print/PTSD Best Treatment.pdf

#### **Prolonged Exposure**

Foa, Hembree, Rothbaum, & Rauch, 2019

#### **Cognitive Processing Therapy**

Resick, Monson, & Chard, 2017

#### **Eye Movement Desensitization Therapy**

Shapiro, 2017

# Additional trauma-focused psychotherapies

Brief Eclectic Psychotherapy

Specific cognitive behavioral therapies for PTSD

Narrative Exposure
Therapy

Written Narrative Exposure



#### TREATING PTSD IN OLDER ADULTS

- Older adults DO BENEFIT from the same therapy treatments as younger adults
  - No universal modifications are needed
  - Modifications can be considered for cognitive decline
  - Cardiovascular problems should not be a barrier
  - Caregivers may be incorporated into treatment
  - Major NCD may be a significant barrier
     www.ptsd.va.gov/professional/treat/cooccurring/ncd\_cooccurring.asp
- Therapy and especially medication trials have not included many older adults

www.ptsd.va.gov/professional/treat/specific/assess tx older adults.asp



#### TRAUMA INFORMED CARE PRINCIPLES

Trauma awareness

Safety

Trustworthiness

Choice and collaboration

Empowerment and strengthsbased approach Cultural, historical, and gender issues

SAMHSA: <u>TIP 57 PDF 3.7 MB</u> (Gerber, 2019; Currier et al., 2017)



# CONSIDERATIONS FOR PTSD IN LONG-TERM AND HOSPICE SETTINGS

- Potential triggers of trauma memories
  - Physical touch
  - Loud or unexpected noises
  - Anything specific to that person's trauma experience
- Loss of daily structure
  - Including previously healthy coping mechanisms
- Common concerns
  - Safety
  - Trust
  - Power and control
- Reflection on life and meaning (hindered by avoidance)
- PTSD associated with poorer social support
- Anxiety may present as irritability or anger



## OPTIONS FOR TREATING PTSD IN PALLIATIVE CARE

Stepwise Psychosocial Palliative Care (Feldman, 2017)

- Stage 1: Palliate immediate discomfort and provide social support
- Stage 2: Provide psychoeducation and enhance coping skills
- Stage 3: Treat specific trauma issues

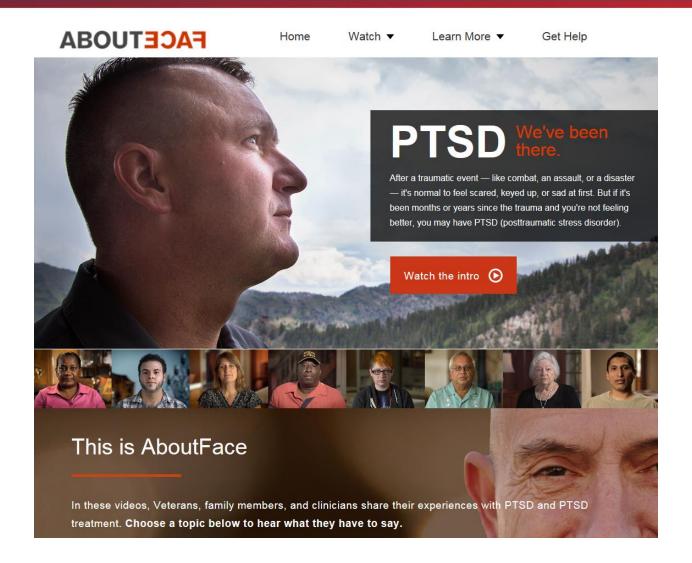


All resources are free and publicly available.

Unless otherwise noted, you can find them at www.ptsd.va.gov.



#### AboutFace VIDEO GALLERY

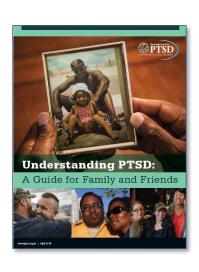


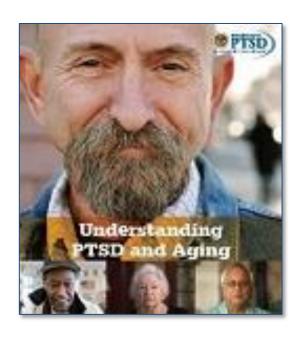
www.ptsd.va.gov/aboutface

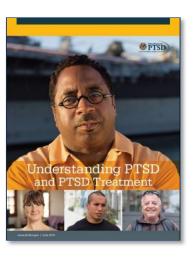


#### NATIONAL CENTER FOR PTSD: PATIENT EDUCATION

- Aging Veterans and Posttraumatic Stress Symptoms
  - www.ptsd.va.gov/understand/what/aging veterans.asp
- Understanding PTSD Educational Booklets







All booklets are also available in Spanish. www.ptsd.va.gov/publications/print/index.asp

# PTSD TREATMENT DECISION AID: THE CHOICE IS YOURS

**LEARN** •

Learn about PTSD and how this decision aid can help

**COMPARE** 

Compare effective PTSD treatment options

**ACT** 

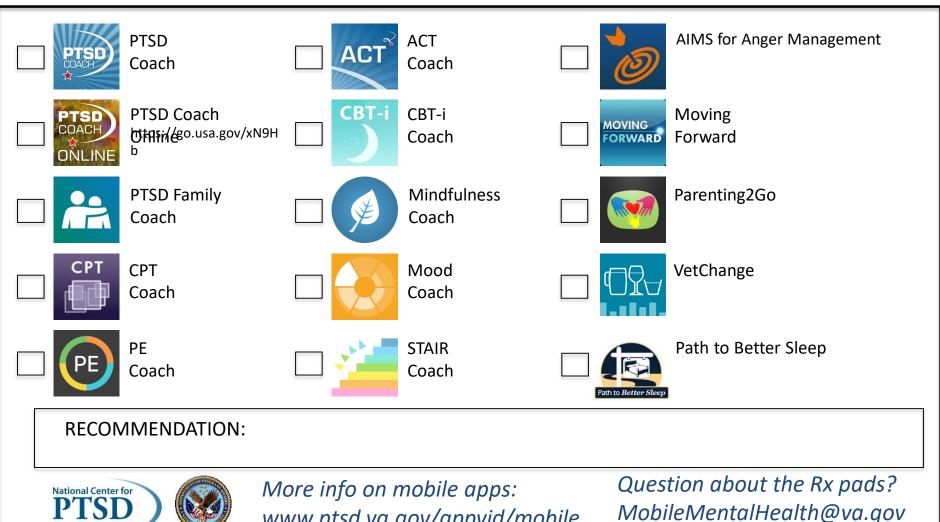
Take action to start treatment







## PRESCRIPTION FOR BEHAVIORAL HEALTH Mobile & Web Resources



www.ptsd.va.gov/appvid/mobile



- App provides:
  - Education about PTSD and PTSD treatment
  - A self-assessment tool
  - Portable skills to address acute symptoms
  - Direct connection to crisis support
- Used as stand-alone education and symptom management tool, or with face-to-face care.
- Tools are easily accessible when they are needed most.

www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp



#### PTSD COACH ONLINE





Welcome to PTSD Coach Online.
Tools to help you manage stress.



Meet a coach

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

www.ptsd.va.gov/apps/ptsdcoachonline



#### CONTINUING EDUCATION COURSES

Over 50 hours of webbased courses aimed at professionals.

All courses are free and most offer continuing education for multiple disciplines.

Courses can be viewed without intention to seek certification credits.



www.ptsd.va.gov/professional/continuing\_ed/index.asp



#### NATIONAL CENTER FOR PTSD 101 COURSES



## PTSD and Aging

 www.ptsd.va.gov/professional/cont inuing ed/ptsd aging.asp

### Dementia and PTSD

 www.ptsd.va.gov/professional/cont inuing ed/dementia ptsd.asp



#### NATIONAL CENTER FOR PTSD: PRESCRIBING

- National Center for PTSD webpages
  - <u>Clinician's Guide to Medications for PTSD</u>
     Discusses evidence and general neurobiology for use of medications to treat PTSD, including effectiveness, common barriers, and important considerations.
  - Use of Benzodiazepines for PTSD in Veterans Affairs
     Explains recommendation and evidence against use of benzodiazepines for treatment of PTSD and VA efforts to reduce use of these medications.
- PTSD 101 Course: Prescribing for Older Veterans with PTSD
  - www.ptsd.va.gov/professional/continuing
     ed/prescribe oldervets ptsd.asp





#### NATIONAL CENTER FOR PTSD: PROVIDER EDUCATION

- Posttraumatic Stress Symptoms among Older Adults: A Review
  - www.ptsd.va.gov/professional/treat/specific/symptoms older adults.asp
- PTSD Assessment and Treatment in Older Adults:
  - www.ptsd.va.gov/professional/treat/specific/assess tx older adults.asp
- Assessment and Treatment for PTSD with Co-occurring Neurocognitive Disorder (NCD)
  - www.ptsd.va.gov/professional/treat/cooccurring/ncd assess cooccur.asp
- Co-occurring PTSD and Neurocognitive Disorder (NCD)
  - www.ptsd.va.gov/professional/treat/cooccurring/ncd\_cooccurring.asp
- The Impact of Disaster on Older Adults
  - www.ptsd.va.gov/professional/treat/type/disaster\_older\_adult.asp



#### PTSD AWARENESS IN HEALTH CARE SETTINGS

## PTSD Awareness in Health Care Settings



- ➤ This 15-minute video for medical center staff shows how patients' PTSD symptoms may come into play in health care settings.
- ➤ Facilitator's guide for PTSD Awareness in Health Care Settings



#### COMMUNITY PROVIDER RESOURCES



## COMMUNITY PROVIDER TOOLKIT

#### SERVING VETERANS THROUGH PARTNERSHIP

www.mentalhealth.va.gov/communityproviders/



Older Veteran Behavioral Health Resource Inventory

www.mentalhealth.va.gov/communityproviders/docs/Older Veteran Beh avioral Health Resource Inventory 050418.pdf



#### NATIONAL CENTER FOR PTSD: MILITARY CULTURE

- Military Culture: Core Competencies for Healthcare Professionals
  - <u>www.ptsd.va.gov/professional/continuing ed/military culture competen</u> <u>cies hcp.asp</u>
- Understanding the Context of Military Culture in Treating Veterans with PTSD
  - www.ptsd.va.gov/professional/continuing ed/military culture.asp





#### VETERANS CRISIS LINE

#### 24 HOURS A DAY, 7 DAYS A WEEK







Your actions could save a life.

Showing you care can make a big difference to someone in crisis.

VeteransCrisisLine.net

800-273-8255 (then press 1) or send a text message to 838255

# Resources from the National Center for PTSD

www.ptsd.va.gov/COVID





#### **INCLUDES A VARIETY OF RESOURCES FOR**

- Everyone (including veterans, their families, and the general public)
- Health Care Workers and Responders
- Employers and Community Leaders

## A mobile application for Veterans, Servicemembers, and anyone affected by the COVID-19 pandemic

#### Features:

- Education to help you improve your well-being during this global pandemic
- Tools for coping and self-care
- Trackers for mental health and personal goals
- Resources for additional support

Developed by the Mobile Mental Health Apps Team at the VA's National Center for PTSD.

Contact our team with feedback to help us improve this app: MobileMentalHealth@va.gov

Learn more at the National Center for PTSD website:

https://www.ptsd.va.gov/appvid/mobile/COVID\_coach\_app.asp









#### ORDER FREE PRINTABLE MATERIALS

# ORDER FREE NATIONAL CENTER FOR PTSD MATERIALS AT:

https://orders.gpo.gov/PTSD



#### OTHER VHA RESOURCES

**Geriatric and Extended Care programs:** 

www.va.gov/geriatrics/

**Mental Health Services:** 

www.mentalhealth.va.gov/

**Social Work Services:** 

www.socialwork.va.gov/

**Caregiver Support Program:** 

www.caregiver.va.gov/







E-MAIL PTSDconsult@ va.gov





ACCESS free clinical resources

# PTSD Consultation Program FOR PROVIDERS WHO TREAT VETERANS

#### **About the Consultants**

- Experienced senior psychologists, psychiatrists, social workers, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from your toughest cases to general PTSD questions

#### Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources

- Assessment
- Referrals
- Collaborating with VA on Veterans' care
- Developing a PTSD treatment program

#### Available Resources - www.ptsd.va.gov/consult

- Free continuing education
- Videos, educational handouts, and manuals

- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more







## PTSD CONSULTATION PROGRAM LECTURE SERIES

- Monthly one-hour webinar for providers
- Free continuing education credits
- Register and sign up for notifications at <u>www.ptsd.va.gov/consult</u>

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

#### **UPCOMING TOPICS INCLUDE**

November 18	PTSD and Suicide Risk	Ryan Holliday, PhD
December 16	The Nuts & Bolts of Providing PTSD Treatment over a Telehealth Modality: Clinical Considerations	Leslie Morland, PsyD
January 20	[To be determined]	
February 17	PTSD and Racial Trauma	Monnica Williams, PhD



# **PTSD Consultation Program** We are here to help

#### **HEALTHCARE PROVIDERS:**

- Are you treating Veterans with PTSD? We can help
- Do you have questions about the mental health effects of the COVID-19 pandemic? We can help
- Are you looking for ways to care for yourself and your colleagues? We can help



PTSDconsult@va.gov



**\ 866-948-7880** 



www.ptsd.va.gov/consult



- PTSD may be under-recognized in older adults
- Screen for PTSD and offer treatment
- The National Center for PTSD has LOTS of resources to help support you and the care you provide <u>www.ptsd.va.gov</u>
- Questions? Contact the PTSD Consultation Program:
   PTSDconsult@va.gov or 866-948-7880

#### THANK YOU FOR YOUR TIME TODAY

# Questions?



We are available any time to answer your questions about Veterans and PTSD

PTSDconsult@va.gov *or* 866-948-7880



www.ptsd.va.gov/consult

# REFERENCES

- Bramsen, I., & Ploeg, H. M. van der. (1999). Fifty years later: The long-term psychological adjustment of ageing World War II survivors. *Acta Psychiatrica Scandinavica*, 100(5), 350–358.
- Currier, J. M., Stefurak, T., Carroll, T. D., & Shatto, E. H. (2017). Applying trauma-informed care to community-based mental health services for military veterans. *Best Practices in Mental Health: An International Journal*, *13*(1), 47–64.
- Davison, E. H., Kaiser, A. P., Spiro, A., Moye, J., King, L. A., & King, D. W. (2016). Later adulthood trauma reengagement (LATR) among aging combat veterans. *The Gerontologist*, *56*, 14-21.
- Department of Veterans Affairs and Department of Defense. (2017). *VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. Washington DC: Author. Retrieved from <a href="https://www.healthquality.va.gov/guidelines/MH/ptsd/">https://www.healthquality.va.gov/guidelines/MH/ptsd/</a>
- Durai, U. N. B., Chopra, M. P., Coakley, E., Llorente, M. D., Kirchner, J., Cook, J. M., & Lev-koff, S. (2011). Exposure to trauma and PTSD symptoms in elderly veterans attending primary care: Co-morbid conditions and self-rated health status. *Journal of the American Geriatrics Society*, *59*, 1087-1092.
- Feldman, D. B. (2017). Stepwise Psychosocial Palliative Care: A New Approach to the Treatment of Posttraumatic Stress Disorder at the End of Life. *Journal of Social Work in End-of-Life & Palliative Care*, *13*(2–3), 113–133.
- Flatt, J. D., Gilsanz, P., Quesenberry Jr, C. P., Albers, K. B., & Whitmer, R. A. (2018). Post-traumatic stress disorder and risk of dementia among members of a health care delivery system. *Alzheimer's & Dementia*, 14, 28-34.
- Foa, E. B., Hembree, E. A., Rothbaum, B. O., & Rauch, S. A. M. (2019). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences, therapist guide. (2nd ed.). New York, NY: Oxford University Press.
- Gerber, M.R. (2019). Trauma-Informed Healthcare Approaches: A Guide for Primary Care. Springer.
- Goldstein, R. B., Smith, S. M., Chou, S. P., Saha, T. D., Jung, J., Zhang, H., ... & Grant, B. F. (2016). The epidemiology of DSM-5 posttraumatic stress disorder in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Social Psychiatry and Psychiatric Epidemiology*, *51*, 1137-1148.
- Kaiser, A. P., Cook, J. M., Glick, D. M., & Moye, J. (2019). Posttraumatic stress disorder in older adults: A conceptual review. *Clinical Gerontologist*, 42, 359-376.



#### REFERENCES CONT.

- Kang, B., Xu, H., & McConnell, E. S. (2018). Neurocognitive and psychiatric comorbidities of posttraumatic stress disorder among older veterans: A systematic review. *International Journal of Geriatric Psychiatry*, 34, 522-538.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602.
- Moyne, J. Cook, J., & Pless Kaiser, A. (2018). PTSD in late life. Presented at the Meeting the Mental Health Needs of Paging Veterans: Research and Practice webinar series.
- Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: a meta-analytic review. *Journal of anxiety disorders*, *27*(1), 33-46.
- Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 20, 380–390.
- Pless Kaiser, A., Cook, J. M., Glick, D. M., & Moye, J. (2019). Posttraumatic Stress Disorder in Older Adults: A Conceptual Review. *Clinical Gerontologist*, 42(4), 359–376.
- Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive processing therapy for PTSD: A comprehensive manual*. New York, NY: The Guilford Press.
- Rothbaum, B. O., Foa, E. B., Hembree, E. A., & Rauch, S. A. M. (2019). *Reclaiming your life from a traumatic experience: A prolonged exposure treatment program.* (2nd ed.). New York, NY: Oxford University Press.
- Ryder, A.L., Azcarate, P.M., & Cohen, B.E. (2018). PTSD and Physical Health. Curr Psychiatry Rep., 20(12), 116.
- Schnurr, P. P., & Green, B. L. (2004). Understanding relationships among trauma, posttraumatic stress disorder, and health outcomes. In P. P. Schnurr (Ed), & B. L. Green (Ed) (Eds.), Trauma and health: Physical health consequences of exposure to extreme stress. (pp. 247–275).
- Shapiro, F. (2017). Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols and procedures. (3rd ed.). New York, NY: Guilford Press.
- Wang, T. Y., Wei, H. T., Liou, Y. J., Su, T. P., Bai, Y. M., Tsai, S. J., ... & Chen, M. H. (2016). Risk for developing dementia among patients with posttraumatic stress disorder: A nationwide longitudinal study. *Journal of Affective Disorders*,

205, 300-310.



# Additional Resources



#### STAY UP TO DATE AND CONNECT WITH US





#### PTSD and Aging

Population aging is a key demographic trend characterizing the United States (U.S.) and many industrialized countries, and an important consideration for research aiming to improve public health. Despite significant scientific advances in understanding the etiology and treatment of posttraumatic stress disorder (PTSD) since it became a formal diagnostic entity in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III: American Psychiatric Association [APA], 1980), PTSD and aging remains a largely understudied area. This issue of PTSD Research Quarterly provides a guide to some of the most important and wellconducted studies on this topic

Population trends provide a context for understanding the lives of the aging population. Between 2016 and 2060, the proportion of the U.S. population aged 65+ is expected to rise from 15% (49 million) to 23% (95 million), and individuals aged 85+ will increase from 2% to 5% (19 million). Illustrating the female advantage in life expectancy, women comprised 50%, 56%, and 65% of the U.S. population under age 65, 65+, and 85+, respectively, in 2018 (United States Census Bureau 2018). The social ecology of men and women appears to diverge in older ages: While men and women have similar marital status in midlife, among those aged 85+, 70% of women were widowed and 18% were married, compared to 33% and 58% men who were widowed or married, respectively (United States Census Bureau, 2018). The gender gap in poverty also widens with age: 9% of men and 11% of women aged 55-59 live in poverty, compared to 9% of men and 14% of women aged 85+ (United States Census Rureau 2018) As discussed more fully below it is important to note that are effects and cohort differences are confounded in these crosssectional estimates. While military Veterans only made up 6% of the overall U.S. population in 2016.

nearly one-fifth (19%) of those aged 65+ are Veterans. Gulf War (including post 9/11) and Vietnam era Veterans each comprise about one-third of the current U.S. Veteran population (National Center for Veterans Analysis and Statistics, 2016). Vietnam era. Veterans are currently in their 60s, and the number of deaths in this cohort is expected increase linearly and peak between 2030 and 2035 (National Center

#### for Veterans Analysis and Statistics, 2016). A. Epidemiology of PTSD in Older Populations

Epidemiologic studies have generally reported lower prevalence of PTSD in older relative to vounger adults. Lifetime prevalence of DSM-IV PTSD was estimated cross-sectionally to be 6% in ages 18-29, 8% in ages 30-44, 9% in ages 45-59, and 3% in ages 60 and older in the U.S. nationally representative National Comorbidity Survey Replication (NCS-R; Kessler et al., 2005). PTSD was assessed in NCS-R using the World Health Organization Composite International Diagnostic Interview (WMH-CIDI), a structured interview administered face-to-face by lay interviewers. Twelve-month prevalence of DSM-IV PTSD in the U.S. was estimated to be 4% in ages 20-34, 5% in ages 35-64, and 3% in ages 65-90 in Wave 2 of the nationally representative National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-2: Reynolds et al., 2016). PTSD was assessed face-to-face by lay interviewers using the Alcohol Use Disorders and Associated Disabilities Interview Schedule IV (AUDADIS-IV). As for DSM-5 PTSD, a similar pattern of lower lifetime and 12-month prevalence in older than younger adults was found in NESARC-3 (Goldstein et al., 2016). Of note. these estimates are an underestimation because NESARC-3 used higher diagnostic thresholds for Criteria D and E than those in DSM-5.

Author's Address: Lewina Lee, PhD is affiliated with the National Center for PTSD (116R-2) Rehavioral Science Division. VA Boston Healthcare System, 150 South Huntington Avenue, Boston, MA 02130 and with the Boston University School of Medicine, 72 E Concord St. Boston, MA 02118. Email Address: !ewina@bu.edu





Vermont 05009-0001 USA

All issues of the PTSD Research

Quarterly are available online at:

Matthew J. Friedman, MD, PhD

(802) 296-5132 FAX (802) 296-5135

Email: noptsd@va.gov

www.ptsd.va.gov

Editorial Members

Bibliographic Editor

Managing Editor

White River Let VT

Behavioral Science

Monlo Park CA

Clinical Neurosciences

Woman's Health Sciences

Roston MA

Honolulu HI

National Center Divisions

Dissemination and Training

Editorial Director

U.S. Department

Each of our publications are free e-subscriptions. www.ptsd.va.gov/about/subscribe.asp



#### NATIONAL CENTER PTSD: VA/DOD CPG

2017 Clinical Practice Guideline for the Management of PTSD The updated VA/DoD CPG includes objective, evidence-based information on the management of PTSD and related conditions, including diagnosis, treatment, and follow-up recommendations.

#### PTSD 101 courses:

- 2017 Revised Clinical Practice Guideline for PTSD: How it Impacts Primary Care
  - www.ptsd.va.gov/professional/continuing ed/2017cpg primary care.asp
- 2017 Revised Clinical Practice Guideline for PTSD: Recommendations for Medications
  - www.ptsd.va.gov/professional/continuing\_ed/2017cpg\_medications.asp
- 2017 Revised Clinical Practice Guideline for PTSD: Recommendations for Psychotherapy
  - www.ptsd.va.gov/professional/continuing\_ed/2017cpg\_psychotherapy.asp



#### PROVIDER SELF-CARE TOOLKIT

#### Provider Toolkit

Home

Working with Trauma Survivors

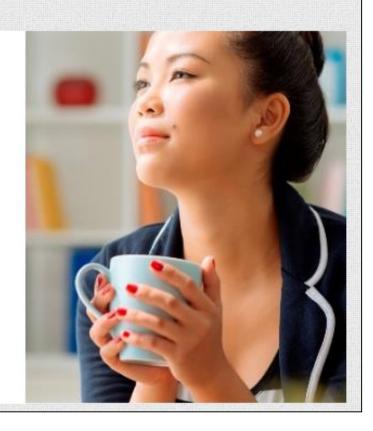
Self-Assessment

Self-Help Strategies

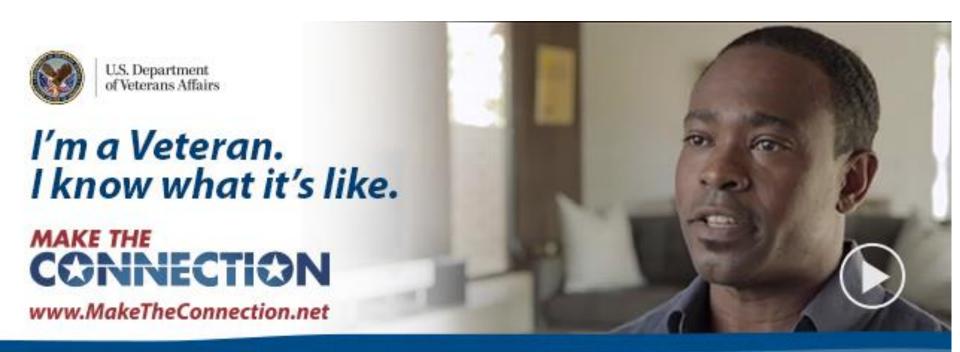
Resources

#### Provider Self-Care Toolkit

This toolkit is for providers who work with those exposed to traumatic events, to help reduce the effects of job-related stress, burnout, and secondary traumatic stress. Working with trauma survivors is rewarding, yet such work can create challenges. Hearing trauma survivors' stories can be difficult and some providers may find they experience burnout or secondary traumatic stress as a result. In this toolkit you will find assessment tools, strategies, and resources to help you care for yourself while working with those who have experienced trauma or have posttraumatic stress disorder (PTSD).



www.ptsd.va.gov/professional/treat/care/toolkits/provider/



# Hear my story at MakeTheConnection.net

www.maketheconnection.net



#### COACHING INTO CARE



Need support helping a Veteran get into care? Call us.



1-888-823-7458



www.va.gov/coachingintocare



#### SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

#### Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

To arrange a consultation email: <u>SRMconsult@va.gov</u>

#NeverWorry Alone For more information visit: www.mirecc.va.gov/visn19/consult