



Allostatic Load and Medical Illness 1

Written Video Transcript

[00:03.20.00] Good afternoon, my name is Dr. Robert Wilson and I'm the Education Service Representative for the VA's employee education system based in [3:37] 21, in the San Francisco area. [00:03.40.00] I'd like to take this opportunity to welcome you all to this very special event today. As you know, Dr. Matt Friedman will be here with us today presenting on PTSD, Allostatic Load and Medical Illness. And having Dr. Friedman here with us is a special event in itself. But there's another reason for this being a special event of which you may not be aware. [00:04.00.00] You've all probably heard of the Knowledge Network, the digital satellite system that the employee education system has provided for the VA so that we'll be able to take programming like this and share it with other VAs and including all of the VAs in the nation if they are interested in those programs. But we want to use that system in a very specific way, [00:04.20.00] at least in part. Whether than just presenting individual workshops what we'd like to do is present a curricula of courses, a series of courses on different aspects of a specific disorder or issue. The reason that this is such a special event today is this is the first program in the first such curriculum [00:04.40.00] that we've brought from the local level to a national program. And on the rebroadcast of this event today VAs all over the nation will be able to access this very same work shop and receive credit for having watched and participated. So, this in mind at least is the beginning of a new era of collaboration for the VA [00:05.00.00] in taking all of the great expertise we have in the field and being able to share that with all of the other VAs in the system to the clinicians that need that information so that we can provide even better care or our deserving veteran patients. So, consider yourself a little part of VA history today in this very first of such programs. To talk a little bit more about [00:05.20.00] the rationale for these programs I'd like to present to you Dr. Pamela (Swales), who's a psychologist at the National Center for PTSD in Menlo Park and who is the program developer for this whole series of programs. Dr. Swales.

Thank you, thank you. Hello, and welcome everyone. The National Center for PTSD believes that improving the recognition, [00:05.40.00] referral and quality of care for our veteran patients is an important goal. As you may know, PTSD is highly co-morbid with many psychological, behavioral and medical problems and in many cases making for a most complex presentation. To that end we've designed [00:06.00.00] a series of course to help health care providers to better understand and treat their patients. We aim to provide relevant, current and pragmatic information for you that should assist you in your efforts to meet the many and varied challenges of dealing with our veteran population. [00:06.20.00] Today's presentation and ones to follow have been in the planning stages for well over a year and a half and are a partial response to the many requests for training that the national center receives. The National Center for PTSD is composed of seven divisions [00:06.40.00] headed by our executive director Dr. Matt Friedman, who is of



course today's featured speaker. The education and clinical laboratory division here at Menlo Park, California is headed by our director Mr. Fred (Guzman). And Fred, as many of you well know, [00:07.00.00] has been an instrumental force in the development of policy treatments and delivery of services for our veterans and veterans particularly with PTSD. It's my pleasure to introduce Fred who will now share with us a brief history and some current aims of the national center. Fred. [00:07.20.00]

Thank you, Pamela. Thank all of you for coming today to the first of 30 satellite courses on post-traumatic stress disorder. As you as health care providers and researchers and educators well know, it's very difficult to provide these kinds of services to such a complex [00:07.40.00] disorder. It was approximately 23 years ago that veterans lobbied as well as veteran service organizations lobbied intensely to Congress to establish new initiatives for the VA to address this unmet need. In 1979, [00:08.00.00] the Veterans Readjustment Counseling Service was established. The purpose of this program was to put community services—put mental health services in the community partnered with other agencies throughout the system. This has been a very successful operation in addressing some of these needs. [00:08.20.00] In 1984 and 1985 Congress deliberated in—was trying to determine whether or not we have the knowledge base and the ability to disseminate the so much needed information that us as clinicians needed to address this complex disorder. [00:08.40.00] So, 23 years later here we are today. What do we know about post-traumatic stress disorder? We know how to assess this disorder and we know about some of the dilemmas that we're confronted by it. We understand now that not only veterans who have participated in war zone related [00:09.00.00] situations suffer—or can suffer—from post-traumatic stress disorder but also victims of disaster, rape victims and so on. We are challenged today to find a way to answer these questions as we struggle in trying to provide services to such a complex disorder. [00:09.20.00] Today we're very fortunate to have Dr. Matthew Friedman, who has been a pioneer and a leader in this field. He is not only the executive director for the National Center for PTSD but he is a professor at Dartmouth Medical School in the Department of Psychiatry. [00:09.40.00] Matt has done a tremendous, tremendous, tremendous amount of work in sort of bridging the gap between the veteran community and the VA as well as other agencies. Dr. Friedman? [00:10.00.00]

Thank you, Fred. Hello everybody. I'm very pleased to be here. I want to thank all the people that made this possible, certainly EES, certainly VA, certainly Fred's hospitality and the division here. But particularly Pam (Swales) [00:10.20.00] who has put together what's a very exciting program and I think is going to be very beneficial throughout VA and I think for other audiences as well. When I was invited to provide the kickoff lecture for this very exciting series I felt that for a new series I ought to do a new thing. [00:10.40.00] So, instead of talking about things that I spent many years thinking about, particularly medication treatments, other kinds of treatments, diagnostic issues, I thought I really ought to talk about something original, some new stuff that [00:11.00.00] a few of my colleagues and I have been thinking about very seriously and I think that will help to shape what I hope will be both a research and a clinical agenda concerning PTSD for the future. And what that is about is about [00:11.20.00] PTSD and medical illness. In 1995,



my colleague in the executive division of the national center, Paula (Schner), and I wrote a chapter where we looked at the data that was out there—and there wasn't very much—that suggested [00:11.40.00] to us that there might be a relationship between PTSD and medical illness. In point of fact what literature was out there was really primarily about whether or not people who had been exposed to a particular traumatic situation seemed to have a higher prevalence of [00:12.00.00] a variety of medical illnesses than people who had not. Specifically, the literature was divided roughly into three domains, one being military trauma which of course is something that we in the VA have led the world in trying in exploring. Secondly, sexual trauma, [00:12.20.00] mostly among women. And third, the trauma from natural disasters. And what we found was that whenever there was a relationship—and it was always—but whenever there was a relationship it appeared that trauma was bad for your health. [00:12.40.00] That people who had been exposed to military, sexual or natural disaster trauma seemed to have higher prevalence of developing adverse medical consequences as reported by personal reports, medical utilization, diagnoses made by medical practitioners [00:13.00.00] and mortality. Well that was pretty interesting, pretty exciting but obviously not at all convincing. In the interval between 1995 when that chapter appeared and 1999 when, when Paula and a young psychologist in our division, Kay Jenkowski, again reviewed the literature [00:13.20.00] by this time there was some data in terms of PTSD and health. And it did appear for the most part that it wasn't being exposed to trauma that seemed to be a risk factor for having medical problems but if that exposure to trauma produced PTSD. The folks with PTSD [00:13.40.00] seemed to be the ones that were more likely to have medical problems than the ones who didn't have PTSD. Very, very important distinction. As we continued to push the field—actually Paula and Bonnie Green have a book that's about 90 percent completed, going to be published by the [00:14.00.00] American Psychological Association, on PTSD and health. And most of that book will look at epidemiological data, psychological data, etc. My role in that book is a chapter that I've written with Bruce McKeown which takes things a step further [00:14.20.00] and asks the question well if indeed, if indeed PTSD is a risk factor for medical illness how is that happening? Why, why should that be? What can we understand (edeologically) in terms of causal relationships [00:14.40.00] why that should be the case? And what we restricted ourselves to and I'm going to restrict myself to this afternoon is talking about the psychobiological abnormalities associated with PTSD and why such psychological abnormalities might make folks with PTSD more [00:15.00.00] at risk for medical problems. There's a whole other domain and if Paula were here she would talk about some of the psychological factors. And just to name them very quickly, certainly hostility which we know from cardiovascular research seems to be related to heart disease, depression which is certainly related, [00:15.20.00] risky behaviors, poor coping abilities, poor health behaviors. People with PTSD are more likely to smoke, to drink, to eat immoderately or not at all, etc. I'm not going to talk about that. I'm just telling you about it. If you want to ask me about it [00:15.40.00] during the question period I would love to that. I frankly look forward to questions to give me a chance to talk about stuff that I can't fit into the time that's been allotted. So, again what I'm going to do in the first part of my talk is I'm going to review what we know about the psychobiological abnormalities [00:16.00.00] in PTSD and show how some of them might be related to



poor health. Now, this literature is a spotty one. And there's certain areas where there's been a fair amount of research and there's certain areas where there's been hardly any. And so in those cases I'm going to be extrapolating from the chronic stress literature [00:16.20.00] where there's a lot more out there. And I think the question really is, is PTSD a worse case or a severe case example of chronic stress? Is it a quantitative issue or is it a qualitative issue? Is there something about traumatic stress and PTSD that's really different? So, some of the stuff I'm going to tell you [00:16.40.00] is from the chronic stress literature because there's nothing, nothing's been done yet in the PTSD field.

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