

PTSD Women Veterans' Prevalence of PTSD Care

Donna L. Washington, MD, MPH¹ and Elizabeth M. Yano, PhD, MSPH²

¹VA Greater Los Angeles HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, University of California Los Angeles (UCLA) David Geffen School of Medicine, Los Angeles, CA, USA; ²VA Greater Los Angeles HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, UCLA Fielding School of Public Health, Sepulveda and Los Angeles, CA, USA.

J Gen Intern Med 28(10):1265
DOI: 10.1007/s11606-013-2488-z
© Society of General Internal Medicine 2013

The Authors Reply—We thank Dr. Lutwak for her interest and comments on our article, “PTSD Risk and Mental Health Care Engagement in a Multi-War Era Community Sample of Women Veterans”.¹ We agree that a better understanding of posttraumatic stress disorder (PTSD) risks, incidence, and associated physiological changes are important for informing the care of affected individuals. Several recent studies complement those cited by Dr. Lutwak in furthering our understanding of these important issues and their implications for PTSD care.

Maguen et al., studying U.S. active duty soldiers, and Vogt et al., studying U.S. veterans, each examined gender differences in traumatic experiences and mental health after deployment to Iraq and Afghanistan.^{2,3} Both studies found gender differences in types or levels of traumatic military exposures, but they found similar risk for PTSD in women and men after adjusting for traumatic exposure type and predeployment stressors or mental health. These studies confirm the importance of examining a variety of exposure types and comorbid conditions, as we did in our study, when assessing PTSD risk.

Heterogeneity in mental health comorbidity among patients with PTSD may also have implications for their health care needs and treatment preferences. For example, Lehavot et al. highlighted specific areas of vulnerability for women veterans with comorbid PTSD and depressive symptoms, in comparison to those with PTSD symptoms only, depressive symptoms only, or neither.⁴ Determinations

of women veterans' PTSD risk and comorbidity are more accessible for primary care provider decision-making than are physiologic parameters. As Dr. Lutwak noted, we think that increased patient and provider awareness of PTSD risk can inform patient management. Health care settings that choose to directly deliver mental health care services to women veterans, rather than to refer them for that care, have several options for mental health care arrangements that are gender-sensitive.⁵

Corresponding Author: Donna L. Washington, MD, MPH; VA Greater Los Angeles HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, University of California Los Angeles (UCLA) David Geffen School of Medicine, 11301 Wilshire Blvd., 111G, Los Angeles, CA 90073, USA (e-mail: Donna.washington@va.gov).

REFERENCES

1. **Washington DL, Davis TD, Der-Martirosian C, Yano EM.** PTSD Risk and Mental Health Care Engagement in a Multi-War Era Community Sample of Women Veterans. *J Gen Intern Med.* 2013. doi:10.1007/s11606-012-2303-2.
2. **Vogt D, Vaughn R, Glickman ME, Schultz M, Drainoni M, Elwy R, Eisen S.** Gender differences in combat-related stressors and their association with postdeployment mental health in a nationally representative sample of U.S. OEF/OIF Veterans. *J Abnorm Psychol.* 2011;120(4):797–806.
3. **Maguen S, Luxton DD, Skopp NA, Madden E.** Gender differences in traumatic experiences and mental health in active duty soldiers redeployed from Iraq and Afghanistan. *J Psychiatr Res.* 2012;46:311–6.
4. **Lehavot K, Der-Martirosian C, Simpson TL, Sadler AG, Washington DL.** Barriers to Care for Women Veterans with Posttraumatic Stress Disorder and Depressive Symptoms. *Psychol Serv.* 2013; in press. DOI: 10.1037/a0031596.
5. **Oishi SM, Rose DE, Washington DL, MacGregor C, Bean-Mayberry B, Yano EM.** National variations in VA mental health care for women veterans. *Womens Health Issues.* 2011;21(4S):S130–7.