

RECOGNIZING VETERAN SPECIFIC CARE NEEDS AT END OF LIFE

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How's everyone doing?



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Learning Objectives

- Name 2 characteristics of different service eras
- Identify one way Vietnam Veterans service experience may differ from other Veteran eras
- Explain how trauma may impact Veterans at end of life experiences
- Identify 2 treatment practices to assist Vietnam Veterans at EOL with traumatic experiences
- Identify medication management strategies

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Demographics

- One out of every four dying Americans is a Veteran
- More than 1,800 Veterans die every day in the US, or ~ 54,000/month
- Only ~ 10 -15% of Veterans receive care through the VA system
- The majority of seriously ill Vietnam Veterans receive medical care outside the VA, and 97% of veteran deaths occur **outside** VA facilities.

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COVID death toll

- Veterans Administration COVID known deaths as of 10/21/2021
 - 15,729
 - Inpatient deaths: 5,702
 - Community Deaths: 10,027
 - Veterans whom are enrolled in VA benefits, who have been tested or treated at a VAMC

Data retrieved from <http://accesscare.va.gov/Healthcare/COVID19NationalSummary>
on 10/21/2021

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Military Culture

- Men and Women who served are part of a distinct culture
- Subcultures – Era of service; combat versus noncombat; voluntarily signed up for service vs being drafted
- Distinct differences between services- training, duties, the way they may perceive other branches

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Clinical Questionnaire

- “What branch of military did you serve?”
- “During what wartime, era or period did you serve?”
- “Do you access care within the VA?”
 - ▣ If so, are you service connected?
- “How do you view your military service?”
- “Would you like someone with military experience to talk to or assist with your care if possible?”

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Different Eras... WWII

- Last from 1939-1945
- There are only ~ 300,000 WWII US Veterans living, most of whom are > 90 years old (down from nearly 1 million in 2015)
- ~245 Veterans die each day (*not taking into account current pandemic)
- Drafted and Volunteered for Service
- Most of the country was supportive of the war effort
- Clear mission
- Saw average of 40 battles per year
- Came home as war heroes

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WWII

- Aboard ships may have been exposed to asbestos
- Infectious disease
- Extreme temperatures
- Nuclear Weapons, and Chemical agents
- PTSD was not a diagnosis at the time- often referred to as “shell shock”

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Different Eras: Korean War

- Lasted from 1950-1953
- Currently ~ 2.25 million living Veterans
- Short Duration
- Lack of media attention
- Overshadowed by WWII and Vietnam
- Often Termed “The Forgotten War”

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Korean War/Conflict

- Exposed to frigid temperatures-with battlefield making treatment of cold injuries difficult
- Long term sequelae – often delayed/worsened with age
- Peripheral neuropathy, skin cancers from frost bite, arthritis in injured areas, chronic tinea pedis, fallen arches, stiff toes, etc.
- With aging, develop DM, PVD → placing at risk for late age amputations

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Different Eras: Cold War

- Lasted from 1945 until fall of former Soviet Union in the 1990s
- Tension period between US and Allies, and the Soviet bloc began after WWII
- Fear of Atomic War- “Atomic Veterans”
- May have had direct exposure to atomic bomb testing and clean up
- Veteran eligible to participate in Ionizing Radiation Program thru the VA

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Different Eras: Vietnam

- Lasted between 1962-1975
- Currently < 850,000 living Vietnam Veterans
- 390 Vietnam Veterans die each day *not taking into account current pandemic
- Mortality rate far greater than the general public
- Some soldiers were drafted, did not volunteer for military duty
- Saw an average of 240 battles per year

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Vietnam

- Unpopular war with US civilians - televised
- Treated poorly -were shunned, ridiculed—including being spat on, called child murderers, etc.
- Difficult time integrating back to civilian life
- Given little to no time to adjust (24-36 hr after deployment were back at home without any readjustment period)
- *More Veterans died from suicide after ending the war, than during battle*

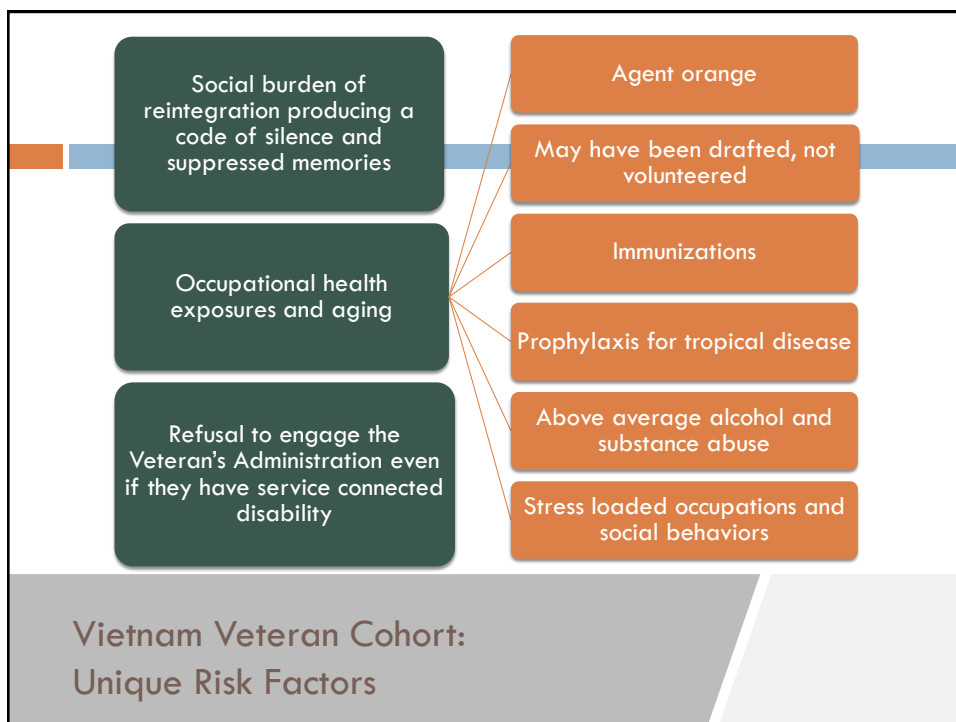
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Do you Really Want to Know

Poem by Bobbie Trotter – Vietnam Nurse Veteran

Do you really want to know
 how you can help me?
 Then don't turn your back on me
 as if I was to blame!
 You share in this too.
 I did the dirty work,
 the least you can do is listen to me...

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Vietnam Veterans

- Many have experienced prolonged post-war symptoms of medical, psychological, and spiritual distress including moral/soul injury
- About 15% were diagnosed with PTSD at the time of the National Vietnam Veterans Readjustment Study (NVVRS) in 1988. It is estimated that about 30% of Vietnam Veterans have had PTSD in their lifetime- may reemerge with life stressors
- 80 % of Veterans with PTSD have concurrent mental health disorders
- Have higher substance use disorders than other Veteran populations
- May have limited social support related to above
- Often are not trusting of healthcare, do not readily access VA

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Cancers we believe are caused by contact with Agent Orange:

Chronic B-cell leukemia: A type of cancer that affects your white blood cells (cells in your body's immune system that help to fight off illnesses and infections)

Hodgkin's disease: A type of cancer that causes your lymph nodes, liver, and spleen to get bigger and your red blood cells to decrease (called anemia)

Multiple myeloma: A type of cancer that affects your plasma cells (white blood cells made in your bone marrow that help to fight infection)

Non-Hodgkin's lymphoma: A group of cancers that affect the lymph glands and other lymphatic tissue (a part of your immune system that helps to fight infection and illness)

Prostate cancer: Cancer of the prostate (the gland in men that helps to make semen)

Respiratory cancers (including lung cancer): Cancers of the organs involved in breathing (including the lungs, larynx, trachea, and bronchus)

Soft tissue sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma): Different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues

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Other illnesses we believe are caused by contact with Agent Orange

- AL amyloidosis:** A rare illness that happens when an abnormal protein (called amyloid) builds up in your body's tissues, nerves, or organs (like your heart, kidneys, or liver) and causes damage over time
- Chloracne (or other types of acneiform disease like it):** A skin condition that happens soon after contact with chemicals and looks like acne often seen in teenagers. Under our rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.
- Diabetes mellitus type 2:** An illness that happens when your body is unable to properly use insulin (a hormone that turns blood glucose, or sugar, into energy), leading to high blood sugar levels
- Ischemic heart disease:** A type of heart disease that happens when your heart doesn't get enough blood (and the oxygen the blood carries). It often causes chest pain or discomfort.
- Parkinson's disease:** An illness of the nervous system (the network of nerves and fibers that send messages between your brain and spinal cord and other areas of your body) that affects your muscles and movement—and gets worse over time
- Peripheral neuropathy, early onset:** An illness of the nervous system that causes numbness, tingling, and weakness. Under our rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.
- Porphyria cutanea tarda:** A rare illness that can make your liver stop working the way it should and can cause your skin to thin and blister when you're out in the sun. Under VA's rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.

Psychological Aliments

Moral injury Definition

- Violation of deepest-held beliefs and expectations, causing moral confusion. Moral Injury is not listed in the Diagnostic and Statistical Manual (DSM) because it does not indicate a pathological diagnosis.
- Caused by Situations or events:
 - ▣ Without clear right/wrong choices
 - ▣ Overt or covert coercion to act against one's moral beliefs
 - ▣ Trusting people who fail to do the right thing
 - ▣ Surviving in ways that violate personal conscience

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Moral Injury Guilt Examples in Veterans

-  Some Veterans feel guilty for NOT killing, or for enjoying killing
-  Some have to forgive comrades for unjustifiable acts that the Veteran felt powerless to confront
-  Noncombat veterans sometimes feel guilty when they have seen fellow soldiers volunteer for dangerous missions
-  Nurses and medics may feel guilty about the life and death decisions they made
-  Survivor's guilt is common; it can interfere with Veterans' ability to enjoy their lives
-  Others have guilt for killing women and children or committing "friendly fire" or intentional killing of perceived poor leaders
-  Some veterans feel guilty for what they have put their family through

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Treatment for Moral Injury

- Moral injury- no indicated medication management
- Discussion with a trusted other who will not judge the action
- Dialogue with a benevolent moral authority
- Chaplain support?!
- Methods for forgiveness and self-forgiveness
- Guided imagery
- Meditation
- Collective rituals

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PTSD Definition

- A mental health issue that some people develop after experiencing or witnessing a life-threatening event such as combat, a natural disaster, a car accident, or sexual assault.
- PTSD is well defined and outlined in the DSM-V and has been well researched for decades.

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DSMV Criterion B: Symptom Clusters

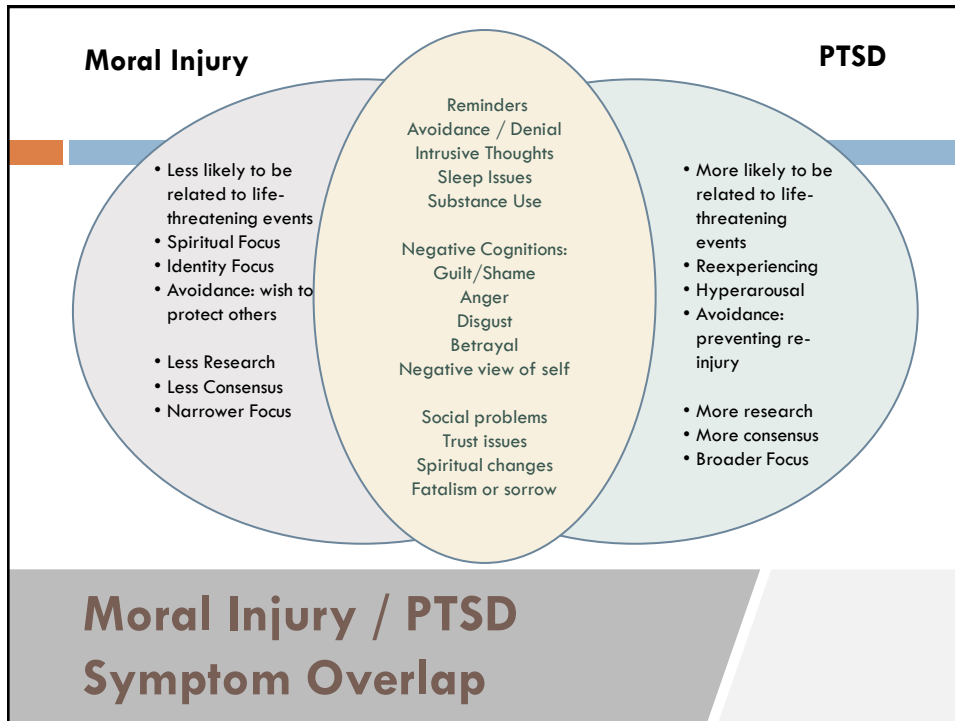


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PTSD- Brief assessment

- **In the past month, have you...**
- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
YES / NO
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
YES / NO
- Been constantly on guard, watchful, or easily startled?
YES / NO
- Felt numb or detached from people, activities, or your surroundings?
YES / NO
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
YES / NO

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Later-Adulthood Trauma Reengagement

- Phenomenon occurring in older Veterans who were exposed to stressful war-zone events during early life.
- These Veterans function well into adulthood, but while facing the challenges of aging (e.g. retirement, illness) begin to reminisce and reengage with combat-related experiences.
- This reengagement presents an opportunity for post-traumatic growth and meaning making, but can also be a source of distress.

Davison et al 2016; Davison et al 2006; Potter et al 2011

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Treatment for PTSD: Nonpharm

- Individual/Group Psychotherapy
- Exposure/de-sensitization Therapy
- Somatic Therapies (bio-feedback, Eye Movement Desensitization Reprocessing (EMDR), yoga, etc.) to re-train the stress response of the brain (amygdala)

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Nonpharmacological

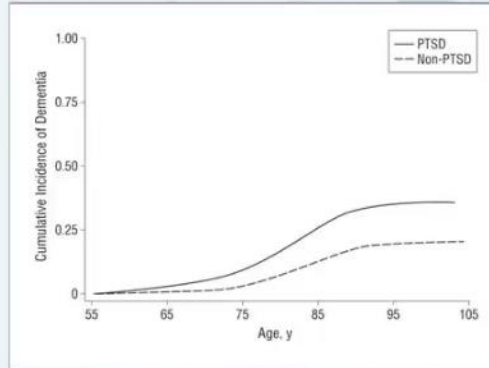
- Life review technique – integrates trauma into complete narratives of their lives.
- Spiritually oriented psychotherapy – helps individuals find meaning in their lives.
- Complementary and Alternative approaches

Glick, Cook, Moye, Pless Kaiser (2018)

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PTSD AND INCREASED RISK OF DEMENTIA

- ▶ 181,093 VA patients
- ▶ 7 year follow-up
- ▶ New dementia Dx
- ▶ ICD-9 codes



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Pharmacological treatment for PTSD

VA/DoD clinical practice guideline **suggest against** treatment of PTSD with the following medications as monotherapy due to the lack of strong evidence for their efficacy and/or known adverse effect profiles and associated risks:

- ▣ Quetiapine, Olanzapine, and other Second Generation Antipsychotics
- ▣ Citalopram
- ▣ Amitriptyline
- ▣ Lamotrigine
- ▣ Topiramate
- ▣ Benzodiazepines
- ▣ Prazosin (except for severe nightmares/terrors)
- ▣ Cannabis

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So, what DO we use??

Hospice Represents A Period of Multiple Conflicting Priorities

- ▣ Medications commonly avoided in PTSD treatment are commonly used in hospice care.

Factors to Consider when using Pharmacotherapy

- ▣ Symptoms of PTSD can mirror common end of life symptoms.
- ▣ Expected prognosis?
- ▣ Swallowing ability of the patient?
- ▣ Tapering?
- ▣ Identifying the family as the unit of care-treatment considerations through the lens of the family.
- ▣ Medications alone are not enough

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Treatment for PTSD

- ▣ Prazosin: Alpha-1 blocker
 - ▣ Trial of 9 male veterans with PTSD
 - ▣ 8:9 had > 50% reduction in nightmares
 - ▣ Larger trial currently underway
- ▣ Side effects to watch for:
 - ▣ Hypotension, orthostatic hypotension
 - ▣ Falls
 - ▣ Headache

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Treatment for PTSD

- SSRI: Select Serotonin Reuptake Inhibitors-First line treatment for PTSD
- Paroxetine, Sertraline – FDA approved for PTSD
 - ▣ May not be as effective in the elderly, especially with known neuropathology, decreased executive function
 - ▣ Paroxetine-more anticholinergic effects than other SSRI
 - ▣ Fluoxetine-Long ½ life
 - ▣ Sertraline- inexpensive, relatively safe, less side effects

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Treatment for PTSD

- Serotonin Norepinephrine reuptake inhibitors (SNRI)
 - ▣ Venlafaxine, Duloxetine
 - Relatively safe, effective, and can be used for an adjunct for neuropathic pain
- Tricyclic antidepressants (TCA)
 - ▣ Nortriptyline, Amitriptyline –
 - Inexpensive! Helps with mood, sleep, as well as neuropathic pain
 - ▣ Caution in elderly
 - Metabolism changes, anticholinergic, antihistamine, and α -1 antagonistic effects
 - QTC prolongation, severe arrhythmias – *caution: fatal overdose*

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Treatment of PTSD: Sleep/Anxiety

- Mirtazepine
 - ▣ Effective in PTSD
 - Sleep, Appetite, weight gain
- Trazodone
 - ▣ Tolerated and relatively effective for sleep, mood
 - May see higher doses than usual
 - Caution: QTC prolongation
 - Heart history? Polypharmacy/Drug-drug interactions

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Treatment of PTSD: Sleep/Anxiety

- Nonpharm interventions
 - ▣ Sleep hygiene
 - Routine, hot beverage (not a night cap!), dark environment, breathing techniques, turn off the TV
 - ▣ Exercise- as tolerated of course

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Treatment of PTSD: Sleep/Anxiety

- What to avoid??
- Benzodiazepines:
 - 10% of people will have paradoxical reaction
 - Worsening cognitive impairment
 - Disinhibition of suppressed memories
- Zolpidem:
 - Has been shown to increase nightmares in elderly

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Treatment of PTSD: Behaviors

- Identify and treat symptoms
 - Pain? Fluctuations in FSBS? Recent Benzo? Urinary retention
- Optimize environment:
 - Turn off Saving Private Ryan...
 - Uniforms can increase stress
 - Same Sex care providers
 - Predictable routines
- Positive Caregiver Interactions-
 - 3 Rs: reorient often, reassure, and redirect
- Medication review: BEERs list? Drug to drug? Polypharm?

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Treatment of PTSD: Behaviors

Medications:

- **Mood Stabilizers:**
 - ▣ Poor success in patients with agitation, with known serious side effects
- **Antipsychotics:**
 - ▣ Increased incidence of extrapyramidal side effects, Tardive dyskinesia, orthostatic hypotension
 - ▣ Avoid in Parkinson's patients- increase dyskinesic movement

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PTSD Consultation Program
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About the Consultants

- Experienced senior psychologists, psychiatrists, 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:

<ul style="list-style-type: none"> ▪ Evidence-based treatment ▪ Medications ▪ Clinical management ▪ Resources 	<ul style="list-style-type: none"> ▪ Assessment ▪ Referrals ▪ Collaborating with VA on Veterans' care ▪ Developing a PTSD treatment program
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Available Resources - www.ptsd.va.gov/consult

<ul style="list-style-type: none"> ▪ Free continuing education ▪ Videos, educational handouts, and manuals 	<ul style="list-style-type: none"> ▪ PTSD-related publications ▪ PTSD and trauma assessment and screening tools ▪ Mobile apps, and more
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WWW.PTSD.VA.GOV POSTTRAUMATIC STRESS DISORDER

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Pearles: Assumptions...

- Don't assume someone has PTSD if they are having specific symptoms (insomnia, anger—this maybe disease status!)
- Don't assume all Veterans who have combat experience will suffer from PTSD
- Don't assume PTSD is specifically related to service/combat – maybe other traumatic events experienced in a Veterans life
- Don't assume non-combat Veterans will NOT have PTSD

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Medication Management at EOL

Medications for symptoms at EOL—It's complicated...

Hospice Represents a period of multiple conflicting priorities:

Many meds commonly avoided in PTSD are readily used in hospice

- Haldol IV/SC/SL has been shown to be helpful for terminal restlessness/agitation
- Anxiety?
 - ▣ Paradoxical reactions at a higher incident in Veterans with benzodiazepines
 - ▣ Yet, these agents maybe beneficial in some Veterans with other co-morbidities
- Individualized treatment is a must!!
 - ▣ Alcohol abuse/withdrawal, brain malignancy, severe anxiety, etc.

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Pearles

- PTSD – Avoidance of talking about experiences
- LATR—Actively re-engage with traumatic memories
- Veterans with PTSD are more likely develop dementia
- As Cognitive Decline worsens – traumatic memories may come back – and increases restlessness/agitation
- Avoid medications that can have negative side effects: Specifically avoid Benzos, certain Antipsychotics **as able**
- Don't touch without permission
 - ▣ Be gentle -- honor space, experience
- Anchoring Heart Technique

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Anchoring Heart Technique: Self

- Anchor the Heart firmly and tenderly & Breathe deeply
- Feel whatever uncomfortable feeling that you are experiencing (even if it's just for a few seconds)
- Be curious about the place inside that is NOT afraid of emotional pain (builds awareness and new synaptic nerve connections)

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Anchoring Heart Technique: Helping others

- Ask for permission
- Calmly place your open hand on an unsettled person's sternum
- Place your hand firmly on the other person's heart and just breathe deeply to induce calmness
- Alternative- can place hand on back between shoulder blades- "I've got your back"

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Accessing Telehealth

- VA offers telehealth services across the U.S. — including via VA Video Connect — an app that promotes "Anywhere to Anywhere" care.
- **Veterans will need to be enrolled** to receive VA telehealth services which can be initiated online at the link below or by calling 877-222-VETS (8387). <https://www.va.gov/healthbenefits/online/>
- Telemental Health Hubs connect mental health specialists with Veterans at sites who require same-day or urgent access to mental health services. www.telehealth.va.gov
- For more urgent situations, the **Veterans/Military Crisis Line at 800-273-8255** is available 24/7/365. VA enrollment is not necessary to use this resource.

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Resources for Hospices

Connect to a multitude of videos, guidance and local VA resources;

- www.MaketheConnection.net
- <https://www.mentalhealth.va.gov/communityproviders/military.asp>

VA Suicide Risk Management Consultation Program offers free, confidential, one-on-one consultation for any community or VA provider who works with Veterans.

- <https://www.mirecc.va.gov/vsn19/consult/>

PTSD Consultation Program (can assist with Moral and Soul Injury as well)

- <https://www.ptsd.va.gov/professional/consult/index.asp>
- Or call (866) 948-7880

Office of Survivors Assistance at 202-461-1077 or VA Benefits Assistance Service at 800-827-1000

Hospice Foundation of American: Improving Care for Veterans Self Study

- <https://www.vehonorveterans.org/improving-care-veterans-self-study>

VA/DOD Clinical Practice Guidelines for the Management of PTSD and Acute Stress Disorder

- <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf>

VA National Center for PTSD

- <https://www.ptsd.va.gov/>

VA National PTSD Brain Bank

- https://www.research.va.gov/programs/tissue_banking/PTSD/default.cfm

We Honor Veterans

- <https://www.vehonorveterans.org/veterans-their-needs/specific-populations/post-traumatic-stress-disorder-ptsd>

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References

- Elliott, B. (2017). End-of-life care for WW II, Korea, and Vietnam-era Veterans. *Home healthcare now*, 35(9), 485-493.
- Meyers, B. S., & Jeste, D. V. (2010). Geriatric psychopharmacology: evolution of a discipline. *The Journal of clinical psychiatry*, 71(11), 1416-1424.
- Olenick, M., Flowers, M., & Diaz, V. J. (2015). US veterans and their unique issues: enhancing health care professional awareness. *Advances in medical education and practice*, 6, 635.
- Owens, G. P., Baker, D. G., Kasckow, J., Ciesla, J. A., & Mohamed, S. (2005). Review of assessment and treatment of PTSD among elderly American armed forces veterans. *International journal of geriatric psychiatry*, 20(12), 1118-1130.
- Opus Peace; Anchoring Heart Technique
<https://opuspeace.org/Anchoring-Heart/Anchoring-Heart-Technique.aspx>
- Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). *The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)*. [Measurement instrument].

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Resources

Prins, A., Bovin, M. J., Smolenski, D. J., Mark, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., Kaloupek, D. G., Schnurr, P. P., Pless Kaiser, A., Leyva, Y. E., & Tiet, Q. Q. (2016). [The Primary Care PTSD Screen for DSM-5 \(PC-PTSD-5\): Development and evaluation within a Veteran primary care sample](#). *Journal of General Internal Medicine*, 31, 1206-1211. doi:10.1007/s11606-016-3703-5

Sadowsky, C. H., & Galvin, J. E. (2012). Guidelines for the management of cognitive and behavioral problems in dementia. *The Journal of the American Board of Family Medicine*, 25(3), 350-366.

VHA Train: Community Hospices- Posttraumatic Stress Disorder in Vietnam Veterans obtained 8/29/2020 from <https://www.train.org/vha/course/1086813/>

VHA Train: Community Hospices- Moral Injury in Vietnam Veterans obtained 8/25/2020 from <https://www.train.org/vha/course/1086811/>

"Vietnam: Untold Stories at the End of Life". Deborah Grassman. Recorded 7/27/2018 available at <https://www.youtube.com/watch?v=e7xCjrslREk>