



Common Diagnosis, Medications and Side Effects Of Veteran Readjustment Problems

One of the most challenging aspects of war related mental illness is the identification of the illness. There are no specific blood tests or specific medical tests that identify psychological illness. The diagnosis of a mental illness is based on a checklist of criteria. Many of the illnesses can have aspects of the other. For example, hypersensitivity (overly sensitive to light, sound, etc.) can be a symptom of several disorders.

Gulf War, OEF and OIF illnesses are extremely complicated. MANY symptoms can indicate either a readjustment, medical OR a psychological illness. Many MEDICAL illnesses DO have tests that can “rule out” problems. It is suggested that you work closely with healing care team (physicians, counselors, etc.) to make sure they are communicating with each other. If your veteran is **NOT** showing signs of improvement, then do not hesitate to request further tests or seek a healing practitioner that will LISTEN TO YOU,

work with you, and help you and your veteran to find relief.

The MOST important thing is that YOU and YOUR veteran become educated about the diagnosis AND any medications used to treat the diagnosis. **ALWAYS ASK ABOUT THE DIAGNOSIS AND MEDICATIONS and for a TREATMENT PLAN.**

Everything that affects your veteran, affects you and your family. If your veteran has been diagnosed with a psychological illness, you will need to work as a team to communicate and support one another.

Following is a list of common psychological diagnoses for many Veterans and some helpful hints to be aware of when working with your healing team and family. Also, some web links are identified to give you further information.

1. Attention Deficit Hyperactive Disorder (ADHD) (see www.nami.org for a more specific definition – National Alliance for the Mentally Ill)

This diagnosis may be given when the soldier's primary complaint is memory and focus and concentration problems.

Common medications for this disorder are amphetamines (Adderall, Concerta, Ritalin, etc). These are **highly addictive**. MUCH CARE SHOULD BE TAKEN if any of these are prescribed. Most any person, sick or not, that takes amphetamines will feel better initially. Amphetamines are considered “controlled dangerous substances” and should be considered very, very carefully before taking them.

It is possible that soldiers who have experienced extreme sleep deprivation and circadian rhythm disruption (irregular and brief periods of sleep over long periods of time, as experienced during wartime) can also suffer from memory and concentration problems.

In addition, there are a few studies that indicate that OIF and OEF soldiers that took anthrax and malarial inoculations may be experiencing problems that mimic ADHD. Advise your medical/counseling team especially if your veteran took the anthrax inoculation.

If the veteran in your life is not sleeping and/or is sleeping erratically, this should be discussed thoroughly with the medical practitioner. Also, if your veteran **DID NOT have ADHD BEFORE GOING TO WAR**, be very cautious about accepting this diagnosis and seek several opinions.



2. Major Depressive Disorder (MDD) (see www.nami.org for a more specific definition)

Significant sleeping, eating, sexual and relationship changes are symptoms of major depression. Changes in hygiene indicate reasons for immediate concern and intervention.

Common medications for this disorder include several categories. One category must be used with **extreme caution** and that is SNRI's (selective serotonin and **norepinephrine** reuptake inhibitors) or any **norepinephrine** based medication.

Often, major depression can be associated with other mental or physical illnesses. Many PTSD sufferers, for instance, have an imbalance of norepinephrine. Adding more to a soldier's already dysregulated system can cause even more challenges.

MEDICATION ONLY REMEDIES ARE NOT ADVISED! Effective treatment includes many areas of help including medical, pharmacological, counseling, nutritional, herbal, energy healing, etc. Only doing part of these or doing them randomly will not address the problem as effectively.

3. Post Traumatic Stress Disorder (PTSD) (see www.nami.org for a more specific definition and www.ncptsd.va.gov for information specifically related to war trauma and families)

Symptoms of this include sleep disrupted by nightmares, startle responses, anxiety in going and doing certain activities that may trigger an unwanted memory, panic attacks, and other anxiety related symptoms.

PTSD is an extremely complex mental illness that requires a comprehensive approach to healing. Treatments effective in relieving symptoms can include; medications, talk therapy, rest, stress reduction, adequate nutrition and TIME and understanding, EMDR (Eye Movement Desensitization Reprocessing), Exposure Therapy, guided imagery, etc.

The use of any **norepinephrine** based medication to treat the depression symptoms of PTSD should be used with extreme **caution**. Research also indicates that alpha and beta blockers can be helpful for rapid pulse, nightmares, and tense muscles (example: propranolol)

Finding a counselor and/or therapeutic group is also crucial to healing. It is important to find out if the counselor has experience with PTSD and the types of treatment that they use. Always ask for a **treatment plan from ALL practitioners** and make sure that all members of the care team (doctors, counselors, social workers) communicate and are aware of what the other is doing.

4. Bi-Polar Disorder (Manic/Depressive) (see www.nami.org for a more specific definition)

This diagnosis may be given if your veteran complains of period(s) of depression and periods of elation. There are several sub-types of bi-polar also.

Be very cautious with this diagnosis. Many of the symptoms (behaviors) of veterans can APPEAR like bi-polar, but may be otherwise. The greatest challenge of a misdiagnosis is that medications used to treat bi-polar may have a negative impact on the soldier.

If your veteran is drinking alcohol excessively and or using any stimulant excessively (caffeine, nicotine, amphetamines-prescribed or not) it is very, very important that you or your veteran discuss use of any drug that with your healing practitioners. The excessive use of these substances can mimic symptoms that may be consider "manic" or "depressive" by the health care professional.



5. Substance Dependence

(see www.nami.org for a more specific definition)

Veterans who return home and are having difficulty adjusting, often use drugs and alcohol to “self” medicate. They are often not willing to admit that they are having trouble and will make efforts to ease their symptoms. Some veterans use alcohol to “relax” and any “upper” (caffeine, nicotine, amphetamines, etc.) to help them stay awake and/or alert.

Excessive and prolonged use of depressants and stimulants begin to add to existing problems. Deeper psychological problems cannot be addressed if the veteran is excessively self-medicating.

Also, many times, the veteran will use excuses to take substances. However, a good rule of thumb is that if ANY substance begins to ADD problems to work, family, social, etc., and then they ARE a problem.

Effective help for substance dependence can be found in 12 step groups like Alcoholics Anonymous www.alcoholics-anonymous.org and Narcotics Anonymous www.na.org. Many VA Hospitals also have Substance Dependence programs.

It is often a “rule of thumb” that the Substance Dependence must be addressed first before addressing other mental health issues.

Adding any type of medication to a person that is substance dependent can often intensify, mask and prolong the problem. If the use of alcohol or substances is disrupting your family on a regular basis, if you feel like you are walking on “egg-shells” and WANT your veteran to use a substance so he/she will “calm down”, then those are good indications that your veteran has a substance abuse problem that needs addressed.

6. Sleep Disorders (see www.nami.org for more specific definitions)

Many veterans that return have sleep problems. These problems can come from a variety of things like time change, continued sleep deprivation and/or disruption in wartime, etc.

It is pretty predictable that the soldier will have dysregulated sleep. However, it can become a serious problem if it does not start to “normalize”. If your veteran cannot go to sleep at night, wakes at all hours of the night, or does not readjust to a normal sleep cycle, **SEEK HELP IMMEDIATELY**. Continued disruption of sleep can add to, and in fact, cause other problems OR may be the result of PTSD. Regardless, lack of sleep, disruption of sleep and irregular sleep **MUST BE ADDRESSED**.

Veterans' Families United Foundation

Resources for
Friends & Families
of Veterans



Helpful Hints:

1. Learn as much as you can about the diagnosis.
2. Learn as much as you can about the treatment and medications.
3. If the treatment and medications are not making things better OR are making things worse, TALK TO YOUR healing professional. If they do not respond, seek other opinions. You deserve to be heard.
4. Ask your care team what the Treatment Plan is and to communicate to other members of the care team.
5. Seek help yourself. You will need support during this time.
6. Ask the healing professional what you can do to support your soldier.

Resources that may be Helpful:

1. www.healthjourneys.com Resources by author Belleruth Naperstek for trauma. *Invisible Heros: Survivors of Trauma and How They Heal* is an excellent book for PTSD/depression/anxiety and there are wonderful healing CD's available.
2. www.emdr.com Information about Eye Movement Desensitization Reprocessing and it's healing potential for Trauma victims.
3. www.emofree.com Information on Emotional Field Therapy and it's healing potential for Trauma victims.
4. www.alcoholics-anonymous.org Information on the AA 12 step program and path of recovery and meetings available in your hometown.
5. www.na.org Information on Narcotics Anonymous and the 12 step program and path to recovery and meetings available in your hometown.
6. www.coda.com Information on Codependents Anonymous – **learning how to live with an addicted person** and meeting availability in your hometown.
7. www.tara-approach.com Information on an energy healing process that can be helpful with trauma.

NOTE: VFU does not guarantee results or outcome of the information provided in any of its materials.

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