



Association Between Traumatic Brain Injury (TBI)–Related Clinical Burden and Posttraumatic Stress Disorder Symptom Severity Among Special Operations Forces (SOF): Cross-sectional and Longitudinal Inferences

Jolie N. Haun, EdS, PhD¹, Justin McDaniel, PhD^{1,2} Risa Nakase-Richardson, PhD^{1,3}, Tali Schneider, PhD³, Julie McMahon-Grenz, MS, OTR/L¹⁰, Sharon Barton, MS, CRC, CVE, CBIS, CPD⁴, Roberto Sandoval, PT, PhD⁵, Karen M. Skop, PT, DPT, MS^{1,3}, Clara Dismuke-Greer, PhD⁶, Jerome Sabangan, PT, DPT⁶, Kimberly Samson, PT, DPT⁶, Daniel W. Klyce, PhD, ABPP⁴ Yvonne Friedman, MA, OTR/L¹, Leah R. Gause, PsyD⁷, Shannon R. Miles, PhD^{1,3}, Kevin Wells⁸, Mary Jo Pugh, PhD⁹

¹James A. Haley Veterans' Hospital, Tampa, FL; ²Southern Illinois University, Carbondale, IL; ³University of South Florida, Tampa, FL; ⁴Central Virginia VA Health Care System, Richmond, VA; ⁵South Texas Veterans Health Care System, Audie L. Murphy VAMC, San Antonio, TX; ⁶VA Palo Alto Healthcare System, Menlo Park, CA; ⁷Minneapolis VA Health Care System, Minnesota; ⁸VA Eastern Colorado Health Care System, Denver, CO; ⁹VA Salt Lake City Health Care System, Salt Lake City, UT; ¹⁰Hines VA Medical Center, Hines, IL

Objectives



Assess TBI-related neurobehavioral and lifestyle factors



Examine associations with PTSD symptoms



Analyze SOF members and veterans in a 5-site VA inpatient rehabilitation cohort

Jul 2022

May 2024

Methods

TBI-related Clinical Burden

Neurobehavioral Symptom Burden

Functional Participation Impairment

PTSD Symptom Severity

Assessed using PCL-5

Data Analysis

- Multivariable Linear Regression
- Linear Mixed-Effects Models

Results

Greater neurobehavioral symptom burden ($b=1.00$; $P<.001$) and participation-related impairment ($b=2.60$; $P<.001$) were independently associated with higher PTSD symptom severity at baseline. Longitudinal analyses indicated that functional participation ($b=-0.35$; $P=.01$) predicted steeper reductions in PTSD symptoms over time.

Longitudinal changes in PTSD symptom severity by M2PI functional participation quartile.

Special Forces PCL5 over Time, by M2PI Quartile

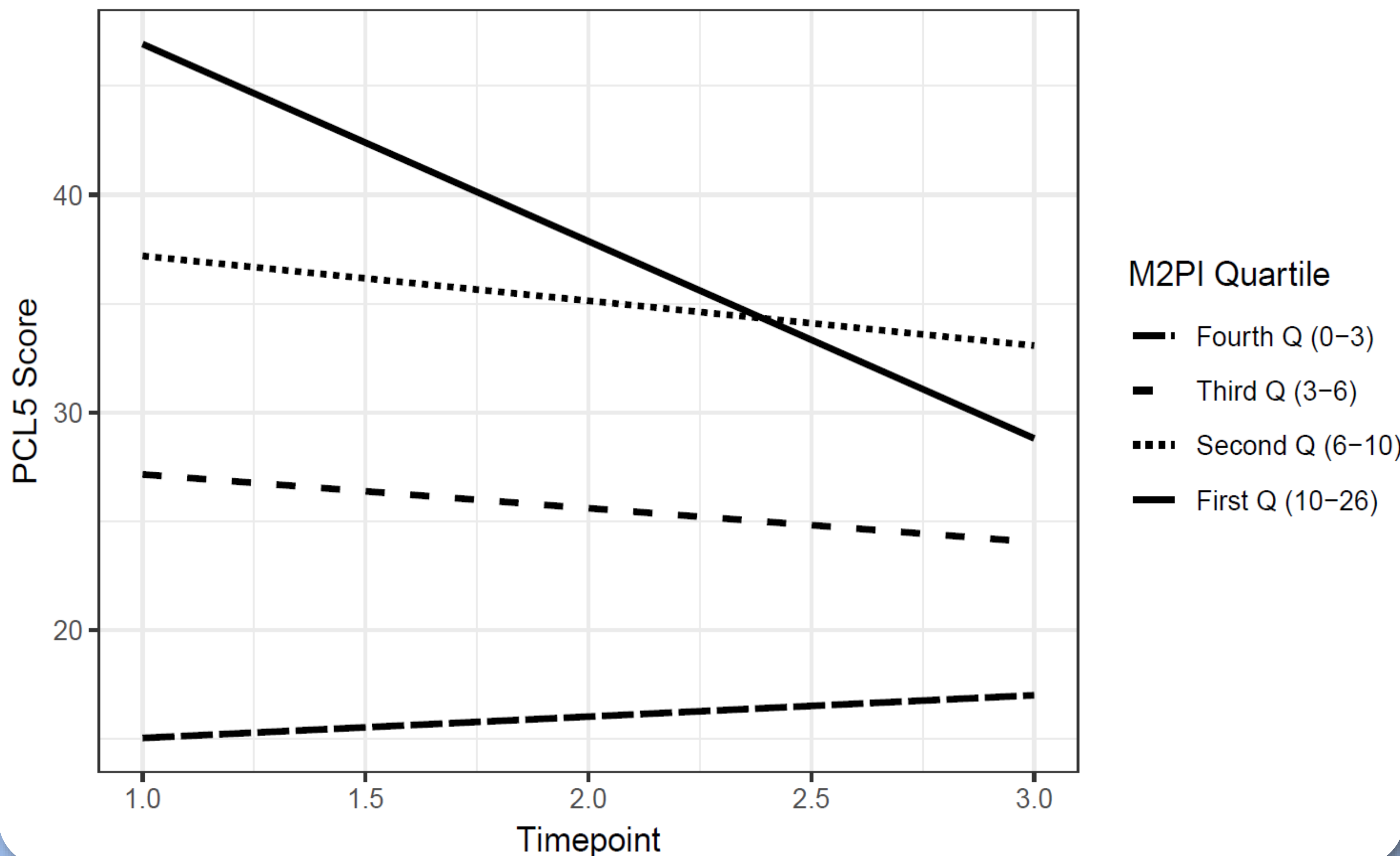


Table 2

Adjusted and unadjusted fixed coefficients from mixed effects linear regression models of key IETP outcomes

	PTSD and NSI		PTSD and M2PI	
	b (CI)	p	b (CI)	p
NSI	1.00 (0.90,1.20)	<0.001	2.60 (2.10,3.10)	<0.001
Age (y)	-0.13 (-0.65,0.39)	0.60	-0.66 (-1.3,-0.07)	0.03
Race: White	-0.07 (-4.60,4.50)	0.99	1.80 (-3.50,7.10)	0.50
Hispanic	-7.50 (-0.18,15.00)	0.06	10.00 (1.30,19.00)	0.03
Rank	1.60 (-3.40,6.70)	0.50	-5.10 (-0.69,11.00)	0.08
Education	0.65 (-4.20,5.50)	0.80	2.90 (-2.80,8.60)	0.30
Service Length	0.23 (-0.65,1.10)	0.60	0.65 (-0.38,1.70)	0.20
Deployments	--0.11 (-0.80,0.58)	0.80	-0.36 (-1.20,0.46)	0.40

Note: b = beta coefficient; SE = standard error; NSI = Neurobehavioral Symptom Inventory; PCL-5 = PTSD Checklist for DSM-5; PROMIS-PI = Patient Reported Outcomes Measurement Information System for Pain Interference; M2PI = Mayo-Portland Adaptability Inventory; SOF = Special Operations Forces

Key Take Away

Post-concussive symptoms are associated with PTSD symptom severity at baseline and with changes during rehabilitation, therefore participation-focused treatment is central to recovery.



Sociodemographic characteristics



Race
White
(68.57%)



Ethnicity
Hispanic
(7.62%)



Education
Graduate Degree
(37.14%)



Number of Deployments
M = 7.38, SD = 3.11



Age
M = 42, SD = 5.4



Years of Military Service
M = 18.54, SD = 2.87

Conclusion

Functional participation may represent an important measure of TBI-related clinical burden that is associated with PTSD symptom trajectories in a TBI rehabilitation program. Patients with TBI and higher PTSD severity may be a key target audience for inpatient rehabilitation given their receptivity to treatment

Acknowledgement and Disclaimers

This work was funded by the Veterans Health Administration Health Services Research and Development Partnered Evaluation Center (PEC 21-129) through the Quality Enhancement Research Initiative. This protocol is the result of work supported with resources and the use of facilities and personnel at the James A. Haley Veterans' Hospital. Contents do not represent the views of the Department of Veterans Affairs or the US government.

