

VA diabetes 3a Correction

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Post-traumatic Stress Disorder and Antepartum Complications: a Novel Risk Factor for Gestational Diabetes and Preeclampsia

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Abstract

Background: Prior work shows that Post-traumatic Stress Disorder (PTSD) predicts an increased risk of preterm birth, but the causal pathway(s) are uncertain. We evaluate the associations between PTSD and antepartum complications to explore how PTSD's pathophysiology impacts pregnancy.

Methods: This retrospective cohort analysis of all Veterans Health Administration (VA)-covered deliveries from 2000-12 used the data of VA clinical and administration. Mothers with current PTSD were identified using the ICD-9 diagnostic codes (i.e. code present during the antepartum year), as were those with historical PTSD. Medical and administrative data were used to identify the relevant obstetric diagnoses, demographics and health, and military deployment history. We used Poisson regression with robust error variance to derive the adjusted relative risk estimates (RR) for the association of PTSD with five clinically relevant antepartum complications [gestational diabetes (GDM), preeclampsia, gestational hypertension, growth restriction, and abruption]. Secondary outcomes included proxies for obstetric complexity (repeat hospitalisation, prolonged delivery hospitalisation, and caesarean delivery).

Results: Of the 15 986 singleton deliveries, 2977 (19%) were in mothers with PTSD diagnoses (1880 (12%) current PTSD). Mothers with the complication GDM were 4.9% and those with preeclampsia were 4.6% of all births. After adjustment, a current PTSD diagnosis (reference = no PTSD) was associated with an increased risk of GDM (RR 1.4, 95%

confidence interval (CI) 1.2, 1.7) and preeclampsia (RR 1.3, 95% CI 1.1, 1.6). PTSD also predicted prolonged (>4 day) delivery hospitalisation (RR 1.2, 95% CI 1.01, 1.4), and repeat hospitalisations (RR 1.4, 95% CI 1.2, 1.6), but not caesarean delivery.

Conclusions: The observed association of PTSD with GDM and preeclampsia is consistent with our nascent understanding of PTSD as a disruptor of neuroendocrine and cardiovascular health.

Keywords: PTSD; gestational diabetes; preeclampsia; stress.

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Overview of VA research on **Health Equity Introduction**

Health care is distributed unevenly in the United States and minority populations often receive less care than others, or care of lesser quality. The majority of Veterans today are predominantly male and white, with the largest cohort having served during the Vietnam War. According to a [2018 report](#) prepared by the National Center for Veterans Analysis and Statistics, minority Veterans made up about 22 percent of the total Veteran population in 2016. The two largest groups in that year were African-Americans (11 percent) and Hispanics (7 percent). Women made up 8.7 percent of the Veteran population in 2017, and 34.4 percent of those women were minorities. The two largest groups were African-Americans (19.5 percent) and Hispanics (8.3 percent).

The report projects that the overall Veteran population will decrease from 18.6 million in 2016 to 12.9 million in 2040. Over this time, however, the percentage of minority Veterans will increase from 23 to 34 percent.

One implication of this trend and others is that American Veterans are increasingly from populations the federal government considers to be "potentially vulnerable patient populations." Veterans from these groups are at risk of receiving lower-quality medical care or for having worse medical outcomes than patients who are white.

Members of minority communities typically have higher rates of chronic illnesses, such as diabetes and high blood pressure. According to the Centers for Disease Control and Prevention (CDC), 43 percent of [adult blacks](#) had high blood pressure during the period

2011–2014, [compared](#) with 34.5 percent of [whites](#). CDC also [reported](#) in 2017 that 7.4 percent of adult white Americans had diabetes during the period

2013–2015, compared with 12.7 percent of blacks, 12.1 percent of Hispanics, and 8.0 percent of Asian-Americans.

Minorities also have higher rates of many cancers. CDC [reports](#), also in 2017, that among male Americans, black men currently have the highest rates of cancer in 2014, followed by white, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander men. Among women, white women have the highest rates of cancer, followed by black, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women.

There are no simple reasons for these disparities, and no simple solutions. Health care access is important, but it is not the only factor. Income, education, social context and support, life experience, perceived discrimination, and patient-level preferences may also contribute.

Provider and health care system factors may also play a role.

As the nation's largest health care system, VA offers a unique opportunity to understand the complex reasons why health care disparities may occur. VA also offers an ideal setting in which to develop and evaluate patient-centered and culturally sensitive approaches to care.

In a 2014 [article](#), three senior VA investigators reviewed the Veteran Health Administration's efforts relating to health equity research. In a section entitled "what we have learned so far," the authors cited three significant contributions VA research has made in this area.

First, providing access to health care doesn't, in itself, guarantee equal health outcomes. Second, the causes of health disparities in VA defy simple explanations, because the "usual suspects" of costs or overt bias are likely less important than other factors, such as gaps in health literacy and health activation; lack of cultural competence or unconscious bias among providers; stigma and other obstacles to accessing care, lack of trust in the health care system; and limited access to the community resources, networks, and social capital that support healthy living and appropriate medical care. And third, general improvement in the quality of care sometimes reduces disparities, but not always.

The authors suggest that partnerships between VA and Veterans can provide essential new insights into ways to eliminate health care disparities and ways to transfer new approaches into treatment settings where they are most needed.

Military data reveals dangerous reality for black service members and veterans

By [Zachary Cohen](#) and Janie Boschma, CNN

Updated 11:52 AM ET, Sun June 14, 2020

Washington (CNN) [Top US military](#) officials are seeking to reassure the nation's roughly two million active duty and reserve personnel that they are committed to addressing issues of racial inequality across the branches following George Floyd's death and [protests](#) across the country.

But the challenges they face are huge.

A CNN review of data provided by the Pentagon and Department of Veterans Affairs reveals the stark reality that black service members are less likely to become officers and, as a result, are more likely to be seriously injured serving their country than their white colleagues.

Those issues are very much intertwined, according to David Shulkin, who previously served as [President Donald Trump's](#) Veterans Affairs Secretary.

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The perfect rugs help turn your house into a home

CNN Underscored partnered with Boutique Rugs to create this content. When you make a purchase, CNN receives revenue. "While there's been some increase in relative numbers in minority officers, it's not been proportional to the increase that we're serving, so therefore you do have more minority members serving in the front line jobs and therefore getting higher numbers of these injuries," he told CNN in an interview Friday. The data reviewed by CNN includes a mix of publicly available numbers and records kept by the Department of Defense. CNN has reached out to the Pentagon for comment.

Black veterans more likely to sustain severe injuries during service

For minority service members, and black veterans in particular, the challenges they face while in the military have had a direct impact on their long-term health.

A review of VA data shows that black veterans are more likely to sustain severe injuries during their service -- a trend that is directly linked to the fact that they are disproportionately working "frontline jobs" during their time in the military, according to Shulkin.

"In the VA system you're seeing a reflection of what has come from the Department of Defense, which is a growing proportion of minorities or serving many of them in frontline roles," he told CNN. The Department of Veterans Affairs assigns injured veterans a "disability rating," which represents how much a service-related injury affects their earning ability. The ratings determine the amount of the monthly benefit they should receive as compensation. They range from 0% to 100% -- the higher the rating, the more severe a veteran's disability.

Nearly 31% of injured black veterans have a disability rating of 70% or higher, compared with around 23% of white injured veterans," according to the data.

"The disability rating is an indicator of the severity of the injury and the disruption to life after serving," Shulkin said, adding that the current data is a reflection of the numbers of minorities who are serving as well as the roles and categories of job duties that they are doing in the military.

"While our minority communities are shouldering the disproportionate share of service to the country, they are not necessarily, being represented in the more senior positions to that same level," he added. Those numbers become even more troubling given the fact that the minority veteran population is projected to increase over the next 20 years despite the fact that the total number of veterans is expected to decrease over that same time period, according to the VA.