



POLYTRAUMA

SUMMARY

- As defined by Department of Veterans Affairs (VA), polytrauma occurs when a person experiences injuries to multiple body parts and organ systems often, but not always, as a result of blast-related events.
- Chronic Pain (CP) is the most common polytrauma condition among Polytrauma System of Care (PSC) users, highlighting the importance of incorporating interdisciplinary pain management approaches within the PSC, with an effort to reduce reliance on long-term opioid therapy and improve rehabilitation.
- Traumatic brain injury (TBI) frequently occurs in polytrauma in combination with other disabling conditions, such as amputation, burns, spinal cord injury, auditory and visual damage, spinal cord injury (SCI), post-traumatic stress disorder (PTSD), and other medical conditions. The complex morbidities surrounding these associated conditions make treatment and diagnosis very difficult.
- Between 2000 and 2021, the U.S. Department of Defense diagnosed more than 444,300 service members as experiencing at least one TBI during their military service, one of the top issues facing American veterans. According to VA statistics, over 185,000 veterans who use VA healthcare have been diagnosed with at least one TBI.

ISSUE #1 – Substance Use Disorder as a Comorbidity

Among the roughly 30% (6.1 million of 20.3 million) of veterans who use VA services, the prevalence of overdose deaths from non-synthetic opioids roughly doubled between 2001 and 2009, and overdose deaths in this population have continued to rise dramatically, showing a 65 percent increase from 2010 to 2016.

Another study found that between 2010 and 2019, drug overdose mortality increased by 333.4% for overdoses involving stimulants and by 93.4% for overdoses involving opioids.

ISSUE #2 – Lack of Training in TBI care from the VA

Although 71% of nurses agreed with the subjective statement, "nurses on my unit do a good job when providing care to patients with moderate-to-severe TBI," over 77% of nurses disagreed with the subjective statement: "The role of registered nurses in regard to care of patients with TBI is clearly understood in my workplace."

Areas for improvement included: 1) further clarity in the role of a nurse when caring for a veteran patient with moderate-to-severe TBI, 2) behavior manifestations in veteran patients with moderate-to-severe TBI, 3) nursing care plan development for veteran patients with moderate-to-severe TBI, and 4) clinician training for the imminent Food and Drug Administration (FDA) approval of Methylenedioxymethamphetamine [Midomafetamine] (MDMA) assisted therapy.

CURRENT LEGISLATION

- **H.R. 105 - TBI and PTSD Treatment Act**
 - aims to direct the VA to provide hyperbaric oxygen therapy to veterans for the treatment of Traumatic brain injury and post- traumatic brain disorder.
- **H.R. 3649 - Veterans National Traumatic Brain Injury Treatment Act**
 - aims to direct the Secretary of the VA to create a pilot program that would provide hyperbaric oxygen therapy to veterans who suffer from traumatic brain injuries and posttraumatic stress disorders.
- **H.R.6353, Veterans Heroin Overdose Prevention Examination (HOPE) Act**
 - Requires the VA to conduct a review on veteran opioid overdose deaths.

SUPPORTING RESOLUTIONS

- No. 11: Lethal Means and Suicide Prevention
- No. 16: Furthering Research Pertaining to Traumatic Brain Injury (TBI), Chronic Traumatic Encephalopathy (CTC), and Post Traumatic Stress Disorder (PTSD)
- No. 17: Continuum of Care and Mental Health Supports
- No. 18: Mental Health Programs for Justice-Involved Veterans
- No. 20: Suicide Prevention Program
- No. 33: TBI/PTSD Suicide Prevention Committee
- No. 52: Antidepressant Harms Analysis
- No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs

WHAT CONGRESS CAN DO

Congress should prioritize the hiring of VA providers trained in alternative therapies such as MDMA, ibogaine, ketamine, and psilocybin, crucial for treating conditions like spinal cord injuries. Funding for peer support programs, like the Puppies Assisting Wounded Servicemembers (PAWS) Act, must also be guaranteed.

To enhance the mental health of amputee patients, improved collaboration across care areas is essential. The VA should ensure that placing amputee patients in long-term care facilities considers age-appropriateness, acknowledging that many veterans with recent limb amputations are younger than other long-term care residents. This approach safeguards their recovery and reintegration into society.

