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Back

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Injured troops increasingly turning to prescription medication

By DAVID OLINGER and ERIN EMERY The Denver Post

In the last six months of his life, Staff Sgt. Mark Waltz tried 23 different prescription medications to relieve the pain of war.

He came home from his second tour of Iraq suffering from combat stress, a traumatic brain injury and relentless back pain.

Army doctors prescribed a treatment that included 15 different painkillers and anti-inflammatory drugs, plus antidepressants, muscle relaxants and a blood-pressure medicine. The last two medications — morphine plus methadone — were prescribed on a Friday afternoon.

"He was in bad pain," said his wife, Renea. "When they put him on the methadone, we both freaked because all we knew was that it was for heroin addicts. We didn't know anything else. His neurologist said, 'Oh, no, this is used for long-term pain, and he should do fine.'"

That weekend, Waltz went to sleep and never woke up. The coroner's conclusion: mixed-drug intoxication.

After five years of war in Iraq and more than six in Afghanistan, a growing segment of the Army is marching on pharmaceuticals.

Defense Department records obtained by The Denver Post through a Freedom of Information Act request show that spending for some pain medication, antidepressants, sleeping pills and even an epilepsy medicine used to treat post-traumatic stress disorder and brain injuries has grown by 62 percent to 400 percent since the Iraq war began.

Those records are bolstered by military mental-health surveys indicating that nearly 20,000 soldiers — more than 12 percent of the fighting force — have taken antidepressants or prescription sleeping pills in the war zones.

Some, like Waltz, survived the war only to die from pills they took to recover from it.

To date, six soldiers in the Army's new Warrior Transition Units — created to help them heal from the physical and psychological wounds of war — "have died from lethal combined drug toxicity," according to Col. Susan J. Durham of the Army surgeon general's office.

Several factors "contribute to the usage rate of antidepressant medications," said Col. Elspeth Ritchie, a psychiatrist and medical director of the Army's Strategic Communications Office. As a new class of antidepressants has been introduced — including Prozac, Paxil and Zoloft — "these medications have become used more and more commonly in the civilian world. They're generally safe and effective. We have deployed over time more soldiers on these medications."

Some antidepressants "also may be used for headache or pain," she said, and one is used to help soldiers stop smoking cigarettes.

Seriously depressed soldiers should not be deployed, she said, "but if somebody's depression is in remission and they're stable, then they can be deployed on mild antidepressants."

Some mental-health experts wonder whether the Army is depending too heavily on behavioral drugs to maintain an all-volunteer force through prolonged wars in Iraq and Afghanistan.

Dr. Frank Ochberg, a veteran psychiatrist and former associate director of the National Institute for Mental Health, questions why thousands of soldiers armed with machine guns are taking drugs that a commercial airline pilot could not use.

"I take issue with the (former Secretary of Defense Donald) Rumsfeld doctrine, which means you go to war with the Army you have," he said. "We have to be extremely vigilant about having a policy that results in having a large group of combatants who require psychiatric medication."

The Defense Supply Center in Philadelphia provides medicine to active-duty service members, military retirees and their eligible dependents at military hospitals and clinics, and through a mail-order program.

The Post requested and received information about the center's purchases of more than 30 pain medications, antidepressants, anti-anxiety drugs and sleeping pills. The center's data did not differentiate among branches of the service. It also did not differentiate among drugs used by service members in combat or those prescribed to other active-duty service members, retirees or dependents.

But an analysis of the data from 2003 through 2007 shows that:

- While the total number of Defense Department personnel and retirees has changed little, supply center spending for eight prescription pain medications grew 62 percent in the first three years of the Iraq war. Spending for the pain reliever Tramadol and narcotic painkillers oxycodone and Percocet tripled in those years.

- Spending for Topamax, an epilepsy medicine now being used to treat soldiers with traumatic brain injuries that could lead to seizures, nearly quadrupled in four years, from $5.6 million to $20 million.

- Purchases of Seroquel nearly doubled, and demand particularly grew for the largest doses of the potent antipsychotic medicine.

- Spending for Ambien, a sleeping pill, doubled in four years, from $11 million to $22 million.

Ritchie said Seroquel "is proving very useful for the treatment of anxiety and combat-related nightmares. Thus it has been increasingly utilized as an adjunct for PTSD (post-traumatic stress disorder), in both the civilian and military worlds."

PTSD is not among the uses listed in the prescribing information for Seroquel.

Topamax "is certainly used for migraines," Ritchie said, and could be used for brain injuries because "seizures can be a side effect."

Some experts question the wisdom of prescribing Topamax widely to soldiers.

This year, the Food and Drug Administration warned that some anti-epileptic drugs, including topiramate (generic Topamax), increase the likelihood of suicidal thoughts and behavior, although the overall risk remains low.

A spokeswoman for the manufacturer said increased risk of suicide has been listed as a side effect on the Topamax label since it was introduced in the United States.

"All of these drugs increase suicide risk, which is why it's probably not good to give it to guys who carry guns," said David Egilman, a clinical associate professor at Brown University who has served as an expert consultant to plaintiffs in drug litigation.

Military officials say there is no way to track how much pain and behavioral

medication is being consumed by soldiers at war in Iraq and Afghanistan, in part because soldiers and military doctors often bring medication from home when they're sent overseas.

Annual surveys by a military mental-health advisory team, however, have asked soldiers whether they have taken medicine for mental health, combat stress or sleep problems.

The number who said "yes" jumped from 8 percent in 2004 to 14 percent in 2005, then dipped to 12 percent in 2006.

Last year, one in eight soldiers surveyed in Iraq and one in seven in Afghanistan said they had taken sleeping pills or antidepressants.

If those surveys are accurate, nearly 20,000 soldiers in Iraq and Afghanistan took mental-health or sleep medication last year. According to Ritchie, about half of those soldiers took antidepressants.

By comparison, roughly one in 20 American men and one in 10 American women reported taking an antidepressant in the most recent survey by the Centers for Disease Control and Prevention.

For three straight years, the mental-health advisory team has reported that multiple deployments are affecting the Army's mental health. This year it reported that 27 percent of noncommissioned officers with three or more deployments had mental-health problems, compared with 12 percent on their first tour.

Alcohol use increased with second deployments, and soldiers deploying for the third or fourth time were "significantly more likely" to report they had stress or emotional problems that worried their supervisors and limited their ability to do their jobs.

The mental-health surveys do not ask how many soldiers go to war with physical pain or are regularly taking narcotics.

Some soldiers deployed from Colorado's Fort Carson army base in December with injuries or recent surgeries took pain and anxiety medicines as well — Imitrex, morphine, Demerol, Klonopin.

Waltz's medication profile shows he was taking a prescription painkiller — the generic equivalent of Percocet — during his second combat tour in Iraq.

When he came back to Fort Carson in November 2006, "he was really sick," his widow, Renea, said.

She said he was diagnosed with PTSD and a traumatic brain injury, and after 10 years of marching with heavy gear, "he had degenerative disc disease, so they were giving him pain medication for that."

In his last month of treatment, he filled 10 different prescriptions from the Army for narcotic painkillers and other drugs. He was given Topamax, the antidepressant Effexor, and generic versions of Vicodin, Percocet and Dilaudid.

Finally, on Friday, April 27, 2007, "he was prescribed methadone and rapid-release morphine," his wife said, and "he wasn't monitored" during the weekend.

Her husband acted odd that weekend, and she asked whether he wanted to go to an emergency room.

He didn't. Sunday night, she went downstairs to watch a movie with her husband and found him already sleeping on a couch. At 4 a.m., one of their children got up and heard him snoring there. When she awoke at 7:30, he was dead.

The coroner's report cited the mixture of methadone and morphine as the cause of death.