

# Care of Women Veterans



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## KEYWORDS

- Women veterans • Military cultural competency
- Functional gastrointestinal disorders • Chronic pain syndromes
- Post-traumatic stress disorder • Military sexual trauma • Veteran homelessness

## KEY POINTS

- Over the coming decades, as more women join and then complete their service in the US military, women veterans are expected to become an ever-increasing proportion of the total veteran population.
- Health care providers must be aware of the various unique aspects of military culture and understand how the experiences women veterans face during their military service impact their medical, psychiatric, and psychosocial wellbeing.
- Women veterans have been shown to be at higher risk for certain conditions that providers should be aware of and be able to recognize.
- There are extensive national and local resources available to support and to provide comprehensive care to women veterans.
- In order to open the conversation about the potential impacts of military service on patient health, providers must ask all patients about whether they served in the military, especially as some veterans may not initially volunteer this information.

## INTRODUCTION

Ms V is a 28-year-old woman coming in to the clinic to establish with a new primary care provider. She complains of neck, lower back, and bilateral hip and knee pain, all of which have limited her ability to do many of the activities and work-related responsibilities she would like to do. She also has issues related to diffuse abdominal discomfort and intermittent constipation and diarrhea. Later on in the appointment, she relays that she had previously been in the Army Reserves. How does this change how one would think about her conditions? Would this information change how one would evaluate and treat her?

Women have a long tradition of service with the US military, having participated in every war since the American Revolution. Early in their military history, women had to

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Med Clin N Am 99 (2015) 651–662

<http://dx.doi.org/10.1016/j.mcna.2015.01.013>

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disguise themselves as men in order to serve, and it was not until 1901 with the formation of the Army Nurse Corps that women officially became part of the US armed forces.<sup>1</sup>

The percent of women in the military was held stagnant until 1973, when the Congressional legislative cap on women's military participation was lifted.<sup>2</sup> From 1950 to 1980, women comprised just 2% of uniformed personnel, while in 2011 women comprised 14% of active duty and 18% of National Guard and Reserves forces.<sup>3</sup>

Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), collectively known as the Global War on Terrorism (GWOT), resulted in a dramatic increase in the rate of enlistment of women. Upon completion of their service duties, these women have become a part of the US veteran population. Of the over 1 million GWOT veterans who have become eligible and have utilized Veterans (VA) health care, just over 12% are women.<sup>4</sup>

It is estimated that the women veteran population will double over the next decade, with women comprising over 10% of the veterans population by 2020 and almost 18% by 2040.<sup>3,5</sup> This is in the setting of the overall total number of Veterans decreasing over the next few decades from just over 22 million veterans down to an estimated 15 million veterans by 2040.<sup>5</sup>

With the creation of the Women Veterans Task Force of the Department of Veterans Affairs in 2012, the VA has recognized that women veterans represent a unique patient population with specific medical, psychiatric and psychosocial care needs, and that the VA system will need to change in order to optimally deliver health care to this evolving population.<sup>3</sup>

Women veterans are different from male veterans in several ways<sup>3,6</sup>:

- On average women veterans are younger, with an average age of 48, compared with male veterans, who average 62 years of age.
- Women veterans seeking care at the VA are more likely to have a service-connected (SC) disability rating (55% compared with 41% of male veterans). An SC disability is defined as the onset of symptoms or diagnosis during military service regardless of specific cause of symptoms or diagnosis.
- Women veterans with an SC disability rating were more likely than male veterans to have a disability rating greater than 50% (26% compared to 19% of male veterans).
- Women veterans tend to use outpatient services more heavily than male veterans, and this is more likely to be the case in women veterans with concomitant medical and mental health conditions.

Although women veterans have many differences compared with male veterans, due to the changing nature of warfare during the GWOT, women are being subjected to more hostile military environments.<sup>3</sup> Women veterans are sustaining injuries and developing deployment-related medical conditions, such as those outlined in subsequent sections, in a similar fashion to their male counterparts (**Table 1**).

Women veterans are also distinct from civilian, active duty, and national guard/reserve women. Although women veterans have several factors considered to be protective for overall health and wellness, such as increased education and incomes when compared with civilian women, surveys have shown women veterans are more likely to smoke, be sedentary, be overweight/obese, and suffer from depressive disorders.<sup>7</sup>

All health care providers should recognize the complex needs of women veterans, as this population often receives much of its care outside the VA system. It is estimated that 24% of women veterans use the VA Health Care System, and only 5.1% use the VA exclusively.<sup>8</sup> Studies indicate that significant numbers of women

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