Attitudes towards symptom reporting for potential mild traumatic brain injury among deployed Navy personnel

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INTRODUCTION

• Posttraumatic stress disorder (PTSD) and mild traumatic brain injuries (mTBI) have been called the “invisible wounds” and “signature injuries” of the wars in Iraq and Afghanistan.1

• Research suggests that servicemembers with PTSD experience treatment-seeking barriers, such as fear of stigmatization and career repercussions, but little is known about barriers to care among those with mTBI symptoms. 2

• This study examined attitudes towards reporting symptoms of potential mTBI in a sample of deployed Navy personnel.

METHODS

PARTICIPANTS AND PROCEDURE

• 2,384 Navy personnel completed a written survey while on deployment in support of Operation Iraqi Freedom or Operation Enduring Freedom in 2010 and 2011.

• A large majority of participants (82.9%) were male and on active duty (74.4%).

• The mean age was 33.3 years (Standard Deviation [SD]=8.7).

MEASURES

• Symptom reporting: Participants were asked whether they would report symptoms of a head or brain injury that could restrict their duty.

  ▪ A small sub-sample (n=61) qualitatively described reasons for not reporting symptoms.

• Recent head injury: Participants were asked whether they had received an injury to their head during the current deployment.

• Demographics: age, gender, service history

ANALYSIS

• Descriptive statistics were calculated for all study variables.

• Qualitative survey data were content analyzed by two independent coders (EA and GP) to identify emergent themes.

RESULTS

• Over one-quarter (26.7%) of participants indicated they would not report their head/brain injury symptoms (Figure 1).

• 71 participants reported receiving an injury to their head during the current deployment

  ▪ Nearly half (43.7%) who reported receiving an injury to their head stated they would not report symptoms.

Figure 1. Distribution of participants who would report their head/brain injury symptoms, stratified by recent head injury status

Table 1. Reasons for not reporting symptoms of head/brain injuries

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example</th>
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<tbody>
<tr>
<td>Concerns over not finishing the mission</td>
<td>“I would not want to abandon fellow troops or the mission”</td>
</tr>
<tr>
<td>Low perceived severity/lack of knowledge of symptoms</td>
<td>“How would I know if I had a brain injury?” “I would first want to see how bad it was”</td>
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<tr>
<td>Fear of career repercussions</td>
<td>“Would not want to limit Navy job opportunities”</td>
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<tr>
<td>Fear of stigmatization</td>
<td>“Other members would judge me”</td>
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<tr>
<td>Logistical issues</td>
<td>“No need for more paperwork”</td>
</tr>
<tr>
<td>Medical mistrust</td>
<td>“I mistrust the TMC staff”</td>
</tr>
<tr>
<td>Other</td>
<td>“Making good money and my head is messed up anyway”</td>
</tr>
</tbody>
</table>

Figure 2. Reasons for not reporting symptoms of head/brain injuries

CONCLUSIONS

• The results of this study indicate that the reasons for not reporting symptoms of potential head injuries parallel those for mental health symptoms.

• Future research should further examine servicemembers’ perceptions of the severity of head injuries and knowledge of military policy related to mTBI treatment.

REFERENCES


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