

PTSD or personality disorder?

Misdiagnosis can mean zero medical benefits, other-than-honorable discharge

By Kelly Kennedy
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Since the start of the wars in Iraq and Afghanistan, the number of soldiers discharged without benefits for personality disorders grew by about 300 people a year from 2001 to 2006.

But some soldiers say they showed no signs of any mental health condition before deploying to Iraq, and Army officials say many of them had also been diagnosed with post-traumatic stress disorder.

The idea that there could be latent personality disorder cases that emerge only with trauma "is just not accurate," said Tracie Shea, a researcher at Brown University who specializes in PTSD and personality disorders.

"People who are performing fine come back from war and suddenly there's a personality disorder? That's just not sustainable," she said.

People with personality disorders must show signs of it by late adolescence, she said. And such conditions are not easy to hide.

But she also said symptoms of

PTSD and personality disorders are similar, and that the determining factor, especially for combat vets, must be whether the person has experienced trauma.

For example, if a person has a schizoid personality disorder, he doesn't enjoy close personal relationships, almost always chooses solitary activities and shows emotional coldness, according to the American Psychiatric Association.

The symptoms for PTSD: Emotional numbing, lack of interest in activities and lack of emotions.

Shea, who is working on research for the Defense Department to come up with anger-management intervention tools for service members, said she was shocked when she saw a story in *The Nation* magazine showing that 22,500 service members have been discharged in the last six years for personality disorders.

Each of those service members left the military with no medical benefits and an other-than-honorable discharge that they will have to explain to future employers as well as the Department of Veter-

ans of Affairs if they seek help there. Often, they also must pay back re-enlistment bonuses.

In fact, a form that troops must sign as they're being counseled about personality disorders states: "If separated with less than an honorable discharge/characterization, you could encounter substantial prejudice in civilian life."

Some of those troops, including several due to be interviewed by members of Congress on May 14 and May 15 at Fort Carson, Colo., say they were told taking the personality disorder discharge, rather than a discharge for PTSD, would not cause them to lose benefits, and would take much less time than going through the medical evaluation board process.

In reality, the evaluation process would determine if they were eligible for military benefits, and ensure they were properly diagnosed.

Lawmakers asked for a Government Accountability Office investigation into Fort Carson's handling of those cases. The GAO began work May 6.

Col. John Cho, commander of

Evans Army Community Hospital at Fort Carson, said 276 soldiers at the post have been diagnosed with personality disorders since 2003. Of those, 56 had PTSD.

"When a personality disorder and PTSD co-exist in soldiers undergoing personality chapters, our civilian psychologists and psychiatrists make a clinical determination whether the primary dysfunction is the personality disorder or the PTSD," Cho said. "If the primary diagnosis is a personality disorder [with] mild to moderate PTSD, a medical board is not warranted, and the soldier will undergo a chapter action."

In fact, the medical evaluation board process makes no differentiation for degrees of PTSD. But Fort Carson spokeswoman Karen Linne explained that soldiers diagnosed with mild or moderate PTSD would remain in the Army.

Under Defense Department regulations, troops with personality disorders are not eligible for a medical board because a personality disorder is by definition a pre-existing condition whose symp-

toms develop by age 15.


But the research of Shea and others may suggest the Fort Carson cases may be severe PTSD, not personality disorders.

Shea isn't the only one to call into question the problems with diagnosing PTSD versus personality disorders.

Recent research, included at the Web site for the National Center for Post Traumatic Stress Disorder — which is run by the VA — suggests that a diagnosis depends heavily on the training of the clinician; that as many as 77 percent of Vietnam veterans in some studies — and as low as 11 percent in other studies — have been diagnosed with both PTSD and personality disorders; and that some researchers have suggested the symptoms of PTSD could cause an adult-onset personality disorder.


Researchers Andreas Bollinger, David Riggs, Dudley Blake and Josef Ruzek also found that personality-disorder symptoms, such as suspicion or painstaking attention to rules and details, are the same behaviors that save service members' lives in combat, making a determination all the more difficult.

"Personality disorders among combat veterans with post-traumatic stress disorder is a topic of clinical importance on which there is virtually no research," they said. □




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