Re: Exercise & Sports Science Australia position on Exercise Physiology for DVA patients with Post Traumatic Stress Disorder

Exercise & Sports Science Australia (ESSA) strongly advocates the use of Exercise Physiology services as a valuable contribution within a multidisciplinary health care team for the management of patients with Post-traumatic Stress Disorder (PTSD).

There is a need for a greater emphasis on resistance training and lifestyle interventions within psychiatric facilities and PTSD treatment programs (Rosenbaum, 2013).

Evidence Based Research – Benefits of Physical Activity for PTSD
Evidence demonstrates that an appropriate exercise intervention can achieve significant benefits to symptoms, depression, anxiety and stress, anthropometry and sedentary time associated with PTSD, and non-significant trends for sleep quality improvement (Rosenbaum, 2013). The associated symptom improvements may be related to psychosocial benefits of the intervention, rather than functional capacity.

Specifically, a study by Rosenbaum (2013) assessed the effectiveness of a 12 week exercise program on inpatients with PTSD who were randomised to either usual care, or exercise plus usual care. An individualised exercise program was prescribed based on American College of Sports Medicine guidelines plus the use of a pedometer. On a weekly basis, one session was supervised by an Exercise Physiologist and an additional two home sessions were conducted, which extended for the 12 week study duration. As part of typical AEP duties, motivational interviewing and barrier identification was conducted. This randomised control trial provided evidence for the role of exercise in improving physical and mental health outcomes in PTSD.

According to the Australian Centre for Posttraumatic Mental Health (ACPMH, 2013), “the best approach to helping people following a potentially traumatic experience is to offer practical and emotional support and encourage the use of helpful coping strategies-“. Physical activity is a helpful coping strategy, facilitating self-management and self-care in this patient population. Exercise as an adjunctive therapy for PTSD is further supported by the ACPMH advocating psychosocial interventions to help an individual compensate for the negative effects of disability by reducing some of the problems associated with PTSD, such as lack of self-care/independent living skills, high-risk behaviours, and other barriers to receiving various forms of treatment or rehabilitation, whereby there should be a focus on psychosocial rehabilitation from the outset.

Exercise treats comorbidities commonly associated with PTSD
People with PTSD are four times as likely to have type 2 diabetes (Lukaschek et al, 2013) and rates of overweight and obesity are as high as 92% (Rosenbaum et al –
under review). Furthermore, this population are significantly less likely to be physically active (Boscarino et al, 2004).

Evidently, an appropriately tailored physical activity intervention, delivered by an AEP, optimises patient health outcomes and treatment of associated comorbidities of PTSD and the commonly associated sedentary lifestyles of this population.

**Financial implications**

Patients with PTSD commonly have a higher healthcare burden compared to other psychiatric disorders. Annual per patient healthcare costs in a civilian US population were between 4-9% higher for patients with PTSD than for those with major depressive disorder. The difference in costs was driven by higher mental health service use among patients with PTSD (Ivanova et al, 2011).

US veterans of the Iraq and Afghanistan conflicts with PTSD and depression had greater utilisation of specialty mental health treatments, greater use of antidepressant medications, and higher overall mental healthcare costs in the previous 12 months than depressed patients without PTSD.

As highlighted by the ACPMH, it is clear that PTSD is a disorder that carries a high level of disability – possibly higher, than any other physical or mental disorder. It is also clear that people with PTSD tend to be high users of healthcare services and incur higher healthcare costs – again, higher than those of other psychiatric disorders (Chan et al, 2009).

An appropriate exercise intervention, provided by an AEP, is a low-cost intervention enabling effective management of PTSD. The cost-benefit of exercise interventions for people with PTSD provides justification for the engagement of Exercise Physiology services for DVA veterans with PTSD. An Exercise Physiology intervention targeted at accelerating recovery and self-management of these patients will reduce the significantly negative financial burden on DVA and the Australian health care system associated with increased healthcare costs of this patient population.

**References**

