

Anxiety in Veterans: A Comprehensive Guide for Australian Veteran Advocates

1. DSM-5 Criteria for Anxiety Disorders and Australian Statistics on Anxiety in Veterans

DSM-5 Criteria for Anxiety Disorders

The DSM-5 classifies anxiety disorders as a group of mental disorders characterized by significant feelings of anxiety and fear. These disorders include:

Generalized Anxiety Disorder (GAD):

- Excessive anxiety and worry occurring more days than not for at least 6 months.
- Difficulty controlling the worry.
- Symptoms: restlessness, fatigue, concentration difficulties, irritability, muscle tension, sleep disturbances.
- Clinically significant distress or impairment.

Panic Disorder:

- Recurrent unexpected panic attacks.
- Persistent concern or worry about additional attacks.
- Maladaptive change in behavior related to attacks.

Agoraphobia:

- Marked fear or anxiety about at least two situations (e.g., public transport, open spaces).
- Avoidance behaviors.
- Fear is disproportionate to actual danger.

Social Anxiety Disorder (Social Phobia):

- Marked fear of social situations where scrutiny by others is possible.
- Fear of acting in a way that will be negatively evaluated.

Specific Phobia:

- Marked fear about a specific object or situation.
- Immediate anxiety response.
- Avoidance behaviors.
- Fear disproportionate to actual danger.

Australian Statistics on Anxiety in Veterans:

- The 2021 AIHW report highlighted that veterans are twice as likely to experience anxiety disorders compared to the general Australian population.

- Transitioning ADF members experience anxiety at rates between 15% and 30%, depending on exposure to combat.
- Anxiety is a significant contributor to suicide risk in veterans. The 2022 National Suicide Monitoring report shows that ex-ADF males are 24% more likely to die by suicide compared to the general male population.
- Anxiety often co-occurs with depression, compounding functional impairments and risks.

Effects on Mental Health and Suicide Risk:

- Chronic anxiety increases social isolation, unemployment risk, and exacerbates physical health issues.
 - Anxiety disorders, when untreated, lead to increased suicide ideation and attempts.
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2. History of Anxiety in Veterans and Pathogenesis of Anxiety

Historical Context:

Anxiety symptoms in veterans have been recorded throughout history under various names: 'shell shock,' 'combat fatigue,' and more recently, 'PTSD with comorbid anxiety.'

- WWI and WWII veterans often exhibited panic and phobic reactions.
- Vietnam War highlighted chronic anxiety responses to moral injury and ambiguous combat outcomes.
- Modern conflicts (Iraq, Afghanistan) see rising rates of GAD, social anxiety, and panic disorders linked to prolonged deployment and reintegration struggles.

Pathogenesis of Anxiety:

- **Neurobiological:** Dysregulation of the amygdala, hippocampus, and prefrontal cortex; heightened HPA axis activity.
 - **Genetic:** Inherited predisposition increases vulnerability.
 - **Psychosocial:** Trauma exposure, chronic stress, and lack of social support.
 - **Behavioral:** Avoidance behaviors reinforce anxiety cycles.
 - **Cognitive:** Catastrophizing, hypervigilance, and maladaptive thinking patterns.
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3. Clinical Case Examples

Case 1: Panic Disorder and Specific Phobia (War-Related)

- **Veteran:** John, 38, ex-infantry.
- **Trigger:** Survived an IED blast.
- **Symptoms:** Severe panic attacks triggered by loud noises, intense fear of driving.
- **Outcome:** Diagnosed with panic disorder and specific phobia (driving). Undergoing CBT and exposure therapy.

Case 2: Generalized Anxiety Disorder Due to Chronic Pain

- **Veteran:** Lisa, 46, logistics officer.
- **Trigger:** Spinal injury from military service, chronic pain, and medical discharge.
- **Symptoms:** Constant worry about health, finances, family.
- **Outcome:** Diagnosed with GAD. Managed through integrated pain management, CBT, mindfulness.

Case 3: Agoraphobia and Social Phobia Linked to Moral Injury

- **Veteran:** Tom, 52, special forces.
 - **Trigger:** Orders given leading to civilian deaths.
 - **Symptoms:** Fear of public scrutiny, social withdrawal, unable to attend public spaces.
 - **Outcome:** Diagnosed with agoraphobia and social anxiety disorder. Engaged in trauma-focused therapy and gradual exposure.
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4. Symptoms and Differential Diagnosis

Common Symptoms:

- Excessive worry.
- Physical symptoms: palpitations, dizziness, sweating.
- Cognitive symptoms: racing thoughts, fear of losing control.
- Behavioral: avoidance, safety behaviors.

Differential Diagnosis:

- PTSD (focus on trauma-specific triggers vs. generalized anxiety).
 - Depression (anxiety vs. pervasive low mood).
 - Substance-induced anxiety.
 - Medical conditions: hyperthyroidism, cardiac issues.
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5. Comorbid Psychiatric Disorders and Moral Injury

Common Comorbidities:

- **Depression:** Up to 60% of veterans with anxiety also suffer from depression.
- **Alcohol/Substance Abuse:** Often used to self-medicate anxiety symptoms.
- **PTSD:** Overlapping symptoms, especially hyperarousal and avoidance.

Moral Injury and Anxiety:

- Violations of moral code in combat (e.g., civilian casualties) fuel shame, guilt, and anxiety.
- Moral injury leads to avoidance, hypervigilance, and mistrust, feeding anxiety disorders.

6. Clinical Interventions

Psychological Therapies:

- **CBT:** Gold standard; focuses on restructuring maladaptive thoughts.
- **Exposure Therapies:** Graduated exposure to feared stimuli.
- **Systematic Desensitization:** Relaxation techniques paired with exposure.
- **Dynamic Psychotherapies:** Address underlying conflicts.
- **Logotherapy:** Finding meaning post-trauma.

Lifestyle Medicine Therapies:

- **Exercise:** Regular aerobic activity reduces anxiety.
- **Diet:** Anti-inflammatory diets support mental health.
- **Mindfulness/Meditation:** Proven to reduce anxiety symptoms.
- **Yoga:** Combines movement, breathwork, mindfulness.
- **Forest Bathing (Shinrin-yoku):** Reduces cortisol, improves mood.

Medications:

- **SSRIs/SNRIs:** First-line pharmacotherapy.
- **Benzodiazepines:** Short-term use.
- **Pregabalin:** For GAD.
- **TMS:** Emerging treatment for resistant cases.
- **Supplements:** Omega-3s, magnesium, adaptogens.
- **Alternative Therapies:** Acupuncture, biofeedback.

7. Department of Veterans Affairs (DVA) Perspective

DVA Definitions and SoPs:

- Anxiety disorders recognized under Statements of Principles (SoPs) linked to service.
- Accepted causes include exposure to combat, trauma, service-related stressors.
- Advocates must link condition to service for compensation.
- DVA acknowledges comorbid anxiety with PTSD, depression.

Access to Compensation and Treatment:

- White and Gold Card schemes cover treatment.
- Rehabilitation programs target anxiety symptoms.
- Open Arms offers specific anxiety-focused therapies.

8. Future Directions in Anxiety Interventions

Prevention:

- Resilience training pre- and post-deployment.
- Early intervention screening.

Emerging Therapies:

- **Virtual Reality Exposure Therapy (VRET):** Safe, controlled exposure.
- **Ketamine-Assisted Psychotherapy:** Rapid symptom relief for treatment-resistant cases.
- **MDMA-Assisted Psychotherapy:** Particularly for PTSD with comorbid anxiety.
- **AI-Driven Therapeutics:** Tailored, data-informed therapy protocols.

Research Horizons:

- Neurobiological markers for early detection.
- Integration of wearable technology to monitor symptoms in real time.
- Community-based peer programs.

Conclusion: Anxiety in Australian veterans remains a complex and pressing issue, deeply interwoven with service experiences, physical injuries, and moral injuries. Through informed advocacy, comprehensive treatment approaches, and future-focused interventions, advocates can play a crucial role in alleviating the burden of anxiety for those who have served.

References:

- AIHW (2021). Mental health services in Australia.
- AIHW (2022). National Suicide Monitoring of Serving and Ex-Serving Australian Defence Force Personnel.
- DVA Statements of Principles (SoPs).
- Beyond Blue and Open Arms resources.
- Australian Psychological Society Clinical Guidelines.