



# VA ResearchCurrents

## Study urges wider screening for HIV

**R**outine voluntary screening for HIV is as cost-effective as other common preventive tests, such as mammograms and colonoscopies, and should be adopted far more widely by U.S. hospitals and clinics, according to a report by VA authors and colleagues in the Feb. 10 *New England Journal of Medicine*.

Using a sophisticated computer decision-making model, a team led by investigators from VA, Duke University and Stanford University found that routine testing for HIV appears cost-effective even in healthcare settings where as few as 1 in 2,000 patients carries the virus unknowingly. Current guidelines from the Centers for Disease Control and Prevention

recommend routine HIV screening only for higher-risk populations, in which the estimated prevalence is closer to 1 in 100 patients. In settings where the prevalence is likely to be lower, the CDC generally advises “targeted” testing—offering tests only to those whose history or clinical symptoms raise special concerns.

“We know that voluntary HIV screening results in important benefits both to the person identified as having HIV, and to the community, from reduced transmission of HIV. And because screening is cost-effective, as indicated in our study, routine voluntary testing should be offered more broadly

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*Update from Clinical Science Research and Development...*

## VA continues to play key role in PTSD research

*By Brian G. Schuster, MD, PhD, director*

Recent reports indicate that as many as 10 to 20 percent of service personnel deployed to Iraq and Afghanistan may be diagnosed with posttraumatic stress disorder (PTSD), presenting future healthcare challenges for VA. Until relatively recently, a diagnosis of PTSD was rarely made and generally only applied to veterans. It is no wonder that interest in and knowledge about PTSD has expanded greatly with recent military deployments and world events. Now we recognize the disorder in the general population as well as the military/veteran populations.

VA research has played a major role in the expansion of our understanding of PTSD, as well as in the development of new diagnostic tools and treatments. Some of the most significant research advances in PTSD have been made by VA scientists. Examples include the application of leading-edge neuroimaging technologies to define involvement of critical brain structures

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## *HIV testing in VA*

VA has the nation’s most extensive HIV treatment program, with 20,000 infected veterans receiving care each year. VA also maintains the world’s largest clinical database on HIV, with 55,000 patients, and is the nation’s largest single provider of care to adults at risk for HIV. An earlier study by Owens (*see story at left*) at six VA outpatient clinics found a prevalence of undiagnosed HIV ranging from 0.13 to 2.9 percent.

Lawrence R. Deyton, MD, MSPH, chief consultant for VA’s Public Health Strategic Health Care Group, said his program has worked to encourage proactive identification of veterans at risk for HIV, prevention interventions, and targeted testing for those at risk—but not necessarily “universal” voluntary testing.

“We agree that early recognition of HIV infection among veterans is important for a number of reasons, but we believe the most effective strategy for VA is one of routine and ongoing assessment of risk for chronic viral infections [including HIV and others] and voluntary testing for those at risk.” Deyton points out that this strategy was not evaluated in Owens’ cost-effectiveness study.

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## Recent publications and presentations

*The following is a brief sampling of recent publications and presentations by VA investigators, selected from notifications received from the field. We strive to present a cross section of investigators, topics and medical centers. Send notifications of journal publications or meeting presentations, preferably upon acceptance, to researchinfo@vard.org. Include article or abstract title, investigators' full names and degrees, and journal or meeting name and date. Only VA-affiliated authors are listed, due to space constraints.*

“Accuracy of Veterans Administration Databases for a Diagnosis of Rheumatoid Arthritis.” Jasvinder A. Singh, MD, MPH; Siamak Noorbaloochi, PhD. **Minneapolis.** *Arthritis & Rheumatism*, Dec. 2004.

“Adjunctive Use of Atypical Antipsychotics and Anticholinergic Drugs among Patients with Schizophrenia.” Xinhua S. Ren, PhD; Lewis Kazis, ScD. **Bedford.** *Journal of Clinical Pharmacy and Therapeutics*, Feb. 2005.

“Association between Static and Functional Measures of Joint Function in the Foot and Ankle.” James S. Wrobel, DPM, MS. **White River**

**Junction.** *Journal of the American Podiatric Medical Association*, Nov.-Dec. 2004.

“Blast Injuries: Evaluating and Treating the Postacute Sequelae.” Steven G. Scott, DO; Rodney D. Vanderploeg, PhD; Heather G. Belanger, PhD; Joel D. Scholten, MD. **Tampa.** *Federal Practitioner*, Jan. 2005.

“Characterizing the ‘Patient Centeredness’ of Hidden Curricula in Medical Schools: Development and Validation of a New Measure.” Paul Haidet, MD, MPH; P. Adam Kelly, PhD, MBA; Calvin Chou, MD, PhD. **Houston.** *Academic Medicine*, Jan. 2005.

“Collaborative Care to Improve Outcomes for Bipolar Disorder.” Mark S. Bauer, MD (for CSP #430 study team). **Providence.** Annual meeting of American College of Neuropsychopharmacology, San Juan, Dec. 2004.

“Congestive Heart Failure-Related Interventions in Patients Receiving Rosiglitazone and Insulin.” Jennifer R. Marceille, PharmD; Janelle A. Goins, PharmD; Rita Soni, PharmD; Joseph C. Biery, PharmD; Todd A. Lee, PhD, PharmD. **Hines.** *Pharmacotherapy*, Oct. 2004.

“Functional Independence after Major Abdominal Surgery in the Elderly.” Valerie A. Lawrence, MD, MSc; Helen P. Hazuda, PhD; John E. Cornell, PhD; Thomas Pederson, MSc; Cynthia D. Mulrow, MD, MSc. **San Antonio.** *Journal of the American College of Surgeons*, Nov. 2004.

“Human Thyroid Phenol Sulfotransferase Enzymes 1A1 and 1A3: Activities in Normal and Diseased Thyroid Glands, and Inhibition by Thyroid Hormones and Phytoestrogens.” Christopher C. Ebmeier; Robert J. Anderson, MD. **Omaha.** *Journal of Clinical Endocrinology and Metabolism*, Nov. 2004.

“Impact of Comorbid Panic and Posttraumatic Stress Disorder on Outcomes of Collaborative Care for

Late-life Depression in Primary Care.” Polly H. Noel, PhD; James W. Williams, MD. **South Texas.** *American Journal of Geriatric Psychiatry*, Jan. 2005.

“Interlimb Influences on Paretic Leg Function in Post-Stroke Hemiparesis.” Steven A. Kautz, PhD;Carolynn Patten, PhD, PT. **Palo Alto.** *Journal of Neurophysiology*, Dec. 2004.

“Phase II Study of Transdermal Estradiol in Androgen-Independent Prostate Carcinoma.” Lisa B. Bland, MD; Mark Garzotto, MD. **Portland.** *Cancer*, Jan. 2005.

“Prostate Cancer: A Significant Risk Factor for Late-Life Suicide.” Maria D. Llorente, MD; Hayden B. Bosworth, PhD; Seven C. Grambow, PhD. **Miami, Durham.** *American Journal of Geriatric Psychiatry*, Feb. 2005.

“Translating Evidence-Based Depression Management Services to Community-Based Primary Care Practices.” Amy M. Kilbourne, PhD, MPH. **Pittsburgh.** *Millbank Quarterly*, Dec. 2004.

“Transurethral Microwave Thermotherapy vs. Transurethral Resection for Treating Benign Prostatic Hyperplasia: A Systematic Review.” Richard M. Hoffman, MD, MPH; Manoj Monga, MD; Timothy J. Wilt, MD, MPH. **Albuquerque, Minneapolis.** *BJU International*, Nov. 2004.

“Trends in Implantable Cardioverter-Defibrillator Racial Disparity: The Importance of Geography.” Peter W. Groeneveld, MD, MS; Paul A. Heidenreich, MD, MS; Alan M. Garber, MD, PhD. **Philadelphia.** *Journal of the American College of Cardiology*, Jan. 2005.

“What Predicts Urinary Tract Infection After Menopause: A Prospective Study.” Sara L. Jackson, MD, MPH; Edward J. Boyko, MD, MPH; Kalpana Gupta, MD, MPH; Stephan D. Fihn, MD, MPH. **Seattle.** *American Journal of Medicine*, Dec. 2004.

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**PTSD** (cont. from pg. 1)

and circuitry; the delineation of neurochemical and neuroendocrine abnormalities; and the conduct of novel treatment trials to ameliorate symptoms.

VA currently supports PTSD programs across the research continuum, from bench to bedside. The program includes fundamental biological investigations, clinically relevant animal models, clinical research, small interventional trials, and even large multisite cooperative studies such as “Risperidone Treatment for Military Service Related Chronic Post-Traumatic Stress Disorder” and “Integrating Clinical Practice Guidelines for Smoking Cessation into Mental Health Care for Veterans with Post-Traumatic Stress Disorder.” These broad efforts involving many individual VA investigators will no doubt lead to better understanding of the underlying causes, as well as to better clinical care.

Notwithstanding the exceptional productivity of our VA researchers, we recognize that effectively designing PTSD interventions, including prevention strategies, will require the consistent application of many resources. In this regard, ORD is working collaboratively within VHA, including Patient Care Services and the National Center for PTSD, and with other major federal funding agencies to promote PTSD research. For example, recognizing that some soldiers exposed to traumatic conditions develop PTSD while some remain resilient is of particular interest to both DoD and VA, particularly with regard to establishing early interventions.

Our goal is to work effectively with our partners in advancing the clinical care of affected veterans by supporting meritorious research. Funding opportunities with our research partners are posted at [www.va.gov/resdev](http://www.va.gov/resdev). ■

**HIV STUDY** (cont. from pg. 1)

than has been the case,” said senior author Douglas K. Owens, MD, of the VA Palo Alto Health Care System and Stanford University.

The researchers took into account dozens of costs associated with HIV screening—including treatment with expensive antiretroviral drugs for patients who tested positive. Balanced against those costs were added years of healthier life for those whose infection was detected and treated, plus avoided cases of transmitted disease.

The team found that even in low-risk settings, where as few as 1 in 2,000 people (0.05 percent) would theoretically have undiagnosed HIV, the cost of screening would still be less than \$50,000 per added year of higher-quality life. Healthcare economists typically use \$50,000 as a rough threshold for deeming a screening procedure “cost effective.” Healthcare screenings don’t usually save money in the long run, except in the case of some individual patients, but they are seen as “cost effective” if

they benefit enough patients without exceedingly large costs.

The results of the study matched those from a similar study, appearing in the same issue of the *New England Journal*, by a group from Yale School of Medicine and Harvard University.

**VA HIV TESTING** (cont. from pg. 1)

Among measures promoted by Deyton’s office are a provider handbook on HIV prevention; testing campaigns, including an annual HIV testing day; patient brochures; and training for counselors specializing in HIV testing.

Deyton added that VA’s electronic record system boosts physicians’ ability to identify at-risk patients, and that the integrated nature of VA’s health system makes it easier for physicians to recommend appropriate interventions, such as substance abuse treatment.

A PDF of “The VA HIV Prevention Handbook: A Guide for Clinicians” is available on the VA Intranet at <http://vawww.vhaco.va.gov/phshcg/prevention/handbook.htm>. ■

**Cyber courses for VA researchers**

- VA’s Health Services Research and Development services has begun a series called “**Cyber Seminars**,” consisting of one- to two-hour Web-based conferences led by faculty from HERC, METRIC, ViReC and other VA centers, as well as experts from outside VA. Among the topics will be risk adjustment in VA data, VA economic data sets, measurement theory, the science of self-report, and VA mortality data. For information visit [www.hsrd.research.va.gov/for\\_researchers/cyberseminars.cfm](http://www.hsrd.research.va.gov/for_researchers/cyberseminars.cfm).

- The **Seattle Epidemiologic Research and Information Center**, in partnership with the University of Washington, offers cyber courses that provide continuing education credit, at no cost, for VA-affiliated health professionals. Courses can be viewed by satellite broadcast on the VA Knowledge Network; on the Nationwide Research Channel; or via Web streaming at [www.uwv.org/programs/epidemiology.asp](http://www.uwv.org/programs/epidemiology.asp). For information on these courses and the 7<sup>th</sup> Annual Summer Session, June 20 – 24, 2005, on the University of Washington campus, visit [www.eric.seattle.med.va.gov](http://www.eric.seattle.med.va.gov).

## Obituaries

### Edward Freis, pioneer in treating hypertension, 92

Edward D. Freis, MD, a retired VA researcher whose studies in the 1960s and '70s helped establish the benefits of treating and lowering hypertension, died on Feb. 1 in Washington, DC. He was 92.

Freis, who was chief of hypertension research for VA before his retirement from the agency in 1987, received the Albert Lasker Award for clinical medical research in 1971. In the late 1970s he co-authored *The High Blood Pressure Book* with *New York Times* science reporter Gina Kolata.

A graduate of the University of Arizona and Columbia University Medical School, Freis first joined the Washington VA Medical Center in 1949. In 1957 he joined the faculty of Georgetown University, where he remained active until the 1990s. He continued to publish articles on hypertension treatment until 2001.

### Sandra Holley, led studies on cancer fatigue

Sandra K. Holley, PhD, a nurse researcher who devoted much of her career to helping cancer patients cope with fatigue, died on Jan. 10 after a brief bout with pneumonia.

A longtime oncology nurse, Holley earned a master's in the field from the University of South Florida in 1989 and then a PhD in nursing from the University of Florida. Her master's thesis, on fatigue in women with ovarian cancer, resulted in the one of the first articles on cancer fatigue in the oncology nursing literature. She later developed a cancer-fatigue assessment tool that was used in her own work and that of other researchers. She completed two fellowships at the Tampa VA and became a nurse scientist there.

Her VA Career Development award in 2002 focused on group rehabilitation to reduce safety risks for cancer patients. Her latest project, "Energy for Living with Cancer," involved support groups in which patients were taught ways to cope with their fatigue and improve their quality of life. ■

### VET-HEAL funding

VA is collaborating with the Samueli Institute to fund studies on complementary and alternative approaches to healing veterans. Info: [www.siib.org](http://www.siib.org).

### Research Week

VA Research Week 2005 will take place March 27 – April 2. A new Web page devoted to this annual event provides ideas for activities, summaries and photos from past years' events, and preparation guidelines, including sample media releases and invitation letters to members of Congress, affiliated medical schools, and Veterans Service Organizations. Visit [www.va.gov/resdev/resources/ORD\\_Admin/research-week/default.cfm](http://www.va.gov/resdev/resources/ORD_Admin/research-week/default.cfm).

### Research Currents survey

Our thanks to 458 members of the VA research community who completed our online survey last month about *VA Research Currents*. The March 2005 issue will contain a brief summary of the feedback and our plans to act on it.

- Inside this issue...
- Study urges wider testing for HIV
- New cyber courses for VA researchers
- Funding opportunity for alternative approaches