Correspondence

Published Online June 30, 2017
http://dx.doi.org/10.1016/S0140-6736(17)31759-2

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Authors’ reply

Lyndsay Baines and colleagues suggest that our findings could jeopardise military post-deployment screening. The policy in this area is for others to decide; our task was to deliver the first randomised controlled trial to inform this decision, which we contend that we have done, even if some find the results uncomfortable. The UK Armed Forces do not implement post-deployment screening; however, for countries that do, a reassessment of their screening programmes is advised in light of this new information.

Our study was specifically about currently serving military personnel, therefore, comments regarding the implications for veterans (ex-service personnel) are outside the remit of this study. Baines and colleagues argue that the Post-Traumatic Stress Disorder (PTSD) Checklist—Civilian Version (PCL-C) might underestimate the symptoms; if anything, the opposite is true. The PCL-C includes both military and civilian exposures and we have shown that both apply in the military. Our use of the PCL-C is supported by most large military studies, which have also used the PCL-C. Furthermore, we have been criticised for being culturally insensitive without regard to our two qualitative studies that investigate the beliefs of military personnel, medical officers, and welfare officers about screening for mental health disorders. We piloted all documents to ensure cultural compliance while three ethics committees (including the Ministry of Defence) reviewed the questionnaires, explanations, and letters. Additionally, three investigators served in the UK military.

Our communication through letters to participants was dismissed whereas a tested mobile application was praised. Tailored advice was communicated twice at the time of the assessment and a week later. Breast, cervical, and colorectal cancer screening programmes in the UK communicate results by letter; why would this be appropriate for cancer but not for mental disorders? The use of apps in relation to mental disorders is laudable, but implementation of such a technology is not feasible for population screening. A study by Eric Khun and colleagues used a small sample of volunteers and a waiting list control, which are two notorious limitations in randomised controlled trials. By contrast, our study was a representative large sample of the deployed UK military based on two contrasting groups with a realistic control condition followed up for a year.

We agree that PTSD has a variable evolution. This variance might explain the paucity of evidence to support the use of post-deployment screening. Although mental health screening throughout life is ideal, it would be too expensive and unfeasible.

RJR, HB, and NG have received grants from the US Army Medical Research and Materiel Command—Military Operational Medicine Research Program (USAAMRMC—MOMRP), their salaries were totally or partly paid from this grant during the original study. RJR’s current salary is partly paid by the Ministry of Defence. NG has received personal fees from March on Stress, was a full member of the Armed Forces seconded to King’s College London at the time this project started, and is the Royal College of Psychiatrists’ Lead for Military and Veterans’ Health, a trustee of Walking with the Wounded, and an independent director at the Forces in Mind Trust. NTF reports grants from the US Department of Defense (USAAMRMC—MOMRP) and the UK Ministry of Defence, and is a trustee for Warrior SW is trustee (unpaid) of Combat Stress and Honorary Civilian Consultant Advisor in Psychiatry for the British Army (unpaid).

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Department of Error

ATTEND Collaborative Group. Family-led rehabilitation after stroke in India (ATTEND): a randomised controlled trial. Lancet 2017; 390: 588–99—In the Summary of this Article, the number of patients lost to follow-up should have been 23. This correction has been made to the online version as of Aug 3, 2017, and the printed Article is correct.

Jairam AP, Timmermans L, Eker HH, et al, for the PRIMA Trialist Group. Prevention of incisional hernia with prophylactic onlay and sublay mesh reinforcement versus primary suture only in midline laparotomies (PRIMA)–2 year follow-up of a multicentre, double-blind, randomised controlled trial. Lancet 2017; 390: 567–76—In this Article, the author line should begin “An P Jairam”, Lucas Timmermans”, Hasan H Eker, . . .” to indicate the equal contribution of An Jairam and Lucas Timmermans to the study. This correction has been made to the online version as of June 30, 2017, and the printed Article is correct.