

4 KCMHR phase 2 TELIC and HERRICK study

The chairman introduced this item as the main substance of the meeting and then handed over to Professor Wessely, who displayed an outline work plan for the second 3-year phase and referred to the main findings of phase 1.

Phase 1 findings that had been written up since the initial *Lancet* papers in May 2006 concerned the reservists' effect, consent policy for the anthrax vaccination, alcohol consumption, decompression, and forces' overstretch. Professor Wessely outlined what had been learned about the effect of deployment on reservists, which was somewhat different from the effect on regular personnel.

Professor Silman suggested linkage with the IEH Gulf war exposures' database as a means of enhancing the understanding of traumatic experiences. Professor Wessely said that he would be happy to look at the information if available.

Professor Silman asked whether the trauma reported by reservists in the study might be exaggerated. Professor Wessely said that he thought regular personnel might be less inclined to report an event as traumatic, because they were more accustomed to the battlefield. Mrs Freeth pointed out that if an individual reported trauma, it was something they felt regardless of its objective severity. Professor Wessely said that mental health problems in reservists may be associated with events at home. Those people who felt their families were being well looked after during their absence may report better mental health.

Professor Silman asked about the magnitude of the reservists' effect. Professor Wessely said that the odds ratios were 2-3, with incidence of PTSD about double that for regulars. To put this in context, however, more than 80% of the sample reported good health. This aspect of the study was entirely cross-sectional.

With respect to the anthrax vaccination, self-reported data had been found to be very accurate. The team had been investigating whether there was an association between ill health and receipt of the vaccine, but also whether ill-health or side effects were linked to a perceived lack of choice in accepting the vaccination. Full results would be published in due course.

Professor Wessely said that comparison of the phase 1 study findings on alcohol consumption with ONS figures for the general population showed that military personnel drank more than civilians. Brigadier Garnett enquired about validation of the AUDIT instrument. Professor Wessely said that it had been validated for the general population, though not specifically for the military. Mr Blatchley pointed out that greater drinking did not necessarily mean greater health risk, since the military population was fitter. Professor Wessely said that what was known for sure was that a strong association existed between heavy drinking and adverse social consequences.

Professor Silman asked if the alcohol consumption was measured during the TELIC deployment. Professor Wessely said all the data were post-deployment. Heavy drinking had been found to be associated with a variety of standard measures of social adversity, but also with some specific military factors. All of these would be fully

reported in due course.

Referring to the longitudinal study led by Professor Rona, Professor Wessely reported that smoking was declining over time but both alcohol consumption and binge-drinking were increasing. Professor Rona added that these were opposite trends to those seen in the general population. The samples surveyed consisted of the same individuals at different points in time, so there was real change. Professor Silman said that it would be interesting to look at group mean differences and predictors.

Professor Wessely described the study into operational tempo, deployment length and mental health. Professor Silman asked about the co-occurrence of drinking and PTSD. Professor Wessely said that this was being investigated, as was the effect of a discrepancy between expectation of length of deployment compared to actual deployment and health. [A report has since been produced and is under review. Internal briefings have also been carried out.]

Professor Wessely briefly mentioned other uses that had been made of the cohort data. Psychological debriefing was investigated by linking the briefing records with the KCMHR database, but no real effect had been found either way. Those who did not receive the homecoming brief tended to have more mental health problems.

The KCMHR clinical study was still in progress. A sample of personnel identified in the phase 1 TELIC study as having mental health problems (i.e. scoring above a threshold value on the questionnaire), along with a group who did not indicate mental health problems, were being interviewed in depth over the telephone. More than 700 interviews had been carried out to date and less than 5% of the sample had been lost to follow-up. Professor Wessely noted that some of the individuals contacted were quite sick. Some gaps in service provision were being identified. Most of the interviewees were veterans, i.e. they were no longer in the armed forces. Professor Wessely said that his team was looking at further topics and analytical work on the phase 1 data would continue for some time.

Dr Willcox enquired about research publications. Professor Wessely explained that there was a pipeline, with papers at various stages according to acceptance by and the publication schedule of the relevant scientific journals.

Dr Fear then outlined the sampling strategy for phase 2 of the project. The total sample size would be approximately 22,000. KCMHR planned to follow-up all individuals who had responded in phase 1 and consented to further contact: a high response rate was expected. In addition, there was to be a replenishment sample to keep the cohort representative of the UK forces. This would comprise 6,600 regulars and 2,200 (voluntary) reserves recruited since April 28th 2003. There would be deliberate over-sampling of reserves. The basis of the figures was discussed. In respect of Operation HERRICK, the sample would be 1250 regulars plus all reserves. The study was to cover HERRICK 4 onward, i.e. deployments to Afghanistan since April 2006.

Professor Silman asked if there would be overlap between the TELIC and HERRICK cohorts. Professor Wessely said there would be a great deal. Dr Fear explained that a given individual would be sampled only once. Both replenishment and follow-up

would “trump” HERRICK. Professor Silman asked why the TELIC work was being extended to HERRICK; MoD officials said that this had been a ministerial directive, although it had always been intended to look at the Afghanistan deployment as part of phase 2.

Mrs Paxton asked if the prioritisation meant there was a danger of not recruiting enough HERRICK personnel to the study. Professor Wessely said no, since if one person was excluded another would be selected. Mr Blatchley enquired about diminution of the non-deployed control cohort. Professor Wessely stated that was inevitable as an ever greater proportion of personnel undertook tours in Iraq.

Professor Silman asked if any aspect of the HERRICK deployment was of particular scientific interest. Professor Wessely replied that the level of combat exposure was higher among personnel serving in Afghanistan.

Dr Fear mentioned some problems that were being encountered, such as the need for “deconfliction” of simultaneous studies, the accuracy of sampling frames, and the definition of reservists. Professor Silman asked about deconfliction and Mrs Paxton explained that numerous other surveys were carried out by the MoD and the armed forces themselves for a variety of reasons. Efforts were being made to ensure, as far as possible, that the same individuals were not approached twice in a short period.

Mr Blatchley described one technical solution under consideration within DASA, which was to assign individuals to studies according to the last digit of their service number. He himself was concerned that this could introduce selection bias due to groups of similar people joining up at the same time and place and thus receiving adjoining numbers. Professor Silman said that he did not feel any such bias could be very serious, and the approach did offer the benefit of simplicity. Professor Wessely thought the service number method would be acceptable. Professor Rona was against it, saying that he wanted a consistent approach to sampling.

Professor Silman suggested that the solution was to perform a statistical analysis. Mr Blatchley said this had already been done, albeit only for known variables. Mrs Freeth asked if there was any risk of regional bias. Mr Blatchley said only with the army, as the other Services recruited at single sites. Professor Wessely pointed out that this should not occur if only the last digit were used. Professor Silman stated that the board had no major concerns. Professor Rona said that the method could not, in any case, be applied to the HERRICK cohort since that would necessarily constitute a much higher proportion of the pool of eligible personnel.

Dr Fear drew attention to the imminent (April 07) introduction of the Joint Personnel Administration (JPA) system to the army and the effect this could have on the sampling frame. Mr Blatchley confirmed that the quality of data in JPA was not yet sufficiently high, due to frequent data entry errors. He said that JPA was now the sole source of deployment data, since MoD was not prepared to fund the continuation of parallel systems. Professor Silman said that KCMHR therefore faced a real problem. Mr Blatchley said that data were available, but an assessment of potential bias should be carried out.

The King's team then provided hard copies of the draft follow-up questionnaire and invited comments from THRRB members by the end of April. Professor Wessely said that the team had decided to drop the questions on reproduction and the fatigue measure that had been included in phase 1. Sections had been added on decompression and normalisation. Whilst the main outcome measures were fixed, there was also more on Service-leavers and social networks. Piloting was currently underway. There would be a different questionnaire for the replenishment sample.

Professor Silman asked if King's envisaged following up its cohort electronically in the future. Professor Wessely said this was unlikely since there were still too many people who lacked internet access. Professor Silman thanked the KCMHR team and asked when it would next like to meet with the board. It was agreed that contact should be made toward the end of 2007.

5 Any other business

Mr Blatchley raised the mortality and cancer study of TELIC personnel, saying that the internal resourcing problems within DASA had been resolved but other issues remained. Continual operational deployments meant that the approach used for the Gulf war study was not viable. Mr Blatchley felt that the study should include Operation HERRICK. There was a problem in finding a suitable group from which the reservists sample could be taken. A decision was also needed on when to stop recruitment into the study. Possibly the flagging could include every person in the armed forces on 18.01.03 plus all those recruited up to an end point to be determined.

Professor Silman suggested that flagging could continue indefinitely, but Mr Blatchley said continuous flagging raised ethical issues. He added that the Patient Information Advisory Group (PIAG) was to be dismantled and replaced by a National Information Governance Board. The cost of flagging depended on having the NHS number. DASA had the number in 85% of cases and the cost for that element would amount to £100,000. For the 15% where the number was not known, no data would be provided by the Office for National Statistics (ONS). Mr Blatchley said he did not know if bias were likely.

Professor Silman said that unlimited flagging would be unnecessary, and suggested a cut-off date of 18.01.2008. Mr Blatchley reported that the study protocol was ready to submit for ethical approval. The chairman asked that Professors Coggon and Jones be given the opportunity to comment on it.

Action 10.1: Mortality and cancer study protocol to be sent to Professors Coggon and Jones for comment

Mr
Blatchley

6 Date of next meeting

No date was set.

Action 10.2: Chairman to be contacted in November 2007 for possible dates

Secretary