

Washington

NEWS FROM THE CAPITAL

GI Bill to benefit 99,000 jobless vets

New program provides extra year of training for those aged 35 to 60

By Rick Maze
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A new veterans education benefit could help 99,000 unemployed veterans learn new skills in career fields forecast to have high job growth over the next decade, a senior Veterans Affairs Department official said.

Curtis Coy, a retired Navy commander who serves as VA deputy undersecretary for economic opportunity, said the \$1.6 billion Veterans Retraining Assistance Program is aimed at about 400,000 unemployed veterans aged 35 to 60 who are not eligible for traditional VA education and training benefits, either because they used their GI Bill benefits or their benefits expired.

What they are being offered is one year of Montgomery GI Bill benefits to be used for college, vocational or on-the-job training, or apprenticeships in one of 210

high-demand fields.

In a meeting with Military Times editors and reporters, Coy said the program could have a significant impact on veterans' unemployment if VA can just get word out about the program.

There is no mailing list and no database to identify veterans who might be eligible, Coy said.

"If we identify those 400,000 veterans, and we line them all up, we have to convince one in four of them, since we have 99,000 slots, to embark upon additional schooling or technical training for that high-demand job," Coy said. "So you can certainly see the challenge."

More than 14,000 veterans have applied for the 45,000 openings this year, Coy said. Another 54,000 openings will be available beginning Oct. 1.

Not everyone who applies is eligible, Coy noted — but there is good news behind some of the

denials. Of the 2,600 claims processed as of June 5, about 280 were ineligible, but about 80 percent of those had remaining education benefits available and didn't know it, Coy said.

The rest of the denials resulted from a mix of having no verifiable military service and dishonorable discharges, VA officials said.

Those eligible for the program receive one year of Montgomery GI Bill benefits, which pay up to \$1,473 a month for those with three or more years of service.

Benefits will cover training in fields that the Labor Department and VA have identified as high-demand — those with more than 10,000 job openings forecast in the next 10 years — that veterans could qualify for after one year of training.

"We took off the top — doctors, lawyers, neurosurgeons, CPAs and some of the higher-end occupations that would require a lot more than perhaps a refresher of one year," Coy said.

Also excluded were jobs that require no training, or training of



ALAN LESSIG/STAFF

Curtis Coy, VA deputy undersecretary for economic opportunity, said his agency wants to get the word out about a new retraining program for unemployed veterans.

considerably less than a year.

"Classic examples might be retail clerks, maids and people that you sort of ... walk around with and show them how to do it," Coy said.

The unemployment rate for veterans aged 35 to 60 is 7.8 percent, slightly lower than the national average of 8.2 percent and far lower than the 23.5 percent unemployment rate for veterans aged 24 and under.

Of the 800,000 unemployed veterans overall, somewhere between half and two-thirds — depending on who is counting — could be eligible for VRAP.

The House Veterans' Affairs Committee, from which VRAP originated, uses the high number, saying two-thirds of unemployed veterans are between ages 35 and 64, per the Labor Department's

cutoff for age groups. Coy used the lower estimate, saying about 400,000, or half, of unemployed veterans are in the age category covered by the program.

Regardless of the actual number, a program that helps 100,000 find permanent jobs would put a big dent in the veteran jobless rolls.

Rep. Jeff Miller, R-Fla., chairman of the House Veterans' Affairs Committee and chief advocate for VRAP, said he wanted to help this group of veterans because many of them are struggling under oppressive debt, poor credit and rising unemployment — without any veterans benefits to fall back on.

The goal, Miller said last year when he introduced the plan, is to ensure veterans "have the hard skills that will be in demand as the economy recovers." □

Andrew White, an Iraq veteran and son of Shirley and Stan White, was given quetiapine along with Klonopin to treat his PTSD-induced nightmares; he died in his sleep in 2008.



JEFF GENTNER/THE ASSOCIATED PRESS

After deaths, DoD cracks down on drugs' off-label use

By Patricia Kime
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A letter landed in Stan White's mailbox in Cross Lanes, W.Va., in April.

It began: "On behalf of the men and women of the U.S. Armed Forces ... I extend my sincerest and deepest sympathy for the loss of your sons."

But the note wasn't simply a condolence. The message from Air

Force Lt. Gen. Brooks Bash informed White that U.S. Central Command had decided in March to remove the powerful antipsychotic drug Seroquel from its approved formulary list.

Under the new rules, CENTCOM doctors now must request a waiver if they write a prescription for Seroquel, also known as quetiapine.

The change is a small victory for White, who had already lost one

son to combat and has sought restrictions on the drug he believes contributed to the death of a younger son.

Marine Cpl. Andrew White died Feb. 12, 2008, at age 23 from a lethal combination of medications prescribed for post-traumatic stress disorder, mainly clonazepam, quetiapine and paroxetine — the latter

See **SEROQUEL** Page 10

Washington

Seroquel

From Page 8

two known to sometimes affect the heart's regular rhythm.

"I have never been one to say I'm opposed to medication — I'm just opposed to these medications, which have a side effect of causing cardiac arrest," White said June 6.

Earlier this year, Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson asked the military services to monitor prescriptions for atypical antipsychotic medications, a class of drugs that includes quetiapine.

The medications are approved by the Food and Drug Administration for treating schizophrenia and bipolar disorder. But in the past decade, their popularity has soared for off-label use, including for treating PTSD and insomnia.

A 2011 study of 692 patients prescribed quetiapine at Madigan Army Medical Center, Wash., showed just 9.4 percent received it for an FDA-approved use, while 57 percent received it for insomnia.

In 2011, the services issued 54,581 prescriptions for Seroquel alone, the most for any antipsychotic medication — more than 2.5 times the number of prescriptions for the second-most prescribed atypical antipsychotic, Abilify, and nearly four times the number for risperidone, according to information obtained by a Military Times under a Freedom of Information Act request.

A growing alarm

Quetiapine has the strongest somnolent effect of all atypical antipsychotics, and is commonly prescribed troops for relieving nightmares.

But as its popularity has grown, evidence has mounted pointing to links between atypical antipsychotics and irregular heartbeat and even death — prompting critics and physicians, including Woodson, to sound the alarm on frequent prescriptions.

"Providers should use caution

when these agents are used as sleep aids in service members struggling with substance use disorders, especially given the risk of such side effects as glucose dysregulation and cardiac effects," Woodson wrote Feb. 22.

A study in the January 2009 New England Journal of Medicine found the rate of sudden cardiac death doubled for those taking atypical antipsychotic drugs, and there were three such deaths per year for every 1,000 patients taking the medication.

The risk of a fatal heart event also increased with dosage, and study author and Vanderbilt University researcher Wayne Ray said mixing these medications with others that cause irregular heartbeat, known medically as QT prolongation, could worsen the issue and possibly cause death.

"We saw this strong relationship between the antipsychotics and sudden death ... and all the information we had pointed to the drugs as the cause," Ray said after the study was published. "Our findings ... would suggest avoiding other medications that prolong QT whenever possible because when you give two together, you're ... increasing the patient's risk."

The Madigan study, conducted by Army Lt. Col. Vincent Mysliwiec and presented last June at a meeting of the American Academy of Sleep Medicine, showed that of 692 patients who took quetiapine, 126 were monitored for heart arrhythmia within six months of starting on the drug, and of those, 11 showed an abnormal heart rhythm.

Ten of those cases were directly attributed to quetiapine; when the medication was stopped, their heart rhythm returned to normal, according to Psychiatric News.

Through an Army spokesman, Mysliwiec declined to release the study but said it was available to Defense Department physicians on request.

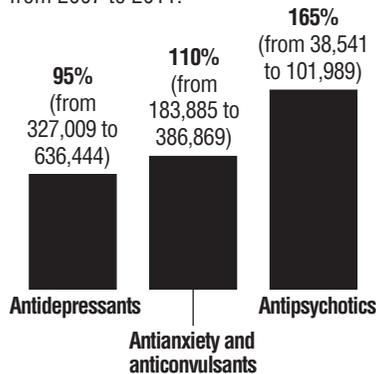
A 2008 Dutch study also showed patients taking more than one QT-interval-prolonging drug had 4.8

MORE TROOPS TAKING ANTIPSYCHOTICS

While the total prescriptions for antipsychotics has not been as high as other categories of drugs, their rate of prescription has risen more steeply. Much of the increase in antipsychotics is attributed to a rise in prescriptions for quetiapine:

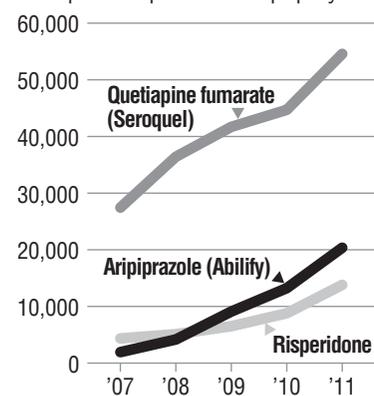
Increase in prescriptions overall

Percentage increase in prescriptions from 2007 to 2011:



Increase in top antipsychotic drugs

Prescriptions dispensed to troops per year:



Off-label use

In a Madigan Army Medical Center study of 692 patients who received quetiapine, only about 9 percent were prescribed it for schizophrenia, bipolar disorder or with other drugs for major depression — the only uses approved by the FDA. Estimates in the study:

Insomnia	57%
Anxiety	20%
FDA approved	9%
PTSD	7%
Mood disorders	6%

SOURCES: DEFENSE DEPARTMENT; AMERICAN ACADEMY OF SLEEP MEDICINE VIA PSYCHIATRIC NEWS

STAFF

times the risk of cardiac arrest.

'He just died'

White attributes his son's death, and those of at least three others from West Virginia — Army Pfc. Derick Johnson, 22; Army National Guard Sgt. Eric Layne, 29; and Marine Cpl. Nicholas Endicott, 24 — to at least two heart-rhythm-altering drugs, quetiapine and paroxetine.

Since their cases were publicized, others have stepped forward, including Alicia McElroy, whose husband, Army National Guard Staff Sgt. James McElroy, 30, was found dead in his barracks while receiving treatment for

PTSD at Fort Benning, Ga.

She said that among his many medications were Paxil, Seroquel and Klonopin.

"This wasn't a long, slow death. It wasn't an overdose. He wasn't found unconscious. He just died," said Alicia McElroy, who is still awaiting autopsy results. Her husband died June 6, 2011.

Seroquel maker AstraZeneca stands behind the safety record of its medication, which it made exclusively until March 2012, when the patent expired.

"Patient safety is a priority for AstraZeneca, and we think Seroquel is safe and effective when it's used as recommended," Stephanie

Andrzejewski said.

She added the company does not condone prescribing Seroquel for off-label uses.

"We trust doctors to use medical judgment in ... determining when it is appropriate to prescribe medications," she said.

In July 2011, the FDA required AstraZeneca to add a warning to the drug's label regarding its potential cardiac risk.

The services take action

The service surgeons general have responded to Woodson's request for their policy guidance on atypical antipsychotics, Defense Department spokesman Navy Capt. Michael Colston said June 4. According to documents released by Colston:

■ The Army decided risperidone should not be prescribed because its risks outweigh its benefits, and providers who prescribe other such drugs, including quetiapine, "must clearly document their rationale" and receive informed consent from the patient.

■ The Navy Department agreed to monitor providers and flag those who prescribe the most atypical antipsychotics off-label for additional review.

■ The Air Force, which prescribes atypical antipsychotics to "fewer than 0.15 percent of airmen," will review provider prescribing practices and counsel those who show a pattern.

■ The Washington, D.C., area medical command will conduct periodic evaluations of drugs prescribed to patients with PTSD and follow-up evaluations to see whether further monitoring is needed.

White, who had another son, Army Sgt. Robert White, killed in combat, said he is glad the military is moving away from medications for PTSD.

"I know people who have died from medication," he said. "I don't know anyone who's ever been killed by counseling." □

Staff writer Andrew Tilghman contributed to this report.

Off-label Seroquel use soars over decade

By Patricia Kime
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Prescriptions for Seroquel have exploded in the past decade, especially in the armed forces, where it often is prescribed off-label as a sleep aid.

In 2003, service members were diagnosed with insomnia at a rate of 30 per 10,000; by 2009, the rate

had risen to 226 per 10,000. Prescriptions for Seroquel, or quetiapine, have subsequently soared, multiplying 27-fold in the same time period.

The drug is known to cause drowsiness and chase away nightmares associated with post-traumatic stress disorder.

Navy Capt. Mike Colston of the

Office of the Assistant Secretary of Defense for Health Affairs said medications become popular as providers learn about them and as they receive new approvals for use by the Food and Drug Administration — in the case of quetiapine, as an add-on therapy for antidepressants.

Yet questions have been raised over whether its off-label use for

insomnia was more than a grassroots movement by physicians. In April 2010, manufacturer AstraZeneca agreed to pay \$520 million to the federal government to settle a civil suit alleging that it illegally marketed Seroquel for a host of off-label uses such as Alzheimer's disease, anxiety, PTSD and sleeplessness.

According to The Associated Press, in 2009, the Pentagon spent \$8.6 million on the drug,

while the Veterans Affairs Department spent \$125.4 million.

Recent moves by the Pentagon to restrict prescriptions for atypical antipsychotic drugs were the result of a search for safe, proven therapies for troops, Colston said.

"We aim to ... discourage the use of off-label medication treatments with antipsychotic medications before established evidence-based strategies have been implemented," he said. □