

Letters to the Editor for Thursday, August 14, 2008

Stars and Stripes

Nicotine, mefloquine and PTSD

Regarding "Smoke alarm: Navy captain points to study drawing link between nicotine dependence, PTSD risk" (article, Aug. 4).

Navy Capt. Richard Westphal should be commended for drawing attention to the effects of nicotine on the hippocampus, and its possible role in the development of post-traumatic stress disorder. However, servicemembers serving in Afghanistan and elsewhere are already exposed to another agent that is known to affect the hippocampus; namely the anti-malarial drug mefloquine (Lariam).

I've studied this issue in my work for the military. It would be interesting to know whether health leaders at the Department of Defense have also considered whether the effects of up to 15 months of chronic exposure to this plausible neurotoxin might also increase the risk of PTSD. Mefloquine is known to cause a broad range of psychiatric symptoms including anxiety, a symptom of PTSD.

According to the Food and Drug Administration, mefloquine is not to be prescribed to those with a history of depression or other serious mental health disorders — conditions that are found in as many as 1 in 10 deployed servicemembers, and 1 in 5 deployed female servicemembers. Unfortunately, health care providers continue to prescribe this drug inappropriately to many such servicemembers, with little central oversight by DOD to ensure those at greatest risk are not being exposed, or to determine what side effects or conditions those who are later develop.

As important as discouraging smoking may be to guard against the development of PTSD, ensuring that mefloquine is not prescribed to servicemembers for whom it is unsafe is arguably even more important. With its expanded focus on PTSD prevention, health leaders at DOD should consider an expanded program of mefloquine safety monitoring and support broad efforts to ensure the more judicious use of this drug.

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