An estimated 20 million veterans live in the United States. These individuals can face challenging and complex conditions and health issues long after they've completed their service; for example, 82 percent of Iraq and Afghanistan veterans report living with chronic pain. Addressing these concerns more effectively through patient-centered research will not only benefit those directly affected but their families as well.

The Veterans Health Administration spent $69 BILLION in fiscal year 2017

More than 9 MILLION veterans are enrolled in the VA health care program

PCORI has funded 19 comparative effectiveness research studies that involve or are recruiting veterans, are based at VA health centers, or focus on conditions highly relevant to veterans and those who care for them. PCORI is actively engaging with veterans' communities to ensure they participate in research and help produce results that are more meaningful and more likely to be taken up into practice.

**PCORI Answers Critical Questions**

Evidence gaps can make it difficult to know which approaches to care will work best given a patient’s specific needs. PCORI funds studies that seek to help veterans, their families, healthcare providers, and others answer questions they face when making care choices, such as:

**PATIENT**

I suffer from posttraumatic stress disorder (PTSD), but my current treatments don't seem to be helping with all my symptoms. Are there different medications or other treatments that might work better for me?

**VA CLINICIAN**

One of my patients suffers from chronic pain but is concerned about the risks of relying on opioids. What strategies would offer the best options to help her manage her pain while reducing the risks she might face from long-term opioid use?

**STUDY SPOTLIGHTS**

### Helping Veterans Manage Chronic Pain and Reduce Opioid Use

Many doctors prescribe opioids for people living with chronic pain, including veterans. But these drugs might not work as well as other pain management approaches and can have serious side effects and long-term risks. PCORI-funded researchers in Minnesota are working with patients who go to VA health facilities and have chronic pain even though they use opioids. The researchers are comparing different treatment options to see if they can help these patients control their pain while reducing their use of opioids. Further details about this project are at www.pcori.org/Krebs192.

### Comparing Risks and Benefits of Second-Line Medicines for PTSD

Posttraumatic stress disorder is the most common mental illness among veterans. People with PTSD have a higher risk of long-term physical illness, problems in social situations, and even death compared to those without PTSD. PCORI-funded researchers in California are reviewing the medical records of veterans with PTSD to gauge the benefits and risks of second-line medicines for PTSD—those that clinicians prescribe when drugs known to work best for most people are not effective. Further details about this project are at www.pcori.org/reviews-PTSD.
As of November 2020, PCORI has awarded $123 MILLION TO FUND 24 comparative clinical effectiveness research studies that either involve veterans or focus on conditions highly relevant to them.

**BY THE NUMBER OF PROJECTS**

**Top Condition Categories**

*By number of projects. A project may study more than one condition.*

- **Respiratory Diseases:** 5
- **Infectious Diseases:** 4
- **Neurological Disorders:** 4
- **Cardiovascular Disease:** 3
- **Mental/Behavioral Health:** 13
- **Cancer:** 4
- **Muscular and Skeletal Disorders:** 4
- **Functional Limitations and Disabilities:** 3
- **Infectious Diseases:** 4
- **Respiratory Diseases:** 3
- **Neurological Disorders:** 2
- **Mental/Behavioral Health:** 1

**Most Studied Populations of Interest**

*By number of projects. A project may study more than one population.*

- **Low Income:** 12
- **Racial/Ethnic Minorities:** 10
- **Individuals with Multiple Chronic Conditions:** 9
- **Urban:** 6
- **Women:** 6
- **Rural:** 3
- **Low Health Literacy/Numeracy:** 2
- **Older Adults:** 10
- **Low Income:** 10
- **Racial/Ethnic Minorities:** 10
- **Urban:** 3
- **Low Health Literacy/Numeracy:** 2
- **Older Adults:** 10
- **Low Income:** 10
- **Racial/Ethnic Minorities:** 10
- **Urban:** 3
- **Low Health Literacy/Numeracy:** 2