



**SHAMIR  
MEDICAL  
CENTER**

# DEPRESCRIBING PROGRAM FOR COMBAT VETERANS WITH PTSD

*Shamir Medical Center | HBOT Integration Initiative*

## Executive Summary

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Hyperbaric oxygen therapy (HBOT) is a novel, Ministry of Defense–approved treatment for veterans with treatment-resistant PTSD. Conducted in a pressurized chamber with pure oxygen, it directly targets the neurobiological injury underlying trauma.

**70%**

of patients show positive HBOT response

**60%**

partial/no response to standard treatments

**20%**

of HBOT-referred patients excluded due to polypharmacy

## The Challenge

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Combat veterans with PTSD frequently face treatment resistance due to extensive polypharmacy — complex regimens with limited effectiveness and significant side effects. Chronic benzodiazepine use in particular negatively affects patients' responses to therapeutic interventions, including HBOT.

### Key Gaps in Current Care

High prevalence of polypharmacy among veterans, including benzodiazepines and antipsychotics. Polypharmacy associated with significant side effects, dependency risk, and functional impairment. ~20% of HBOT-referred patients are excluded due to polypharmacy. Ministry of Defense funds HBOT, but structured deprescribing programs receive no support — a critical care gap.

## Our Contribution

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Shamir Medical Center hosts the world's largest HBOT department and a dedicated department focused on deprescribing for PTSD and other populations. Following the dramatic increase in PTSD cases since October 7, 2023, Shamir has pioneered a first-of-its-kind multidisciplinary program for combat veterans — structured around the safe reduction of medication burden to enable HBOT eligibility and improve clinical outcomes.

## The Solution

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A structured, evidence-informed deprescribing model tailored to veterans with PTSD referred for HBOT. Each participant receives:

- Comprehensive medical and pharmacological evaluation
- Individualized deprescribing plan
- Close clinical follow-up by physicians and pharmacologists
- Integration of non-pharmacological interventions
- Continuous monitoring of symptoms and side effects

This approach ensures safety, personalization, and sustained clinical benefit — followed by optimal conditions for HBOT.

## Innovation

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**This program is a first-of-its-kind initiative that:**

Directly addresses polypharmacy in PTSD as a treatment target.

Integrates biological, pharmacological, and behavioral interventions.

Translates hospital-based expertise into a scalable, structured care model.

Builds on Shamir's established clinical model, informed by the VA's benzodiazepine reduction programs.

## Target Population

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- Combat veterans diagnosed with PTSD referred to HBOT
- Patients on complex psychiatric medication regimens:
  - Three or more psychiatric medications, OR
  - Chronic benzodiazepine use

## Expected Outcomes

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|-------------------------------------|--|
| ✓ Reduce medication number & dosage | ✓ Enable ineligible patients to qualify for HBOT |
| ✓ Reduce PTSD symptom severity      | ✓ Improve daily functioning                      |
| ✓ Enhance overall quality of life   | ✓ Support return to productive life              |

## Cost Model Per Patient

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Program cost: **5,000–10,000 NIS per patient (\$1,666–\$3,330 USD)** *(varies by number and type of therapeutic sessions required)*

| Component                        | Cost (USD Equivalent)  |
|----------------------------------|------------------------|
| Medical & Psychiatric Evaluation | \$330–\$500            |
| Physician Follow-Up              | \$500–\$666            |
| Monitoring & Coordination        | \$170–\$330            |
| Complementary Therapies          | \$666–\$1,500          |
| <b>Total Per Patient</b>         | <b>\$1,666–\$3,330</b> |

## Why This Matters Now

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This initiative represents a unique opportunity to address a critical and under-recognized aspect of PTSD care. By supporting this program, donors play a direct role in transforming the treatment trajectory of combat veterans — moving them from chronic medication dependence toward recovery, function, and resilience.

**This is an opportunity to remove a critical barrier to recovery, allowing those who have already sacrificed so much to access effective treatment, regain function, and rebuild their lives.**

### C O N T A C T

**Dr. Keren Doenyas**

Shamir Medical Center | PTSD Program

[kerendb@shamir.gov.il](mailto:kerendb@shamir.gov.il)

+972-54-421-5487