defined PTSD IRR 3.3 (95% CI 1.8–6.0), major depression 2.1 (1.3–3.5) and alcohol disorder 1.8 (1.0–3.3) at Wave 1. The adjusted IRR of incident CIDI-defined PTSD 3.7 (2.2–6.3) major depression 2.0 (1.2–3.2) and AUD 2.1 (1.1–3.8) at Wave 2 were increased for those with, compared to those without, MSI at Wave 1. Conclusions Longitudinally, psychological disorders, in particular PTSD and depression, were found to be a risk factor for the development of MSI and the presence of MSI was a risk factor for the development of psychological disorders, in particular PTSD and depression. These findings have important implications for clinical and occupational health practice, service provision and longer term health in military and veteran populations.

The recent Iraq and Afghanistan conflicts represent a unique time in UK battlefield medicine; with more service personnel surviving complex traumas than any previous time. During these recent conflicts, approximately 830 UK service personnel were very seriously or seriously injured, and over 9000 were aero-medically evacuated. Little is known about the long-term health of these injured personnel. The Armed Services Trauma Rehabilitation Outcome Study (ADVANCE) is a longitudinal cohort study investigating the long-term medical and psychosocial outcomes of physical battlefield trauma casualties. 1200 male subjects who deployed to Afghanistan (600 injured and 600 non-injured individuals’ frequency-matched by age, rank, service and role-in-theatre) will be followed up over a 20 year period. Primary objectives are to assess cardiovascular risk, cardiovascular events and osteoarthritis of the hip and knee. Secondary objectives are: musculoskeletal disease; pain; mental health; employment outcomes; functional status; quality of life; relationship status; sexual functioning; lung function; hearing loss and all-cause mortality. Data collection started in August 2015 and 705 participants have been recruited (376 non-injured and 329 injured). Most common injuries include single leg amputation, bilateral leg amputation (below knee), genital injuries and shrapnel injuries. Approximately 83% of participants are from the Army, 14% from Naval Services (including Royal Marines) and 3% from the Royal Air Force. The sample overall is comprised of approximately 14% Officers – with the other 86% holding lower ranks. Median age of the sample is 33 years at point of recruitment. Baseline data collection is due to be completed by the end of 2019, when follow data collection will commence. There are no other studies of this type currently being conducted and the results will have far reaching implications for the military and veteran community but also for members of the general population who have experienced a severe physical trauma.