



CDP Research Update -- June 14, 2012

What's Here:

- Deaths While on Active Duty in the U.S. Armed Forces, 1990-2011
- Development and Testing of Virtual Reality Exposure Therapy for Post-Traumatic Stress Disorder in Active Duty Service Members Who Served in Iraq and Afghanistan.
- Pharmacological Prevention of Combat-Related PTSD: A Literature Review.
- Attention Deficit Hyperactivity Disorder Subtypes and Their Relation to Cognitive Functioning, Mood States, and Combat Stress Symptomatology in Deploying U.S. Soldiers.
- Financial Well-Being and Postdeployment Adjustment Among Iraq and Afghanistan War Veterans.
- Reports to the Navy's Family Advocacy Program: Impact of Removal of Mandatory Reporting for Domestic Violence.
- Predicting persistent posttraumatic stress disorder (PTSD) in UK military personnel who served in Iraq: A longitudinal study.
- Correlates of Depression among US Military Members Infected with the Human Immunodeficiency Virus.
- Behavioral Activation and Therapeutic Exposure: An Investigation of Relative Symptom Changes in PTSD and Depression During the Course of Integrated Behavioral Activation, Situational Exposure, and Imaginal Exposure Techniques.
- Challenges Faced by Military Families: Perceptions of United States Marine Corps School Liaisons.
- A Scheme for Categorizing Traumatic Military Events.
- Cognitive-Behavioral Therapy for Anxiety Disorders with Comorbid Depression: A Review.
- Ethnic differences in symptoms among female veterans diagnosed with PTSD.
- Case Report: Hemicrania Continua Headache in a Veteran with Posttraumatic Stress Disorder and Major Depressive Disorder without Traumatic Brain Injury.

- Comparative Analysis of Mandated Versus Voluntary Administrations of Post-Deployment Health Assessments Among Marines.
- Acceptability and cost-effectiveness of military telehealth mental health screening.
- Assessing daily fluctuations in posttraumatic stress disorder symptoms and substance use with interactive voice response technology: Protocol compliance and reactions.
- Uniting veterans across distance through a telephone-based reminiscence group therapy intervention.
- Videoconferencing psychotherapy: A systematic review.
- Clinical and demographic factors associated with employment status in US military veterans returning from Iraq and Afghanistan.
- The Neural Correlates of Emotional Numbing and Nicotine Use in Veterans During Wake and REM: An [18 F]-FDG PET Imaging Study.
- Is Rest After Concussion "The Best Medicine?": Recommendations for Activity Resumption Following Concussion in Athletes, Civilians, and Military Service Members.
- Postconcussive Symptom Reporting Among US Combat Veterans With Mild Traumatic Brain Injury From Operation Iraqi Freedom.
- A Pilot Study Examining the Effect of Mindfulness-Based Stress Reduction on Symptoms of Chronic Mild Traumatic Brain Injury/Postconcussive Syndrome.
- Combination of pharmacotherapy and psychotherapy in the treatment of chronic depression: A systematic review and meta-analysis.
- Alcohol use in a military population deployed in combat areas: a cross sectional study.
- Threat Reappraisal as a Mediator of Symptom Change in Cognitive-Behavioral Treatment of Anxiety Disorders: A Systematic Review.
- A Preliminary Investigation of the New and Revised Symptoms of Posttraumatic Stress Disorder in DSM-5.
- The renin-angiotensin pathway in posttraumatic stress disorder: angiotensin-converting enzyme inhibitors and angiotensin receptor blockers are associated with fewer traumatic stress symptoms.
- Neuropsychological Outcomes of U.S. Veterans with Report of Remote Blast-Related Concussion and Current Psychopathology.

- The Latent Structure of Posttraumatic Stress Disorder: Different Models or Different Populations?
- Subsyndromal Posttraumatic Stress Disorder Symptomatology in Primary Care Military Veterans: Treatment Implications.
- Drugs for insomnia.
- Exploration of Culturally Proficient Mental Health Assessment and Treatment Practices of Black/African American Clients.
- Epigenetic Mechanisms in Learned Fear: Implications for PTSD.
- Epigenetic modifications associated with suicide and common mood and anxiety disorders: a systematic review of the literature.
- Substance use and mild traumatic brain injury risk reduction and prevention: a novel model for treatment.
- Preventive health practices and behavioral risk factors in women surviving traumatic brain injury.
- Behavioral Activation and Therapeutic Exposure: An Investigation of Relative Symptom Changes in PTSD and Depression During the Course of Integrated Behavioral Activation, Situational Exposure, and Imaginal Exposure Techniques.
- Long-Term Improvement in Coping Skills Following Multimodal Treatment in War Veterans with Chronic PTSD.
- A functional MRI study of multimodal selective attention following mild traumatic brain injury.
- Third location decompression for individual augmentees after a military deployment.
- Attendance and substance use outcomes for the Seeking Safety program: sometimes less is more.
- The Theoretical and Empirical Basis for Meditation as an Intervention for PTSD.
- Mental Paper Folding Performance Following Penetrating Traumatic Brain Injury in Combat Veterans: A Lesion Mapping Study.
- Combined effects of work-related stress in Her Majesty's Coastguard (HMCG).
- Links of Interest
- Research Tip of the Week: Matrix Airfare Search

http://www.afhsc.mil/viewMSMR?file=2012/v19_n05.pdf#Page=02

Deaths While on Active Duty in the U.S. Armed Forces, 1990-2011

Medical Surveillance Monthly Report: A publication of the Armed Forces Health Surveillance Center

May 2012

Crude mortality rates are lower among U.S. military members than their civilian counterparts; service members must be healthy when they enter service and deaths from illnesses are relatively infrequent. From 1990 through 2011, there were 29,213 deaths of U.S. military members while on active duty (crude overall mortality rate: 71.5 per 100,000 person-years). The most deaths occurred in years when major combat operations were ongoing; from 2004 to 2007, war-related injuries accounted for approximately 40 percent of all deaths. From 2000 to 2011, two-thirds of all deaths unrelated to war were caused by transportation accidents (n=4,761; 37%), other accidents (n=1,358; 10%) and suicides (n=2,634; 20%). From 2005 to 2011, the proportion of deaths due to suicide increased sharply while the proportion due to transportation accidents generally decreased; as a result in 2010 and 2011, suicides accounted for more deaths of service members than transportation accidents. The current focuses of the Services on safety and mental health are clearly indicated to minimize the premature loss of lives of young men and women in military service.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00018>

Development and Testing of Virtual Reality Exposure Therapy for Post-Traumatic Stress Disorder in Active Duty Service Members Who Served in Iraq and Afghanistan.

Authors: McLay, Robert N.; Graap, Kenneth; Spira, James; Perlman, Karen; Johnston, Scott; Rothbaum, Barbara O.; Difede, JoAnn; Deal, William; Oliver, David; Baird, Alicia; Bordnick, Patrick S.; Spitalnick, Josh; Pyne, Jeffrey M.; Rizzo, Albert

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 635-642(8)

This study was an open-label, single-group, treatment-development project aimed at developing and testing a method for applying virtual reality exposure therapy (VRET) to active duty service members diagnosed with combat post-traumatic stress disorder (PTSD). Forty-two service members with PTSD were enrolled, and 20 participants completed treatment. The PTSD Checklist-Military version, Patient Health Questionnaire-9 for depression, and the Beck Anxiety Inventory were used as outcome measures. Of those who completed post-treatment assessment, 75% had experienced at least a 50%

reduction in PTSD symptoms and no longer met DSM-IV criteria for PTSD at post treatment. Average PTSD scores decreased by 50.4%, depression scores by 46.6%, and anxiety scores by 36%. Intention-to-treat analyses showed that statistically significant improvements in PTSD, depression, and anxiety occurred over the course of treatment and were maintained at follow up. There were no adverse events associated with VRET treatment. This study provides preliminary support for the use of VRET in combat-related PTSD. Further study will be needed to determine the wider utility of the method and to determine if it offers advantages over other established PTSD treatment modalities.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00020>

Pharmacological Prevention of Combat-Related PTSD: A Literature Review.

Authors: Searcy, Cristina P.; Bobadilla, Leonardo; Gordon, Winford A.; Jacques, Sharon; Elliott, Lydia

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 649-654(6)

Preventing posttraumatic stress disorder (PTSD) could have a significant positive impact on military readiness and quality of life. Few studies have examined whether pharmacological agents may prevent PTSD, and there has not been a systematic and critical review of these studies in order to guide future research efforts. We performed a literature review of articles examining the use of pharmacological agents for the prevention of PTSD. A total of 27 articles met inclusion criteria for the review and their results are summarized. The review points to corticosteroids and propranolol as the most promising agents for future research. γ -Amino butyric acid mimetic drugs received the least support. Complementary approaches using psychotherapy and pharmacological agents could also yield good results. Research aimed at determining the potential efficacy of these agents could start being carried out in the field with smaller numbers of personnel that has not been personally injured but have witnessed traumatic events. In addition, psychological interventions immediately after postdeployment could be used in large numbers of soldiers. Preliminary studies regarding the use of pharmacologic agents for the secondary prevention of PTSD are promising. However, much larger studies are needed before implementation in generalized practice.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00021>

Attention Deficit Hyperactivity Disorder Subtypes and Their Relation to Cognitive Functioning, Mood States, and Combat Stress Symptomatology in Deploying U.S. Soldiers.

Authors: Hanson, Jennifer A.; Haub, Mark D.; Walker, Jennifer J; Johnston, Daniel T.; Nelson Goff, Briana S.; Dretsch, Michael N.

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 655-662(8)

Objectives:

To explore the relationship between adult attention deficit hyperactivity disorder (ADHD) subtypes and neuropsychological functioning among U.S. soldiers.

Methods:

Deploying soldiers (N = 260) completed the World Health Organization Adult ADHD Self-Report Scale (ASRS) Screener. Cognitive tests, a deployment health-history questionnaire, and the post-traumatic stress disorder (PTSD) Checklist-Military Version were completed by subsamples of available participants.

Results:

The prevalence of positive ASRS screens was 10.4%. ASRS scores were correlated with PTSD avoidance (N = 63, $\rho = 0.37$, $p = 0.003$), hyperarousal (N = 63, $\rho = 0.25$, $p = 0.047$), and total PTSD scores (N = 62, $\rho = 0.33$, $p = 0.009$); and all six moods (e.g., anger, anxiety) scale scores (N = 110; $\rho = -0.37$ to 0.43). ASRS was also correlated with scores on the match-to-sample (N = 110, $\rho = -0.23$, $p = 0.014$) and emotional Stroop (N = 108, $\rho = -0.23$, $p = 0.016$) tasks. In addition, a differential pattern between subtypes of ADHD was noted with regard to cognitive functioning, mood, and combat stress symptomatology.

Conclusions:

Although the results are preliminary given the sample size, the prevalence and comorbidities of ADHD appear to be similar among military and nonmilitary populations.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00023>

Financial Well-Being and Postdeployment Adjustment Among Iraq and Afghanistan War Veterans.

Authors: Elbogen, Eric B.; Johnson, Sally C.; Wagner, H. Ryan; Newton, Virginia M.; Beckham, Jean C.

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 669-675(7)

Research has yet to examine the relationship between financial well-being and community reintegration of veterans. To address this, we analyzed data from n = 1,388 Iraq and Afghanistan War Era Veterans who completed a national survey on postdeployment adjustment. The results indicated that probable major depressive disorder, post-traumatic stress disorder, and traumatic brain injury were associated with financial difficulties. However, regardless of diagnosis, veterans who reported having money to cover basic needs were significantly less likely to have postdeployment adjustment problems such as criminal arrest, homelessness, substance abuse, suicidal behavior, and aggression. Statistical analyses also indicated that poor money management (e.g., incurring significant debt or writing bad checks) was related to maladjustment, even among veterans at higher income levels. Given these findings, efforts aimed at enhancing financial literacy and promoting meaningful employment may have promise to enhance outcomes and improve quality of life among returning veterans.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00028>

Reports to the Navy's Family Advocacy Program: Impact of Removal of Mandatory Reporting for Domestic Violence.

Authors: Lutgendorf, Monica A.; Snipes, Marie A.; Rau, Terri; Busch, Jeanne M.; Zelig, Craig M.; Magann, Everett F.

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 702-708(7)

The impact of mandatory reporting laws on domestic violence reports is unclear. In 2006, the Department of Defense removed its requirement for mandatory reporting of domestic violence against adults. Our objective was to determine if there was a change in the incidence of domestic violence reports to the Navy's Family Advocacy Program after the shift from mandatory reporting to a policy allowing restricted reporting. Reports of domestic violence to the Navy Central Registry between fiscal year (FY) 2000 and 2010 were studied. Frequencies and rates of domestic violence reports, type of abuse, and victim and offender gender were studied. Over the past 11 years, the total number of unrestricted domestic violence reports to the Navy Central Registry has decreased by just over a third. In addition, the number of substantiated reports has decreased by approximately 50%. Since the collection of data on restricted reports in 2008, the aggregated reporting rate of substantiated reports is significantly smaller, 0.87% for FYs 2008 to 2010 compared to 1.34% for FYs 2000 to 2005, $p < 0.01$. Domestic violence reports to the Navy Central Registry have declined over the past 11 years, even with the removal of the requirement for mandatory reporting of domestic violence.

<http://www.ncbi.nlm.nih.gov/pubmed?term=22682674>

J Psychiatr Res. 2012 Jun 7. [Epub ahead of print]

Predicting persistent posttraumatic stress disorder (PTSD) in UK military personnel who served in Iraq: A longitudinal study.

Rona RJ, Jones M, Sundin J, Goodwin L, Hull L, Wessely S, Fear NT.

Source: King's Centre for Military Health Research, Department of Psychological Medicine, King's College, Weston Education Centre, Cutcombe Rd., London SE5 9RJ, UK.

Abstract

In a longitudinal study we assessed which baseline risk factors are associated with persistent and partially remitted PTSD in comparison to fully remitted PTSD. 6427 (68%) of a randomly selected sample of UK service personnel completed the PTSD checklist (PCL) between 2004 and 2006 (Phase 1) and between 2007 and 2009 (Phase 2). 230 (3.9%) had possible PTSD at baseline. 66% of those with possible PTSD at baseline remitted (PCL score <30) or partially remitted (PCL score 30-49) by phase 2 of the study. Associations of persistent PTSD with the fully remitted group for risk factors at phase 1 adjusted

for confounders were having discharged from service (OR 2.97, 95% CI 1.26-6.99), higher educational qualification (OR 2.74, 95% CI 1.23-6.08), feeling unsupported on return from deployment (OR 10.97, 95% CI 3.13-38.45), deployed not with parent unit (OR 5.63, 95% CI 1.45-21.85), multiple physical symptoms (OR 3.36, 95% CI 1.44-7.82), perception of poor or fair health (OR 2.84, 95% CI 1.28-6.27), older age and perception of risk to self (increasing with the number of events reported, $p = 0.04$). Deploying but not with a parent unit and psychological distress were associated in the partially remitted PTSD when compared to the fully remitted group. The positive and negative likelihood ratios for the factors most highly associated with persistent PTSD indicated they were of marginal value to identify those whose presumed PTSD would be persistent. Many factors contribute to the persistence of PTSD but none alone is useful for clinical prediction.

<http://www.omicsonline.org/2155-6113/2155-6113-3-149.php?aid=5735>

Correlates of Depression among US Military Members Infected with the Human Immunodeficiency Virus.

Carpenter RJ, Riddle MS, White, Ganesan A

(2012) J AIDS Clinic Res 3:149

Objective(s):

To define the incidence of mental health disorders (MHD) and risk factors associated with incident MHD in an HIV clinic setting with unrestricted access to care and limited confounding due to concomitant injection drug use (IDU).

Design:

Retrospective cohort study.

Methods:

Eligible subjects were HIV positive adults followed at a US military treatment facility during the calendar year 2005. Incidence rates are calculated per 100 person years (py). Cox proportional hazards regression were utilized to identify risk factors associated with MHD. All persons not experiencing MHD were followed until study completion in January 2008.

Results:

494 subjects (51% Black, 93% male, median CD4 count 458) were followed for 5200 py. 160 subjects developed MHD for an overall incidence of 3.1/100 py of follow up. The incidence of depression and anxiety were 2.4/100 py and 0.4/100 py, respectively. Factors associated with a diagnosis of incident MHD include receipt of a protease inhibitor (PI) based regimen (HR 2.0), non-Black ethnicity, and HIV diagnosis in the post HAART era; male gender was protective.

Conclusion:

In a cohort with limited confounding, incident MHD was common. Unlike prior studies, nonnucleoside

reverse transcriptase inhibitor (NNRTI) use and MHD association was not observed; instead PI use was associated with MHD, perhaps due to PI enhanced mitochondrial toxicity, signaling need for further research. Given the significant burden of MHD observed in this cohort, mental health screening should be considered in the management of HIV infection.

Copyright © 2012. Published by Elsevier Ltd.

<http://bmo.sagepub.com/content/early/2012/06/05/0145445512448097.abstract>

Behavioral Activation and Therapeutic Exposure: An Investigation of Relative Symptom Changes in PTSD and Depression During the Course of Integrated Behavioral Activation, Situational Exposure, and Imaginal Exposure Techniques.

Gros DF, Price M, Strachan M, Yuen EK, Milanak ME, Acierno R.

Behav Modif. 2012 Jun 7. [Epub ahead of print]

Effectiveness of exposure therapy for posttraumatic stress disorder (PTSD) may be adversely influenced by comorbid disorders. The present study investigated behavioral activation and therapeutic exposure (BA-TE), a new integrated treatment designed specifically for comorbid symptoms of PTSD and depression. Combat veterans with PTSD (N = 117) completed eight sessions of BA-TE that included two phases of treatment: (a) behavioral activation (BA) in which some activities involved situational exposures and (b) BA and situational exposures with imaginal exposures. Findings supported improvements in symptoms of PTSD, and overlapping symptoms of PTSD and depression, but not in nonoverlapping symptoms of depression. The findings also demonstrated a relatively consistent rate of change in PTSD and depression symptoms during BA-TE, despite the addition of imaginal exposures midway through the treatment. Together, these findings provide preliminary support for BA-TE as a treatment for PTSD and depression, and highlight the utility of transdiagnostic treatments in addressing comorbidity and symptom overlap.

<http://www.springerlink.com/content/0221750317576020/>

Challenges Faced by Military Families: Perceptions of United States Marine Corps School Liaisons.

Keith R. Aronson and Daniel F. Perkins

Journal of Child and Family Studies

2012, DOI: 10.1007/s10826-012-9605-1Online First™

The global war on terror has placed a number of stressful demands on service members and their families. Although the military offers a wide range of services and supports to military families, not all families are willing or able to use them. For example, geographically dispersed families can find it

challenging to connect with military support resources. School liaison programs (SLPs) were developed by the military to foster the development of local partnerships to enhance the academic success of military children. In this study, all 20 Marine Corps school liaisons (SLs) reported on the frequency and severity of stressors experienced by Marine families. We hypothesized that SLs would encounter families contending with a broad array of challenges, well beyond those related to academics. Indeed, SLs reported that military families sought assistance for a wide array of stressors. School transition stressors were most common for children and youth, while deployment-related stress was most common for Marine families. Despite the limitations of this study, the results suggest that families using the Marine SLPs may be a vulnerable group. Military–school–community partnerships may hold out promise for filling in service gaps faced by those military families experiencing high levels of stressor exposure and low levels of coping resources.

<http://bmo.sagepub.com/content/early/2012/06/05/0145445512446945.abstract>

A Scheme for Categorizing Traumatic Military Events.

Behav Modif. 2012 Jun 7. [Epub ahead of print]

Stein NR, Mills MA, Arditte K, Mendoza C, Borah AM, Resick PA, Litz BT.

A common assumption among clinicians and researchers is that war trauma primarily involves fear-based reactions to life-threatening situations. However, the authors believe that there are multiple types of trauma in the military context, each with unique pre-event and post-event response patterns. To test this hypothesis, they reviewed structured clinical interviews of 122 active duty service members and assigned the reported index (principal, most currently distressing) events to one or more of the following categories: Life Threat to Self, Life Threat to Others, Aftermath of Violence, Traumatic Loss, Moral Injury by Self, and Moral Injury by Others. They found high interrater reliability for the coding scheme and support for the construct validity of the categorizations. In addition, they discovered that certain categories were related to psychiatric symptoms (e.g., reexperiencing of the traumatic event, guilt, anger) and negative thoughts about the world. Their study provides tentative support for use of these event categories.

<http://guilfordjournals.com/doi/abs/10.1521/ijct.2012.5.2.118>

Cognitive-Behavioral Therapy for Anxiety Disorders with Comorbid Depression: A Review.

Isabelle Bauer, Pamela Wilansky-Traynor, and Neil A. Rector

International Journal of Cognitive Therapy: Vol. 5, No. 2, pp. 118-156

Cognitive-behavioral therapy is an established efficacious, first-line treatment for the spectrum of anxiety disorders. While treatments have been developed to target primary disorders in isolation of

comorbid conditions, comorbidity between anxiety and mood disorders has been found to be substantial, making it the rule rather than the exception in clinical settings. Notwithstanding the high rates of comorbidity, there has been little research addressing whether standard CBT treatments are equally effective in the presence of a comorbid depressive disorder, in contrast to the wealth of research on the efficacy of CBT for each of the anxiety disorders separately. The purpose of this review was to examine the impact of depression comorbidity on the CBT treatment of primary anxiety disorders based on empirical studies identified by electronic search (Medline and PsychInfo). We organize our review by considering, first, the research addressing the predictive/moderating role of comorbid depression in CBT for anxiety disorders and, second, the research examining the efficacy of CBT on secondary depression in the context of the treatment of a primary anxiety disorder. We provide a synthesis of the differential effects of anxiety/depression comorbidity depending on the specific primary anxiety disorder that is targeted in treatment and offer guidelines to determine if and when protocols require adjustment to target comorbidity.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21709/abstract>

Ethnic differences in symptoms among female veterans diagnosed with PTSD.

Janet C'de Baca, Diane Castillo, Clifford Qualls

Journal of Traumatic Stress

Article first published online: 8 JUN 2012

Among U.S. male Vietnam veterans, Hispanics have been shown to have higher rates of posttraumatic stress disorder (PTSD) than African Americans and non-Hispanic Whites (Kulka et al., 1990). In terms of gender, Tolin and Foa's (2006) meta-analysis suggested women experience higher rates of PTSD than men. This study examined ethnic differences in PTSD and other symptomatology among 398 female veterans (63% non-Hispanic White, 28% Hispanic, 9% African American) seeking treatment for PTSD from 1995 to 2009 at a Veterans Administration (VA) behavioral health clinic. The following symptom clusters were examined: anxiety/PTSD, depression, anger/hostility, and psychotic/dissociative symptoms. Few differences were found among the groups, suggesting the 3 ethnic groups studied were more similar than different. African American female veterans, however, scored higher on measuring ideas of persecution/paranoia, although this may reflect an adaptive response to racism. These findings warrant further investigation to elucidate this relationship.

<http://www.hindawi.com/crim/psychiatry/2012/937217/>

Case Report: Hemicrania Continua Headache in a Veteran with Posttraumatic Stress Disorder and Major Depressive Disorder without Traumatic Brain Injury.

Brandon A. Kohrt and Erica Duncan

Case Reports in Psychiatry

Volume 2012 (2012), Article ID 937217, 3 pages

Hemicrania continua is a headache characterized by chronic unremitting unilateral pain associated with ipsilateral autonomic findings. This type of headache responds to high-flow oxygen and indomethacin. This case report describes a male veteran with posttraumatic stress disorder (PTSD) and major depressive disorder who suffers from comorbid hemicrania continua. The psychiatric symptoms were recalcitrant to psychopharmacological intervention. However, when the patient's hemicrania continua was treated appropriately, the patient's psychiatric symptoms also abated. This case demonstrates the need to address physical comorbidities that may exacerbate psychiatric disorders, such as PTSD.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000006/art00019>

Comparative Analysis of Mandated Versus Voluntary Administrations of Post-Deployment Health Assessments Among Marines.

Authors: Hourani, Laurel; Bender, Randy; Weimer, Belinda; Larson, Gerald

Source: Military Medicine, Volume 177, Number 6, June 2012 , pp. 643-648(6)

Little empirical data exist regarding candidness of service members' responses on the mandated Post-Deployment Health Reassessment (PDHRA) administered 3 to 6 months postdeployment. This study reports on the agreement between responses from U.S. Marines on a subset of the military-administered mandatory PDHRA items and answers to the same subset of items embedded in confidential research surveys. Results show that personnel are clearly underreporting certain symptoms and conditions on the mandatory PDHRA. The most dramatic increases in reporting on the research study's PDHRA items, as indicated by the percentage ratio, were for self-harming ideation and concern about harming others, each of which has about 14 times the endorsement percentage on the survey as on the official PDHRA. Lack of agreement for some items may be the result of resolution or onset of more acute conditions, but disagreement on sensitive behavioral concerns suggests that mandated PDHRAs are not effective screens for those domains.

<http://psycnet.apa.org/journals/ser/9/2/132/>

Acceptability and cost-effectiveness of military telehealth mental health screening.

Jones, Michael D.; Etherage, Joseph R.; Harmon, S. Cory; Okiishi, John C.

Psychological Services, Vol 9(2), May 2012, 132-143

Telehealth has been touted as one solution to the shortage of mental health providers within the military. Despite developing evidence for the equivalence of telehealth mental health care, there is no research that covers the use of telehealth for population mental health screening, a standard component of postdeployment medical screening. This paper summarizes soldier perceptions of three separate screening events in which telehealth was used and the cost-effectiveness of telehealth versus in-person implementations of the same screening. Soldiers who have not been through telehealth screening report a strong preference for in-person screening. Soldiers who have been through telehealth screening still report preference for in-person screening, but they express more ambivalence about the screening method. Using telehealth-only mental health screening for large numbers of soldiers within a compressed time frame is more expensive than in-person screening. Telehealth resulted in higher referral rates than in-person screening. Government and military leaders should use care when making decisions about telehealth implementation. Although telehealth for small numbers may be sufficiently equivalent and economical, there is no evidence of cost savings or improved acceptability for telehealth mental health post-deployment screening. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://psycnet.apa.org/journals/ser/9/2/185/>

Assessing daily fluctuations in posttraumatic stress disorder symptoms and substance use with interactive voice response technology: Protocol compliance and reactions.

Possemato, Kyle; Kaier, Emily; Wade, Michael; Lantinga, Larry J.; Maisto, Stephen A.; Ouimette, Paige
Psychological Services, Vol 9(2), May 2012, 185-196

PTSD symptoms and substance use commonly co-occur, but information is limited regarding their interplay. We used ecological momentary assessment (EMA) to capture fluctuations in PTSD symptoms and drinking within and across days. Fifty Iraq and Afghanistan War veterans completed four daily Interactive Voice Response (IVR) assessments of PTSD and substance use with cell phones for 28 days. The aims of this study were to (1) describe participant compliance and reactions to the protocol and (2) identify participant characteristics and protocol reactions that predict compliance. Protocol compliance was high, with participants completing an average of 96 out of a total of 112 IVR assessments (86%). While some participants perceived that the IVR assessments increased their drinking (21%) and PTSD symptoms (60%), self-report measures showed significant decreases in PTSD symptoms and nonsignificant decreases in drinking over the assessment period. Analyses revealed demographic (e.g., older than 24, full-time employment, more education), clinical (e.g., less binge drinking, less avoidance symptoms), and perceived benefit from participation predicted better protocol compliance. Results can guide future research on participant predictors of compliance with intensive EMA methods. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://psycnet.apa.org/journals/ser/9/2/206/>

Uniting veterans across distance through a telephone-based reminiscence group therapy intervention.

Davis, Matthew; Guyker, Wendy; Persky, Irena

Psychological Services, Vol 9(2), May 2012, 206-208

This report describes the implementation of a six-session telephone-based Reminiscence Group Therapy (RGT) intervention for veterans enrolled in a Home Based Primary Care Program (HBPC). HBPC psychologists face challenges not routinely encountered in the traditional office setting, and the intervention demonstrated the feasibility of conducting semistructured group treatment by telephone. Postgroup feedback indicated that the veterans found meaning in shared experiences and connection with themselves and others. The RGT intervention allowed for efficiency in service delivery while also providing an opportunity for veterans to socialize and gain a sense of meaningfulness and identity through facilitated recall of past experiences. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://psycnet.apa.org/journals/ser/9/2/111/>

Videoconferencing psychotherapy: A systematic review.

Backhaus, Autumn; Agha, Zia; Maglione, Melissa L.; Repp, Andrea; Ross, Bridgett; Zuest, Danielle; Rice-Thorp, Natalie M.; Lohr, James; Thorp, Steven R.

Psychological Services, Vol 9(2), May 2012, 111-131

Individuals with mental health problems may face barriers to accessing effective psychotherapies. Videoconferencing technology, which allows audio and video information to be shared concurrently across geographical distances, offers an alternative that may improve access. We conducted a systematic literature review of the use of videoconferencing psychotherapy (VCP), designed to address 10 specific questions, including therapeutic types/formats that have been implemented, the populations with which VCP is being used, the number and types of publications related to VCP, and available satisfaction, feasibility, and outcome data related to VCP. After electronic searches and reviews of reference lists, 821 potential articles were identified, and 65 were selected for inclusion. The results indicate that VCP is feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy. Although the number of articles being published on VCP has increased in recent years, there remains a need for additional large-scale clinical trials to further assess the efficacy and effectiveness of VCP. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://iospress.metapress.com/content/p7rl3r570t400656/>

Clinical and demographic factors associated with employment status in US military veterans returning from Iraq and Afghanistan.

Sara I. Cohen, Pradeep Suri, Melissa M. Amick, Kun Yan

Work: A Journal of Prevention, Assessment and Rehabilitation

DOI - 10.3233/WOR-2012-1417

Objective:

To determine the association between clinical and demographic factors with employment status in post-deployment US military veterans returning from Iraq and Afghanistan.

Participants:

169 OIF/OEF veterans seen at a post-deployment clinic between December of 2009 and May of 2010.

Methods:

Data was collected retrospectively on employment status, age, marital status, gender, pre-deployment education, ratings of sleep disturbance, pain, and depression, and mild traumatic brain injury (mTBI) or PTSD diagnosis.

Results:

Unemployment was highly prevalent in this sample (45%). Of the demographic and clinical factors examined, only a self-report of global depression severity was significantly associated with a higher prevalence of unemployment in multivariate analysis (odds ratio [OR] 0.21, 95% confidence interval [CI] 0.10–0.47). Age greater than 40 demonstrated a positive association with employment status that was of borderline statistical significance ([OR] 2.8, 95% confidence interval [CI] 1.0–8.1). Prior diagnoses of mTBI or PTSD, and current sleep or pain symptoms, were not associated with employment status.

Conclusions:

Individuals with more severe self-reported depression had a higher prevalence of unemployment. Future prospective studies are needed to better understand which factors determine employment status in returning veterans.

http://d-scholarship.pitt.edu/11817/1/MSwanson_Bphil_Thesis_2012.pdf (full text)

The Neural Correlates of Emotional Numbing and Nicotine Use in Veterans During Wake and REM: An [18 F]-FDG PET Imaging Study.

Marissa H. Swanson

Submitted to the Faculty of The Dietrich School of Arts and Sciences in partial fulfillment of the requirements for the degree of Bachelor of Philosophy

University of Pittsburgh (2012)

Confirmatory factor analyses and theories of posttraumatic stress disorder (PTSD) support the clinical and scientific relevance of a distinct emotional numbing construct in PTSD. Increased emotional numbing has been linked with increased nicotine use. Deficits in reward system functioning may be related to symptoms of emotional numbing and nicotine use. Previous research has found altered neurotransmitter function and brain activation in response to reward in reward system brain structures in PTSD. In normal REM sleep, these brain structures have increased activity and are related to sleep-wake mechanisms, which may be dysregulated in PTSD. This study used polysomnography (PSG) and [18F]-FDG PET imaging to conduct region of interest analyses (ROIs) examining possible resting state brain activity deficits in Operation Enduring Freedom and Operation Iraqi Freedom veterans in the striatum and amygdala. It was hypothesized that 1) increased emotional numbing would be associated with decreased activity during wakefulness and REM; 2) increased emotional numbing would be associated with increased nicotine use; and 3) increased nicotine use would be associated with decreased activity during wakefulness and REM. Results indicate that increased emotional numbing corresponds with decreased activity during wakefulness in the striatum and amygdala, but not after adjusting for all non-emotional numbing symptoms of PTSD. This pattern was reversed during REM, with increased emotional numbing corresponding with increased activity in the striatum, which survived adjusting for non-emotional numbing symptoms of PTSD. Emotional numbing was not correlated with nicotine use, possibly because heavy smokers were underrepresented in the sample. Increased nicotine use was associated with decreased activity during wakefulness in the striatum, but was not related to activity during REM. Results support the involvement of reward structures in nicotine use, emotional numbing, and other symptoms of PTSD. Dysregulation in the reward system may exaggerate patterns of activity seen in healthy adults, with less activity in reward structures during quiet wakefulness and increased activity during REM sleep.

<http://www.ncbi.nlm.nih.gov/pubmed/22688215?dopt=Abstract>

J Head Trauma Rehabil. 2012 Jun 8. [Epub ahead of print]

Is Rest After Concussion "The Best Medicine?": Recommendations for Activity Resumption Following Concussion in Athletes, Civilians, and Military Service Members.

Silverberg ND, Iverson GL.

Source: GF Strong Rehab Centre & Department of Medicine, Division of Physical Medicine & Rehabilitation (Dr Silverberg) and Department of Psychiatry (Dr Iverson), University of British Columbia, Vancouver, British Columbia, Canada; and Defense and Veterans Brain Injury Center, Washington DC (Dr Iverson).

Abstract

Practice guidelines universally recommend an initial period of rest for people who sustain a sports-related concussion or mild traumatic brain injury (MTBI) in daily life or military service. This practice is difficult to reconcile with the compelling evidence that other health conditions can be worsened by inactivity and improved by early mobilization and exercise. We review the scientific basis for the recommendation to rest after MTBI, the challenges and potential unintended negative consequences of implementing it, and how patient management could be improved by refining it. The best available evidence suggests that complete rest exceeding 3 days is probably not helpful, gradual resumption of preinjury activities should begin as soon as tolerated (with the exception of activities that have a high MTBI exposure risk), and supervised exercise may benefit patients with persistent symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/22688214?dopt=Abstract>

J Head Trauma Rehabil. 2012 Jun 8. [Epub ahead of print]

Postconcussive Symptom Reporting Among US Combat Veterans With Mild Traumatic Brain Injury From Operation Iraqi Freedom.

Macgregor AJ, Dougherty AL, Tang JJ, Galarneau MR.

Source: Department of Medical Modeling, Simulation and Mission Support, Naval Health Research Center, San Diego, California.

Abstract

OBJECTIVE:

To examine the association between postconcussive symptoms and mild traumatic brain injury (MTBI) among combat veterans while adjusting for posttraumatic stress disorder (PTSD) and depression.

PATIENTS:

Military personnel with provider-diagnosed MTBI (n = 334) or nonhead injury (n = 658) were identified from the Expeditionary Medical Encounter Database.

MAIN OUTCOME MEASURES:

Post-Deployment Health Assessments and Re-Assessments were used to examine postconcussive symptoms and self-rated health.

RESULTS:

Personnel with MTBI were more likely to report headache (odds ratio [OR] = 3.37; 95% confidence interval [CI] = 2.19-5.17), back pain (OR = 1.79; 95% CI = 1.23-2.60), memory problems (OR = 1.86; 95% CI = 1.20-2.88), tinnitus (OR = 1.63; 95% CI = 1.10-2.41), and dizziness (OR = 2.13; 95% CI = 1.06-4.29) compared with those with non-head injuries. Among those with MTBI, self-reported decline in health

was associated with memory problems (OR = 5.07; 95% CI = 2.56-10.02) and dizziness (OR = 10.60; 95% CI = 3.48-32.27).

CONCLUSIONS:

Mild traumatic brain injury is associated with reports of negative health consequences among combat veterans even when accounting for co-occurring psychological morbidity. The identification of postconcussive symptoms related to declines in a service member's self-rated health may be important in targeting and prioritizing clinical interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/22688212?dopt=Abstract>

J Head Trauma Rehabil. 2012 Jun 8. [Epub ahead of print]

A Pilot Study Examining the Effect of Mindfulness-Based Stress Reduction on Symptoms of Chronic Mild Traumatic Brain Injury/Postconcussive Syndrome.

Azulay J, Smart CM, Mott T, Cicerone KD.

Source: JFK Johnson Rehabilitation Institute (Drs Azulay, Smart, Mott, and Cicerone), and New Jersey Neuroscience Institute (Drs Azulay, Smart, and Mott), Edison, New Jersey; and Department of Psychology, University of Victoria, Victoria, British Columbia, Canada (Dr Smart).

Abstract

OBJECTIVE:

To evaluate the effectiveness of the mindfulness-based stress reduction (MBSR) program tailored to individuals with mild traumatic brain injury (mTBI).

DESIGN:

A convenience sample recruited from clinical referrals over a 2-year period completed outcome measures pre- and posttreatment intervention.

SETTING:

Post-acute brain injury rehabilitation center within a suburban medical facility.

PARTICIPANTS:

Twenty-two individuals with mTBI and a time postinjury more than 7 months. Eleven participants were men and 11 were women, ranging in age from 18 to 62 years.

INTERVENTION:

A 10-week group (with weekly 2-hour sessions) modeled after the MBSR program of Kabat-Zinn, but with modifications designed to facilitate implementation in a population of individuals with brain injury. (The treatment involved enhancement of attentional skills, in addition to increased awareness of

internal and external experiences associated with the perspective change of acceptance and nonjudgmental attitude regarding those experiences).

MAIN OUTCOME MEASURES:

Perceived Quality of Life Scale, Perceived Self-Efficacy Scale, and the Neurobehavioral Symptom Inventory. Secondary measures included neuropsychological tests, a self-report problem-solving inventory, and a self-report measure of mindfulness.

RESULTS:

Clinically meaningful improvements were noted on measures of quality of life (Cohen $d = 0.43$) and perceived self-efficacy (Cohen $d = 0.50$) with smaller but still significant effects on measures of central executive aspects of working memory and regulation of attention.

CONCLUSION:

The MBSR program can be adapted for participants with mTBI. Improved performance on measures associated with improved quality of life and self-efficacy may be related to treatment directed at improving awareness and acceptance, thereby minimizing the catastrophic assessment of symptoms associated with mTBI and chronic disability. Additional research on the comparative effectiveness of the MBSR program for people with mTBI is warranted.

<http://www.biomedcentral.com/1471-244X/12/61/abstract>

Combination of pharmacotherapy and psychotherapy in the treatment of chronic depression: A systematic review and meta-analysis.

Alessa von Wolff, Lars P Hölzel, Annika Westphal, Martin Härter and Levente Kriston

BMC Psychiatry 2012, 12:61

Published: 13 June 2012

Background

Chronic depression represents a substantial portion of depressive disorders and is associated with severe consequences. This review examined whether the combination of pharmacological treatments and psychotherapy is associated with higher effectiveness than pharmacotherapy alone via meta-analysis; and identified possible treatment effect modifiers via meta-regression-analysis.

Methods

A systematic search was conducted in the following databases: Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, ISI Web of Science, BIOSIS, PsycINFO, and CINAHL. Primary efficacy outcome was a response to treatment; primary acceptance outcome was dropping out of the study. Only randomized controlled trials were considered.

Results

We identified 8 studies with a total of 9 relevant comparisons. Our analysis revealed small, but statistically not significant effects of combined therapies on outcomes directly related to depression (BR=1.20) with substantial heterogeneity between studies ($I^2=67\%$). Three treatment effect modifiers were identified: target disorders, the type of psychotherapy and the type of pharmacotherapy. Small but statistically significant effects of combined therapies on quality of life (SMD=0.18) were revealed. No differences in acceptance rates and the long-term effects between combined treatments and pure pharmacological interventions were observed.

Conclusions

This systematic review could not provide clear evidence for the combination of pharmacotherapy and psychotherapy. However, due to the small amount of primary studies further research is needed for a conclusive decision.

<http://www.substanceabusepolicy.com/content/7/1/24/abstract>

Alcohol use in a military population deployed in combat areas: a cross sectional study.

Raveen Hanwella, Varuni Asanka de Silva and Nicholas ELW Jayasekera

Background

Alcohol misuse is more prevalent among military populations. Association between PTSD and heavy drinking have been reported in many studies. Most of the studies on alcohol use among military personnel are from US and UK. Aim of this study is to describe alcohol consumption patterns among military personnel in Sri Lanka, a country where the alcohol consumption among the general population are very different to that in US and UK.

Methods

Cross sectional study consisting of representative samples of Sri Lanka Navy Special Forces and regular forces deployed in combat areas continuously during a one year period was carried out. Data was collected using a self report questionnaire. Alcohol Use Disorder Identification Test (AUDIT) was used to assess alcohol consumption.

Results

Sample consisted of 259 Special Forces and 412 regular navy personnel. The median AUDIT score was 2.0 (interquartile range 6.0). Prevalence of current drinking was 71.2%. Of the current users 54.81% were infrequent users (frequency [less than or equal to]once a month) while 37.87% of users consumed 2-4 times a month. Prevalence of hazardous drinking (AUDIT[greater than or equal to]8) was 16.69% and binge drinking 14.01%. Five (0.75%) had AUDIT total [greater than or equal to]20. There was no significant difference between Special Forces and regular forces in hazardous drinking or binge drinking. Total AUDIT score [greater than or equal to]16 were associated with difficulty performing work.

Conclusions

High rates of hazardous drinking and binge drinking described among military personnel in US and UK were not seen among SLN personnel deployed in combat areas. This finding contrasts with previously reported association between combat exposure and hazardous alcohol use among military personnel. Alcohol use among military personnel may be significantly influenced by alcohol consumption patterns among the general population, access to alcohol and attitudes about alcohol use. Similar to findings from other countries, heavy alcohol use was associated with poorer psychological health and functional impairment.

<http://www.ncbi.nlm.nih.gov/pubmed/22686124?dopt=Abstract>

J Consult Clin Psychol. 2012 Jun 11. [Epub ahead of print]

Threat Reappraisal as a Mediator of Symptom Change in Cognitive-Behavioral Treatment of Anxiety Disorders: A Systematic Review.

Smits JA, Julian K, Rosenfield D, Powers MB.

Abstract

Objective:

Identifying mediators of therapeutic change is important to the development of interventions and augmentation strategies. Threat reappraisal is considered a key mediator underlying the effects of cognitive-behavioral therapy (CBT) for anxiety disorders. The present study systematically reviewed the evidence for the threat reappraisal mediation hypothesis.

Method:

In our review, we included studies that (a) investigated the threat reappraisal mediation hypothesis; (b) included adults with an anxiety disorder diagnosis; (c) used a longitudinal design; and (d) did not report on previously published findings (to avoid the inclusion of multiple reports of the same data). After data extraction, we made review-specific quality judgments for each study using the following a priori criteria informed by mediation theory: (a) demonstrated statistical mediation; (b) demonstrated that CBT caused threat reappraisal; (c) demonstrated that threat reappraisal caused anxiety reduction; and (d) demonstrated specificity of the threat reappraisal-anxiety reduction relation.

Results:

Of the 2,296 studies we identified, 25 met inclusion criteria. Of these studies, 56% tested and 52% established statistical mediation, 52% tested and 28% established CBT as a cause of threat reappraisal, 28% tested and 24% established threat reappraisal as a cause of anxiety reduction, and 44% tested and 36% established specificity of the threat reappraisal-anxiety reduction relation.

Conclusions:

While threat reappraisal is related to anxiety symptom improvement with CBT, there are few extant

studies that meet most of the criteria necessary to conclusively demonstrate that it causes symptom improvement in CBT and that it is not a proxy for other third variables. Recommendations for future research in this area are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22689256?dopt=Abstract>

Depress Anxiety. 2012 Jun 11. doi: 10.1002/da.21965. [Epub ahead of print]

A Preliminary Investigation of the New and Revised Symptoms of Posttraumatic Stress Disorder in DSM-5.

Koffel E, Polusny MA, Arbisi PA, Erbes CR.

Source: Department of Psychology, University of Iowa, Iowa City, Iowa; Minneapolis Veteran Affairs Health Care System, Minneapolis, Minnesota.

Abstract

BACKGROUND:

Research has shown that posttraumatic stress disorder (PTSD) is highly comorbid with other mental disorders. The DSM-5 marks an opportunity to increase the differential diagnosis of PTSD by emphasizing symptoms that are specific to PTSD and deemphasizing symptoms that are common to many mental disorders. This study analyzes the new and revised PTSD symptom criteria proposed for DSM-5 by examining their relations with diagnoses and measures of PTSD. In addition, we report the specificity of DSM-5 symptoms with PTSD compared to depressive disorders and substance use.

METHODS:

This study utilized pre- and postdeployment data collected from a sample of 213 National Guard Brigade Combat Team soldiers who were deployed to Iraq. Questionnaire data were collected pre- and postdeployment and interview data were collected postdeployment. Scales to measure the DSM-5 symptoms were created using structural analyses and were correlated with interview and self-report measures of PTSD, depression, and substance use.

RESULTS:

The DSM-5 symptom of anger shows the most increase from pre- to postdeployment in participants diagnosed with PTSD. In addition, this scale showed the strongest relation to PTSD and showed some evidence of specificity. Other symptom scales, including those measuring negative expectations and aggressive behaviors, showed equivalent correlations with PTSD, depression, and substance use.

CONCLUSIONS:

It will be important to continue studying the specificity of anger with PTSD. Several of the other new and revised DSM-5 symptoms appear to be nonspecific, and it is unlikely that their inclusion in the diagnostic criteria for PTSD will improve differential diagnosis.

© 2012 This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/22687631?dopt=Abstract>

J Clin Psychiatry. 2012 May 1. [Epub ahead of print]

The renin-angiotensin pathway in posttraumatic stress disorder: angiotensin-converting enzyme inhibitors and angiotensin receptor blockers are associated with fewer traumatic stress symptoms.

Khoury NM, Marvar PJ, Gillespie CF, Wingo A, Schwartz A, Bradley B, Kramer M, Ressler KJ.

Source: Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia.

Abstract

OBJECTIVE:

Posttraumatic stress disorder (PTSD) is a debilitating stress-related illness associated with trauma exposure. The peripheral and central mechanisms mediating stress response in PTSD are incompletely understood. Recent data suggest that the renin-angiotensin pathway, essential to cardiovascular regulation, is also involved in mediating stress and anxiety. In this study, the authors examined the relationship between active treatment with blood pressure medication, including angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs), and PTSD symptom severity within a highly traumatized civilian medical population.

METHOD:

Cross-sectional, observational data were analyzed from a larger study; patients were recruited from Grady Memorial Hospital's outpatient population from 2006 to November 2010. Multivariable linear regression models were fit to statistically evaluate the independent association of being prescribed an ACE inhibitor or ARB with PTSD symptoms, using a subset of patients for whom medical information was available (n = 505). Categorical PTSD diagnosis was assessed using the modified PTSD Symptom Scale (PSS) based on DSM-IV criteria, and PTSD symptom severity (the primary outcome of interest) was measured using the PSS and Clinician Administered PTSD Scale.

RESULTS:

A significant association was determined between presence of an ACE inhibitor/ARB medication and decreased PTSD symptoms (mean PSS score 11.4 vs 14.9 for individuals prescribed vs not prescribed ACE inhibitors/ARBs, respectively [P = .014]). After adjustment for covariates, ACE inhibitor/ARB treatment remained significantly associated with decreased PTSD symptoms (P = .044). Notably, other blood pressure medications, including β -blockers, calcium channel blockers, and diuretics, were not significantly associated with reduced PTSD symptoms.

CONCLUSIONS:

These data provide the first clinical evidence supporting a role for the renin-angiotensin system in the

regulation of stress response in patients diagnosed with PTSD. Further studies should examine whether available medications targeting this pathway should be considered for future treatment and potential protection against PTSD symptoms.

© Copyright 2012 Physicians Postgraduate Press, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/22687547?dopt=Abstract>

J Int Neuropsychol Soc. 2012 Jun 12:1-11. [Epub ahead of print]

Neuropsychological Outcomes of U.S. Veterans with Report of Remote Blast-Related Concussion and Current Psychopathology.

Nelson NW, Hoelzle JB, Doane BM, McGuire KA, Ferrier-Auerbach AG, Charlesworth MJ, Lamberty GJ, Polusny MA, Arbisi PA, Sponheim SR.

Source: Graduate School of Professional Psychology, University of St. Thomas, Minneapolis, Minnesota.

Abstract

This study explored whether remote blast-related MTBI and/or current Axis I psychopathology contribute to neuropsychological outcomes among OEF/OIF veterans with varied combat histories. OEF/OIF veterans underwent structured interviews to evaluate history of blast-related MTBI and psychopathology and were assigned to MTBI (n = 18), Axis I (n = 24), Co-morbid MTBI/Axis I (n = 34), or post-deployment control (n = 28) groups. A main effect for Axis I diagnosis on overall neuropsychological performance was identified ($F(3,100) = 4.81; p = .004$), with large effect sizes noted for the Axis I only ($d = .98$) and Co-morbid MTBI/Axis I ($d = .95$) groups relative to the control group. The latter groups demonstrated primary limitations on measures of learning/memory and processing speed. The MTBI only group demonstrated performances that were not significantly different from the remaining three groups. These findings suggest that a remote history of blast-related MTBI does not contribute to objective cognitive impairment in the late stage of injury. Impairments, when present, are subtle and most likely attributable to PTSD and other psychological conditions. Implications for clinical neuropsychologists and future research are discussed. (JINS, 2012, 18, 1-11)

<http://www.ncbi.nlm.nih.gov/pubmed/22686869?dopt=Abstract>

J Abnorm Psychol. 2012 Jun 11. [Epub ahead of print]

The Latent Structure of Posttraumatic Stress Disorder: Different Models or Different Populations?

Shevlin M, Elklit A.

Abstract

Factor analytic studies of the structure of self-reported posttraumatic stress disorder (PTSD) symptoms have consistently supported two 4-factor models; the "Dysphoria" and the "Emotional Numbing" model. The fit of both models has been satisfactory; however, it has been difficult to unequivocally determine which model is best. This study aimed to test the hypothesis that there is no single "correct" model, but rather that the models represent different subpopulations. A confirmatory factor 2-class mixture model was specified with the Dysphoria model in one class and the Emotional Numbing model in the other. This model was tested using data from participants from 4 trauma groups. This model fitted the data better than 1 and 2-class models of the Dysphoria, Emotional Numbing, and cross-factor loading model. It was concluded that the search for the "correct" model of PTSD based on the assumption of a single homogenous population may not be a worthwhile research endeavor. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22686597?dopt=Abstract>

Psychol Serv. 2012 Jun 11. [Epub ahead of print]

Subsyndromal Posttraumatic Stress Disorder Symptomatology in Primary Care Military Veterans: Treatment Implications.

Kornfield SL, Klaus J, McKay C, Helstrom A, Oslin D.

Abstract

Subsyndromal posttraumatic stress disorder (PTSD) is highly prevalent in Veterans Affairs Medical Centers' primary-care clinics and is associated with significant impairment. We used a cross-sectional design to examine PTSD symptoms and depressive disorders endorsed by two cohorts of Veterans meeting less than full PTSD criteria who presented to primary care at the Philadelphia VA Medical Center (i.e., those from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) and non-OEF/OIF/OND Veterans). The Philadelphia VA Behavioral Health Lab (BHL) assessed 141 Veterans who screened positive for subsyndromal PTSD. Avoidance was endorsed significantly less often than arousal in the total group. When the groups were split by cohort era, higher levels of avoidance and lower levels of arousal were reported in the non-OEF/OIF/OND group than the OEF/OIF/OND group. Comorbid depression was present in 43.9% of the total group with no significant differences between groups. Exposure-based treatments for PTSD offered in specialty mental health clinics target avoidance symptoms. Because the endorsement of avoidance symptoms was low in both of the cohorts that were studied this may not be the most effective treatment target for Veterans with subsyndromal PTSD receiving treatment in primary care settings. For these Veterans, treatments that target reexperiencing and arousal symptoms and/or comorbid depression may be more effective. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22681198?dopt=Abstract>

Expert Opin Emerg Drugs. 2012 Jun 11. [Epub ahead of print]

Drugs for insomnia.

Zisapel N.

Source: Tel Aviv University, and Neurim Pharmaceuticals, Department of Neurobiology, The George S. Wise faculty of Life Sciences , Tel Aviv 69978 , Israel +972 3 6409611 ; +972 3 6407643 ; navazis@post.tau.ac.il.

Abstract

Introduction:

Sleep is a vital neurochemical process involving sleep-promoting and arousal centers in the brain. Insomnia is a pervasive disorder characterized by difficulties in initiating or maintaining or non-refreshing (poor quality) sleep and clinically significant daytime distress. Insomnia is more prevalent in women and old age and puts sufferers at significant physical and mental health risks. This review summarizes published data on the current and emerging insomnia drug classes, rationale for development and associated risks/benefits. (Summary of Product Characteristics and Medline search on "hypnotic" or specific drug names and "Insomnia").

Areas covered:

GABA(A) receptor modulators facilitate sleep onset and some improve maintenance but increase risk of dependence, memory, cognitive and psychomotor impairments, falls, accidents and mortality. Melatonin receptor agonists improve quality of sleep and/or sleep onset but response may develop over several days. They have more benign safety profiles and are indicated for milder insomnia, longer usage and (prolonged release melatonin) older patients. Histamine H-1 receptor antagonists improve sleep maintenance but their effects on cognition, memory and falls remain to be demonstrated. Late-stage pipeline orexin OX1/OX2 and serotonin 5HT2A receptor antagonists may hold the potential to address several unmet needs in insomnia pharmacotherapy but safety issues cast some doubts over their future.

Expert opinion:

Current and new insomnia drugs in the pipeline target different sleep regulating mechanisms and symptoms and have different tolerability profiles. Drug selection would ideally be based on improvement in the quality of patients' sleep, overall quality of life and functional status weighed against risk to the individual and public health.

<http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/29729/Glover%20-%20Complete%20Dissertation.pdf> (full text)

Exploration of Culturally Proficient Mental Health Assessment and Treatment Practices of Black/African American Clients.

Tina Marie Glover

for the degree of Doctor of Philosophy in Counseling
presented on May 29, 2012

Oregon State University

Changing trends within the mental health system treatment practices demand exploration of the cultural context of assessment and treatment of Black/African Americans. Culturally competent assessments include a realistic integration of historical context. Clinicians counseling Black/African Americans must be prepared to assess and address PTSD, racial trauma, micro-aggressions, and other known (or unknown) issues that may affect Black/African Americans. In addition, clinicians must be prepared for the depth and permanence of race-based stress and trauma, as well as the idea that said stress and trauma can result from unaddressed environmental, familial, and/or individual factors.

The purpose of this study is to explore cultural competence in the practices of clinicians working with Black/African Americans clients as it relates to assessment, treatment and engagement. Through the exploration of current multicultural counseling and assessment trends, the study explores the origins of stress and trauma in American descendants of African slaves, and proposes an evaluation of clinicians' mental health assessment for PTSD with said clients based on those implications. Exploring to what extent a culturally-proficient clinician engages Black/African Americans clients from initial through on-going assessment and treatment process in conjunction with the professional literature on treatment practices, research suggests that Black/African American clients do suffer from intergenerational trauma and are often mis- or under-diagnosed for mental health issues. With proper assessment of Black/African Americans, the reduction of misdiagnosed or under diagnosed cases of Posttraumatic stress disorder (PTSD), as well as other mental health conditions will occur.

<http://www.ncbi.nlm.nih.gov/pubmed/22692566?dopt=Abstract>

Neuropsychopharmacology. 2012 Jun 13. doi: 10.1038/npp.2012.79. [Epub ahead of print]

Epigenetic Mechanisms in Learned Fear: Implications for PTSD.

Zovkic IB, Sweatt JD.

Source: Department of Neurobiology, Evelyn F. McKnight Brain Institute, University of Alabama, Birmingham, AL, USA.

Abstract

One of the most exciting discoveries in the learning and memory field in the past two decades is the observation that active regulation of gene expression is necessary for experience to trigger lasting functional and behavioral change, in a wide variety of species, including humans. Thus, as opposed to the traditional view of 'nature' (genes) being separate from 'nurture' (environment and experience), it is now clear that experience actively drives alterations in central nervous system (CNS) gene expression in an ongoing fashion, and that the resulting transcriptional changes are necessary for experience to trigger altered long-term behavior. In parallel over the past decade, epigenetic mechanisms, including regulation of chromatin structure and DNA methylation, have been shown to be potent regulators of gene transcription in the CNS. In this review, we describe data supporting the hypothesis that epigenetic molecular mechanisms, especially DNA methylation and demethylation, drive long-term behavioral change through active regulation of gene transcription in the CNS. Specifically, we propose that epigenetic molecular mechanisms underlie the formation and stabilization of context- and cue-triggered fear conditioning based in the hippocampus and amygdala, a conclusion reached in a wide variety of studies using laboratory animals. Given the relevance of cued and contextual fear conditioning to post-traumatic stress, by extension we propose that these mechanisms may contribute to post-traumatic stress disorder (PTSD) in humans. Moreover, we speculate that epigenetically based pharmacotherapy may provide a new avenue of drug treatment for PTSD-related cognitive and behavioral function. *Neuropsychopharmacology Reviews* advance online publication, 13 June 2012; doi:10.1038/npp.2012.79.

<http://www.biolumanxietydisord.com/content/2/1/10/abstract>

Epigenetic modifications associated with suicide and common mood and anxiety disorders: a systematic review of the literature.

Abdulrahman M El-Sayed, Michelle R Halossim, Sandro Galea and Karestan C Koenen

Biology of Mood & Anxiety Disorders 2012, 2:10

Published: 14 June 2012

Epigenetic modifications are those reversible, mitotically heritable alterations in genomic expression that occur independent of changes in gene sequence. Epigenetic studies have the potential to improve our understanding of the etiology of mood and anxiety disorders and suicide by bridging the gap in knowledge between the exogenous environmental exposures and pathophysiology that produce common mood and anxiety disorders and suicide. We systematically reviewed the English-language peer-reviewed literature about epigenetic regulation in these disorders between 2001-2011, summarizing and synthesizing this literature with respect to directions for future work. Twenty-one articles met our inclusion criteria. Twelve studies were concerned with epigenetic changes among suicide completers; other studies considered epigenetic regulation in depression, post-traumatic stress disorder, and panic disorder. Several studies focused on epigenetic regulation of amine, glucocorticoid,

and serotonin metabolism in the production of common mood and anxiety disorders and suicide. The literature is nascent and has yet to reach consensus about the roles of particular epigenetic modifications in the etiology of these outcomes. Future studies require larger sample sizes and measurements of environmental exposures antecedent to epigenetic modification. Further work is also needed to clarify the link between epigenetic modifications in the brain and peripheral tissues and to establish 'gold standard' epigenetic assays.

<http://www.ncbi.nlm.nih.gov/pubmed/22685663?dopt=Abstract>

Rehabil Res Pract. 2012;2012:174579. Epub 2012 May 17.

Substance use and mild traumatic brain injury risk reduction and prevention: a novel model for treatment.

Olson-Madden JH, Brenner LA, Corrigan JD, Emrick CD, Britton PC.

Source: Mental Illness Research, Education, and Clinical Center (MIRECC), Eastern Colorado Health Care System (ECHCS) Veterans Affairs Medical Center, Denver, CO 80220, USA.

Abstract

Traumatic brain injury (TBI) and substance use disorders (SUDs) frequently co-occur. Individuals with histories of alcohol or other drug use are at greater risk for sustaining TBI, and individuals with TBI frequently misuse substances before and after injury. Further, a growing body of literature supports the relationship between comorbid histories of mild TBI (mTBI) and SUDs and negative outcomes. Alcohol and other drug use are strongly associated with risk taking. Disinhibition, impaired executive function, and/or impulsivity as a result of mTBI also contribute to an individual's proclivity towards risk-taking. Risk-taking behavior may therefore, be a direct result of SUD and/or history of mTBI, and risky behaviors may predispose individuals for subsequent injury or continued use of substances. Based on these findings, evaluation of risk-taking behavior associated with the co-occurrence of SUD and mTBI should be a standard clinical practice. Interventions aimed at reducing risky behavior among members of this population may assist in decreasing negative outcomes. A novel intervention (Substance Use and Traumatic Brain Injury Risk Reduction and Prevention (STRRP)) for reducing and preventing risky behaviors among individuals with co-occurring mTBI and SUD is presented. Areas for further research are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22681747?dopt=Abstract>

Health Care Women Int. 2012 Jul;33(7):631-45.

Preventive health practices and behavioral risk factors in women surviving traumatic brain injury.

Chase S, Ratcliff G, Vernich L, Al-Sukhni E, Yasseen B, Colantonio A.

Source: Open Minds LLC , Natrona Heights , Pennsylvania , USA.

Abstract

Traumatic brain injury (TBI) affects millions globally and is considered a universal public health concern. Our study addresses a considerable knowledge gap about the health of female survivors of TBI. Using a retrospective cohort study design, we examined behavioral risk factors, access to health screenings, and primary care services among women with a history of moderate to severe TBI. We compared findings with a general female population. Female survivors (n = 75) appeared to have comparable use of primary care services with the general population. Significantly more women reported poor mental health postinjury; reported alcohol consumption was also greater.

<http://www.ncbi.nlm.nih.gov/pubmed/22679240?dopt=Abstract>

Behav Modif. 2012 Jun 7. [Epub ahead of print]

Behavioral Activation and Therapeutic Exposure: An Investigation of Relative Symptom Changes in PTSD and Depression During the Course of Integrated Behavioral Activation, Situational Exposure, and Imaginal Exposure Techniques.

Gros DF, Price M, Strachan M, Yuen EK, Milanak ME, Acierno R.

Abstract

Effectiveness of exposure therapy for posttraumatic stress disorder (PTSD) may be adversely influenced by comorbid disorders. The present study investigated behavioral activation and therapeutic exposure (BA-TE), a new integrated treatment designed specifically for comorbid symptoms of PTSD and depression. Combat veterans with PTSD (N = 117) completed eight sessions of BA-TE that included two phases of treatment: (a) behavioral activation (BA) in which some activities involved situational exposures and (b) BA and situational exposures with imaginal exposures. Findings supported improvements in symptoms of PTSD, and overlapping symptoms of PTSD and depression, but not in nonoverlapping symptoms of depression. The findings also demonstrated a relatively consistent rate of change in PTSD and depression symptoms during BA-TE, despite the addition of imaginal exposures midway through the treatment. Together, these findings provide preliminary support for BA-TE as a treatment for PTSD and depression, and highlight the utility of transdiagnostic treatments in addressing comorbidity and symptom overlap.

<http://www.ncbi.nlm.nih.gov/pubmed/22676788?dopt=Abstract>

Int J Group Psychother. 2012 Jul;62(3):418-35.

Long-Term Improvement in Coping Skills Following Multimodal Treatment in War Veterans with Chronic PTSD.

Britvić D, Glučina D, Antičević V, Kekez V, Lapenda B, Dogaš V, Dodig G, Urlić I, Moro I, Frančišković T.

Abstract

Due to the long-lasting and resistant symptoms characteristic of chronic combat posttraumatic stress disorder (PTSD), its treatment is complex and often requires a tailored therapeutic approach incorporating both psychotherapy and pharmacotherapy. A multimodal approach of psychoeducative, sociotherapeutic, and dynamically oriented trauma-focused groups is described. We assessed the short- and long-term effectiveness of this therapeutic program by monitoring its impact on PTSD symptoms, depression, neurotic symptoms, coping skills, and quality of life for three years. The findings revealed short-term reduction in the symptoms of PTSD and depression, while the long-term results were manifested as the increased use of all coping mechanisms and a greater level of obsession.

<http://www.ncbi.nlm.nih.gov/pubmed/22673802?dopt=Abstract>

Brain Imaging Behav. 2012 Jun 7. [Epub ahead of print]

A functional MRI study of multimodal selective attention following mild traumatic brain injury.

Mayer AR, Yang Z, Yeo RA, Pena A, Ling JM, Mannell MV, Stippler M, Mojtahed K.

Source: The Mind Research Network/Lovelace Biomedical and Environmental Research Institute, Albuquerque, NM, 87106, USA, amayer@mrn.org.

Abstract

Previous work suggests that the ability to selectively attend to and resolve conflicting information may be the most enduring cognitive deficit following mild traumatic brain injury (mTBI). The current study used fMRI to evaluate potential differences in hemodynamic activation in 22 mTBI patients and 22 carefully matched healthy controls (HC) during a multimodal selective attention task (numeric Stroop). Behavioral data indicated faster reaction times for congruent versus incongruent trials and for stimuli presented at 0.66 compared to 0.33 Hz across both groups, with minimal differences in behavioral performance across the groups. Similarly, there were no group-wise differences in functional activation within lateral and medial prefrontal cortex during the execution of cognitive control (incongruent versus congruent trials). In contrast, within-group comparisons indicated robust patterns of attention-related modulations (ARM) within the bilateral dorsolateral prefrontal cortex and bilateral visual streams for HC but not mTBI patients. In addition, mTBI patients failed to exhibit task-induced deactivation within the default-mode network (DMN) under conditions of higher attentional load. In summary, in spite of near normal behavioral performance, current results suggest within-group abnormalities during both the top-down allocation of visual attention and in regulating the DMN during the semi-acute stage of mTBI.

<http://www.ncbi.nlm.nih.gov/pubmed/22247240?dopt=Abstract>

Occup Med (Lond). 2012 Apr;62(3):188-95. Epub 2012 Jan 12.

Third location decompression for individual augmentees after a military deployment.

Fertout M, Jones N, Greenberg N.

Source: Academic Centre for Defence Mental Health, Department of Psychological Medicine, Institute of Psychiatry, King's College London, Weston Education Centre, 10 Cutcombe Road, London SE5 9RJ, UK. mohammed.fertout@kcl.ac.uk

Abstract

BACKGROUND:

Third location decompression (TLD) refers to the initial process, undertaken by military personnel at the end of an operational deployment, whereby adjustment from military operations commences. TLD has been shown to be useful for personnel in formed units (FU).

AIMS:

To examine the subjective utility of TLD for personnel deployed as individual augmentees (IAs) by comparing their experience with FU personnel.

METHODS:

One hundred and twenty-nine IAs and 121 FU personnel completed a short survey at the end of the decompression period asking about operational exposures, perceived usefulness, stigma, concerns about readjustment and post-traumatic stress symptoms (PTSS).

RESULTS:

The strongest predictor of perceived utility was the desire to participate prior to arrival at the facility. FU personnel were more likely to want to participate in TLD than IAs (60% versus 30%); however, on completion, IAs reported high usefulness ratings with 78% of IAs and 84% of FU personnel finding it useful or a little useful. More FU personnel reported substantial PTSS, reporting that high numbers of PTSS were associated with finding the briefings that dealt with traumatic stress useful. Personnel reporting substantial operational exposures also reported greater levels of PTSS.

CONCLUSIONS:

IAs found TLD to be as useful as FU personnel; therefore, exclusion from the TLD process is not warranted. Military commanders should consider restricting TLD to both IA and FU personnel deemed to be at increased risk of a difficult adjustment due to greater operational exposure. Our data suggest that smaller numbers of IA personnel would fall into this group.

<http://www.ncbi.nlm.nih.gov/pubmed/22182262?dopt=Abstract>

J Consult Clin Psychol. 2012 Feb;80(1):29-42. Epub 2011 Dec 19.

Attendance and substance use outcomes for the Seeking Safety program: sometimes less is more.

Hien DA, Morgan-Lopez AA, Campbell AN, Saavedra LM, Wu E, Cohen L, Ruglass L, Nunes EV.

Source: Department of Clinical Psychology, Graduate Center, City College of the City University of New York, 160 Convent Avenue, New York, NY 10030, USA. dah26@columbia.edu

Abstract

OBJECTIVE:

This study uses data from the largest effectiveness trial to date on treatment of co-occurring posttraumatic stress and substance use disorders, using advances in statistical methodology for modeling treatment attendance and membership turnover in rolling groups.

METHOD:

Women receiving outpatient substance abuse treatment (N = 353) were randomized to 12 sessions of Seeking Safety or a health education control condition. Assessments were completed at baseline and at 1 week, 3, 6, and 12 months posttreatment. Outcome measures were alcohol and cocaine use in the prior 30 days captured using the Addiction Severity Index. Latent class pattern mixture modeling (LCPMM) was used to estimate attendance patterns and to test for treatment effects within and across latent attendance patterns and group membership turnover.

RESULTS:

Across LCPMM analyses for alcohol and cocaine use, similar treatment attendance patterns emerged: Completers never decreased below an 80% probability of attendance, droppers never exceeded a 41% probability of attendance, and titrators demonstrated a 50% to 80% probability of attendance. Among completers, there were significant decreases in alcohol use from baseline to 1-week posttreatment, followed by nonsignificant increases in alcohol during follow-up. No differences between treatment conditions were detected. Titrators in Seeking Safety had lower rates of alcohol use from 1-week through 12-month follow-up compared with control participants. Droppers had nonsignificant increases in alcohol during both study phases. Cocaine use findings were similar but did not reach significance levels.

CONCLUSIONS:

The impact of client self-modulation of treatment dosage and group membership composition may influence behavioral treatment outcomes among this population.

(PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22669968?dopt=Abstract>

Behav Modif. 2012 Jun 5. [Epub ahead of print]

The Theoretical and Empirical Basis for Meditation as an Intervention for PTSD.

Lang AJ, Strauss JL, Bomyea J, Bormann JE, Hickman SD, Good RC, Essex M.

Abstract

In spite of the existence of good empirically supported treatments for posttraumatic stress disorder (PTSD), consumers and providers continue to ask for more options for managing this common and often chronic condition. Meditation-based approaches are being widely implemented, but there is minimal research rigorously assessing their effectiveness. This article reviews meditation as an intervention for PTSD, considering three major types of meditative practices: mindfulness, mantra, and compassion meditation. The mechanisms by which these approaches may effectively reduce PTSD symptoms and improve quality of life are presented. Empirical evidence of the efficacy of meditation for PTSD is very limited but holds some promise. Additional evaluation of meditation-based treatment appears to be warranted.

<http://www.ncbi.nlm.nih.gov/pubmed/22669970?dopt=Abstract>

Cereb Cortex. 2012 Jun 4. [Epub ahead of print]

Mental Paper Folding Performance Following Penetrating Traumatic Brain Injury in Combat Veterans: A Lesion Mapping Study.

Glass L, Krueger F, Solomon J, Raymont V, Grafman J.

Source: Cognitive Neuroscience Section, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD, USA.

Abstract

Mental paper folding is a complex measure of visuospatial ability involving a coordinated sequence of mental transformations and is often considered a measure of mental ability. The literature is inconclusive regarding the precise neural architecture that underlies performance. We combined the administration of the Armed Forces Qualification Test boxes subtest measuring mental paper folding ability, with a voxel-based lesion symptom mapping approach to identify brain regions associated with impaired mental paper folding ability. Using a large sample of subjects with penetrating traumatic brain injury and defined lesions studied over 2 time points, roughly 15 and 35 years post-injury, enabled us to answer the causal questions regarding mental paper folding impairment. Our results revealed that brain injury significantly exacerbates the decline of performance on mental paper folding tasks over time. Our study adds novel neuropsychological and neuroimaging support for parietal lobe involvement;

specifically the right inferior parietal lobule (Brodmann's Area [BA] 40) and the left parahippocampal region (BAs 19, 36). Both areas were consistently associated with mental paper folding performance and demonstrate that the right parietal lobe and the left parahippocampal gyrus play an integral role in mental paper folding tasks.

<http://www.ncbi.nlm.nih.gov/pubmed/22669815?dopt=Abstract>

Int Marit Health. 2012;63(1):63-70.

Combined effects of work-related stress in Her Majesty's Coastguard (HMCG).

Kingdom SE, Smith AP.

Abstract

Background. Having initially reported on the overall level of stress in Her Majesty's Coastguard (HMCG), in a second study we found that a combined (negative) effects approach to stress was better able to identify the associated psychosocial risk factors than by using the well-documented Effort-Reward Imbalance (ERI) or Job Demand-Control Support (JDCS) models alone. Using the same combined effects method, this study now examines the negative health and wellbeing outcomes associated with the level of high stress found in this occupational group. Material and methods. Participants included 282 coastguards. A range of known stress outcomes were measured including: mental and physical health, accidents, risk taking, effects of memory, lifestyle, and job satisfaction. Results. Significant associations were found with: anxiety, depression, number of sick days, perception that illness was caused or made worse by work, number of symptoms, medicines taken, insomnia, ability to maintain a desired body weight or take planned exercise and find time to relax and wind down, time spent on hobbies or interests, the impact of job on family life/family life on job, and job satisfaction. Conclusions. Sixteen negative outcomes were significantly associated with the combined effects approach, compared with 15 using ERI or 10 using JDCS alone. Results clearly demonstrated the harmful effects of stress in maritime related roles, other than those of seafarers and suggest that further research in this area would be useful. Further studies on the more flexible stress model, which allows for the examination of both established and new combinations of risk factors and associated outcomes, would also be beneficial.

Links of Interest

Studies show sleep times influenced by race, ethnicity and country of origin

<http://www.aasmnet.org/articles.aspx?id=3106>

Army review to look at mental health compensation

<http://www.usatoday.com/news/military/story/2012-06-05/army-review-mental-health-records/55406756/1>

Controversial Army policy makes it difficult for soldiers to get service dogs

<http://usnews.msnbc.msn.com/news/2012/06/04/12008294-controversial-army-policy-makes-it-difficult-for-soldiers-to-get-service-dogs>

PTSD outcomes improve as US Army adds behavioral health screening to primary care

http://www.eurekalert.org/pub_releases/2012-06/wsw-poi060612.php

Mental Health Challenges of Active-Duty Versus Reserve Military Personnel

<http://www.goodtherapy.org/blog/active-duty-reserve-military-stress-0605121>

Army veterans use filmmaking as therapy for PTSD

http://hosted2.ap.org/CAANR/162267dc0689421dbbd940e1d89c4eeb/Article_2012-06-06-US-Coming-Home-PTSD-Filmmaking/id-ee8f280e253c41828beaebaf104e5e78

Experts concerned about high stress at Fort Meade

<http://www.stripes.com/news/army/experts-concerned-about-high-stress-at-fort-meade-1.179834>

Fort Hood Soldiers build resilience through art

http://www.army.mil/article/81351/Fort_Hood_Soldiers_build_resilience_through_art/

Study Links PTSD to Hidden Head Injuries Suffered in Combat

<http://www.sciencedaily.com/releases/2012/06/120606155804.htm>

Suicides Outpacing War Deaths for Troops

<http://www.nytimes.com/2012/06/09/us/suicides-eclipse-war-deaths-for-us-troops.html>

See also: Military suicides rising, even as combat eases

<http://www.politico.com/news/stories/0612/77188.html>

Heroes to Hometowns: When veterans come home

<http://m.jems.com/article/ptsd/heroes-hometowns>

(good article aimed at first responders)

Predicting post-traumatic stress disorder before it happens

http://www.eurekalert.org/pub_releases/2012-06/afot-pps061312.php

Promising Therapies Available for Sleep Disorders Frequently Related to PTSD and TBI

<http://www.usmedicine.com/psychiatry/promising-therapies-available-for-sleep-disorders-frequently-related-to-ptsd-and-tbi.html>

Female vets feeling better about VA care

<http://www.newsobserver.com/2012/06/10/2126731/female-vets-feeling-better-about.html>

Does military's tough-guy culture keep suicidal soldiers from getting help?

<http://www.mnn.com/health/fitness-well-being/stories/does-militarys-tough-guy-culture-keep-suicidal-soldiers-from-getti>

House GOP Blocking Abortion Access for Raped Soldiers

<http://www.motherjones.com/politics/2012/06/shaheen-amendment-military-rape-abortion>

Why Smart People Are Stupid

<http://www.newyorker.com/online/blogs/frontal-cortex/2012/06/daniel-kahneman-bias-studies.html>

(Interesting read from The New Yorker)

Author Michael Lewis' commencement speech at Princeton: Lucky you.

<http://blogs.ajc.com/get-schooled-blog/2012/06/09/author-michael-lewis-commencement-speech-lucky-you/>

(Nice!)

Research Tip of the Week: [Matrix Airfare Search](#)

If you're tired of all the ads, all the pop-ups, all the come-ons to "include a hotel" or "include a car" on your standard travel search sites, you'll love Matrix Airfare Search. Nothing but plane fares here, and it offers results from all carriers (except for Southwest, which never plays well with others). You can do a standard "here-to-there-on-these-dates" search, a flexible dates search or a multi-city search. You can choose to include nearby airports. You can even opt to see a calendar of lowest fares.

What you can't do here is buy a ticket. You have to go to the airlines' sites for that. But it's usually worth doing that anyhow, regardless of what travel search engine you use, as it helps you avoid extraneous transaction fees.

Shirl Kennedy

Web Content Strategist

Center for Deployment Psychology

www.deploymentpsych.org

skennedy@deploymentpsych.org

301-816-4749