CDP Research Update -- October 18, 2012

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- A Pilot Trial of Neuropsychological Evaluations Conducted via Telemedicine in the Veterans Health Administration.
- It's Worth a Try: The Treatment Experiences of Rural and Urban Participants in a Randomized Controlled Trial of Computerized Psychological Treatment for Comorbid Depression and Alcohol/Other Drug Use.
- Links of Interest
- Research Tip of the Week: One-Stop Shopping for Government Forms

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http://www.ncbi.nlm.nih.gov/pubmed/23050070

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.19142. Epub 2012 Oct 3.

Sleep disturbances and PTSD: a perpetual circle?

van Liempt S.

Source: Military Mental Health, University Medical Centre, Utrecht, The Netherlands.

Abstract

BACKGROUND:
Sleep facilitates the consolidation of fear extinction memory. Nightmares and insomnia are hallmark symptoms of posttraumatic stress disorder (PTSD), possibly interfering with fear extinction and compromising recovery. A perpetual circle may develop when sleep disturbances increase the risk for PTSD and vice versa. To date, therapeutic options for alleviating sleep disturbances in PTSD are limited.

METHODS:
WE CONDUCTED THREE STUDIES TO EXAMINE THE RELATIONSHIP BETWEEN SLEEP AND POSTTRAUMATIC SYMPTOMS: (1) a prospective longitudinal cohort study examining the impact of pre-deployment insomnia symptoms and nightmares on the development of PTSD; (2) a cross-sectional study examining subjective sleep measures, polysomnography, endocrinological parameters, and memory in veterans with PTSD, veterans without PTSD, and healthy controls (HCs); (3) a randomized controlled trial (RCT) (n=14) comparing the effect of prazosin and placebo on sleep disturbances in veterans with PTSD. In addition to these studies, we systematically reviewed the literature on treatment options for sleep disturbances in PTSD.

RESULTS:
Pre-deployment nightmares predicted PTSD symptoms at 6 months post-deployment; however, insomnia symptoms did not. Furthermore, in patients with PTSD, a correlation between the apnea index and PTSD severity was observed, while obstructive sleep apnea syndrome was not more prevalent. We observed a significant increase in awakenings during sleep in patients with PTSD, which were positively correlated with adrenocorticotropic hormone (ACTH) levels, negatively correlated with growth hormone (GH) secretion, and the subjective perception of sleep depth. Also, heart rate was significantly increased in PTSD patients. Interestingly, plasma levels of GH during the night were decreased in PTSD. Furthermore, GH secretion and awakenings were independent predictors for delayed recall, which was lower in PTSD. In our RCT, prazosin was not associated with improvement of any subjective and objective sleep parameters. Only a few RCTs have been published. They show promising results for atypical antipsychotics and prazosin, the latter especially on nightmare reduction.

CONCLUSIONS:
Disturbed sleep due to nightmares increases the risk for PTSD. PTSD in turn leads to increased sleep fragmentation, decreased GH secretion, and frequent nightmares, which may again compromise fear extinction, synaptic plasticity, and recovery. This suggests that disturbed sleep is a precipitating and perpetuating factor in PTSD symptomatology, creating a perpetual circle. This dissertation suggests that activity of the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system (SNS) is involved in disturbed sleep in patients with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23047775

Nat Rev Neurosci. 2012 Oct 10. doi: 10.1038/nrn3339. [Epub ahead of print]

Biological studies of post-traumatic stress disorder.

Pitman RK, Rasmusson AM, Koenen KC, Shin LM, Orr SP, Gilbertson MW, Milad MR, Liberzon I.

Source: [1] Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts 02114, USA. [2] Department of Psychiatry, Harvard Medical School, Boston, Massachusetts 02115, USA.

Abstract

Post-traumatic stress disorder (PTSD) is the only major mental disorder for which a cause is considered to be known: that is, an event that involves threat to the physical integrity of oneself or others and induces a response of intense fear, helplessness or horror. Although PTSD is still largely regarded as a psychological phenomenon, over the past three decades the growth of the biological PTSD literature has been explosive, and thousands of references now exist. Ultimately, the impact of an environmental event, such as a psychological trauma, must be understood at organic, cellular and molecular levels. This Review attempts to present the current state of this understanding on the basis of psychophysiological, structural and functional neuroimaging, and endocrinological, genetic and molecular biological studies in humans and in animal models.

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http://www.ncbi.nlm.nih.gov/pubmed/23047646

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21748. [Epub ahead of print]

Combat-Related PTSD Nightmares and Imagery Rehearsal: Nightmare Characteristics and Relation to Treatment Outcome.

Harb GC, Thompson R, Ross RJ, Cook JM.

Source: Philadelphia VA Medical Center, Behavioral Health Service/Research, Philadelphia, Pennsylvania, USA.

Abstract

The characteristics of nightmares of 48 male U.S. Vietnam war veterans with combat-related posttraumatic stress disorder (PTSD), as well as revised dream scripts developed in the course of Imagery Rehearsal therapy, were examined in relation to pretreatment symptomatology and treatment outcome. Features, content, and themes of nightmares and rescripted dreams were coded by 2 independent raters. Nightmares were replete with scenes of death and violence and were predominantly replays of actual combat events in which the veteran was under attack and feared for his life. Although addressing or resolving the nightmare theme with rescripting was associated with a reduction in sleep disturbance, references to violence in the rescripted dream were related to poorer

treatment outcome in nightmare frequency; B = 5.69 (SE = 1.14). The experience of olfactory sensations in nightmares, a possible index of nightmare intensity, was also related to poorer treatment response; B = 2.95 (SE = 1.06). Imagery rehearsal for individuals with severe, chronic PTSD and fairly replicative nightmares may be most effective when the rescripted dream incorporates a resolution of the nightmare theme and excludes violent details.

Published 2012. This article is a US Government work and is in the public domain in the USA.

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http://www.ncbi.nlm.nih.gov/pubmed/23047625

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21747. [Epub ahead of print]

Compensation and Treatment: Disability Benefits and Outcomes of U.S. Veterans Receiving Residential PTSD Treatment.

Belsher BE, Tiet QQ, Garvert DW, Rosen CS.

Source: Washington DC VA Medical Center, Washington, DC, USA; National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA.

Abstract

The U.S. Department of Veterans Affairs (VA) provides specialized intensive posttraumatic stress disorder (PTSD) programs to treat trauma-related symptoms in addition to providing service-connected disability to compensate veterans for injury sustained while serving in the military. Given the percentage of veterans who are receiving treatment for PTSD, in addition to seeking compensation for PTSD, a debate has emerged about the impact of compensation on symptom recovery. This study examined the associations among status of compensation, treatment expectations, military cohort, length of stay, and outcomes for 776 veterans who were enrolled in 5 VA residential PTSD programs between the years of 2005 and 2010. Mixed model longitudinal analyses, with age, gender, and baseline symptoms nested within treatment site in the model, found that treatment expectations were modestly predictive of treatment outcomes. Veterans seeking increased compensation reported marginally lower treatment expectations (d = .008), and did not experience poorer outcomes compared to veterans not seeking increased compensation with the effect of baseline symptoms partialled out. Veterans from the era of the Iraq and Afghanistan conflicts reported lower treatment expectations (d = .020) and slightly higher symptoms at intake (d = .021), but had outcomes at discharge equivalent to veterans from other eras with baseline symptoms partialled out. These findings help further inform the debate concerning disability benefits and symptom changes across time.

Published 2012. This article is a US Government work and is in the public domain in the USA.

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http://www.ncbi.nlm.nih.gov/pubmed/23047545

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21743. [Epub ahead of print]

Temporal Trends in the Epidemiology of Disabilities Related to Posttraumatic Stress Disorder in the U.S. Army and Marine Corps From 2005-2010.

Packnett ER, Gubata ME, Cowan DN, Niebuhr DW.

Source: Preventive Medicine Branch, Walter Reed Army Institute of Research, Silver Spring, Maryland, USA; Allied Technology Group, Inc., Rockville, Maryland, USA.

Abstract

Since the start of Operation Iraqi Freedom and Operation Enduring Freedom, over 2 million U.S. military members were deployed to Iraq and Afghanistan. The estimated prevalence of posttraumatic stress disorder (PTSD) among soldiers and Marines returning from combat zones varies from 5%-20%; little is known about those individuals whose PTSD renders them unfit for duty. This report describes the rates and correlates of PTSD in soldiers and Marines evaluated for disability. Data for service members who underwent disability evaluation between fiscal years 2005-2010 were analyzed for trends in disability rates, ratings, retirement, and comorbid disability. PTSD rates varied by age, sex, race, rank, branch of service, and component. Most cases were deployed and were considered combat-related. Over the study period, the rate and severity of disability from PTSD increased substantially. Significant increases in disability from PTSD incidence, rating, and retirement were observed in both services. Other medical conditions, largely musculoskeletal and neurological, were present in the majority of cases indicating many cases also experienced disabling physical injuries. Further research is needed to target interventions accurately for redeploying service members to minimize comorbidity associated with disability from PTSD and facilitate continuation in military service or successful transition to civilian life.

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http://www.ncbi.nlm.nih.gov/pubmed/23047458

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21741. [Epub ahead of print]

The Influence of Depressive Symptoms on Suicidal Ideation Among U.S. Vietnam-Era and Afghanistan/Iraq-Era Veterans With Posttraumatic Stress Disorder.

Pukay-Martin ND, Pontoski KE, Maxwell MA, Calhoun PS, Dutton CE, Clancy CP, Hertzberg MA, Collie CF, Beckham JC.

Source

Durham Veterans Affairs Medical Center, Durham, North Carolina, USA.

Abstract

Major depressive disorder (MDD) co-occurs frequently with posttraumatic stress disorder (PTSD), and both disorders are linked to suicidal ideation. An emergent literature examines suicidal ideation in U.S. Afghanistan/Iraq-era veterans. Little research, however, has studied the role of PTSD and comorbid MDD on suicidal ideation across service eras. Therefore, this study aimed to examine the impact of depression on suicidal ideation in Afghanistan/Iraq-era and Vietnam-era veterans with PTSD. The sample included 164 Vietnam and 98 Afghanistan/Iraq veterans diagnosed with PTSD at a VA outpatient PTSD Clinic. Using structured interviews, 63% of the Vietnam sample and 45% of the Afghanistan/Iraq sample were diagnosed with comorbid current MDD. Measures included self-report assessments of PTSD and depressive symptoms and the Personality Assessment Inventory. Results of analyses suggested that in veterans of both eras, PTSD, MDD, and their interaction were significantly related to suicidal ideation (PTSD: $\eta(2) = .01$; MDD: $\eta(2) = .10$; PTSD × MDD: $\eta(2) = .02$). For veterans reporting greater depressive symptoms, there was a stronger relationship between PTSD symptoms and suicidal ideation. These results suggest that veterans from both eras display a similar clinical presentation and highlight the need to consider depressive symptoms when assessing veterans with PTSD. Future research should examine suicidal ideation and behaviors as they change over time in these two cohorts.

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http://www.ncbi.nlm.nih.gov/pubmed/23047429

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21739. [Epub ahead of print]

The Relationship of Sleep Quality and PTSD to Anxious Reactivity from Idiographic Traumatic Event Script-Driven Imagery.

Babson KA, Badour CL, Feldner MT, Bunaciu L.

Source: Center for Health Care Evaluation, VA Palo Alto Health Care System, Stanford, California, California, USA; Department of Psychiatry and Behavioral Sciences, Stanford School of Medicine, Stanford, California, California, USA.

Abstract

Poor sleep quality has been linked to posttraumatic stress disorder (PTSD). This study provided a test of how poor sleep quality relates to real-time assessment of anxious reactivity to idiographic traumatic event cues. Script-driven imagery (SDI) was employed to examine reactivity to traumatic event cues among 46 women (mean age = 27.54 years, SD = 13.62; 87% Caucasian) who had experienced either physical or sexual assault. We tested 3 hypotheses: (a) individuals with PTSD would report greater anxiety reactions to SDI than trauma-exposed individuals without PTSD, (b) poorer sleep quality would be positively related to anxiety reactions to SDI, and (c) there would be an interaction between PTSD and sleep quality such that individuals with PTSD and relatively poor sleep quality would report greater

anxious reactivity to SDI than would be expected from each main effect alone. Poor sleep quality and PTSD were related to elevated anxious reactivity to trauma cues (sr(2) = .06). In addition, sleep quality was negatively associated with anxious reactivity among people without PTSD (sr(2) =.05). The current findings, in combination with longitudinal evidence, suggest that poor sleep quality following exposure to a traumatic event may be a risk factor for anxious reactivity to traumatic event cues.

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http://www.ncbi.nlm.nih.gov/pubmed/23047324

J Trauma Stress. 2012 Oct 9. doi: 10.1002/jts.21736. [Epub ahead of print]

Contribution of Criterion A2 to PTSD Screening in the Presence of Traumatic Events.

Pereda N, Forero CG.

Source: Grup de Recerca en Victimització Infantil i Adolescent (GReVIA), Universitat de Barcelona, Barcelona, Spain; Institute for Brain, Cognition and Behavior (IR3C), Universitat de Barcelona, Barcelona, Spain.

Abstract

Criterion A2 according to the Diagnostic and Statistical Manual of Mental Disorders (4(th) ed.; DSM-IV; American Psychiatric Association [APA], 1994) for posttraumatic stress disorder (PTSD) aims to assess the individual's subjective appraisal of an event, but it has been claimed that it might not be sufficiently specific for diagnostic purposes. We analyse the contribution of Criterion A2 and DSM-IV criteria to detect PTSD for the most distressing life events experienced by our subjects. Young adults (N = 1,033) reported their most distressing life events, together with PTSD criteria (Criteria A2, B, C, D, E, and F). PTSD prevalence and criterion specificity and agreement with probable diagnoses were estimated. Our results indicate 80.30% of the individuals experienced traumatic events and met one or more PTSD criteria; 13.22% cases received a positive diagnosis of PTSD. Criterion A2 showed poor agreement with the final probable PTSD diagnosis (correlation with PTSD .13, specificity = .10); excluding it from PTSD diagnosis did not the change the estimated disorder prevalence significantly. Based on these findings it appears that Criterion A2 is scarcely specific and provides little information to confirm a probable PTSD case.

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http://www.ncbi.nlm.nih.gov/pubmed/23046784

Behav Ther. 2012 Dec;43(4):825-836. doi: 10.1016/j.beth.2012.05.001. Epub 2012 May 11.

Cognitive Processing Therapy Versus Supportive Counseling for Acute Stress Disorder Following Assault: A Randomized Pilot Trial.

Nixon RD.

Source: Flinders University. Electronic address: reg.nixon@flinders.edu.au.

Abstract

The study tested the efficacy and tolerability of cognitive processing therapy (CPT) for survivors of assault with acute stress disorder. Participants (N=30) were randomly allocated to CPT or supportive counseling. Therapy comprised six individual weekly sessions of 90-min duration. Independent diagnostic assessment for PTSD was conducted at posttreatment. Participants completed self-report measures of posttraumatic stress, depression, and negative trauma-related beliefs at pre-, posttreatment, and 6-month follow-up. Results indicated that both interventions were successful in reducing symptoms at posttreatment with no statistical difference between the two; within and between-group effect sizes and the proportion of participants not meeting PTSD criteria was greater in CPT. Treatment gains were maintained for both groups at 6-month follow-up.

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http://www.ncbi.nlm.nih.gov/pubmed/23046781

Behav Ther. 2012 Dec;43(4):790-800. doi: 10.1016/j.beth.2012.04.003. Epub 2012 Apr 13.

Trajectories of Response to Treatment for Posttraumatic Stress Disorder.

Stein NR, Dickstein BD, Schuster J, Litz BT, Resick PA.

Source: Massachusetts Veterans Epidemiological Research and Information Center, VA Boston Healthcare System. Electronic address: nathan.stein@va.gov.

Abstract

Research on the predictors of response to cognitive-behavioral treatments for PTSD has often produced inconsistent or ambiguous results. We argue this is in part due to the use of statistical techniques that explore relationships among the entire sample of participants rather than homogeneous subgroups. Using 2 large randomized controlled trials of Cognitive Processing Therapy (CPT), CPT components, and Prolonged Exposure, we employed growth mixture modeling to identify distinct trajectories of treatment response and to determine the predictors of those trajectories. We determined that the participants' trajectories could be best represented by 2 latent classes, which we subsequently labeled responders (87% of the sample) and nonresponders (13% of the sample). Notably, there was not a separate class for partial responders. Assignment to the nonresponder class was associated with receiving the written accounts (WA) component of CPT, a pretreatment diagnosis of major depression

(MDD), and more pretreatment hyperarousal symptoms. Thus, it appears that some individuals do not benefit from merely writing about their trauma and processing it with the therapist; they may also need to engage in cognitive restructuring to successfully ameliorate their symptoms. Additionally, those who meet criteria for MDD or have high levels of hyperarousal at the onset of treatment might require additional treatment or support.

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http://www.ncbi.nlm.nih.gov/pubmed/23046608

BMC Psychiatry. 2012 Oct 9;12(1):166. [Epub ahead of print]

Comparison of the effectiveness of trauma-focused cognitive behavioral therapy and paroxetine treatment in PTSD patients: Design of a randomized controlled trial.

Polak AR, Witteveen AB, Visser RS, Opmeer BC, Vulink N, Figee M, Denys D, Olff M.

Abstract

ABSTRACT: BACKGROUND: The two most common interventions for Posttraumatic Stress Disorder (PTSD) are pharmacological treatment with SSRIs such as paroxetine and psychological treatment such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). International guidelines recommend trauma-focused psychological interventions for all PTSD patients as first-line treatment (NICE). However, no clear-cut evidence is available to support this recommendation.Methods/designIn order to compare pharmacological treatment (paroxetine) and psychological treatment (TF-CBT) in (cost-) effectiveness on the short and the long term, we will randomize 90 patients with chronic PTSD to either paroxetine (24 weeks) or TF-CBT (10--12 weeks). We will assess symptom severity and costs before and after the intervention with the Clinician Administered PTSD Scale (CAPS), the Clinical Global Impression Scale (CGI) and the Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P). DISCUSSION: This study is unique for its direct comparison of the most commonly used psychological intervention (TF-CBT) and pharmacological intervention (paroxetine) on (cost-) effectiveness on the short and the long term. The anticipated results will provide relevant evidence concerning long-term effects and relapse rates and will be beneficial in reducing societal costs. It may also provide information on who may benefit most from which type of intervention. Some methodological issues will be discussed.Trial RegistrationDutch Trial registration: NTR2235.

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http://www.ncbi.nlm.nih.gov/pubmed/23046394

J Neurotrauma. 2012 Oct 9. [Epub ahead of print]

Preinjury Resilience and Mood as Predictors of Early Outcome following Mild Traumatic Brain Injury.

McCauley SR, Wilde EA, Miller ER, Frisby ML, Garza HM, Varghese R, Levin H, Robertson CS, McCarthy J.

Source: Baylor College of Medicine, Physical Medicine and Rehabilitation, 1709 Dryden Rd., Ste. 725, Houston, Texas, United States, 77030, 713-798-7479, 713-798-6898; mccauley@bcm.edu.

Abstract

There is significant heterogeneity in outcomes following mild traumatic brain injury (mTBI). While several host factors (age, gender, preinjury psychiatric history, etc.) have been investigated, the influence of preinjury psychological resilience and mood status in conjunction with mild TBI remains relatively unexplored. Euthymic mood and high resilience are potentially protective against anxiety and postconcussion symptoms, but their relative contributions are currently unknown. This prospective study obtained preinjury estimates of resilience and mood measures in addition to measures of anxiety (Acute Stress Disorder Scale and PTSD-Checklist-Civilian form) and postconcussion symptom severity (Rivermead Post Concussion Symptoms Questionnaire) < 24 hours (Baseline), 1 week, and 1 month postinjury in patients with either mTBI (n=46) or a comparison group with orthopedic injuries not involving the head (OI, n=29). The groups did not differ on preinjury resilience or mood status at Baseline, but differed significantly on measures of anxiety and postconcussion symptom severity at each subsequent study occasion. Multivariate linear regression analyses were conducted to determine if preinjury resilience and mood were significant contributors to anxiety and postconcussion symptoms during the first month postinjury after accounting for other known host factors (e.g., age at injury, gender, and education). Injury group and preinjury mood status were significant predictors for all three dependent variables at each study occasion (all $p < .007$). Preinjury resilience showed a positive trend only for acute stress severity at baseline, but demonstrated significant prediction of all three dependent measures at one week and one month postinjury. These results suggest that preinjury depressed mood and low resilience are significant contributors to the severity of postinjury anxiety and postconcussion symptoms, even after accounting for effects of other specific host factors.

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http://www.ncbi.nlm.nih.gov/pubmed/23047074?dopt=Abstract

Ind Health. 2012 Oct 8. [Epub ahead of print]

Sleep Specialists' Opinion on Sleep Disorders and Fitness to Drive a Car: The Necessity of Continued Education.

Mets MA, Alford C, Verster JC.

Source: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University.

Abstract

Whether patients with sleep disorders are fit to drive, and who should determine this, is a matter of debate. However, scientific literature is available on these topics to aid clinicians making these decisions.

A survey was conducted to assess sleep specialists' views on fitness to drive for patients suffering from apnea, insomnia, and narcolepsy. Most of the 112 respondents (66%, 95%CI: 57-74%) indicated that insomnia patients would be fit to drive within days or weeks after initiating treatment, but 44% (95%CI: 35-53%) felt that, depending on the amount of excessive daytime sleepiness (EDS), they should not drive if untreated. Around half of respondents (49%, 95%CI: 40-58%) indicated that untreated patients with apnea should not drive, but the majority (66%, 95%CI: 57-74%) felt they could drive after Continuous Positive Airway Pressure treatment was established, though EDS was a significant factor. For untreated narcoleptic patients 77% (95%CI: 68-84%) indicated they should not drive, and similarly, that treated patients could drive, although EDS levels were again seen as important. It is concluded that patient education remains the most practical approach to improve compliance and reduce accidents associated with EDS. Sleep specialists should remain up-to-date of relevant scientific literature to achieve this goal.

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http://www.ncbi.nlm.nih.gov/pubmed/23046780?dopt=Abstract

Behav Ther. 2012 Dec;43(4):779-789. doi: 10.1016/j.beth.2012.04.002. Epub 2012 Apr 19.

Repetitive Thought and Self-Reported Sleep Disturbance.

Takano K, Iijima Y, Tanno Y.

Source: The University of Tokyo. Electronic address: takano@beck.c.u-tokyo.ac.jp.

Abstract

Repetitive thought has been focused upon as a transdiagnostic risk factor for depression, anxiety, and poor physical health. Among the forms of repetitive thought, rumination and worry are considered to play important roles in the onset and maintenance of insomnia. However, there have been few attempts to clarify the similarities, differences, and interaction between the functions of rumination and worry in sleep problems. Furthermore, no study has investigated the prospective relationships between these two forms of repetitive thought and sleep disturbance. In the present study, we examined the prospective associations between repetitive thought and subjective sleep quality, measured by a self-report questionnaire. A total of 208 undergraduates participated in a 2-wave longitudinal survey with an interval of 3weeks between assessments. Hierarchical multiple regression analyses showed that baseline rumination predicted reduction in the follow-up assessment of subjective sleep quality, controlling for levels of depressive and anxious symptoms. This main effect of rumination was qualified by the levels of worry; for individuals with higher levels of worry, rumination was associated with greater reduction in subjective sleep quality. These results suggest that both rumination and worry have unique associations with sleep and that their interaction is especially important in sleep problems.

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http://www.ncbi.nlm.nih.gov/pubmed/23056933

Depress Res Treat. 2012;2012:391084. doi: 10.1155/2012/391084. Epub 2012 Sep 29.

Perspectives on Cognitive Therapy Training within Community Mental Health Settings: Implications for Clinician Satisfaction and Skill Development.

Wiltsey Stirman S, Miller CJ, Toder K, Calloway A, Beck AT, Evans AC, Crits-Christoph P.

Source: VA National Center for PTSD, VA Boston Healthcare System, Boston University, Washington, DC 20420, USA.

Abstract

Despite the mounting evidence of the benefits of cognitive therapy for depression and suicidal behaviors over usual care, like other evidence-based psychosocial treatments (EBTs), it has not been widely adopted in clinical practice. Studies have shown that training followed by intensive consultation is needed to prepare providers to an appropriate level of competency in complex, multisession treatment packages such as cognitive therapy. Given the critical role of training in EBT implementation, more information on factors associated with the success and challenges of training programs is needed. To identify potential reasons for variation in training outcomes across ten agencies in a large, urban community mental health system, we explored program evaluation data and examined provider, consultant, and training program administrator perspectives through follow-up interviews. Perceptions of cognitive therapy, contextual factors, and reactions to feedback on audio recordings emerged as broad categories of themes identified from interviews. These factors may interact and impact clinician efforts to learn cognitive therapy and deliver it skillfully in their practice. The findings highlight experiences and stakeholder perspectives that may contribute to more or less successful training outcomes.

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http://www.ncbi.nlm.nih.gov/pubmed/23056477

PLoS One. 2012;7(10):e46833. doi: 10.1371/journal.pone.0046833. Epub 2012 Oct 2.

Early altered resting-state functional connectivity predicts the severity of post-traumatic stress disorder symptoms in acutely traumatized subjects.

Zhou Y, Wang Z, Qin LD, Wan JQ, Sun YW, Su SS, Ding WN, Xu JR.

Source: Department of Radiology, Ren Ji Hospital, Jiao Tong University School of Medicine, Shanghai, People's Republic of China.

Abstract

The goal of this study was to investigate the relationship between resting-state functional connectivity and the severity of post-traumatic stress disorder (PTSD) symptoms in 15 people who developed PTSD

following recent trauma. Fifteen participants who experienced acute traumatic events underwent a 7.3-min resting functional magnetic resonance imaging scan within 2 days post-event. All the patients were diagnosed with PTSD within 1 to 6 months after trauma. Brain areas in which activity was correlated with that of the posterior cingulate cortex (PCC) were assessed. To assess the relationship between the severity of PTSD symptoms and PCC connectivity, contrast images representing areas positively correlated with the PCC were correlated with the subject's Clinician-Administered PTSD Scale scores (CAPS) when they were diagnosed. Furthermore, the PCC, medial prefrontal cortex and bilateral amygdala were selected to assess the correlation of the strength of functional connectivity with the CAPS. Resting state connectivity with the PCC was negatively correlated with CAPS scores in the left superior temporal gyrus and right hippocampus/amygdala. Furthermore, the strength of connectivity between the PCC and bilateral amygdala, and even between the bilateral amygdala could predict the severity of PTSD symptoms later. These results suggest that early altered resting-state functional connectivity of the PCC with the left superior temporal gyrus, right hippocampus and amygdala could predict the severity of the disease and may be a major risk factor that predisposes patients to develop PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23054494

Qual Life Res. 2012 Oct 7. [Epub ahead of print]

Longitudinal analysis of the relationship between PTSD symptom clusters, cigarette use, and physical health-related quality of life.

Aversa LH, Stoddard JA, Doran NM, Au S, Chow B, McFall M, Saxon AJ, Baker DG.

Source: Veterans Affairs San Diego Healthcare System, 3350 La Jolla Village Dr. 151, San Diego, CA, 92161, USA, laura.h.aversa@gmail.com.

Abstract

PURPOSE:
Posttraumatic stress disorder (PTSD) symptoms, particularly numbing and hyperarousal symptoms, are related to poor physical health-related quality of life (HRQoL). Tobacco dependence is also associated with poor HRQoL, and individuals with PTSD may smoke at higher rates than the general population. Our study aimed to examine the impact of quitting smoking and changes in PTSD symptoms over time on changes in physical HRQoL.

METHODS:
The study used archival data from enrollees (N = 943) in a smoking cessation clinical trial for veterans with PTSD (VA Cooperative study #519).

RESULTS:
Two of the physical HRQoL domains were sensitive to changes in PTSD symptoms over time: General Health and Vitality.

CONCLUSIONS:
Our findings suggest that particular physical HRQoL domains may be subject to improvement if PTSD symptoms decrease over time.

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http://www.ncbi.nlm.nih.gov/pubmed/23054158

Community Ment Health J. 2012 Oct 6. [Epub ahead of print]

Posttraumatic Stress Disorder and Use of Psychiatric and Alcohol Related Services: The Effect of the 2004-2005 Florida Hurricane Seasons on Veterans.

Frahm KA, Barnett SD, Brown LM, Hickling EJ, Olney R, Campbell RR, Lapcevic WA.

Source: School of Aging Studies, College of Behavioral and Community Sciences, University of South Florida, 13301 Bruce B. Downs Blvd., 1400, MHC 1403, Tampa, FL, 33612, USA, kfrahm@usf.edu.

Abstract

The purpose of this study was to document preliminary findings of the association between posttraumatic stress disorder (PTSD), mental health service use, and alcohol related health visits among veterans following 2004-2005 Florida hurricane seasons. A retrospective review of the Veterans Health Administration Medical SAS Outpatient Dataset was conducted to identify veterans residing in Florida during the 2004-2005 hurricane seasons with a history of PTSD and/or PTSD and a substance use disorder. It was found that veterans with PTSD residing in counties affected by hurricanes demonstrated an immediate 28 % increase in use of mental health services following hurricane landfall versus veterans residing in non-hurricane affected counties (+28.0 vs. -6.5 %, p = 0.001). Additionally, veterans residing in affected counties were found to use more group psychotherapy treatment sessions overall (30.3 vs. 27.2 %, p = 0.001). Of note, veterans with PTSD experienced a -0.16 per month (p = 0.114) decrease in alcohol related visits following the 2004 hurricane season. These findings provide insight into the mental health needs of veterans with PTSD following a disaster and can inform delivery of services to veterans with PTSD and alcohol related issues in disaster prone areas.

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http://www.ncbi.nlm.nih.gov/pubmed/23053745

J Am Psychiatr Nurses Assoc. 2012 Sep;18(5):278-98. doi: 10.1177/1078390312460578.

Posttraumatic stress disorder and traumatic brain injury in current military populations: a critical analysis.

Wall PL.

Source: Pamela L. (Herbig) Wall, MSN, PMH-NP, University of Pennsylvania, Philadelphia, PA, USA.

Abstract

Background: The use of unconventional weaponry combined with decreased mortality rates and servicemembers being exposed to intense ground combat during multiple deployments has increased the risk of servicemembers living with the consequences of traumatic brain injuries (TBI) and combat operational stress. Objective: The purpose of this article is to perform a critical analysis of the literature to identify current rates of comorbid posttraumatic stress disorder (PTSD) and TBI in military and veteran populations who have served in Iraq or Afghanistan and their combined effects on persistent postconcussive symptoms. Design: A search of the literature with military and veteran populations published after 2001 in Pubmed, OVID/Medline, Cochran Database, Embase, Scopus, CINAHL, and PsychInfo was conducted using keywords. Results: Twenty studies met inclusion criteria. The literature search yielded mixed results for rates of PTSD, TBI, and comorbid conditions. Conclusions: There is some evidence that comorbid PTSD and TBI result in greater reports of postconcussive symptomology than either condition alone. Limitations include lack of consistency of measurements, sampling biases, and lack of experimental design, and these warrant further exploration. Future research is needed to decrease variability in study findings and elucidate relationships between these disorders and their effects on persistent postconcussive symptomology.

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http://www.ncbi.nlm.nih.gov/pubmed/23055783?dopt=Abstract

Psychol Res Behav Manag. 2012;5:123-9. doi: 10.2147/PRBM.S31774. Epub 2012 Oct 1.

An investigation into the effects of cognitive behavioral therapy on patients with chronic depression: a small case series.

Horn GL.

Source: University of Dundee, Scotland, UK.

Abstract

BACKGROUND:
National Institute for Clinical Excellence (NICE) guidelines recommend a combination of cognitive behavioral therapy (CBT) and antidepressants to treat chronic depression. The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) is the only therapy model specifically designed for the treatment of chronic depression.

OBJECTIVES:
To determine the clinical response to the CBASP of patients in a specialist clinical service for affective disorder and to ascertain their views on the value of the CBASP for their condition.

METHODS:
Qualitative data from interviews including a questionnaire and objective data from Becks Depression Inventory II symptom rating scales were used to monitor the progress of a small case series of five patients with chronic, treatment refractory depression as they received the CBASP over a 10-month period.

RESULTS:
Common themes from patient interviews show very positive engagement and attitudes to the CBASP from the questionnaire. Rating scales from Becks Depression Inventory II pre- and posttreatment showed very little change for three patients with improvements between 2 and 7 points but deterioration in symptoms of 2 points for the fourth patient.

CONCLUSION:
The CBASP is a well-liked and positive therapy that helps patients manage their lives and deal with personal relationships, although objective data indicate little change in symptom severity.

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http://www.ncbi.nlm.nih.gov/pubmed/23055029?dopt=Abstract

Int J Behav Med. 2012 Oct 4. [Epub ahead of print]

Optimism and Self-Esteem Are Related to Sleep. Results from a Large Community-Based Sample.

Lemola S, Räikkönen K, Gomez V, Allemand M.

Source: Department of Psychology, University of Basel, Missionsstrasse 62a, 4055, Basel, Switzerland, sakari.lemola@unibas.ch.

Abstract

BACKGROUND:
There is evidence that positive personality characteristics, such as optimism and self-esteem, are important for health. Less is known about possible determinants of positive personality characteristics.

PURPOSE:
To test the relationship of optimism and self-esteem with insomnia symptoms and sleep duration.

METHOD:
Sleep parameters, optimism, and self-esteem were assessed by self-report in a community-based sample of 1,805 adults aged between 30 and 84 years in the USA. Moderation of the relation between sleep and positive characteristics by gender and age as well as potential confounding of the association by depressive disorder was tested.

RESULTS:
Individuals with insomnia symptoms scored lower on optimism and self-esteem largely independent of

age and sex, controlling for symptoms of depression and sleep duration. Short sleep duration (<6 h) was related to lower optimism and self-esteem when compared to individuals sleeping 7-8 h, controlling depressive symptoms. Long sleep duration (>9 h) was also related to low optimism and self-esteem independent of age and sex.

CONCLUSION:
Good and sufficient sleep is associated with positive personality characteristics. This relationship is independent of the association between poor sleep and depression.

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http://digitalcommons.mcmaster.ca/cgi/viewcontent.cgi?article=8542&context=opendissertations

Understanding Operational Stress Injury Support Services from a Veterans Perspective.

Jennifer Taun

A Thesis Submitted to the School of Graduate Studies

McMaster University

In Partial Fulfillment of the Requirements For the Degree Master of Social Work

2012

With the recent combat in Afghanistan, Post Traumatic Stress Disorder (P.T.S.D.) is once again in the public eye. With this it has sparked researchers interested in P.T.S.D. and the experiences of soldiers post combat. However, much of this literature has framed P.T.S.D. as abnormal psychology versus a normal reaction to extreme violence. Further, the literature has concentrated on P.T.S.D. and not explored Operational Stress Injuries. As well, it has been stated that there has been an influx of soldiers and combat veterans seeking social services. This is an exploratory study that examines the narratives of five veterans for their perspectives of operational injury support services. The research is based on an anti-oppressive interpretative social science framework and narrative based qualitative interviews with five veterans residing in Southern Ontario. The findings revealed stories of the veteran's identity, the emotional impact of war, barriers to seeking treatment and facilitators to accessing services.

Each of these veterans spoke about their employment and culture and how this had an effect on seeking services. Many aspects of the veterans' stories were comprised of stigma and the impact it had on seeking treatment. Condensed with stigma, the structural barriers exacerbate the soldier's ability to seek culturally appropriate services in a timely fashion. Furthermore, these structural barriers do not solely impact the veterans in one area of their lives but have a ripple effect on all areas. Lastly, these veterans provided explicit service provisions that they believe would assist them and other veterans in the future. Not only do these men believe that individual support is important to them, but supporting their families also seems to be an important aspect of treatment. Even with individual treatment each

veteran talked about the importance of peer support, whether it was too informal or formal, and the role of peer support seems vital in a holistic culturally appropriate treatment.

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http://acn.oxfordjournals.org/content/early/2012/10/08/arclin.acs086.abstract

Evaluation Context and Symptom Validity Test Performances in a U.S. Military Sample.

Patrick Armistead-Jehle and Brett Buica

Arch Clin Neuropsychol (2012) doi: 10.1093/arclin/acs086

First published online: October 9, 2012

The study examined Symptom Validity Test (SVT) performance in a sample of military service members on active orders as a function of evaluation context. Service members were assessed in the context of either a pending disability evaluation (Medical Evaluation Board; MEB) or a non-MEB/clinical evaluation. Overall, 41.8% of the sample failed the Word Memory Test; however, significantly more individuals in the MEB group (54%) failed the measure relative to the non-MEB/clinical group (35%). Regardless of group membership, SVT performance had a notable impact on neurocognitive test scores as measured by effect sizes. SVT performance was less strongly associated with self-reported psychological symptoms as gauged by the Personality Assessment Inventory. The current results are discussed in light of previous research on SVT performance in veteran and active duty samples.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21735/abstract

Changes in Social Adjustment With Cognitive Processing Therapy: Effects of Treatment and Association With PTSD Symptom Change.

Monson, C. M., Macdonald, A., Vorstenbosch, V., Shnaider, P., Goldstein, E. S. R., Ferrier-Auerbach, A. G. and Mocciola, K. E.

Journal of Traumatic Stress

Article first published online: 11 OCT 2012

The current study sought to determine if different spheres of social adjustment, social and leisure, family, and work and income improved immediately following a course of cognitive processing therapy (CPT) when compared with those on a waiting list in a sample of 46 U.S. veterans diagnosed with posttraumatic stress disorder (PTSD). We also sought to determine whether changes in different PTSD symptom clusters were associated with changes in these spheres of social adjustment. Overall social adjustment, extended family relationships, and housework completion significantly improved in the CPT versus waiting-list condition, $\eta 2 = .08$ to $.11$. Hierarchical multiple regression analyses revealed that improvements in total clinician-rated PTSD symptoms were associated with improvements in overall

social and housework adjustment. When changes in reexperiencing, avoidance, emotional numbing, and hyperarousal were all in the model accounting for changes in total social adjustment, improvements in emotional numbing symptoms were associated with improvements in overall social, extended family, and housework adjustment ($\beta = .38$ to $.55$). In addition, improvements in avoidance symptoms were associated with improvements in housework adjustment ($\beta = .30$), but associated with declines in extended family adjustment ($\beta = -.34$). Results suggest that it is important to consider the extent to which PTSD treatments effectively reduce specific types of symptoms, particularly emotional numbing and avoidance, to generally improve social adjustment.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21733/abstract

Rumination Moderates the Associations Between PTSD and Depressive Symptoms and Risky Behaviors in U. S. Veterans.

Borders, A., McAndrew, L. M., Quigley, K. S. and Chandler, H. K.

Journal of Traumatic Stress

Article first published online: 11 OCT 2012

Risky behaviors, including unsafe sex, aggression, rule breaking, self-injury, and dangerous substance use have become a growing issue for U.S. veterans returning from combat deployments. Evidence in nonveteran samples suggests that risky behaviors reflect efforts to cope with and alleviate depressive and/or anxious symptoms, particularly for individuals with poor emotion-regulation skills. These associations have not been studied in veterans. Rumination, or repeated thoughts about negative feelings and past events, is a coping strategy that is associated with several psychopathologies common in veterans. In this cross-sectional study, 91 recently returned veterans completed measures of trait rumination, self-reported risky behaviors, and symptoms of posttraumatic stress disorder (PTSD) and depression. Analyses revealed that veterans with more depressive and PTSD symptoms reported more risky behaviors. Moreover, rumination significantly interacted with PTSD symptoms and depressive symptoms (both $\beta = .21$, $p < .05$), such that psychiatric symptoms were associated with risky behaviors only for veterans with moderate to high levels of rumination. Although cross-sectional, these findings support theory that individuals with poor coping skills may be particularly likely to respond to negative mood states by engaging in risky behaviors. Implications include using rumination-focused interventions with veterans in order to prevent engagement in risky behaviors.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21747/abstract

Compensation and Treatment: Disability Benefits and Outcomes of U.S. Veterans Receiving Residential PTSD Treatment.

Belsher, B. E., Tiet, Q. Q., Garvert, D. W. and Rosen, C. S.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

The U.S. Department of Veterans Affairs (VA) provides specialized intensive posttraumatic stress disorder (PTSD) programs to treat trauma-related symptoms in addition to providing service-connected disability to compensate veterans for injury sustained while serving in the military. Given the percentage of veterans who are receiving treatment for PTSD, in addition to seeking compensation for PTSD, a debate has emerged about the impact of compensation on symptom recovery. This study examined the associations among status of compensation, treatment expectations, military cohort, length of stay, and outcomes for 776 veterans who were enrolled in 5 VA residential PTSD programs between the years of 2005 and 2010. Mixed model longitudinal analyses, with age, gender, and baseline symptoms nested within treatment site in the model, found that treatment expectations were modestly predictive of treatment outcomes. Veterans seeking increased compensation reported marginally lower treatment expectations (d = .008), and did not experience poorer outcomes compared to veterans not seeking increased compensation with the effect of baseline symptoms partialled out. Veterans from the era of the Iraq and Afghanistan conflicts reported lower treatment expectations (d = .020) and slightly higher symptoms at intake (d = .021), but had outcomes at discharge equivalent to veterans from other eras with baseline symptoms partialled out. These findings help further inform the debate concerning disability benefits and symptom changes across time.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21743/abstract

Temporal Trends in the Epidemiology of Disabilities Related to Posttraumatic Stress Disorder in the U.S. Army and Marine Corps From 2005–2010.

Packnett, E. R., Gubata, M. E., Cowan, D. N. and Niebuhr, D. W.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

Since the start of Operation Iraqi Freedom and Operation Enduring Freedom, over 2 million U.S. military members were deployed to Iraq and Afghanistan. The estimated prevalence of posttraumatic stress disorder (PTSD) among soldiers and Marines returning from combat zones varies from 5%–20%; little is known about those individuals whose PTSD renders them unfit for duty. This report describes the rates and correlates of PTSD in soldiers and Marines evaluated for disability. Data for service members who underwent disability evaluation between fiscal years 2005–2010 were analyzed for trends in disability rates, ratings, retirement, and comorbid disability. PTSD rates varied by age, sex, race, rank, branch of service, and component. Most cases were deployed and were considered combat-related. Over the study period, the rate and severity of disability from PTSD increased substantially. Significant increases

in disability from PTSD incidence, rating, and retirement were observed in both services. Other medical conditions, largely musculoskeletal and neurological, were present in the majority of cases indicating many cases also experienced disabling physical injuries. Further research is needed to target interventions accurately for redeploying service members to minimize comorbidity associated with disability from PTSD and facilitate continuation in military service or successful transition to civilian life.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21748/abstract

Combat-Related PTSD Nightmares and Imagery Rehearsal: Nightmare Characteristics and Relation to Treatment Outcome.

Harb, G. C., Thompson, R., Ross, R. J. and Cook, J. M.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

The characteristics of nightmares of 48 male U.S. Vietnam war veterans with combat-related posttraumatic stress disorder (PTSD), as well as revised dream scripts developed in the course of Imagery Rehearsal therapy, were examined in relation to pretreatment symptomatology and treatment outcome. Features, content, and themes of nightmares and rescripted dreams were coded by 2 independent raters. Nightmares were replete with scenes of death and violence and were predominantly replays of actual combat events in which the veteran was under attack and feared for his life. Although addressing or resolving the nightmare theme with rescripting was associated with a reduction in sleep disturbance, references to violence in the rescripted dream were related to poorer treatment outcome in nightmare frequency; $B = 5.69$ ($SE = 1.14$). The experience of olfactory sensations in nightmares, a possible index of nightmare intensity, was also related to poorer treatment response; $B = 2.95$ ($SE = 1.06$). Imagery rehearsal for individuals with severe, chronic PTSD and fairly replicative nightmares may be most effective when the rescripted dream incorporates a resolution of the nightmare theme and excludes violent details.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21741/abstract

The Influence of Depressive Symptoms on Suicidal Ideation Among U.S. Vietnam-Era and Afghanistan/Iraq-Era Veterans With Posttraumatic Stress Disorder.

Pukay-Martin, N. D., Pontoski, K. E., Maxwell, M. A., Calhoun, P. S., Dutton, C. E., Clancy, C. P., Hertzberg, M. A., Collie, C. F. and Beckham, J. C.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

Major depressive disorder (MDD) co-occurs frequently with posttraumatic stress disorder (PTSD), and both disorders are linked to suicidal ideation. An emergent literature examines suicidal ideation in U.S. Afghanistan/Iraq-era veterans. Little research, however, has studied the role of PTSD and comorbid MDD on suicidal ideation across service eras. Therefore, this study aimed to examine the impact of depression on suicidal ideation in Afghanistan/Iraq-era and Vietnam-era veterans with PTSD. The sample included 164 Vietnam and 98 Afghanistan/Iraq veterans diagnosed with PTSD at a VA outpatient PTSD Clinic. Using structured interviews, 63% of the Vietnam sample and 45% of the Afghanistan/Iraq sample were diagnosed with comorbid current MDD. Measures included self-report assessments of PTSD and depressive symptoms and the Personality Assessment Inventory. Results of analyses suggested that in veterans of both eras, PTSD, MDD, and their interaction were significantly related to suicidal ideation (PTSD: $\eta^2 = .01$; MDD: $\eta^2 = .10$; PTSD × MDD: $\eta^2 = .02$). For veterans reporting greater depressive symptoms, there was a stronger relationship between PTSD symptoms and suicidal ideation. These results suggest that veterans from both eras display a similar clinical presentation and highlight the need to consider depressive symptoms when assessing veterans with PTSD. Future research should examine suicidal ideation and behaviors as they change over time in these two cohorts.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21739/abstract

The Relationship of Sleep Quality and PTSD to Anxious Reactivity from Idiographic Traumatic Event Script-Driven Imagery.

Babson, K. A., Badour, C. L., Feldner, M. T. and Bunaciu, L.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

Poor sleep quality has been linked to posttraumatic stress disorder (PTSD). This study provided a test of how poor sleep quality relates to real-time assessment of anxious reactivity to idiographic traumatic event cues. Script-driven imagery (SDI) was employed to examine reactivity to traumatic event cues among 46 women (mean age = 27.54 years, SD = 13.62; 87% Caucasian) who had experienced either physical or sexual assault. We tested 3 hypotheses: (a) individuals with PTSD would report greater anxiety reactions to SDI than trauma-exposed individuals without PTSD, (b) poorer sleep quality would be positively related to anxiety reactions to SDI, and (c) there would be an interaction between PTSD and sleep quality such that individuals with PTSD and relatively poor sleep quality would report greater anxious reactivity to SDI than would be expected from each main effect alone. Poor sleep quality and PTSD were related to elevated anxious reactivity to trauma cues ($sr^2 = .06$). In addition, sleep quality was negatively associated with anxious reactivity among people without PTSD ($sr^2 =.05$). The current findings, in combination with longitudinal evidence, suggest that poor sleep quality following exposure to a traumatic event may be a risk factor for anxious reactivity to traumatic event cues.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21736/abstract

Contribution of Criterion A2 to PTSD Screening in the Presence of Traumatic Events.

Pereda, N. and Forero, C. G.

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

Criterion A2 according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association [APA], 1994) for posttraumatic stress disorder (PTSD) aims to assess the individual's subjective appraisal of an event, but it has been claimed that it might not be sufficiently specific for diagnostic purposes. We analyse the contribution of Criterion A2 and DSM-IV criteria to detect PTSD for the most distressing life events experienced by our subjects. Young adults (N = 1,033) reported their most distressing life events, together with PTSD criteria (Criteria A2, B, C, D, E, and F). PTSD prevalence and criterion specificity and agreement with probable diagnoses were estimated. Our results indicate 80.30% of the individuals experienced traumatic events and met one or more PTSD criteria; 13.22% cases received a positive diagnosis of PTSD. Criterion A2 showed poor agreement with the final probable PTSD diagnosis (correlation with PTSD .13, specificity = .10); excluding it from PTSD diagnosis did not the change the estimated disorder prevalence significantly. Based on these findings it appears that Criterion A2 is scarcely specific and provides little information to confirm a probable PTSD case.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21734/abstract

Combining Group-Based Exposure Therapy With Prolonged Exposure to Treat U.S. Vietnam Veterans With PTSD: A Case Study.

Ready, D. J., Vega, E. M., Worley, V. and Bradley, B.

Journal of Traumatic Stress

Article first published online: 10 SEP 2012

Group-based exposure therapy (GBET) of 16-week duration was developed to treat combat-related posttraumatic stress disorder (PTSD) and decreased PTSD symptoms in 3 noncontrolled open trials with low attrition (0%–5%). Group-based exposure therapy has not produced as much PTSD symptom reduction as Prolonged Exposure (PE) within a U.S. Veterans Affairs PTSD treatment program, although PE had more dropouts (20%). This pilot study was of a model that combined key elements of GBET with components of PE in an effort to increase the effectiveness of a group-based treatment while reducing its length and maintaining low attrition. Twice per week, 8 Vietnam combat veterans with PTSD were treated for 12 weeks, with an intervention that included 2 within-group war trauma presentations per participant, 6 PE style individual imaginal exposure (IE) sessions per participant, daily listening to

recorded IE sessions, and daily in vivo exposure exercises. All completed treatment and showed Significant reductions on all measures of PTSD with large effect sizes; 7 participants no longer met PTSD criteria on treating clinician administered interviews and a self-report measure at posttreatment. Significant reductions in depression with large effect sizes and moderate reductions in PTSD-related cognitions were also found. Most gains were maintained 6 months posttreatment.

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http://www.springerlink.com/content/183787n37k698724/

Longitudinal analysis of the relationship between PTSD symptom clusters, cigarette use, and physical health-related quality of life.

Laura H. Aversa, Jill A. Stoddard, Neal M. Doran, Selwyn Au, Bruce Chow, Miles McFall, Andrew J. Saxon and Dewleen G. Baker

Quality of Life Research

Published Online 07 October 2012

Purpose
Posttraumatic stress disorder (PTSD) symptoms, particularly numbing and hyperarousal symptoms, are related to poor physical health-related quality of life (HRQoL). Tobacco dependence is also associated with poor HRQoL, and individuals with PTSD may smoke at higher rates than the general population. Our study aimed to examine the impact of quitting smoking and changes in PTSD symptoms over time on changes in physical HRQoL.

Methods
The study used archival data from enrollees (N = 943) in a smoking cessation clinical trial for veterans with PTSD (VA Cooperative study #519).

Results
Two of the physical HRQoL domains were sensitive to changes in PTSD symptoms over time: General Health and Vitality.

Conclusions
Our findings suggest that particular physical HRQoL domains may be subject to improvement if PTSD symptoms decrease over time.

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http://www.sciencedirect.com/science/article/pii/S000579671200143X

The Effects of Positive Patient Testimonials on PTSD Treatment Choice.

Larry D. Pruitt, Lori A. Zoellner, Norah C. Feeny, Daniel Caldwell, Robert Hanson

Behaviour Research and Therapy

Available online 5 October 2012

Despite the existence of effective treatment options for PTSD, these treatments are failing to reach those that stand to benefit from PTSD treatment. Understanding the processes underlying an individual's treatment seeking behavior holds the potential for reducing treatment-seeking barriers. The current study investigates the effects that positive treatment testimonials have on decisions regarding PTSD treatment. An undergraduate (N = 439) and a trauma-exposed community (N = 203) sample were provided with videotaped treatment rationales for prolonged exposure (PE) and sertraline treatments of PTSD. Half of each sample also viewed testimonials, detailing a fictional patient's treatment experience. All participants then chose among treatment options and rated the credibility of- and personal reactions toward- those options. Among treatment naïve undergraduates, testimonials increased the proportion choosing PE alone; and among treatment naïve members of the trauma-exposed community sample, testimonials increased the proportion choosing a combined PE plus sertraline treatment. These effects were not observed for those with prior history of either psychotherapeutic or pharmacological treatment. Major barriers exist that prevent individuals with PTSD from seeking treatment. For a critical unreached treatment sample, those who are treatment naïve, positive patient testimonials offer a mechanism in which to make effective treatments more appealing and accessible.

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http://www.sciencedirect.com/science/article/pii/S1087079212000718

Randomized controlled trials of psychological and pharmacological treatments for nightmares: A meta-analysis.

Aslak Wøien Augedal, Kenneth Schøld Hansen, Christian Robstad Kronhaug, Allison G. Harvey, Ståle Pallesen

Sleep Medicine Reviews

Available online 6 October 2012

A meta-analysis of treatments for nightmares is reported. The studies were identified by database searches and by an inspection of relevant reference lists. The inclusion criteria were: nightmares as a target problem, studies published in English, use of a randomized controlled trials and reporting of nightmare-relevant outcomes. A total of 19 studies, published between 1978 and 2012 were identified, which included 1285 participants. Effect sizes were calculated as Cohen's d. A statistically significant improvement for all studies combined (d = 0.47, 95% CI = 0.33–0.60, fixed effects model; d = 0.49, 95% CI = 0.32–0.66, random effects model) and for psychological treatments alone (d = 0.48, 95% CI = 0.36–0.60, random) and for prazosin alone (d = 0.50, 95% CI = 0.03–0.96, random) was found. Individual therapy format yielded a higher effect size than a self-help format (p = 0.03). Minimal interventions (relaxation, recording) yielded lower overall effect size than studies offering more extensive

interventions (p = 0.02). It is concluded that there are both psychological and pharmacological interventions which have documented effects for the treatment of nightmares.

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http://online.liebertpub.com/doi/abs/10.1089/neu.2012.2393

Preinjury Resilience and Mood as Predictors of Early Outcome following Mild Traumatic Brain Injury.

Dr. Stephen R McCauley, Dr. Elisabeth A Wilde, Dr. Emmy R Miller, Ms. Melisa L Frisby, Mr. Hector M Garza, Ms. Reni Varghese, Dr. Harvey Levin, Dr. Claudia S Robertson, and Dr. James McCarthy

Journal of Neurotrauma

Online Ahead of Editing: October 9, 2012

There is significant heterogeneity in outcomes following mild traumatic brain injury (mTBI). While several host factors (age, gender, preinjury psychiatric history, etc.) have been investigated, the influence of preinjury psychological resilience and mood status in conjunction with mild TBI remains relatively unexplored. Euthymic mood and high resilience are potentially protective against anxiety and postconcussion symptoms, but their relative contributions are currently unknown. This prospective study obtained preinjury estimates of resilience and mood measures in addition to measures of anxiety (Acute Stress Disorder Scale and PTSD-Checklist-Civilian form) and postconcussion symptom severity (Rivermead Post Concussion Symptoms Questionnaire) < 24 hours (Baseline), 1 week, and 1 month postinjury in patients with either mTBI (n=46) or a comparison group with orthopedic injuries not involving the head (OI, n=29). The groups did not differ on preinjury resilience or mood status at Baseline, but differed significantly on measures of anxiety and postconcussion symptom severity at each subsequent study occasion. Multivariate linear regression analyses were conducted to determine if preinjury resilience and mood were significant contributors to anxiety and postconcussion symptoms during the first month postinjury after accounting for other known host factors (e.g., age at injury, gender, and education). Injury group and preinjury mood status were significant predictors for all three dependent variables at each study occasion (all p < .007). Preinjury resilience showed a positive trend only for acute stress severity at baseline, but demonstrated significant prediction of all three dependent measures at one week and one month postinjury. These results suggest that preinjury depressed mood and low resilience are significant contributors to the severity of postinjury anxiety and postconcussion symptoms, even after accounting for effects of other specific host factors.

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http://drum.lib.umd.edu/bitstream/1903/12989/1/Koeppl_umd_0117E_13276.pdf

Self-Efficacy and Stigma in Seeking Mental Health Services in the US Army.

Patrick Thomas Koeppl

Behavioral and Community Health Ph.D. Degree Program, 2012

University of Maryland, College Park

Among the highest personal costs, and perhaps the most pervasive and potentially disabling consequences of engaging the U.S. military in combat operations, is the threat to the psychological health of the servicemen and women and the associated impacts on their families. Negative stigma associated with seeking mental health services undermines servicemen and women's access to such services and to seeking the care they require, either for themselves or their families. While negative stigma is well documented in servicemen and women and their families, little has been done to understand the role self-efficacy plays in relation to servicemen and women seeking such services.

This study assessed and evaluated aspects of stigma associated with seeking mental health services among members of the U.S. Army, and explored the role self-efficacy plays in predicting the seeking of those services. It also sought to explore and understand the factors which predict servicemen and women's willingness to seek mental health services for themselves and their children in an environment where stigmatization of those who seek such services is high.

This study included an analysis of data from a 53-item email survey administered to active-duty Army servicemen and women in 2007. Stigma was found to be the primary barrier to servicemen and women's willingness to seek care for themselves or for a child, and self-efficacy was found to moderate the relationship between stigma and willingness to seek mental health services. The results of this study will provide information pertinent to developing strategies and interventions for the U.S. Army to assist their servicemen and women (and their families) in overcoming negative stigma associated with seeking mental health services and for improving the access to and use of mental health services offered by the Army.

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http://online.liebertpub.com/doi/abs/10.1089/jwh.2012.3606

Is Military Deployment a Risk Factor for Maternal Depression?

Stacie Nguyen, Cynthia A. LeardMann, Besa Smith, Ava Marie S. Conlin, Donald J. Slymen, Tomoko I. Hooper, Margaret A.K. Ryan, and Tyler C. Smith

Journal of Women's Health

Abstract

Background:
Maternal depression is a common condition among new mothers that can be associated with poor maternal health and negative consequences on infant health. Little research has been conducted to examine maternal depression, especially among military mothers, where unique conditions often exist. Using data from a large military cohort, this study prospectively examined the relationship between deployment experience before and after childbirth and maternal depression among U.S. servicewomen.

Methods:
The study included 1,660 female Millennium Cohort participants who gave birth during active duty service and completed baseline and follow-up questionnaires between 2001 and 2008. Maternal depression was assessed at follow-up using Primary Care Evaluation of Mental Disorders Patient Health Questionnaire criteria.

Results:
Deployment before childbirth, regardless of combat experience, and deployment without combat experience after childbirth did not increase the risk of maternal depression. Women who deployed and reported combat experience after childbirth were at increased risk for maternal depression compared with nondeployed women who gave birth (adjusted odds ratio [OR] 2.01, 95% confidence interval [CI] 1.17-3.43). Among the subgroup of female combat deployers, however, women who gave birth did not have a significantly increased risk for depression compared with those who did not give birth.

Conclusions:
Military women who deployed with combatlike experiences after childbirth were at increased risk for postdeployment maternal depression. The risk, however, appeared primarily related to combat rather than childbirth-related experiences.

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http://www.sciencedirect.com/science/article/pii/S0165178112005380

Impact of combat and non-military trauma exposure on symptom reduction following treatment for veterans with posttraumatic stress disorder.

David Forbes, Susan Fletcher, Andrea Phelps, Darryl Wade, Mark Creamer, Meaghan O'Donnell

Psychiatry Research

Available online 12 October 2012

Military veterans with posttraumatic stress disorder (PTSD) frequently report exposure to multiple other traumas in addition to their military experiences. This study aimed to examine the impact of exposure-related factors for military veterans with PTSD on recovery after participation in a group-based treatment program. Subjects included 1548 military veterans with PTSD participating in specialist veterans' PTSD programs across Australia. The study included measures of PTSD, depression, anxiety and alcohol use. Analyses of variance found higher combat exposure was associated with more severe PTSD at intake. No differences in PTSD intake severity were evident in those with additional non-military trauma. Severity of combat exposure did not affect treatment outcomes, although those with low combat exposure and additional non-military trauma (which included high rates of molestation) did report reduced symptom improvement. These findings have implications for considerations of optimal interventions for those with lower levels of combat exposure and additional non-military trauma.

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http://journals.lww.com/jtrauma/Abstract/2012/10003/Injury_related_hospital_admissions_of_military.2.aspx

Injury-related hospital admissions of military dependents compared with similarly aged nonmilitary insured infants, children, and adolescents.

Pressley, Joyce C. PhD, MPH; Dawson, Patrick MPH; Carpenter, Dustin J. MPH

Journal of Trauma and Acute Care Surgery:

October 2012 - Volume 73 - Issue 4 - p S236–S242

BACKGROUND:
Military deployment of one or both parents is associated with declines in school performance, behavioral difficulties, and increases in reported mental health conditions, but less is known regarding injury risks in pediatric military dependents.

METHODS:
Kid Health Care Cost and Utilization Project 2006 (KID) was used to identify military dependents aged 0.1 year to 17 years through expected insurance payer being CHAMPUS, Tricare, or CHAMPVA (n = 12,310) and similarly aged privately insured nonmilitary in CHAMPUS, Tricare, or CHAMPVA states (n = 730,065). Mental health diagnoses per 1,000 hospitalizations and mechanisms of injury per 1,000 injury-related hospitalizations are reported. Unweighted univariate analyses used Fisher's exact, χ^2, and analysis of variance tests for significance. Odds ratios are age and sex adjusted with 95% confidence intervals.

RESULTS:
Injury-related admissions were higher in military than in nonmilitary dependents (15.5% vs. 13.2%, $p < 0.0001$). Age- and sex-adjusted motor vehicle occupant and pedestrian injuries were significantly lower in all-age military dependents but not in age-stratified categories. Very young military dependents had higher all-cause injury admissions ($p < 0.0001$), drowning/near drowning ($p < 0.0001$), and intracranial injury ($p < 0.0001$) and showed a tendency toward higher suffocation ($p = 0.055$) and crushing injury ($p = 0.065$). Military adolescents and teenagers had higher suicide/suicide attempts ($p = 0.0001$) and poisonings from medicinal substances ($p = 0.0001$). Mental health diagnoses were significantly higher in every age category of military dependents. All-cause in-hospital mortality tended to be greater in military than in nonmilitary dependents ($p = 0.052$).

CONCLUSION:
This study suggests that military dependents are a vulnerable population with special needs and provides clues to areas where injury prevention professionals might begin to address their needs.

LEVEL OF EVIDENCE:
Prognostic/epidemiologic study, level II.

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http://drum.lib.umd.edu/handle/1903/13065

Predictors of Resilience Among Commissioned Officers in the United States Public Health Service.

Peat, Raquel Antonia

Public and Community Health (Dissertation)

University of Maryland (College Park, Md.)

The purpose of this cross-sectional study was to examine the predictors of resilience and mental health among United States Public Health Service (USPHS) commissioned officers who have deployed. The study employed the Transactional Model of Stress and Coping (Antonovsky and Kats, 1967; Cohen, 1984; Lazarus and Cohen, 1977) to aid in evaluation of the above factors. Relatively few research studies have examined the concept of resilience, and to date, no study has systematically examined risk, social support, mental health and resilience in USPHS commissioned officers. A pilot study (N = 11) was conducted to determine acceptability of the survey items and assess time needed to complete the questionnaire. The final 94-item on-line survey was completed over a two month time period by a convenience sample of 534 USPHS commissioned officers. Univariate analyses demonstrated that when entered individually, team support, post-deployment social support and mental health (protective factors) and the covariates, gender and relationship status were significantly ($p<0.05$) associated with resilience, while predeployment affectivity (risk factor) was not. When all risk and protective factors were entered into the multivariate logistic regression model, team support, post-deployment social support, mental health, gender and being divorced as compared to being separated, widowed or living with a partner were found to be significantly associated with resilience ($p<0.05$). Also, both team support and resilience were negatively associated with mental illness measured using depression, anxiety and post-traumatic stress disorder subscales ($p<0.05$). Those USPHS commissioned officers who reported mental illness were less likely to be resilient. This study provides new data that may help improve our understanding of the resilience and mental health of USPHS commissioned officers, before and after deployment. Findings can be used to inform education and training programs for USPHS commissioned officers (e.g. coping skills training techniques) to help increase their ability to thrive despite adversity before and after deployment.

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http://acn.oxfordjournals.org/content/early/2012/10/10/arclin.acs090.abstract

Symptom Validity Test Performance and Consistency of Self-Reported Memory Functioning of Operation Enduring Freedom/Operation Iraqi Freedom Veterans with Positive Veteran Health Administration Comprehensive Traumatic Brain Injury Evaluations.

Arthur C. Russo

Arch Clin Neuropsychol acs090

First published online October 11, 2012

Operation Enduring Freedom and Operation Iraqi Freedom combat veterans given definite diagnoses of mild Traumatic Brain Injury (TBI) during the Veteran Health Administration (VHA) Comprehensive TBI evaluation and reporting no post-deployment head injury were examined to assess (a) consistency of self-reported memory impairment and (b) symptom validity test (SVT) performance via a two-part study. Study 1 found that while 49 of 50 veterans reported moderate to very severe memory impairment during the VHA Comprehensive TBI evaluation, only 7 had reported any memory problem at the time of their Department of Defense (DOD) post-deployment health assessment. Study 2 found that of 38 veterans referred for neuropsychological evaluations following a positive VHA Comprehensive TBI evaluation, 68.4% failed the Word Memory Test, a forced choice memory recognition symptom validity task. Together, these studies raise questions concerning the use of veteran symptom self-report for TBI assessments and argue for the inclusion of SVTs and the expanded use of contemporaneous DOD records to improve the diagnostic accuracy of the VHA Comprehensive TBI evaluation.

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http://acn.oxfordjournals.org/content/early/2012/10/10/arclin.acs092.abstract

Return to Combat Duty after Concussive Blast Injury.

Carrie H. Kennedy, J. Porter Evans, Shawnna Chee, Jeffrey L. Moore, Jeffrey T. Barth, and Keith A. Stuessi

Arch Clin Neuropsychol acs092

First published online October 11, 2012

Little data exist regarding the acute assessment of blast concussion and the course of recovery in the combat zone, as most research has examined service members long after they have returned home. This manuscript examined a case series of 377 service members seen for acute concussion evaluation following medical evacuation from the battlefield in Helmand Province, Afghanistan. Of these, 111 were assessed for concussion prior to their return to the continental USA for other severe physical injuries. Of the remainder, and when comparing those who returned to duty (RTD)/recovered from concussion in the combat zone and those who did not, data indicate that those who did not RTD were older and were more likely to endorse symptoms of combat stress. Quicker recovery times were associated with less severe headaches and fewer acute symptoms at the time of injury as well as the absence of combat stress reaction. Variables that were not associated with RTD and/or recovery were Military Acute Concussion Evaluation (MACE) cognitive scores and whether or not individuals suffered loss of consciousness. While MACE scores were not associated with recovery, they were deemed clinically useful as a part of a serial concussion evaluation if the initial MACE was given within 6 h of the blast. Implications for battlefield concussion assessment and management as well as future research directions are discussed.

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http://onlinelibrary.wiley.com/doi/10.1002/ana.23757/abstract

Epidemiologic aspects of traumatic brain injury in acute combat casualties at a major military medical center: A cohort study.

Xydakis, M. S., Ling, G. S. F., Mulligan, L. P., Olsen, C. H. and Dorlac, W. C.

Annals of Neurology

Article first published online: 11 OCT 2012

Abstract

Objective:
From the ongoing military conflicts in Iraq and Afghanistan, an understanding of the neuroepidemiology of traumatic brain injury (TBI) has emerged as requisite for further advancements in neurocombat casualty care. This study reports population-specific incidence data and investigates TBI identification and grading criteria with emphasis on the role of loss of consciousness (LOC) in the diagnostic rubric.

Methods:
This is a cohort study of all consecutive troops acutely injured during combat operations—sustaining body-wide injuries sufficient to require immediate stateside evacuation—and admitted sequentially to our medical center during a 2-year period. A prospective exploration of the TBI identification and grading system was performed in a homogeneous population of blast-injured polytrauma inpatients.

Results:
TBI incidence was 54.3%. Structural neuroimaging abnormalities were identified in 14.0%. Higher Injury Severity Score (ISS) was associated with abnormal neuroimaging, longer length of stay (LOS), and elevated TBI status—primarily based on autobiographical LOC. Mild TBI patients had normal neuroimaging, higher ISS, and comparable LOS to TBI-negative patients. Patients who reported LOC had a lower incidence of abnormal neuroimaging.

Interpretation:
This study demonstrates that the methodology used to assign the diagnosis of a mild TBI in troops with complex combat-related injuries is crucial to an accurate accounting. The detection of incipient mild TBI, based on an identification system that utilizes LOC as the principal diagnostic criterion to discern among patients with outcomes of interest, misclassifies patients whose LOC may not reflect actual brain injury. Attempts to identify high-risk battlefield casualties within the current point-of-injury mild TBI case definition, which favors high sensitivity, will be at the expense of specificity.

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http://online.liebertpub.com/doi/abs/10.1089/tmj.2011.0272

A Pilot Trial of Neuropsychological Evaluations Conducted via Telemedicine in the Veterans Health Administration.

Travis H. Turner, Michael D. Horner, Kathryn K. VanKirk, Hugh Myrick, and Peter W. Tuerk

Telemedicine and e-Health

Online Ahead of Print: October 10, 2012

Abstract

Introduction:
Many veterans live in rural areas distant from Veterans Affairs Medical Centers (VAMCs) and receive primary medical care from community-based outpatient clinics (CBOCs). These veterans often must travel great distances to the nearest VAMC for neuropsychological evaluations, resulting in poor access to care, travel reimbursement costs, fee-basis evaluations of uncontrolled quality, and driving safety concerns. Return trips for feedback compound complications. Accordingly, we initiated a pilot trial of neuropsychological evaluation and feedback via telemedicine (i.e., clinical videoconferencing).

Subjects and Methods:
Participants were veterans referred for neuropsychological evaluation from a rural CBOC 115 miles from the regional VAMC. All veterans were given the choice to undergo evaluation at the CBOC via telemedicine or in-person at the VAMC. Telemedicine equipment allowed presentation of digitized material with simultaneous patient observation. Testing materials were organized in numbered folders and given to veterans by CBOC clerks immediately prior to evaluation. Clerks returned completed materials via facsimile.

Results:
Fifteen veterans from the rural CBOC were seen for neuropsychological evaluation. Eight chose telemedicine evaluation. Groups based on evaluation modality appeared similar on demographics, referral basis, resulting neuropsychiatric diagnoses, and follow-through on recommendations. No significant technical or clinical difficulties were encountered, and veterans reported satisfaction with telemedicine. All veterans requested feedback via telemedicine.

Conclusions:
Neuropsychological evaluation via telemedicine is feasible and appears comparable to in-person evaluation. Experiences are encouraging and consistent with the broader literature on the acceptance of and satisfaction with clinical videoconferencing. Future studies will assess possible psychometric issues in clinical populations.

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http://www.tandfonline.com/doi/abs/10.1080/15504263.2012.723315

It's Worth a Try: The Treatment Experiences of Rural and Urban Participants in a Randomized Controlled Trial of Computerized Psychological Treatment for Comorbid Depression and Alcohol/Other Drug Use.

Frances J. Kay-Lambkin, Amanda L. Baker, Brian J. Kelly, Terry J. Lewin

Journal of Dual Diagnosis

Accepted author version posted online: 10 Sep 2012

Objective:
To examine the efficacy and acceptability of clinician-assisted computerized versus therapist-delivered psychological treatment for depression and alcohol/other drug use comorbidity in rural and urban communities.

Methods:
Participants in an Australian randomized controlled clinical trial who completed the three-month post-baseline assessment were examined (n = 163), including those from remote/outer regional (n = 16, 10%), inner regional (n = 37, 23%) areas and major cities (n = 110, 67%). Participants were using alcohol and or cannabis at hazardous levels in the month prior to baseline and reported at least moderate levels of depression. Treatments were manualized, with randomization occurring at the conclusion of the first treatment session (conducted face-to-face for all conditions). Participants were randomized to: (1) 9 further face-to-face sessions of combination cognitive behavior therapy and motivational interviewing; (2) 9 sessions of combination cognitive behavior therapy and motivational interviewing delivered via computer, with brief therapist assistance; or (3) 9 sessions of supportive counselling. Blind, independent follow-up occurred at 3 months post-baseline. Changes in depression, alcohol and cannabis use at 3 months post-baseline were the outcomes of interest, with rurality, treatment allocation and treatment preference fulfilment as independent variables. Self-reported helpfulness and experience of treatment by rural and urban participants were also explored.

Results:
Participants completing the 3 month post-baseline assessment (n = 163) did not significantly differ from those who did not (n = 111) on the majority of variables, however they were significantly older and attended significantly more treatment sessions than did their counterparts. Among the completers sample (n = 163), rurality did not differentially affect changes in depression, alcohol or cannabis use. Perceived helpfulness of treatment was not affected by treatment allocation, nor was there an impact of rurality. Of the 92 participants indicating a treatment preference prior to randomization, 13 (14%) nominated a preference for computer-delivered treatment. However, treatment preference did not affect retention, therapeutic alliance or the benefits reported by urban and rural participants in the trial receiving computerized treatment. Computerized treatment was associated with significantly greater reductions in alcohol use between baseline and 3 month post-baseline assessment relative to therapist-delivered cognitive behavior therapy/motivational interviewing (d = 0.621) and supportive counseling (d = 0.904).

Conclusions:
Computer-delivered cognitive behavior therapy and motivation interviewing (with clinical assistance) is an efficacious treatment for depressive and addictive disorders, with similar levels of acceptability and benefit in rural and urban participants. Computerized psychological treatment might be an acceptable

treatment for underserviced populations, with real potential to bridge service gaps, and to overcome isolation and perceived stigma among isolated communities. This clinical trial is registered with the Australian New Zealand Clinical Trials Registry as trial #ACTRN12610000274077

Links of Interest

U.S. Census Bureau -- Veterans Day 2012: Nov. 11
http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff21.html

Bringing People Back From The Brink Of Suicide
http://www.npr.org/2012/10/11/162726225/bringing-people-back-from-the-brink-of-suicide

Coming Home: Justice for our veterans
http://www.cbsnews.com/8301-18560_162-57531938/coming-home-justice-for-our-veterans/

College Admissions Tips for Military Veterans
http://thechoice.blogs.nytimes.com/2012/10/05/nacac-military-veterans/

Posttraumatic Stress Disorder: Two Unlikely Case Studies
http://www.thecrimson.com/column/on-the-map-off-the-radar/article/2012/10/16/ptsd-japan-sudan/

9 Things NOT to Say to Someone with a Brain Injury
http://www.brainline.org/content/2012/10/9-things-not-to-say-to-someone-with-a-brain-injury.html

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Research Tip of the Week: One-Stop Shopping for Government Forms

USA.Gov's Government Forms page allows you to locate federal forms and applications, by agency name. The top five most requested forms are right there for you at the top of the page:

- 1040 (PDF) – U.S. Individual Income Tax Return
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- I-9 (PDF) – Employment Eligibility Verification
- VA 22-1995 (PDF) – Request for Change of Program or Place of Training
- W-9 (PDF) – Request for Taxpayer Identification Number and Certification

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- W-9 (PDF) – Request for Taxpayer Identification Number and Certification

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- TTB Forms

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