CDP Research Update -- January 31, 2013

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- Prospective evaluation of the nature, course, and impact of acute sleep abnormality following TBI.
- Mindfulness-based cognitive therapy improves polysomnographic and subjective sleep profiles in antidepressant users with sleep complaints.
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- Life in and after the Armed Forces: social networks and mental health in the UK military.
- Unmet need for treatment of substance use disorders and serious psychological distress among veterans: a nationwide analysis using the NSDUH.
- Dehydroepiandrosterone and dehydroepiandrosterone sulfate: anabolic, neuroprotective, and neuroexcitatory properties in military men.
- Occurrence of secondary insults of traumatic brain injury in patients transported by critical care air transport teams from Iraq/Afghanistan: 2003-2006.
- Links of Interest
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http://www.gao.gov/products/GAO-13-182

DOD Has Taken Steps to Meet the Health Needs of Deployed Servicewomen, but Actions Are Needed to Enhance Care for Sexual Assault Victims

GAO-13-182, Jan 29, 2013

The Department of Defense (DOD) is taking steps to address the health care needs of deployed servicewomen. For example, DOD has put in place policies and guidance that include female-specific aspects to help address the health care needs of servicewomen during deployment. Also, as part of pre-deployment preparations, servicewomen are screened for potentially deployment-limiting conditions, such as pregnancy, and DOD officials and health care providers with whom GAO met noted that such screening helps ensure that many female-specific health care needs are addressed prior to deployment. GAO also found that DOD components have conducted reviews of the health care needs of servicewomen during deployments and are collecting data on the medical services provided to deployed servicewomen.

At the 15 selected locations GAO visited in Afghanistan and aboard Navy vessels, health care providers and most servicewomen indicated that the available health care services generally met deployed servicewomen's needs. In Afghanistan and aboard Navy vessels, health care providers said they were capable of providing a wide range of the female-specific health care services that deployed servicewomen might seek, and servicewomen GAO spoke with indicated that deployed women's needs were generally being met. Specifically, based on information provided by the 92 servicewomen GAO interviewed, 60 indicated that they felt the medical and mental health needs of women were generally being met during deployments; 8 indicated they did not feel those needs were generally being met during deployments; an additional 8 indicated a mixed opinion; and 16 said they did not have an opinion. For example, some servicewomen told GAO that they were satisfied with their military health care, given the operating environment. Among those who expressed dissatisfaction with their military heath care, GAO heard a concern about difficulty in obtaining medications. Among those who expressed mixed views, a comment was raised that junior health care providers were limited in the types of procedures they could perform and lacked practical experience.

DOD has taken steps to provide medical and mental health care to victims of sexual assault, but several factors affect the availability of care. For example, this care can vary by service and can be impacted by operational factors, such as transportation and communication challenges, that are inherent to the deployed environment. Further, military health care providers do not have a consistent understanding of their responsibilities in caring for sexual assault victims because the department has not established guidance for the treatment of injuries stemming from sexual assault--which requires that specific steps are taken while providing care to help ensure a victim's right to confidentiality. Additionally, while the services provide required annual refresher training to first responders, GAO found that some of these responders were not always aware of the health care services available to sexual assault victims because not all of them are completing the required training. Without having a clearer understanding of their

responsibilities, health care providers and first responders will be impeded in their ability to provide effective support for servicewomen who are victims of sexual assault.

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http://www.gao.gov/products/GAO-13-205

DOD Health Care: Domestic Health Care for Female Servicemembers

GAO-13-205, Jan 29, 2012

The Department of Defense's (DOD) policy for assessing the individual medical readiness of a servicemember to deploy establishes six elements to review, most of which are gender-neutral. Four of the six elements--immunization status, medical readiness laboratory tests, individual medical equipment, and dental readiness--apply equally to female and male servicemembers. The remaining elements of individual medical readiness--deployment-limiting conditions and periodic health assessments--include aspects that are specific to female servicemembers. For example, the Army, Navy, Air Force, and Marine Corps have policies that define pregnancy as a deployment-limiting condition.

Officials surveyed by GAO reported that female-specific health care services and behavioral health services were generally available through domestic Army installations. Specifically, according to GAO's survey results:

- Most routine female-specific health care services--pelvic examinations, clinical breast examinations, pap smears, prescription of contraceptives, and pregnancy tests--were available at the 27 surveyed domestic Army installations.

- The availability of specialized health care services--treatment of abnormal pap smears, prenatal care, labor and delivery, benign gynecological disorders, postpartum care, and surgical, medical, and radiation treatment of breast, ovarian, cervical, and uterine cancers--at the 27 surveyed domestic Army installations varied. However, when these services were not available at the installation, they could be obtained through either another military treatment facility (MTF) or from a civilian network provider.

- The availability of behavioral health services, such as psychotherapy or substance abuse treatment, which were not gender-specific, varied across the 27 domestic Army installations; however, similar to specialty care, these services could be obtained from other MTFs or civilian network providers. In addition, 18 of the 27 surveyed Army installations reported offering female-specific programs or activities, such as a post-deployment group for female servicemembers or a postpartum group.

One DOD organization, the Women's Health Research Interest Group, is currently in the process of identifying research gaps on health issues affecting female servicemembers. Interest group officials said that the goal is to develop a repository for peer-reviewed research articles related to health issues for female servicemembers, including those who served in combat, and to use this repository to identify

research that could enhance the health care of female servicemembers, including those who have served in a combat zone. To ensure that researchers will have access to the results of their work, officials have plans to distribute their results in presentations at local and national conferences. In addition, officials told GAO that they will disseminate their findings through peer-reviewed publications and post this information on the Internet to make it available to the public.

GAO provided a draft of this report to DOD for comment. DOD responded that it did not have any comments on the draft report.

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http://www.ncbi.nlm.nih.gov/pubmed/23352021?dopt=Abstract

Arch Psychiatr Nurs. 2013 Feb;27(1):10-22. doi: 10.1016/j.apnu.2012.10.005. Epub 2012 Dec 23.

Mental health issues of women deployed to Iraq and Afghanistan.

Boyd MA, Bradshaw W, Robinson M.

Source: V.A. St. Louis Health Care System, St. Louis, Missouri. Electronic address: maryann.boyd@va.gov.

Abstract

The number of women serving in the military and deployed to active-duty is unprecedented in the history of the United States. When women became a permanent sector of the U.S. Armed Services in 1948, their involvement was restricted to comprise only 2% of the military population; today women constitute approximately 14.5% of the 1.4 million active component and 18% of the 850,000 reserve component. Yet, little attention has been paid to the mental health needs of women military members. This review article highlights the history of women in the military and then focuses on the impact of combat exposure and injuries, military sexual trauma, alcohol use, and family separations which are associated with PTSD, depression, suicide, difficulty with reintegration, and homelessness.

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http://www.ncbi.nlm.nih.gov/pubmed/23348150?dopt=Abstract

J Clin Psychol. 2013 Jan 24. doi: 10.1002/jclp.21948. [Epub ahead of print]

The Future of Cognitive Behavioral Therapy for Insomnia: What Important Research Remains to Be Done?

Vitiello MV, McCurry SM, Rybarczyk BD.

Source: University of Washington.

Abstract

The efficacy of cognitive-behavioral therapy for insomnia (CBT-I) to improve both short- and long-term outcomes in both uncomplicated and comorbid insomnia patients has been repeatedly and conclusively demonstrated. Further demonstrations of efficacy, per se, in additional comorbid insomnia populations are likely not the best use of limited energy and resources. Rather, we propose that future CBT-I research would be better focused on three key areas: (a) increasing treatment efficacy, particularly for more clinically relevant outcomes; (b) increasing treatment effectiveness and potential for translation into the community, with a particular focus on variants of CBT-I and alternative delivery modalities within primary healthcare systems; and (c) increasing CBT-I practitioner training and dissemina-tion.

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http://www.ncbi.nlm.nih.gov/pubmed/23356465?dopt=Abstract

J Couns Psychol. 2013 Jan;60(1):31-41. doi: 10.1037/a0031294.

Uniformity of evidence-based treatments in practice? Therapist effects in the delivery of cognitive processing therapy for PTSD.

Laska KM, Smith TL, Wislocki AP, Minami T, Wampold BE.

Source: Bedford VA Medical Center.

Abstract

Objective: Various factors contribute to the effective implementation of evidence-based treatments (EBTs). In this study, cognitive processing therapy (CPT) was administered in a Veterans Affairs (VA) posttraumatic stress disorder (PTSD) specialty clinic in which training and supervision were provided following VA implementation guidelines. The aim was to (a) estimate the proportion of variability in outcome attributable to therapists and (b) identify characteristics of those therapists who produced better outcomes. Method: We used an archival database of veterans (n = 192) who completed 12 sessions of CPT by therapists (n = 25) who were trained by 2 nationally recognized trainers, 1 of whom also provided weekly group supervision. Multilevel modeling was used to estimate therapist effects, with therapists treated as a random factor. The supervisor was asked to retrospectively rate each therapist in terms of perceived effectiveness based on supervision interactions. Using single case study design, the supervisor was interviewed to determine what criteria she used to rate the therapists and emerging themes were coded. Results: When initial level of severity on the PTSD Checklist (PCL; McDonald & Calhoun, 2010; Weathers, Litz, Herman, Huska, & Keane, 1993) was taken into account, approximately 12% of the variability in the PCL at the end of treatment was due to therapists. The trainer, blind to the results, identified the following characteristics and actions of effective therapists: effectively addressing patient avoidance, language used in supervision, flexible interpersonal style, and ability to develop a strong therapeutic alliance. Conclusions: This study adds to the growing body of

literature documenting the importance of the individual therapist as an important factor in the change process. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23341312

J Rehabil Res Dev. 2012 Dec;49(8):1197-208.

Postdeployment symptom changes and traumatic brain injury and/or posttraumatic stress disorder in men.

Macera CA, Aralis HJ, Macgregor AJ, Rauh MJ, Galarneau MR.

Source: Warfighter Performance Department and Medical Modeling, Simulation and Mission Support Department, Naval Health Research Center, San Diego, CA.

Abstract

In Operation Iraqi Freedom and Operation Enduring Freedom, blast-related injuries associated with combat are frequent and can result in traumatic brain injury (TBI) symptoms that may be difficult to distinguish from psychological problems. Using data from the Post-Deployment Health Assessment and Reassessment, we identified 12,046 male U.S. Navy sailors and Marines with reported combat exposure from 2008 to 2009. Symptoms potentially associated with blast-related TBI and posttraumatic stress disorder (PTSD) that were reported immediately after deployment were compared with symptoms present several months later. Our study supports others that have found that subjects with blast-related injuries may experience the development or worsening of symptoms during the months following deployment. Additionally, our study found that those who screened positive for PTSD and TBI formed a unique group, with the presence of TBI exacerbating development of PTSD symptoms at reassessment. Providers should recognize the late development of symptoms, consider the possibility of comorbidity, and be prepared to treat multiple symptoms rather than a specific diagnostic category.

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http://www.ncbi.nlm.nih.gov/pubmed/23341282

J Rehabil Res Dev. 2012 Oct;49(7):1101-14.

Mild traumatic brain injury and posttraumatic stress disorder: Investigation of visual attention in Operation Iraqi Freedom/Operation Enduring Freedom veterans.

Barlow-Ogden K, Poynter W.

Source: Charles George VA Medical Center, Eye Clinic, 1100 Tunnel Rd, Asheville, NC 28801. kristen.barlow@va.gov.

Abstract

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) are prevalent dual impairments in veterans returning from the wars in Iraq and Afghanistan. Attention problems are a common self-reported complaint of veterans with mTBI, but relatively few studies have investigated the types and levels of behavioral attentional deficits present in veterans with mTBI and PTSD. The purpose of this study was to compare visual attentional performance between samples of veterans with both mTBI and PTSD (mTBI+PTSD), PTSD only, and a control group. Overall, the attentional responses of the mTBI+PTSD group were slower than those of the PTSD and control groups. The response times were also more variable, suggesting difficulty with attentional vigilance. Additionally, we found evidence of hemispheric asymmetries in attentional performance. Participants with mTBI+PTSD were less efficient in orienting visual attention to stimuli flashed to the left visual field (LVF), suggesting a right hemisphere deficit. Overall, we found that veterans who had sustained an mTBI and had a coexisting PTSD diagnosis displayed longer response times and were less accurate than the PTSD and control groups, especially when cues were presented to the LVF.

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http://www.ncbi.nlm.nih.gov/pubmed/23341310?dopt=Abstract

J Rehabil Res Dev. 2012 Dec;49(8):1175-90.

Pilot study of Internet-based early intervention for combat-related mental distress.

Van Voorhees BW, Gollan J, Fogel J.

Source: RISE Consulting, 845 Bruce Ave, Flossmoor, IL 60422. bvanvoor@uic.edu.

Abstract

This article evaluates an Internet-based early intervention combining online cognitive-behavioral therapy (CBT) with electronic peer-to-peer support intended to promote mental health and well-being among combat veterans. We conducted a phase 1 clinical trial of 50 Iraq and Afghanistan veterans using a pre and post single-arm design. We evaluated feasibility and changes in mental health symptoms (depression and posttraumatic stress disorder [PTSD]), functional status, and attitudes toward treatment seeking at baseline and weeks 4, 8, and 12. A diverse group of veterans was enrolled (26% ethnic minority, 90% male, 66% with income <$30,000/year, 88% with no prior treatment for depression). Participants completed a mean of 4 of 6 lessons (standard deviation = 2.54). From baseline to week 12, there were significant declines in the Center for Epidemiologic Studies-Depression scale score (effect size [ES] = 0.41) and PTSD Checklist-Military version score (ES = 0.53). There were significant improvements in willingness to accept diagnosis (ES = 1.08) and perceived social norms and stigma regarding friends (ES = 1.51). Although lack of a control group is a limitation, the Internet-based program combining CBT-based coping skills training and peer-to-peer support demonstrated potential feasibility and evidenced benefit in symptom remediation for depression and PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23341283?dopt=Abstract

J Rehabil Res Dev. 2012 Oct;49(7):1115-26.

Relationship of screen-based symptoms for mild traumatic brain injury and mental health problems in Iraq and Afghanistan veterans: Distinct or overlapping symptoms?

Maguen S, Lau KM, Madden E, Seal K.

Source: San Francisco VA Medical Center, 4150 Clement St (116-P), San Francisco, CA 94121. Shira.Maguen@va.gov.

Abstract

This study used factor analytic techniques to differentiate distinct from overlapping screen-based symptoms of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and depression in Iraq and Afghanistan veterans. These symptoms were derived from screen results of 1,549 veterans undergoing Department of Veterans Affairs postdeployment screening between April 2007 and January 2010. Veterans with positive TBI screens were approximately twice as likely to also screen positive for depression and PTSD (adjusted relative risks = 1.9 and 2.1, respectively). Irritability was a shared symptom between TBI and PTSD, and emotional numbing was a shared symptom between PTSD and depression. Symptoms unique to TBI included dizziness, headaches, memory problems, and light sensitivity. Four separate constructs emerged: TBI, PTSD, depression, and a fourth construct consisting of hypervigilance and sleep problems. These findings illuminate areas of overlap between TBI and common postdeployment mental health problems. Discriminating symptoms of TBI from mental health problems may facilitate diagnosis, triage to specialty care, and targeted symptom management. The emergence of a fourth factor consisting of sleep problems and hypervigilance highlights the need to attend to specific symptoms in the postdeployment screening process.

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http://www.ncbi.nlm.nih.gov/pubmed/23339538?dopt=Abstract

J Consult Clin Psychol. 2013 Jan 21. [Epub ahead of print]

The Relationship Between Posttraumatic and Depressive Symptoms During Prolonged Exposure With and Without Cognitive Restructuring for the Treatment of Posttraumatic Stress Disorder.

Aderka IM, Gillihan SJ, McLean CP, Foa EB.

Abstract

Objective: In the present study, we examined the relationship between posttraumatic and depressive symptoms during prolonged exposure (PE) treatment with and without cognitive restructuring (CR) for the treatment of posttraumatic stress disorder (PTSD). Method: Female assault survivors (N = 153) with

PTSD were randomized to either PE alone or PE with added CR (PE/CR). During treatment, bi-weekly self-report measures of posttraumatic and depressive symptoms were administered. Results: Multilevel mediational analyses indicated that during PE, changes in posttraumatic symptoms accounted for 80.3% of changes in depressive symptoms, whereas changes in depressive symptoms accounted for 45.0% of changes in posttraumatic symptoms. During PE/CR, changes in posttraumatic symptoms accounted for 59.6% of changes in depressive symptoms, and changes in depressive symptoms accounted for 50.7% of changes in posttraumatic symptoms. Conclusions: This pattern of results suggests that PE primarily affects posttraumatic symptoms, which in turn affect depressive symptoms. In contrast, PE/CR results in a more reciprocal relationship between posttraumatic and depressive symptoms. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23339535?dopt=Abstract

J Consult Clin Psychol. 2013 Jan 21. [Epub ahead of print]

Meta-Analysis of Dropout in Treatments for Posttraumatic Stress Disorder.

Imel ZE, Laska K, Jakupcak M, Simpson TL.

Abstract

Objective: Many patients drop out of treatments for posttraumatic stress disorder (PTSD); some clinicians believe that trauma-focused treatments increase dropout. Method: We conducted a meta-analysis of dropout among active treatments in clinical trials for PTSD (42 studies; 17 direct comparisons). Results: The average dropout rate was 18%, but it varied significantly across studies. Group modality and greater number of sessions, but not trauma focus, predicted increased dropout. When the meta-analysis was restricted to direct comparisons of active treatments, there were no differences in dropout. Differences in trauma focus between treatments in the same study did not predict dropout. However, trauma-focused treatments resulted in higher dropout compared with present-centered therapy (PCT), a treatment originally designed as a control but now listed as a research-supported intervention for PTSD. Conclusion: Dropout varies between active interventions for PTSD across studies, but variability is primarily driven by differences between studies. There do not appear to be systematic differences across active interventions when they are directly compared in the same study. The degree of clinical attention placed on the traumatic event does not appear to be a primary cause of dropout from active treatments. However, comparisons of PCT may be an exception to this general pattern, perhaps because of a restriction of variability in trauma focus among comparisons of active treatments. More research is needed comparing trauma-focused interventions to trauma-avoidant treatments such as PCT. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23339537?dopt=Abstract

J Consult Clin Psychol. 2013 Jan 21. [Epub ahead of print]

Patient Characteristics and Variability in Adherence and Competence in Cognitive-Behavioral Therapy for Panic Disorder.

Boswell JF, Gallagher MW, Sauer-Zavala SE, Bullis J, Gorman JM, Shear MK, Woods S, Barlow DH.

Abstract

Although associations with outcome have been inconsistent, therapist adherence and competence continues to garner attention, particularly within the context of increasing interest in the dissemination, implementation, and sustainability of evidence-based treatments. To date, research on therapist adherence and competence has focused on average levels across therapists. With a few exceptions, research has failed to address multiple sources of variability in adherence and competence, identify important factors that might account for variability, or take these sources of variability into account when examining associations with symptom change. Objective: (a) statistically demonstrate between- and within-therapist variability in adherence and competence ratings and examine patient characteristics as predictors of this variability and (b) examine the relationship between adherence/competence and symptom change. Method: Randomly selected audiotaped sessions from a randomized controlled trial of cognitive-behavioral therapy for panic disorder were rated for therapist adherence and competence. Patients completed a self-report measure of panic symptom severity prior to each session and the Inventory of Interpersonal Problems-Personality Disorder Scale prior to the start of treatment. Results: Significant between- and within-therapist variability in adherence and competence were observed. Adherence and competence deteriorated significantly over the course of treatment. Higher patient interpersonal aggression was associated with decrements in both adherence and competence. Neither adherence nor competence predicted subsequent panic severity. Conclusions: Variability and "drift" in adherence and competence can be observed in controlled trials. Training and implementation efforts should involve continued consultation over multiple cases in order to account for relevant patient factors and promote sustainability across sessions and patients. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23017042?dopt=Abstract

Issues Ment Health Nurs. 2012 Oct;33(10):665-9.

Adverse neuropsychiatric events associated with varenicline use in veterans: a case series.

Cantrell M, Argo T, Haak L, Janney L.

Source: Iowa City VA Health Care System, Iowa City, Iowa 52236, USA. matthew-cantrell@uiowa.edu

Abstract

Varenicline represents a major advance in the treatment of nicotine addiction and has been shown to be safe and effective to promote abstinence. However, in a small number of patients, neuropsychiatric adverse events and worsening of underlying psychiatric conditions have been reported. As the veteran population has higher rates of co-morbid psychiatric conditions and nicotine dependence this population may be at higher risk for serious adverse effects to varenicline warranting close monitoring. Herein we report seven cases of varenicline associated neuropsychiatric adverse events and describe an institutional response to adequately monitor patients to ensure safety and efficacy.

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http://www.ghpjournal.com/article/S0163-8343(12)00389-1/abstract

Brief assessment for suicidal ideation in OEF/OIF veterans with positive depression screens.

Steven K. Dobscha, Kathryn Corson, Drew A. Helmer, Matthew J. Bair, Lauren M. Denneson, Cynthia Brandt, Anna Beane, Linda Ganzini

General Hospital Psychiatry - 25 January 2013

Objectives
We describe processes, rates, and patient and system correlates of brief structured assessments (BSAs) for suicidal ideation among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans with positive depression screens.

Methods
Electronic Veterans Affairs (VA) medical record and Department of Defense data were used to identify individual-level and BSA-process variables for 1662 OEF/OIF veterans at three VA Medical Centers.

Results
Overall, 1349/1662 (81%) veterans received BSAs for suicidal ideation within 1 month of depression screening; 94% of BSAs were conducted within 1 day. Stratified analyses revealed significant intersite differences in veteran demographics, instruments used, clinical setting and staff performing assessments, and correlates of assessment completion. At two sites, men were more likely to be assessed than women [odds ratio (OR)=2.15 (95% confidence interval {CI}=1.06–4.38) and 3.14 (CI=1.27–7.76)]. In a combined model adjusted for intrasite correlation, assessment was less likely during months 8–12 and 13–18 of the study period [OR=0.39 (CI=0.28–0.54) and OR=0.48 (95% CI=0.35–0.68), respectively] and more likely to occur among veterans receiving depression or posttraumatic stress disorder diagnoses on the day of depression screening [OR=1.83 (CI=1.36–2.46) and OR=1.50 (CI=1.13–1.98), respectively].

Conclusions
Most veterans with positive depression screens receive timely BSAs for suicidal ideation. Processes used for brief assessment for suicidal ideation vary substantially across VA settings.

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http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=2138

Internet connectivity among rural Alabama veterans: baseline findings from the Alabama Veterans Rural Health Initiative Project.

Allen RS, Guadagno RE, Parmelee P, Minney JA, Hilgeman MM, Tabb KD, McNeil SF, Houston T, Kertesz S, Davis L.

Rural and Remote Health 12: 2138. (Online) 2012.

Introduction:
The purpose of this secondary data analysis was to characterize the Internet usage of rural veterans (n=201) who had either never enrolled, or had previously enrolled but not accessed, Veterans Affairs (VA) health services in at least 2 years. The VA Office of Rural Health (ORH)(ie part of the United States Government Department of Veterans Affairs) is a government agency with the mission to improve access and quality of care for enrolled rural and highly rural US veterans. The ORH seeks to use evidence-based policies and innovative practices to support the unique needs of enrolled veterans residing in geographically remote areas. These individuals represent a population considered to experience health disparities secondary to reduced health care access.

Methods:
This study explored the role of the Internet in providing health information and information regarding VA services to rural Caucasian and African American veterans in the southeastern USA. African Americans were significantly younger (50.32 years, SD=13.50, range 22-85 years) than Caucasian rural veterans (58.50 years, SD=13.82, range 21-85 years).

Results:
A small majority of veterans (n=107; 53.23%) reported going on-line to use the Internet or World Wide Web, or to send and receive e-mail. Among Internet users, multivariate logistic regression showed that neither age nor race/ethnicity predicted using the Internet to access health information or information regarding VA services.

Conclusion:
In comparison with population norms, rural veterans displayed lower usage of the Internet; however, there were few practical age differences between young, middle-aged and older rural veterans in use of the Internet for seeking health information. These results suggest a tremendous potential for online outreach efforts to rural veterans seeking health information and information regarding VA services and benefits. The US Federal Government's VA Office of Rural Health is investing in technology-based services and will need to disseminate information regarding the availability of these services to rural veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23348173?dopt=Abstract

Med Glas Ljek komore Zenicko-doboj kantona. 2013 Feb;10(1):120-5.

Disturbed family functioning in patients suffering from posttraumatic stress disorder.

Milenković T, Simonović M, Stanković M, Samardžić L.

Source: Clinic for Mental Health Care, Clinical Center Niš, 2 School of Medicine, University of Niš; Niš, Serbia.

Abstract

Aim To investigate whether the presence of posttraumatic stress disorder (PTSD) symptomatology is related to speciic family problems. Methods The study included 94 subjects who were divided into three groups: a group with posttraumatic stress disorder (based on PCL for DSM-IV National Center for PTSD) (N=31), a group with problems in postwar functioning but without posttraumatic stress disorder (N=33), a group of subjects who were mobilized but with no combat exposure experience (N=30). The irst and the second group had the experience of combat exposure. The irst group was experimental, being diagnosed with PTSD. The second and the third group were control groups (the irst and the second control group). The groups were compared by intensity and quality of family dysfunction, in relation to parameters, determined by speciic instruments used in this research. Results The subjects with the experience of combat exposure had the problems in family functioning independently of the existence of PTSD diagnosis. Many of these problems were caused by the damage of combat experience. We also found a high level of secondary traumatization among other family members. Conclusion The combat experience causes problems in postwar family functioning of combatants independently of PTSD diagnosis being conirmed. It is, therefore, necessary to help all of the combatants and their families reintegrate, regardless of their PTSD diagnosis.

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http://www.ncbi.nlm.nih.gov/pubmed/23347908?dopt=Abstract

Sleep Med. 2013 Jan 21. pii: S1389-9457(12)00402-9. doi: 10.1016/j.sleep.2012.10.023. [Epub ahead of print]

The Glasgow Sleep Impact Index (GSII): A novel patient-centred measure for assessing sleep-related quality of life impairment in Insomnia Disorder.

Kyle SD, Crawford MR, Morgan K, Spiegelhalder K, Clark AA, Espie CA.

Source: University of Glasgow Sleep Centre, Institute of Neuroscience & Psychology, University of Glasgow, Scotland, United Kingdom. Electronic address: simon.kyle@manchester.ac.uk.

Abstract

OBJECTIVES:
Daytime dysfunction and quality of life impairment are important and salient consequences of poor sleep in those with insomnia. Existing measurement approaches to functional impact tend to rely on non-specific generic tools, non-validated scales, or ad hoc single scale items. Here we report the development and validation of the Glasgow Sleep Impact Index (GSII), a novel self-report measure which asks patients to generate, and assess, three domains of impairment unique to their own individual context. These three patient-generated areas of impairment are ranked in order of concern (1-3; i.e. 1=the most concerning impairment), and then rate on a visual analogue scale with respect to impact in the past two weeks. Patients re-rate these specified areas of impairment, post-intervention, permitting both individual and group-level analyses.

METHODS:
One-hundred and eight patients (71% female; Mean age=45yrs) meeting Research Diagnostic Criteria for Insomnia Disorder completed the GSII, resulting in the generation of 324 areas (ranks) of sleep-related daytime and quality of life impairment. Fifty-five patients also completed the GSII pre- and post-sleep restriction therapy. The following psychometric properties were assessed: content validity of generated domains; relationship between ranks of impairment; and sensitivity to change post-behavioural intervention.

RESULTS:
Content analysis of generated domains support recent DSM-5 proposals for specification of daytime consequences of insomnia; with the most commonly cited areas reflecting impairments in energy/motivation, work performance, cognitive functioning, emotional regulation, health/well-being, social functioning and relationship/family functioning. Preliminary results with 108 patients indicate the GSII to have excellent face and construct validity. The GSII was found to be sensitive to change, post-behavioural treatment ($p<.001$; Cohen's $d\geqslant.85$ for all three ranks of impairment), and improvements were associated with reductions in insomnia severity in both correlational (range of $r=.28$-$.56$) and responder versus non-responder analyses (all $p<.05$).

CONCLUSIONS:
The development of the GSII represents a novel attempt to capture and measure sleep-related quality of life impairment in a valid and meaningful way. Further psychometric and clinical evaluation is suggested.

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http://www.ncbi.nlm.nih.gov/pubmed/23347472?dopt=Abstract

J Affect Disord. 2013 Jan 21. pii: S0165-0327(12)00850-6. doi: 10.1016/j.jad.2012.12.017. [Epub ahead of print]

Subjective sleep quality in relation to inhibition and heart rate variability in patients with panic disorder.

Hovland A, Pallesen S, Hammar A, Hansen AL, Thayer JF, Sivertsen B, Tarvainen MP, Nordhus IH.

Source: Department of Clinical Psychology, University of Bergen, Norway; Solli District Psychiatric Centre (DPS), Osveien 15, 5228 Nesttun, Norway. Electronic address: anders.hovland@psykp.uib.no.

Abstract

BACKGROUND:
Patients with panic disorder (PD) are known to report impaired sleep quality and symptoms of insomnia. PD is an anxiety disorder characterised by deficient physiological regulation as measured by heart rate variability (HRV), and reduced HRV, PD and insomnia have all been related to impaired inhibitory ability. The present study aimed to investigate the interrelationships between subjectively reported sleep impairment, cognitive inhibition and vagally mediated HRV in a sample characterised by variability on measures of all these constructs.

METHODS:
Thirty-six patients with PD with or without agoraphobia were included. Cognitive inhibition was assessed with the Color-Word Interference Test from the Delis-Kaplan Executive Function System (D-KEFS), HRV was measured using high frequency (HF) power (ms(2)), and subjectively reported sleep quality was measured with the Pittsburgh Sleep Quality Index (PSQI).

RESULTS:
Cognitive inhibition was related to both Sleep latency and Sleep disturbances, whereas HRV was only related to Sleep disturbances. These relationships were significant also after controlling for depression.

LIMITATIONS:
Correlational design.

CONCLUSION:
Cognitive inhibition is related to key insomnia symptoms: sleep initiation and sleep maintenance. The data supports the psychobiological inhibition model of insomnia, and extends previous findings. Possible clinical implications of these findings are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23347117?dopt=Abstract

Behav Sleep Med. 2013 Jan;11(1):56-72. doi: 10.1080/15402002.2012.660896.

Information processing varies between insomnia types: measures of n1 and p2 during the night.

Bastien CH, Turcotte I, St-Jean G, Morin CM, Carrier J.

Source: School of Psychology Laval University , Quebec , Canada.

Abstract

This study compared cortical arousal mechanisms during the night using event-related potentials (N1 and P2), and compared sleep misperception in 30 adults with psychophysiological insomnia (Psy-I), 28 adults with paradoxical insomnia (Para-I), and 30 good sleepers (GS). Participants (age range = 25-55 years) spent 4 consecutive nights in the laboratory, and Night-4 data were used for analysis. N1 amplitude was generally larger in both insomnia groups compared to GS, and P2 amplitude was larger in Para-I than in the 2 other groups, especially in REM sleep. Results suggest that, although hyperarousal appears to persist during sleep in adults with insomnia, inhibition deficits are more likely to be present in Para-I compared to Psy-I.

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http://www.ncbi.nlm.nih.gov/pubmed/23347116?dopt=Abstract

Behav Sleep Med. 2013 Jan;11(1):40-55. doi: 10.1080/15402002.2011.620671.

Understanding patient responses to insomnia.

Henry D, Rosenthal L, Dedrick D, Taylor D.

Source: Department of Anthropology , University of North Texas.

Abstract

To better gain insight into patient responses to insomnia, we take a medical anthropologically informed approach to patient beliefs and behaviors, particularly those related to self-diagnosis, management, help-seeking, and self-treatment of insomnia. We conducted 24 in-depth qualitative interviews in which participants were asked their beliefs about the origin of their insomnia, its anticipated course, their evaluation of symptoms, their responses, and their expectations surrounding treatment. Important and novel data were generated about patient beliefs and behaviors related to problem sleeping. Patients identified barriers to treatment, particularly those contextualized within a general social stigma and personal isolation, in which their problems sleeping were not taken seriously. The interview format was particularly conducive to making patients comfortable discussing the personal changes they made to their medically prescribed treatment plans, or supplanting their medical therapy with some kind of complimentary and alternative medicine (CAM) therapy. These are important issues in the long term

management of chronic insomnia. We underscore concern about the need to evaluate the efficacy of therapies that so many people with insomnia are driven to try.

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http://www.ncbi.nlm.nih.gov/pubmed/23347114?dopt=Abstract

Behav Sleep Med. 2013 Jan;11(1):23-36. doi: 10.1080/15402002.2011.607199.

Patient-reported outcomes in insomnia: development of a conceptual framework and endpoint model.

Kleinman L, Buysse DJ, Harding G, Lichstein K, Kalsekar A, Roth T.

Source: United BioSource Corporation , Seattle , WA.

Abstract

This article describes qualitative research conducted with patients with clinical diagnoses of insomnia and focuses on the development of a conceptual framework and endpoint model that identifies a hierarchy and interrelationships of potential outcomes in insomnia research. Focus groups were convened to discuss how patients experience insomnia and to generate items for patient-reported questionnaires on insomnia and associated daytime consequences. Results for the focus group produced two conceptual frameworks: one for sleep and one for daytime impairment. Each conceptual framework consists of hypothesized domains and items in each domain based on patient language taken from the focus group. These item pools may ultimately serve as a basis to develop new questionnaires to assess insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/23345390?dopt=Abstract

J Health Psychol. 2013 Jan 23. [Epub ahead of print]

Do All Individuals With Sleep Apnea Suffer From Daytime Sleepiness? A Preliminary Investigation.

Fichten CS.

Source: Dawson College, Canada.

Abstract

We derived descriptive characteristics related to habitual sleep duration and insomnia for individuals newly diagnosed with sleep apnea/hypopnea syndrome and evaluated how sleep apnea/hypopnea syndrome, insomnia, depression, and sleep duration relate to sleepiness and fatigue. In total, 100 participants were divided into three sleep groups: short (<7 hours), long (≥8 hours), and midrange (7-7.9 hours). Polysomnography, insomnia, sleepiness, fatigue, depression, and gender were assessed. Half of

the participants were short sleepers. They were more likely to have insomnia than midrange or long sleepers and they were more likely to be sleepy than midrange or long sleepers, regardless of insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/23343860?dopt=Abstract

Occup Environ Med. 2013 Jan 23. [Epub ahead of print]

Shift-related sleep problems vary according to work schedule.

Flo E, Pallesen S, Akerstedt T, Magerøy N, Moen BE, Grønli J, Nordhus IH, Bjorvatn B.

Source: Norwegian Competence Center for Sleep Disorders, Haukeland University Hospital, , Bergen, Norway.

Abstract

OBJECTIVES:
Shift-related sleep and sleepiness problems may be due to characteristics of both shifts (ie, day, evening and night shifts) and work schedules (ie, permanent vs rotational schedules). The Bergen Shift Work Sleep Questionnaire (BSWSQ) was used to investigate associations between shift-related sleep problems and work schedules.

METHODS:
1586 nurses completed the BSWSQ. Participants who, in relation to a shift, 'often' or 'always' experienced both a sleep problem and a tiredness/sleepiness problem were defined as having shift-related insomnia (separate for day, evening and night shifts and rest-days). Logistic regression analyses were conducted for day, evening, night, and rest-day insomnia with participants on both permanent and rotational schedules.

RESULTS:
Shift-related insomnia differed between the work schedules. The evening shift insomnia was more prevalent in the two-shift rotation schedule than the three-shift rotation schedule (29.8% and 19.8%, respectively). Night shift insomnia showed higher frequencies among three-shift rotation workers compared with permanent night workers (67.7% and 41.7%, respectively). Rest-day insomnia was more prevalent among permanent night workers compared with two- and three-shift rotations (11.4% compared with 4.2% and 3.6%, respectively).

CONCLUSIONS:
The prevalences of shift-related insomnia differed between the work schedules with higher frequencies for three-shift rotations and night shifts. However, sleep problems were present in all shifts and schedules. This suggests that both shifts and work schedules should be considered in the study of shift work-related sleep problems.

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http://www.ncbi.nlm.nih.gov/pubmed/23344782?dopt=Abstract

Soc Psychiatry Psychiatr Epidemiol. 2013 Jan 24. [Epub ahead of print]

Mood instability, mental illness and suicidal ideas: results from a household survey.

Marwaha S, Parsons N, Broome M.

Source: Division of Mental Health and Wellbeing, Warwick Medical School, Warwick University, Gibbet Hill Campus, Coventry, CV47AL, UK, s.marwaha@warwick.ac.uk.

Abstract

PURPOSE:
There is weak and inconsistent evidence that mood instability (MI) is associated with depression, post traumatic stress disorder (PTSD) and suicidality although the basis of this is unclear. Our objectives were first to test whether there is an association between depression and PTSD, and MI and secondly whether MI exerts an independent effect on suicidal thinking over and above that explained by common mental disorders.

METHODS:
We used data from the Adult Psychiatric Morbidity Survey 2007 (N = 7,131). Chi-square tests were used to examine associations between depression and PTSD, and MI, followed by regression modelling to examine associations between MI and depression, and with PTSD. Multiple logistic regression analyses were used to assess the independent effect of MI on suicidal thinking, after adjustment for demographic factors and the effects of common mental disorder diagnoses.

RESULTS:
There are high rates of MI in depression and PTSD and the presence of MI increases the odds of depression by 10.66 [95 % confidence interval (CI) 7.51-15.13] and PTSD by 8.69 (95 % CI 5.90-12.79), respectively, after adjusting for other factors. Mood instability independently explained suicidal thinking, multiplying the odds by nearly five (odds ratio 4.82; 95 % CI 3.39-6.85), and was individually by some way the most important single factor in explaining suicidal thoughts.

CONCLUSIONS:
MI is strongly associated with depression and PTSD. In people with common mental disorders MI is clinically significant as it acts as an additional factor exacerbating the risk of suicidal thinking. It is important to enquire about MI as part of clinical assessment and treatment studies are required.

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http://www.ncbi.nlm.nih.gov/pubmed/23335201?dopt=Abstract

J Trauma Stress. 2013 Jan 18. doi: 10.1002/jts.21774. [Epub ahead of print]

Satisfaction With the Initial Police Response and Development of Posttraumatic Stress Disorder Symptoms in Victims of Domestic Burglary.

Kunst MJ, Rutten S, Knijf E.

Source: Leiden University, Faculty of Law, Institute for Criminal Law and Criminology, Leiden, The Netherlands.

Abstract

The current study used a prospective design to investigate the association between early symptoms, satisfaction with the initial police response, and development of posttraumatic stress disorder (PTSD) symptomatology in victims of domestic burglary (n = 95). Early symptoms and satisfaction with the initial police response were assessed through telephone interviews conducted within the first month after the burglary and PTSD symptoms 4 to 6 weeks after baseline. Separate regression models were tested for satisfaction with performance and satisfaction with procedure. Results suggested that early symptoms were a risk factor for PTSD symptomatology ($\beta = .50$, $p < .001$ and $\beta = .48$, $p < .001$) above and beyond levels of peritraumatic distress ($\beta = .21$, $p < .05$ and $\beta = .22$, $p < .05$) and irrespective of level of satisfaction ($\beta = -.02$, ns and $\beta = -.10$, ns). Victims with high levels of early symptoms, however, were clearly at an increased risk of PTSD symptomatology if they scored low on satisfaction at baseline. Results were discussed in light of the framework of therapeutic jurisprudence.

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http://www.ncbi.nlm.nih.gov/pubmed/23333536?dopt=Abstract

Prog Neuropsychopharmacol Biol Psychiatry. 2013 Jan 15. pii: S0278-5846(13)00007-9. doi: 10.1016/j.pnpbp.2013.01.005. [Epub ahead of print]

Lymphocyte glucocorticoid receptor expression level and hormone-binding properties differ between war trauma-exposed men with and without PTSD.

Matić G, Milutinović DV, Nestorov J, Elaković I, Jovanović SM, Perišić T, Dunđerski J, Damjanović S, Knežević G, Spirić Z, Vermetten E, Savić D.

Source: University of Belgrade, Institute for Biological Research "Siniša Stanković", Department of Biochemistry, Belgrade, Serbia. Electronic address: gormatic@ibiss.bg.ac.rs.

Abstract

OBJECTIVE:
Posttraumatic stress disorder (PTSD) has been shown to be associated with altered glucocorticoid receptor (GR) activity. We studied the expression and functional properties of the receptor in peripheral blood mononuclear cells (PBMCs) from non-traumatized healthy individuals (healthy controls; n=85), and war trauma-exposed individuals with current PTSD (n=113), with life-time PTSD (n=61) and without PTSD (trauma controls; n=88). The aim of the study was to distinguish the receptor alterations related to PTSD from those related to trauma itself or to resilience to PTSD.

METHODS:
Functional status of the receptor was assessed by radioligand binding and lysozyme synthesis inhibition assays. The level of GR gene expression was measured by quantitative PCR and immunoblotting.

RESULTS:
Current PTSD patients had the lowest, while trauma controls had the highest number of glucocorticoid binding sites (B(max)) in PBMCs. Hormone-binding potential (B(max)/K(D) ratio) of the receptor was diminished in the current PTSD group in comparison to all other study groups. Correlation between B(max) and K(D) that normally exists in healthy individuals was decreased in the current PTSD group. Contrasting B(max) data, GR protein level was lower in trauma controls than in participants with current or life-time PTSD.

CONCLUSIONS:
Current PTSD is characterized by reduced lymphocyte GR hormone-binding potential and by disturbed compensation between B(max) and hormone-binding affinity. Resilience to PTSD is associated with enlarged fraction of the receptor molecules capable of hormone binding, within the total receptor molecules population in PBMCs.

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http://www.ncbi.nlm.nih.gov/pubmed/23333200?dopt=Abstract

Psychoneuroendocrinology. 2013 Jan 17. pii: S0306-4530(12)00431-3. doi: 10.1016/j.psyneuen.2012.12.018. [Epub ahead of print]

Influence of stress on fear memory processes in an aversive differential conditioning paradigm in humans.

Bentz D, Michael T, Wilhelm FH, Hartmann FR, Kunz S, von Rohr IR, de Quervain DJ.

Source: University of Basel, Department of Psychology, Division of Cognitive Neuroscience, Birmannsgasse 8, 4055 Basel, Switzerland. Electronic address: dorothee.bentz@unibas.ch.

Abstract

It is widely assumed that learning and memory processes play an important role in the pathogenesis, expression, maintenance and therapy of anxiety disorders, such as phobias or post-traumatic stress disorder (PTSD). Memory retrieval is involved in symptom expression and maintenance of these disorders, while memory extinction is believed to be the underlying mechanism of behavioral exposure therapy of anxiety disorders. There is abundant evidence that stress and stress hormones can reduce memory retrieval of emotional information, whereas they enhance memory consolidation of extinction training. In this study we aimed at investigating if stress affects these memory processes in a fear conditioning paradigm in healthy human subjects. On day 1, fear memory was acquired through a standard differential fear conditioning procedure. On day 2 (24h after fear acquisition), participants either underwent a stressful cold pressor test (CPT) or a control condition, 20min before memory retrieval testing and extinction training. Possible prolonged effects of the stress manipulation were investigated on day 3 (48h after fear acquisition), when memory retrieval and extinction were tested again. On day 2, men in the stress group showed a robust cortisol response to stress and showed lower unconditioned stimulus (US) expectancy ratings than men in the control group. This reduction in fear memory retrieval was maintained on day 3. In women, who showed a significantly smaller cortisol response to stress than men, no stress effects on fear memory retrieval were observed. No group differences were observed with respect to extinction. In conclusion, the present study provides evidence that stress can reduce memory retrieval of conditioned fear in men. Our findings may contribute to the understanding of the effects of stress and glucocorticoids on fear symptoms in anxiety disorders and suggest that such effects may be sex-specific.

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http://www.ncbi.nlm.nih.gov/pubmed/23331712?dopt=Abstract

J Sleep Res. 2013 Jan 19. doi: 10.1111/jsr.12024. [Epub ahead of print]

Ecological momentary assessment of daytime symptoms during sleep restriction therapy for insomnia.

Miller CB, Kyle SD, Marshall NS, Espie CA.

Source: University of Glasgow Sleep Centre, Scotland; Institute of Neuroscience and Psychology, University of Glasgow, Scotland, UK; NHMRC Centre for Integrated Research and Understanding of Sleep (CIRUS), Woolcock Institute of Medical Research, University of Sydney, NSW, Australia.

Abstract

This study profiles changes in self-reported daytime functioning during sleep restriction therapy (SRT) for insomnia. Ecological momentary assessment (EMA) captured point-in-time symptomatology to map the time-course of symptoms. We hypothesized a deterioration (week 1) followed by improvements at week 3 of therapy relative to baseline. Nine patients with psychophysiological insomnia completed the

Daytime Insomnia Symptom Scale (DISS) at rise-time, 12:00 hours, 18:00 hours and bedtime for 1 week before and 3 weeks during SRT. Four validated factors from the DISS were analyzed (alert cognition, positive mood, negative mood and sleepiness/fatigue) across 28 days yielding 17 170 data points. Factors evaluated week (baseline versus weeks 1 and 3) and time of day symptomatology. Insomnia Severity Index scores decreased significantly pre-to-post treatment (mean 18 versus 7). Reflecting acute effects of SRT, significant differences were found for all factors, except negative mood, between baseline and week 1 of SRT, suggesting adverse effects. By week 3, sleepiness/fatigue and negative mood decreased significantly compared to baseline, and positive mood showed a trend towards improvement (P = 0.06). Sleepiness/fatigue displayed a significant week × time of day interaction, explained by a reduction in sleepiness/fatigue at every daytime assessment point (except bedtime, which remained high). A significant interaction for alert cognition was associated with reduction in alertness at bedtime by week 3 and an increase in alertness at rise-time, suggesting that SRT not only improves sleep, but moderates alertness and sleepiness in therapeutic ways. Initial SRT is associated with an increase in sleepiness/fatigue and a decrease in alert cognition.

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http://www.rand.org/pubs/technical_reports/TR1234.html

Meadows, Sarah O., Laura L. Miller, Jeremy N. V. Miles, Gabriella C. Gonzalez and Brandon T. Dues.

Exploring the Association Between Military Base Neighborhood Characteristics and Soldiers' and Airmen's Outcomes.

Santa Monica, CA: RAND Corporation, 2013.

Current extended military engagements in foreign nations have taken their toll on U.S. service members and their families. As a result, the services have made renewed commitments to support the needs of these families of military personnel. Quality-of-life and family programs across the services continue to grow. But no service has applied neighborhood theory and methods to better understand these military issues. Installations, and the communities where they are located, vary in terms of the quality of life they provide inhabitants. Similarly, the families who live in these communities and who are assigned to these installations vary in terms of their needs. A one-size-fits-all approach to base resource allocation and the provision of services may not be the most effective in fostering health and well-being among service members and their families. Thus, the services may want to use this approach as part of their efforts to identify gaps in support to service members and families so that they can make the necessary adjustments and better compensate where communities are lacking. This report explores the applicability of neighborhood theory and social indicators research to understanding the quality of life in and around military bases. It also highlights gaps in neighborhood study methodology that need to be addressed in future research. Finally, it outlines how a more in-depth neighborhood analysis of military installations could be conducted.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12014/abstract

The Impact of Exercise on Suicide Risk: Examining Pathways through Depression, PTSD, and Sleep in an Inpatient Sample of Veterans.

Davidson, C. L., Babson, K. A., Bonn-Miller, M. O., Souter, T. and Vannoy, S.

Suicide and Life-Threatening Behavior

Article first published online: 25 JAN 2013

Suicide has a large public health impact. Although effective interventions exist, the many people at risk for suicide cannot access these interventions. Exercise interventions hold promise in terms of reducing suicide because of their ease of implementation. While exercise reduces depression, and reductions in depressive symptoms are linked to reduced suicidal ideation, no studies have directly linked exercise and suicide risk. The current study examined this association, including potential mediators (i.e., sleep disturbance, posttraumatic stress symptoms, and depression), in a sample of Veterans. SEM analyses revealed that exercise was directly and indirectly associated with suicide risk. Additionally, exercise was associated with fewer depressive symptoms and better sleep patterns, each of which was, in turn, related to lower suicide risk.

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http://www.ncbi.nlm.nih.gov/pubmed/23351364

J Int Neuropsychol Soc. 2013 Jan 28:1-13. [Epub ahead of print]

Emotional Regulation Impairments Following Severe Traumatic Brain Injury: An Investigation of the Body and Facial Feedback Effects.

Dethier M, Blairy S, Rosenberg H, McDonald S.

Source: Department of Psychology: Cognition and Behavior, University of Liège, Liège, Belgium.

Abstract

The object of this study was to evaluate the combined effect of body and facial feedback in adults who had suffered from a severe traumatic brain injury (TBI) to gain some understanding of their difficulties in the regulation of negative emotions. Twenty-four participants with TBI and 28 control participants adopted facial expressions and body postures according to specific instructions and maintained these positions for 10 s. Expressions and postures entailed anger, sadness, and happiness as well as a neutral (baseline) condition. After each expression/posture manipulation, participants evaluated their subjective emotional state (including cheerfulness, sadness, and irritation). TBI participants were globally less responsive to the effects of body and facial feedback than control participants, $F(1,50) = 5.89$, $p = .02$, $\eta 2 = .11$. More interestingly, the TBI group differed from the Control group across

emotions, F(8,400) = 2.51, p = .01, η 2 = .05. Specifically, participants with TBI were responsive to happy but not to negative expression/posture manipulations whereas control participants were responsive to happy, angry, and sad expression/posture manipulations. In conclusion, TBI appears to impair the ability to recognize both the physical configuration of a negative emotion and its associated subjective feeling. (JINS, 2013, 19, 1-13).

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http://www.ncbi.nlm.nih.gov/pubmed/23351330

J Int Neuropsychol Soc. 2013 Jan 25:1-16. [Epub ahead of print]

Impairments in Social Cognition Following Severe Traumatic Brain Injury.

McDonald S.

Source: School of Psychology, University of New South Wales, Sydney, New South Wales, Australia.

Abstract

Severe traumatic brain injury (TBI) leads to physical, neuropsychological, and emotional deficits that interfere with the individual's capacity to return to his or her former lifestyle. This review focuses on social cognition, that is, the capacity to attend to, recognize and interpret interpersonal cues that guide social behavior. Social cognition entails "hot" processes, that is, emotion perception and emotional empathy and "cold" processes, that is, the ability to infer the beliefs, feelings, and intentions of others (theory of mind: ToM) to see their point of view (cognitive empathy) and what they mean when communicating (pragmatic inference). This review critically examines research attesting to deficits in each of these domains and also examines evidence for theorized mechanisms including specific neural networks, the role of simulation, and non-social cognition. Current research is hampered by small, heterogeneous samples and the inherent complexity of TBI pathology. Nevertheless, there is evidence that facets of social cognition are impaired in this population. New assessment tools to measure social cognition following TBI are required that predict everyday social functioning. In addition, research into remediation needs to be guided by the growing empirical base for understanding social cognition that may yet reveal how deficits dissociate following TBI. (JINS, 2013, 19, 1-16).

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http://www.ncbi.nlm.nih.gov/pubmed/23353579?dopt=Abstract

Behav Res Ther. 2013 Jan 8;51(3):161-166. doi: 10.1016/j.brat.2012.12.003. [Epub ahead of print]

Hyperarousal, sleep scheduling, and time awake in bed as mediators of outcome in computerized cognitive-behavioral therapy (cCBT) for insomnia.

Vincent N, Walsh K.

Source: Department of Clinical Health Psychology, University of Manitoba, PZ-350 Psychealth Center, 771 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3E 3N4. Electronic address: NVincent@exchange.hsc.mb.ca.

Abstract

This study investigated the relationship between hyperarousal, sleep scheduling, and time awake in bed in a secondary data analysis. Participants were 89 adults with chronic insomnia previously involved in a randomized controlled trial of 5 weeks of computerized cognitive behavioral therapy (cCBT). At measurement periods, participants completed the Pre-Sleep Arousal Scale, 7 days of sleep diaries, and the Insomnia Severity Index. Measures were re-administered at a 4 week follow-up. Results showed that improvements in hyperarousal and time awake in bed partially mediated the impact of cCBT on sleep at follow-up but that improvements in sleep schedule consistency did not. Of these mediators, pre-sleep arousal is more significant in explaining change associated with cCBT for insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/23352048?dopt=Abstract

Psychosomatics. 2013 Jan 22. pii: S0033-3182(12)00164-8. doi: 10.1016/j.psym.2012.09.001. [Epub ahead of print]

The Development of a Patient-Centered Program Based on the Relaxation Response: The Relaxation Response Resiliency Program (3RP).

Park ER, Traeger L, Vranceanu AM, Scult M, Lerner JA, Benson H, Denninger J, Fricchione GL.

Source: Massachusetts General Hospital Benson-Henry Institute for Mind Body Medicine, Boston, MA; Department of Psychiatry, Harvard Medical School, Boston, MA. Electronic address: epark@partners.org.

Abstract

BACKGROUND:
Chronic daily stress has significant physical, emotional, and financial implications; levels of stress are increasing in the US. Dr. Benson highlighted how the mind and body function together in one's experience of the stress response and proposed the existence of the relaxation response (RR).

OBJECTIVE:
The current paper describes the foundation and development of an 8-session multimodal treatment program for coping with chronic stress: the Relaxation Response Resiliency Program (3RP).

METHODS:
We review the past decades of RR research, outline the development of the 3RP treatment, and provide an overview of the program's theory and content.

RESULTS:
Extensive research and clinical work have examined how eliciting the RR may combat stress through down-regulation of the sympathetic nervous system. Related to this work are the multidimensional constructs of resiliency and allostatic load. The 3RP is based on principles from the fields of stress management, cognitive-behavioral therapy, and positive psychology, and has three core target areas: (1) elicitation of the RR; (2) stress appraisal and coping; and (3) growth enhancement. An 8-week patient-centered treatment program has been developed, with the purpose of assisting patients with a variety of psychological and medical issues to better cope with chronic stress.

CONCLUSIONS:
Mastery of the RR is theorized to maximize one's ability to benefit from multimodal mind body strategies. The goal of the 3RP is to enhance individuals' adaptive responses to chronic stress through increasing awareness and decreasing the physiological, emotional, cognitive, and behavioral effects of the stress response, while simultaneously promoting the effects of being in the RR.

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http://www.ncbi.nlm.nih.gov/pubmed/23354388?dopt=Abstract

Nat Neurosci. 2013 Jan 28;16(2):146-53. doi: 10.1038/nn.3296. Epub 2013 Jan 28.

Implications of memory modulation for post-traumatic stress and fear disorders.

Parsons RG, Ressler KJ.

Source: Department of Psychiatry and Behavioral Sciences, Yerkes National Primate Research Center, Emory University, Atlanta, Georgia, USA.

Abstract

Post-traumatic stress disorder, panic disorder and phobia manifest in ways that are consistent with an uncontrollable state of fear. Their development involves heredity, previous sensitizing experiences, association of aversive events with previous neutral stimuli, and inability to inhibit or extinguish fear after it is chronic and disabling. We highlight recent progress in fear learning and memory, differential susceptibility to disorders of fear, and how these findings are being applied to the understanding, treatment and possible prevention of fear disorders. Promising advances are being translated from basic science to the clinic, including approaches to distinguish risk versus resilience before trauma exposure, methods to interfere with fear development during memory consolidation after a trauma, and

techniques to inhibit fear reconsolidation and to enhance extinction of chronic fear. It is hoped that this new knowledge will translate to more successful, neuroscientifically informed and rationally designed approaches to disorders of fear regulation.

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http://www.ncbi.nlm.nih.gov/pubmed/23327186?dopt=Abstract

J Neurotrauma. 2013 Jan 17. [Epub ahead of print]

Service Utilization among Iraq and Afghanistan Veterans Screening Positive for Traumatic Brain Injury.

Maguen S, Madden E, Lau KM, Seal KH.

Source: San Francisco VA Medical Center, San Francisco, United States; Shira.Maguen@va.gov.

Abstract

We compared mental health outpatient, primary care, and emergency care service utilization among veterans screening TBI-positive (S-TBI+) versus those screening TBI-negative (S-TBI-) and described associations between TBI-related symptoms and health service utilization. Our study population consisted of 1,746 Iraq and Afghanistan veterans in VA care screened for TBI between April 1, 2007 and June 1, 2010. Rates of mental health outpatient, primary care and emergency services utilization were greater for S-TBI+ veterans compared with S-TBI- veterans, even after adjusting for mental health screen results. Irritability on the initial TBI screen was associated with increased mental health outpatient utilization rates (IRR = 1.64, 95 % CI= 1.18-2.3, p<0.01). Reports of dizziness (IRR = 1.24, 95 % CI = 1.02-1.51, p <0.05) and headaches (IRR = 1.41, 95% CI = 1.16-1.7, p < 0.001) were associated with increased primary care utilization rates. Higher utilization rates among veterans who screened positive for TBI were not better explained by screening positive for comorbid mental health problems. Knowing that certain symptoms are more strongly associated with increased utilization in certain health service domains will help to better plan for the care of returning veterans who screen positive for TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/23297184

J Relig Health. 2013 Jan 8. [Epub ahead of print]

Help-Seeking from Clergy and Spiritual Counselors Among Veterans with Depression and PTSD in Primary Care.

Bonner LM, Lanto AB, Bolkan C, Watson GS, Campbell DG, Chaney EF, Zivin K, Rubenstein LV.

Source: VA Puget Sound Geriatric Research, Education and Clinical Center (GRECC) and Health Services Research & Development (HSR&D), GRECC-S-182, 1660 S. Columbian Way, Seattle, WA, 98018, USA, Laura.bonner@va.gov.

Abstract

Little is known about the prevalence or predictors of seeking help for depression and PTSD from spiritual counselors and clergy. We describe openness to and actual help-seeking from spiritual counselors among primary care patients with depression. We screened consecutive VA primary care patients for depression; 761 Veterans with probable major depression participated in telephone surveys (at baseline, 7 months, and 18 months). Participants were asked about (1) openness to seeking help for emotional problems from spiritual counselors/clergy and (2) actual contact with spiritual counselors/clergy in the past 6 months. At baseline, almost half of the participants, 359 (47.2 %), endorsed being "very" or "somewhat likely" to seek help for emotional problems from spiritual counselors; 498 (65.4 %) were open to a primary care provider, 486 (63.9 %) to a psychiatrist, and 409 (66.5 %) to another type of mental health provider. Ninety-one participants (12 %) reported actual spiritual counselor/clergy consultation. Ninety-five (10.3 %) participants reported that their VA providers had recently asked them about spiritual support; the majority of these found this discussion helpful. Participants with current PTSD symptoms, and those with a mental health visit in the past 6 months, were more likely to report openness to and actual help-seeking from clergy. Veterans with depression and PTSD are amenable to receiving help from spiritual counselors/clergy and other providers. Integration of spiritual counselors/clergy into care teams may be helpful to Veterans with PTSD. Training of such providers to address PTSD specifically may also be desirable.

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http://www.ncbi.nlm.nih.gov/pubmed/23294854

Psychiatry Res. 2013 Jan 4. pii: S0165-1781(12)00801-3. doi: 10.1016/j.psychres.2012.12.004. [Epub ahead of print]

The clinical picture of late-onset PTSD: A 20-year longitudinal study of Israeli war veterans.

Horesh D, Solomon Z, Keinan G, Ein-Dor T.

Source: Department of Psychiatry, New York University, New York, NY 10016, USA. Electronic address: Danny.Horesh@nyumc.org.

Abstract

Delayed-onset PTSD has been under medico-legal debate for years. Previous studies examining the prevalence and clinical characteristics of delayed-onset PTSD have yielded inconclusive findings. This study prospectively examines the prevalence and clinical picture of late-onset PTSD among Israeli war veterans. It also evaluates whether or not late-onset PTSD erupts after a completely non-symptomatic period. 675 Israeli veterans from the 1982 Lebanon War, with and without antecedent combat stress reaction (CSR), have been assessed 1, 2 and 20 years post-war. They were divided into 4 groups, according to the duration of delay in PTSD onset. Participants completed self-report questionnaires tapping psychopathology, combat exposure and socio-demographics. 16.5% of the veterans suffered from late-onset PTSD. A longer delay in PTSD onset was associated with less severe psychopathology.

Also, CSR was associated with a shorter delay in PTSD onset. Finally, the vast majority of veterans already suffered from PTSD symptoms prior to late PTSD onset. Our results offer further validation for the existence of delayed-onset PTSD. Delayed-onset PTSD appears to be a unique sub-type of PTSD, with an attenuated clinical picture. In addition, delayed-onset PTSD may be the result of an incubation process, wherein symptoms already exist prior to PTSD onset.

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http://www.ncbi.nlm.nih.gov/pubmed/23198502

Mil Med. 2012 Nov;177(11):1279-86.

Description of combat and operational stress control in Regional Command East, Afghanistan.

Ogle AD, Bradley D, Santiago P, Reynolds D.

Source: 66 Training Squadron/Det 3, 1025 Femoyer Street, Building 10908, Lackland Air Force Base, TX 78236, USA.

Abstract

Combat and Operational Stress Control (COSC) continues to be a vital component of medical operations in support of military forces serving in Afghanistan in Operation Enduring Freedom and elsewhere. Although numerous studies cover postdeployment mental health, and several cover in-theater conditions, data on behavioral health clinical service provision are presented here to elucidate from COSC provider "boots on the ground" how operations have been executed in one part of the Operation Enduring Freedom theater between 2007 and 2010. The most common types of stressors that led to care included combat, mission demands, home front concerns, and relationships with leaders and peers within units. Classes and consultation for sleep difficulties and anger management were of high interest. Frequent behavioral health diagnoses were depressive and anxiety disorders as well as exacerbation of a previously diagnosed condition. Management of suicidality and other psychiatric emergencies are discussed, as well as care outcomes. The authors present lessons learned regarding the importance of Operational Relationships/Tactical Politics, reducing stigma and barriers to care, collaboration with chaplains, and other strategies seen as supporting COSC success.

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http://www.ncbi.nlm.nih.gov/pubmed/23295550?dopt=Abstract

Psychother Psychosom. 2013;82(2):82-8. doi: 10.1159/000343131. Epub 2012 Dec 22.

Writing therapy for posttraumatic stress: a meta-analysis.

van Emmerik AA, Reijntjes A, Kamphuis JH.

Source: Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

Background: Face-to-face psychological treatments have difficulty meeting today's growing mental health needs. For the highly prevalent posttraumatic stress (PTS) conditions, accumulating evidence suggests that writing therapy may constitute an efficient treatment modality, especially when administered through the Internet. We therefore conducted a meta-analysis to investigate the efficacy of writing therapies for PTS and comorbid depressive symptoms. Methods: The literature was searched using several structured and unstructured strategies, including key word searches of the PubMed, Web of Science, PsycINFO, and PILOTS databases. Six studies met eligibility criteria and were included in the analyses. These studies included a total of 633 participants, of which 304 were assigned to writing therapy. Results: Across 5 direct comparisons of writing therapy to waiting-list control, writing therapy resulted in significant and substantial short-term reductions in PTS and comorbid depressive symptoms. There was no difference in efficacy between writing therapy and trauma-focused cognitive behavioral therapy, but we caution that this finding was based on only 2 direct comparisons. Conclusions: Writing therapy is an evidence-based treatment for PTS, and constitutes a useful treatment alternative for patients who do not respond to other evidence-based treatments. Internet adaptations of writing therapy for PTS may be especially useful for reaching trauma survivors in need of evidence-based mental health care who live in remote areas or who prefer to retain their anonymity.

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http://www.ncbi.nlm.nih.gov/pubmed/23296143?dopt=Abstract

Arch Phys Med Rehabil. 2013 Jan 4. pii: S0003-9993(13)00002-6. doi: 10.1016/j.apmr.2013.01.001. [Epub ahead of print]

Prospective evaluation of the nature, course, and impact of acute sleep abnormality following TBI.

Nakase-Richardson R, Sherer M, Barnett SD, Yablon SA, Evans CC, Kretzmer T, Schwartz DJ, Modarres M.

Source: Department of Mental Health and Behavioral Sciences, James A. Haley Veterans' Hospital, Tampa, FL, USA; Research Center of Excellence for Maximizing Rehabilitation Outcomes, Tampa, FL, USA; University of South Florida, Tampa, FL, USA. Electronic address: Risa.Richardson@va.gov.

Abstract

OBJECTIVE:
To prospectively characterize the prevalence, course, and impact of acute sleep abnormality among traumatic brain injury (TBI) neurorehabilitation admissions.

DESIGN:
Prospective observational study. Setting: Free-standing rehabilitation hospital.

PARTICIPANTS:
Primarily severe TBI (Median emergency department GCS=7; N=205) who were mostly male (71%), and Caucasian (68%) evaluated during acute neurorehabilitation.

INTERVENTIONS:
None.

MAIN OUTCOME MEASURE:
Delirium Rating Scale-Revised-98 (DelRS-R98) was administered weekly throughout rehabilitation hospitalization. DelRS-R98 Item 1 was used to classify severity of sleep-wake cycle disturbance (SWCD) as none, mild, moderate, and severe. SWCD ratings were analyzed both serially and at one-month post-injury.

RESULTS:
For entire sample, 66% (mild-severe) had SWCD at one-month post injury. Course of SWCD using a subset (N=152) revealed 84% having SWCD on rehabilitation admission with 63% having moderate to severe ratings (median 24 days post injury; DPI). By the third serial exam (Median 35 DPI), 59% remained with SWCD and 28% having moderate to severe ratings. Using General Linear Modeling and adjusting for age, ED-GCS, and DPI, presence of moderate to severe SWCD at one-month post injury made significant contributions in predicting duration of post-traumatic amnesia ($p < .01$) and rehabilitation hospital length of stay ($p < .01$).

CONCLUSION:
Results suggest that sleep abnormalities after TBI are prevalent and decrease over time. However, a high percent remain with SWCD throughout the course of rehabilitation intervention. Given the brevity of inpatient neurorehabilitation, future studies may explore targeting SWCD to improve early outcomes such as cognitive functioning and economic impact following TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/22832540?dopt=Abstract

Psychother Psychosom. 2012;81(5):296-304. doi: 10.1159/000332755. Epub 2012 Jul 20.

Mindfulness-based cognitive therapy improves polysomnographic and subjective sleep profiles in antidepressant users with sleep complaints.

Britton WB, Haynes PL, Fridel KW, Bootzin RR.

Source: Department of Psychiatry and Human Behavior, Brown University Medical School, Providence, RI 02906, USA. willoughby_britton @ brown.edu

Abstract

BACKGROUND:
Many antidepressant medications (ADM) are associated with disruptions in sleep continuity that can compromise medication adherence and impede successful treatment. The present study investigated whether mindfulness meditation (MM) training could improve self-reported and objectively measured polysomnographic (PSG) sleep profiles in depressed individuals who had achieved at least partial remission with ADM, but still had residual sleep complaints.

METHODS:
Twenty-three ADM users with sleep complaints were randomized into an 8-week Mindfulness-Based Cognitive Therapy (MBCT) course or a waitlist control condition. Pre-post measurements included PSG sleep studies and subjectively reported sleep, residual depression symptoms.

RESULTS:
Compared to controls, the MBCT participants improved on both PSG and subjective measures of sleep. They showed a pattern of decreased wake time and increased sleep efficiency. Sleep depth, as measured by stage 1 and slow-wave sleep, did not change as a result of mindfulness training.

CONCLUSIONS:
MM is associated with increases in both objectively and subjectively measured sleep continuity in ADM users. MM training may serve as more desirable and cost-effective alternative to discontinuation or supplementation with hypnotics, and may contribute to a more sustainable recovery from depression.

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http://www.ncbi.nlm.nih.gov/pubmed/23356126?dopt=Abstract

Mil Med. 2013 Jan;178(1):95-9.

Service utilization following participation in cognitive processing therapy or prolonged exposure therapy for post-traumatic stress disorder.

Meyers LL, Strom TQ, Leskela J, Thuras P, Kehle-Forbes SM, Curry KT.

Source: Minneapolis VA Health Care System, One Veterans Drive (I16A), Minneapolis, MN 55417, USA.

Abstract

This study evaluated the impact of a course of prolonged exposure or cognitive processing therapy on mental health and medical service utilization and health care service costs provided by the Department of Veterans Affairs (VA). Data on VA health service utilization and health care costs were obtained from national VA databases for 70 veterans who completed prolonged exposure or cognitive processing therapy at a Midwestern VA medical center. Utilization of services and cost data were examined for the

year before and after treatment. Results demonstrated a significant decrease in the use of individual and group psychotherapy. Direct costs associated with mental health care decreased by 39.4%. Primary care and emergency department services remained unchanged.

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http://www.ncbi.nlm.nih.gov/pubmed/23359095?dopt=Abstract

CNS Drugs. 2013 Jan 29. [Epub ahead of print]

Orexin (Hypocretin) Receptor Agonists and Antagonists for Treatment of Sleep Disorders : Rationale for Development and Current Status.

Mieda M, Sakurai T.

Source: Department of Molecular Neuroscience and Integrative Physiology, Faculty of Medicine, Kanazawa University, 13-1 Takara-machi, Kanazawa, Ishikawa, 920-8640, Japan, mieda@med.kanazawa-u.ac.jp.

Abstract

Orexin A and orexin B are hypothalamic neuropeptides initially identified as endogenous ligands for two orphan G-protein coupled receptors (GPCRs). They play critical roles in the maintenance of wakefulness by regulating function of monoaminergic and cholinergic neurons that are implicated in the regulation of wakefulness. Loss of orexin neurons in humans is associated with narcolepsy, a sleep disorder characterized by excessive daytime sleepiness and cataplexy, further suggesting the particular importance of orexin in the maintenance of the wakefulness state. These findings have encouraged pharmaceutical companies to develop drugs targeting orexin receptors as novel medications of sleep disorders, such as narcolepsy and insomnia. Indeed, phase III clinical trials were completed last year of suvorexant, a non-selective (dual) antagonist for orexin receptors, for the treatment of primary insomnia, and demonstrate promising results. The New Drug Application (NDA) for suvorexant has been submitted to the US FDA. Thus, the discovery of a critical role played by the orexin system in the regulation of sleep/wakefulness has opened the door of a new era for sleep medicine.

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http://www.ncbi.nlm.nih.gov/pubmed/23356827?dopt=Abstract

Sociol Health Illn. 2013 Jan 29. doi: 10.1111/1467-9566.12022. [Epub ahead of print]

Life in and after the Armed Forces: social networks and mental health in the UK military.

Hatch SL, Harvey SB, Dandeker C, Burdett H, Greenberg N, Fear NT, Wessely S.

Source: Department of Psychological Medicine, King's College London, Institute of Psychiatry, London UK Department of War Studies, King's College London, UK King's Centre for Military Health Research, King's

College London, UK Academic Centre for Defence Mental Health, King's College London, UK School of Psychiatry, University of New South Wales, Sydney, Australia.

Abstract

This study focuses on the influence of structural aspects of social integration (social networks and social participation outside work) on mental health (common mental disorders (CMD), that is, depression and anxiety symptoms, post-traumatic stress disorder (PTSD) symptoms and alcohol misuse). This study examines differences in levels of social integration and associations between social integration and mental health among service leavers and personnel still in service. Data were collected from regular serving personnel (n = 6511) and regular service leavers (n = 1753), from a representative cohort study of the Armed Forces in the UK. We found that service leavers reported less social participation outside work and a general disengagement with military social contacts in comparison to serving personnel. Service leavers were more likely to report CMD and PTSD symptoms. The increased risk of CMD but not PTSD symptoms, was partially accounted for by the reduced levels of social integration among the service leavers. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for service leavers only.

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http://www.ncbi.nlm.nih.gov/pubmed/23356128?dopt=Abstract

Mil Med. 2013 Jan;178(1):107-14.

Unmet need for treatment of substance use disorders and serious psychological distress among veterans: a nationwide analysis using the NSDUH.

Golub A, Vazan P, Bennett AS, Liberty HJ.

Source: National Development and Research Institutes, 71 West 23rd Street, 8th Floor, New York, NY 10010, USA.

Abstract

Many veterans returning from Afghanistan and Iraq experience serious mental health (MH) concerns including substance use disorders (SUD), post-traumatic stress disorder, traumatic brain injury, depression, or serious psychological distress (SPD). This article uses data from the 2004 to 2010 National Survey on Drug Use and Health to examine the prevalence of unmet MH needs among veterans aged 21 to 34 in the general population. The prevalence of untreated SUD among veterans (16%) was twice as high as untreated SPD (8%), a nonspecific diagnosis of serious MH concerns. Surprisingly, similar rates of untreated SUD and SPD were found among a nonveteran comparison sample matched on gender and

age. These findings suggest that reducing unmet need for MH treatment for veterans in the general population may require improving outreach to all Americans and creating greater acceptance for MH treatment. The need for further analyses of reasons for not obtaining treatment is discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23356127?dopt=Abstract

Mil Med. 2013 Jan;178(1):100-6.

Dehydroepiandrosterone and dehydroepiandrosterone sulfate: anabolic, neuroprotective, and neuroexcitatory properties in military men.

Taylor MK.

Source: Behavioral Sciences Lab, Department of Behavioral Sciences and Epidemiology, Naval Health Research Center, San Diego, CA 92106, USA.

Abstract

Evidence links dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEAS) to crucial military health issues, including operational stress, resilience, and traumatic brain injury. This study evaluated the anabolic, neuroprotective, and neuroexcitatory properties of DHEA(S) in healthy military men. A salivary sample was obtained from 42 men and assayed for DHEA(S), testosterone, nerve growth factor (NGF; which supports nerve cell proliferation), and salivary alpha amylase (sAA; a proxy of sympathetic nervous system function). Separate regression analyses were conducted with DHEA and DHEAS as independent variables, and testosterone, NGF, and sAA as dependent variables, respectively. The models explained 23.4% of variance in testosterone ($p < 0.01$), 17.2% of variance in NGF ($p < 0.01$), and 7.4% of variance in sAA ($p = 0.09$). Standardized beta coefficients revealed that DHEA independently influenced testosterone (beta = 0.40, $p < 0.01$), whereas DHEAS independently influenced NGF (beta = 0.48, $p < 0.01$) and sAA (beta = 0.36, $p < 0.05$). DHEA demonstrated anabolic properties, whereas DHEAS demonstrated neuroprotective and neuroexcitatory properties in military men. This area of study has broad implications for stress inoculation, traumatic brain injury rehabilitation, and regenerative medicine in military personnel.

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http://www.ncbi.nlm.nih.gov/pubmed/23356112?dopt=Abstract

Mil Med. 2013 Jan;178(1):11-7.

Occurrence of secondary insults of traumatic brain injury in patients transported by critical care air transport teams from Iraq/Afghanistan: 2003-2006.

Dukes SF, Bridges E, Johantgen M.

Source: United States Air Force School of Aerospace Medicine, 2510 5th Street, Wright-Patterson AFB, OH 45433, USA.

Abstract

Traumatic brain injury patients are susceptible to secondary insults to the injured brain. A retrospective cohort study was conducted to describe the occurrence of secondary insults in 63 combat casualties with severe isolated traumatic brain injury who were transported by the U.S. Air Force Critical Care Air Transport Teams (CCATT) from 2003 through 2006. Data were obtained from the Wartime Critical Care Air Transport Database, which describes the patient's physiological state and care as they are transported across the continuum of care from the area of responsibility (Iraq/Afghanistan) to Germany and the United States. Fifty-three percent of the patients had at least one documented episode of a secondary insult. Hyperthermia was the most common secondary insult and was associated with severity of injury. The hyperthermia rate increased across the continuum, which has implications for en route targeted temperature management. Hypoxia occurred most frequently within the area of responsibility, but was rare during CCATT flights, suggesting that concerns for altitude-induced hypoxia may not be a major factor in the decision when to move a patient. Similar research is needed for polytrauma casualties and analysis of the association between physiological status and care across the continuum and long-term outcomes.

Links of Interest

Our Boots Have Been on the Ground
http://www.slate.com/articles/news_and_politics/politics/2013/01/leon_panetta_lifts_combat_ban_on_women_the_pentagon_s_announcement_finally.html

$475 million SOCOM contract to help special forces deal with stress
http://www2.tbo.com/news/military-news/2013/jan/24/2/475-million-socom-contract-to-help-special-forces-ar-615461/

U.S. Vets With Gulf War Syndrome Need Individualized Treatment: Report
http://www.nlm.nih.gov/medlineplus/news/fullstory_133352.html

Experiencing assault a possible risk factor for military suicide
http://www.americanhomecomings.com/news/2013/01/24/experiencing-assault-a-possible-risk-factor-for-military-suicide/

Soldier relives traumatic experience, implores others to seek help
http://www.army.mil/article/94697/Soldier_relives_traumatic_experience__implores_others_to_seek_help/

When the Bullets Flew, 'They Didn't Care That I Was a Woman'
http://www.nytimes.com/2013/01/25/us/from-front-lines-women-offer-evidence-on-ability-in-combat.html

The Old Man And The Tee
http://sportsillustrated.cnn.com/vault/article/magazine/MAG1206762/index.htm
("Can Nathan Noble, a 29-year-old combat veteran who was discovered on YouTube, make it as a d--i placekicker? He's walking on at Wyoming, where he hopes to do more than boot a few game-winners. He's trying to rediscover a sense of purpose.")

'Like an airborne disease': Concern grows about military suicides spreading within families
http://usnews.nbcnews.com/_news/2013/01/16/16540098-like-an-airborne-disease-concern-grows-about-military-suicides-spreading-within-families

His brother's death was the tipping point
http://maketheconnection.net/events/death-family-friends
("Tim had already dealt with trouble sleeping and with flashbacks after his experiences in Vietnam. But his brother's untimely death was the last straw that led Tim to seek help from VA.")

CSF2 provides family members, Army civilians with better resilience training tools
http://www.army.mil/article/94508/CSF2_provides_family_members__Army_civilians_with_better_resilience_training_tools/

Unintended pregnancies on the rise in servicewomen
http://www.nlm.nih.gov/medlineplus/news/fullstory_133421.html

Reliving Horror and Faint Hope at Massacre Site
http://www.nytimes.com/2013/01/29/nyregion/horrors-of-newtown-shooting-scene-are-slow-to-fade.html
("Our concern from the beginning has been the effects of PTSD," said Eric Brown, a lawyer for the union that represents the Newtown police. "We estimate it is probably going to be 12 to 15 Newtown officers who are going to be dealing with that, for the remainder of their careers, we imagine, from what we've been told by professionals who deal with PTSD.")

I killed people in Afghanistan. Was I right or wrong?
http://www.washingtonpost.com/opinions/i-killed-people-in-afghanistan-was-i-right-or-wrong/2013/01/25/c0b0d5a6-60ff-11e2-b05a-605528f6b712_story.html

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Research Tip of the Week: 104 Recent Studies of Resilience

This resource, flagged by Dr. Riggs, is a collection of citations of articles dealing with resilience published in 2012. This page is part of a large site curated by Ken Pope, Ph.D., ABPP, that we've referenced in the

Research Update before. As usual, if you see anything here that you want to read and need assistance in obtaining the full text, I can usually help.

Resilience Studies Published in 2012

skip navigation
home
using this site
change text & contrast
TOPICS ON THIS SITE
alzheimer's & other dementias
assessment
Bev Greene: 9-11
boundaries
cancer resources
caregiver resources
compassion & empathy
coronary heart disease
Carolyn Payton
clinicians' self-care & well-being resources
detainee interrogations
end-of-life, nursing homes, hospices
ethics codes

home » resilience

104 Recent Studies of Resilience

Ken Pope, Ph.D., ABPP

PLEASE NOTE: This site is designed to be fully accessible for people with disabilities; please follow this link to change text size, color, or contrast; please follow this link for other accessibility functions for those with visual, mobility, and other disabilities.

The purpose of the web page is to help clinicians, researchers, and others to keep abreast of the evolving research on resilience.

The following list provides the citations for and excerpts from 104 studies of resilience published in 2012:

1. Anderson, K. M. and E. J. Bang (2012). "Assessing PTSD and resilience for females who during childhood were exposed to domestic violence." Child & Family Social Work 17(1): 55-65.

   "This study examined 68 females, who as children were exposed to domestic violence, to explore childhood risk and protective factors and their relationship to adult levels of post-traumatic stress disorder (PTSD) and resilience. Independent sample t-tests indicated significant differences in PTSD levels between participants with and without police involvement during childhood. There were also significant differences in PTSD levels between participants who reported their mothers had mental-health problems with those who did not. Additionally, participants whose mothers had full-time steady employment had significantly higher resilience than those with mothers who did not work or worked inconsistently."

2. Arnold, S. E., N. Louneva, et al. (2012). "Cellular, synaptic, and biochemical features of resilient cognition in Alzheimer's disease." Neurobiology of Aging (in press).

   "The [Alzheimer's Disease]-Resilient group exhibited preserved densities of synaptophysin-labeled presynaptic terminals and synaptopodin-labeled dendritic spines compared with the AD-Dementia group, and increased densities of glial fibrillary acidic protein astrocytes compared with both the AD-Dementia and Normal Comparison groups. Further, in a discovery-type antibody microarray protein analysis, we identified a number of candidate protein abnormalities that were associated with a particular diagnostic group."

3. Baker, D. G., W. P. Nash, et al. (2012). "Predictors of risk and resilience for posttraumatic stress disorder among ground combat Marines: methods of the Marine Resiliency Study." Preventing Chronic Disease 9: E97.

   "The Marine Resiliency Study (MRS) is a prospective study of factors predictive of posttraumatic stress disorder (PTSD) among approximately 2,600 Marines in 4 battalions deployed to Iraq or Afghanistan.... The CHAMPS database showed that 7.4% of the Marines enrolled in MRS had at least 1 mental health diagnosis. Of enrolled Marines, approximately half (51.3%) had prior deployments. We found a moderate positive relationship between deployment history and PTSD prevalence in these baseline data."

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