CDP Research Update -- February 7, 2013

What's here:

- Suicide Data Report, 2012 (VA)
- Sleep Disorders and Associated Medical Comorbidities in Active Duty Military Personnel.
- The relation of mild traumatic brain injury to chronic lapses of attention.
- The Impact of Posttraumatic Stress Disorder on Blood Pressure and Heart Rate in a Veteran Population.
- Morale as a Moderator of the Combat Exposure-PTSD Symptom Relationship.
- Nightmares and Dysfunctional Beliefs about Sleep Mediate the Effect of Insomnia Symptoms on Suicidal Ideation.
- Behavioral interventions for insomnia: Theory and practice.
- Sleep and activity monitoring for Returning Soldier Adjustment Assessment.
- Sleep hygiene program implementation in patients with traumatic brain injury.
- Evaluating the effectiveness of reasoning training in military and civilian chronic traumatic brain injury patients: study protocol.
- Consistency and Validity of Self-reporting Scores in Stress Measurement Surveys.
- Psychological trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial.
- Guided online treatment in routine mental health care: an observational study on uptake, drop-out and effects.
- A Tool for the Culturally Competent Assessment of Suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure.
- Patterns of Illness Explaining the Associations between Posttraumatic Stress Disorder and the Use of CT.

- Uniformity of evidence-based treatments in practice? Therapist effects in the delivery of cognitive processing therapy for PTSD.
- An Evaluation of the Veterans Affairs Traumatic Brain Injury Screening Process Among Operation Enduring Freedom and/or Operation Iraqi Freedom Veterans.
- Employment Status of Veterans Receiving Substance Abuse Treatment From the U.S. Department of Veterans Affairs.
- Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors.
- The concept of psychological resiliency or danger flexibility in the military.
- Randomized Controlled Trial of Sertraline, Prolonged Exposure Therapy and their Combination in OEF/OIF Combat Veterans with PTSD.
- Pharmacotherapy for Posttraumatic Stress Disorder.
- Assessing Suicide Risk in Veterans: The Role of the Nurse Practitioner.
- Intolerance of Uncertainty: A Common Factor in the Treatment of Emotional Disorders.
- Effectiveness of and dropout from outpatient cognitive behavioral therapy for adult unipolar depression: A meta-analysis of nonrandomized effectiveness studies.'
- Losing the Symptoms: Weight Loss and Decrease in Posttraumatic Stress Disorder Symptoms.
- Association between Posttraumatic Stress Disorder and Inflammation: A Twin Study.
- The More the Merrier? Working Towards Multidisciplinary Management of Obstructive Sleep Apnea and Comorbid Insomnia.
- Cognitive behavioral treatment of insomnia.
- Cognitive behavioral treatments for posttraumatic stress disorder: Empirical foundation and new directions.
- Efficacy of cranial electric stimulation for the treatment of insomnia: A randomized pilot study.
- Interfering with the reconsolidation of traumatic memory: Sirolimus as a novel agent for treating veterans with posttraumatic stress disorder.
- Comparing PTSD Among Returning War Veterans; Post-Traumatic Stress Disorder (PTSD) Among Returning Afghanistan and Iraq Wars Veterans. Symptoms and Suffering Similar To Ordeals of Persian Gulf and Vietnam War Veterans.

- Links of Interest
- Research Tip of the Week: National Library of Medicine – Gallery of Mobile Apps and Sites

---

http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf

Suicide Data Report, 2012

Department of Veterans Affairs

Mental Health Services, Suicide Prevention Program

Janet Kemp, RN PhD; Robert Bossarte, PhD

Major findings of the report include:

- While the percentage of all suicides reported as Veterans has decreased, the number of suicides has increased.
- A majority of Veteran suicides are among those age 50 years and older. Male Veterans who die by suicide are older than non-Veteran males who die by suicide.
- The age distribution of Veteran and non-Veteran women who have died from suicide is similar. The demographic characteristics of Veterans who have died from suicide are similar among those with and without a history of VHA service use.
- Among those at risk, the first 4 weeks following service require intensive monitoring and case management (which verifies the importance of the Enhanced Care Package for those at high risk).
- There is preliminary evidence in 2012 indicating a decrease in the rate of non-fatal suicide events for VHA utilizing Veterans.
- Decreasing rates of non-fatal suicide events are associated with increasing age. The data show a decrease in the 12 month re-event prevalence in fiscal year (FY) 2012.
- The majority of Veterans who have a suicide event were last seen in an outpatient setting. A high prevalence of non-fatal suicide events result from overdose or other intentional poisoning.
- Continued increases in calls to the Veterans Crisis Line may be associated with efforts to enhance awareness of VHA services through public education campaigns.
- The majority of callers to the Veterans Crisis Line are male and between the ages of 50-59.
- Differences in the age composition of callers to the Veterans Crisis Line are associated with gender.

- A large percentage of callers to the Veterans Crisis Line are identified as Veterans.
- Approximately 19 percent of callers to the Veterans Crisis Line call more than once each month.
- The percentage of callers to the Veterans Crisis Line who are currently thinking of suicide has decreased.
- The percentage of all calls resulting in a rescue has decreased, indicating that the calls are less emergent and callers are using the Crisis Line earlier. The percentage of callers receiving a referral for follow-up care is increasing.
- Approximately 93 percent of all Veterans Crisis Line referrals are made to callers with a history of VHA service use in the past 12 months. Service use continues to increase following a referral for care.
- Between FY 2009 – FY 2011, use of inpatient and outpatient services increased following a rescue.
- The 12 month re-event prevalence has decreased among those who have been rescued or received a referral for follow-up care.

---

http://www.ncbi.nlm.nih.gov/pubmed/23372263?dopt=Abstract

Sleep. 2013 Feb 1;36(2):167-174.

Sleep Disorders and Associated Medical Comorbidities in Active Duty Military Personnel.

Mysliwiec V, McGraw L, Pierce R, Smith P, Trapp B, Roth BJ.

Source: Madigan Army Medical Center, Joint Base Lewis-McChord, Tacoma, WA.

Abstract

STUDY OBJECTIVES:
Describe the prevalence of sleep disorders in military personnel referred for polysomnography and identify relationships between demographic characteristics, comorbid diagnoses, and specific sleep disorders.

DESIGN:
Retrospective cross-sectional study.

SETTING:
Military medical treatment facility.

PARTICIPANTS:
Active duty military personnel with diagnostic polysomnogram in 2010.

MEASUREMENTS:
Primary sleep disorder rendered by review of polysomnogram and medical record by a board certified sleep medicine physician. Demographic characteristics and conditions of posttraumatic stress disorder (PTSD), mild traumatic brain injury (mTBI), anxiety, depression, and pain syndromes determined by medical record review.

RESULTS:
Primary sleep diagnoses (n = 725) included: mild obstructive sleep apnea (OSA), 207 (27.2%); insomnia, 188 (24.7%); moderate-to-severe OSA, 183 (24.0 %); and paradoxical insomnia,39 (5.1%); behaviorally induced insufficient sleep syndrome, 68 (8.9%) and snoring, 40 (5.3%) comprised our control group. Short sleep duration (< 5 h) was reported by 41.8%. Overall 85.2% had deployed, with 58.1% having one or more comorbid diagnoses. Characteristics associated with moderate-to-severe OSA were age (adjusted odds ratio [OR], 1.03 [95% confidence interval {CI}, 1.0-1.05], sex (male) (adjusted OR, 19.97 [95% CI, 2.66-150.05], anxiety (adjusted OR, 0.58 [95% CI, 0.34-0.99]), and body mass index, BMI (adjusted OR 1.19 [95% CI, 1.13-1.25]; for insomnia, characteristics included PTSD (adjusted OR, 2.12 [95% CI, 1.31-3.44]), pain syndromes (adjusted OR, 1.48 [95%CI, 1.01-2.12]), sex (female) (adjusted OR, 0.22 [95% CI, 0.12-0.41]) and lower BMI (adjusted OR, 0.91 [95% CI, 0.87, 0.95]).

CONCLUSIONS:
Service-related illnesses are prevalent in military personnel who undergo polysomnography with significant associations between PTSD, pain syndromes, and insomnia. Despite having sleep disorders, almost half reported short sleep duration. Multidisciplinary assessment and treatment of military personnel with sleep disorders and service-related illnesses are required.

CITATION:
Mysliwiec V; McGraw L; Pierce R; Smith P; Trapp B; Roth BJ. Sleep disorders and associated medical comorbidities in active duty military personnel. SLEEP 2013;36(2):167-174.

---

http://www.ncbi.nlm.nih.gov/pubmed/23367818?dopt=Abstract

Res Q Exerc Sport. 2012 Dec;83(4):553-9.

The relation of mild traumatic brain injury to chronic lapses of attention.

Pontifex MB, Broglio SP, Drollette ES, Scudder MR, Johnson CR, O'Connor PM, Hillman CH.

Source: Department of Kinesiology at Michigan State University, East Lansing 48824-1049, USA. pontifex@msu.edu

Abstract

We assessed the extent to which failures in sustained attention were associated with chronic mild traumatic brain injury (mTBI) deficits in cognitive control among college-age young adults with and without a history of sport-related concussion. Participants completed the ImPACT computer-based assessment and a modified flanker task. Results indicated that a history of mTBI, relative to healthy controls, was associated with inferior overall flanker task performance with a greater number of omission errors and more frequent sequentially occurring omission errors. Accordingly, these findings suggest that failures in the ability to maintain attentional vigilance may, in part, underlie mTBI-related cognition deficits.

---

http://www.ncbi.nlm.nih.gov/pubmed/23371434?dopt=Abstract

J Trauma Stress. 2013 Jan 31. doi: 10.1002/jts.21785. [Epub ahead of print]

The Impact of Posttraumatic Stress Disorder on Blood Pressure and Heart Rate in a Veteran Population.

Paulus EJ, Argo TR, Egge JA.

Source: Advocate Medical Group, Clinical Pharmacy Department, Chicago, Illinois, USA.

Abstract

Hyperarousal is a hallmark of posttraumatic stress disorder (PTSD). PTSD has been associated with increased blood pressure (BP) and heart rate (HR) in veteran populations. We retrospectively identified male patients consulted to outpatient psychiatry at the Iowa City Veterans Affairs Healthcare System. Patients were divided into PTSD (n = 88) and non-PTSD (n = 98) groups. All PTSD patients and a subset of non-PTSD patients had documented blast exposure during service. The study investigated whether patients with PTSD had higher systolic blood pressure (SBP), diastolic blood pressure (DBP), and heart rate (HR) than patients without PTSD. The effect of trauma exposure on BP was also examined. Mean SBP (133.8 vs. 122.3 mm Hg; $p < .001$), DBP (87.6 vs. 78.6 mm Hg; $p < .001$), and HR (78.9 vs. 73.1 bpm; $p < .001$) were all significantly higher in the PTSD group. Trauma-exposed patients without PTSD had significantly higher BP than nonexposed patients. The prevalence of hypertension (HTN) was 34.1% (diagnosed and undiagnosed) among PTSD patients. Patients with PTSD had higher BP and HR compared to patients without PTSD. Trauma exposure may increase BP in this population. These findings will increase awareness about the cardiovascular implications of PTSD.

---

http://www.ncbi.nlm.nih.gov/pubmed/23371305?dopt=Abstract

J Trauma Stress. 2013 Jan 31. doi: 10.1002/jts.21775. [Epub ahead of print]

Morale as a Moderator of the Combat Exposure-PTSD Symptom Relationship.

Britt TW, Adler AB, Bliese PD, Moore D.

Source: Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring, Maryland, USA; U.S. Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, Heidelberg, Germany; Clemson University, Clemson, South Carolina, USA.

Abstract

We examined morale as a moderator of the relationship between combat exposure and posttraumatic stress disorder (PTSD) symptoms in a longitudinal study of U.S. soldiers who had participated in a deployment to Iraq. Soldiers (N = 636) completed assessments at 4 (Time 1) and 10 (Time 2) months following their combat deployment. Combat exposure (both breadth and perceived stressfulness), morale, and PTSD symptoms were assessed at Time 1, and PTSD symptoms were assessed again at Time 2. Results of multivariate multiple regressions revealed that morale at Time 1 interacted with both the breadth and stressfulness of combat exposure to predict PTSD symptoms at both Time 1 and Time 2, even when partialling out the effect of unit support. The slope of the given combat exposure and PTSD symptoms relationship was weaker when reports of morale were higher (with the effect size of the interaction ranging from .01 to .04). The results suggest that morale may buffer soldiers from the negative consequences of combat stressors.

---

http://www.ncbi.nlm.nih.gov/pubmed/23372466?dopt=Abstract

J Clin Sleep Med. 2013 Feb 1;9(2):135-140.

Nightmares and Dysfunctional Beliefs about Sleep Mediate the Effect of Insomnia Symptoms on Suicidal Ideation.

McCall WV, Batson N, Webster M, Case LD, Joshi I, Derreberry T, McDonough A, Farris SR.

Source: Department of Psychiatry and Behavioral Medicine, Wake Forest University School of Medicine, Winston-Salem, NC ; Department of Psychiatry and Health Behavior, Georgia Health Sciences University, Augusta, GA.

Abstract

STUDY OBJECTIVES:
Many studies have reported a positive association between sleep problems and suicidal ideation. Some

prospective studies in the elderly have shown that insomnia is a risk factor for suicide death after controlling for other depressive symptoms. However, hypotheses to explain how this risk is mediated have not previously been assessed. We tested the hypothesis that insomnia symptoms are related to suicidal ideation through mediation by dysfunctional beliefs and attitudes about sleep and/or nightmares.

METHODS:
We measured symptoms of depression, hopelessness, insomnia severity, dysfunctional beliefs and attitudes about sleep, nightmares, and suicidal ideation intensity on a convenience sample of 50 patients with depressive disorders, including 23 outpatients, 16 inpatients, and 11 suicidal ED patients. Mediation analysis was used to assess the indirect effects of insomnia symptoms on suicidal ideation through dysfunctional beliefs about sleep and through nightmares.

RESULTS:
Our findings again confirmed a positive association between insomnia symptoms and the intensity of suicidal ideas in depressed patients (b = 0.64, 95% CI = [0.14, 1.15]). However, we extended and clarified our earlier findings by now showing that dysfunctional beliefs and attitudes about sleep as well as nightmares may mediate the association between insomnia symptoms and suicidal ideation. The indirect effects of insomnia symptoms through dysfunctional beliefs about sleep and through nightmares were 0.38 (-0.03, 0.97) and 0.35 (0.05, 0.75), respectively.

CONCLUSIONS:
Nightmares as well as dysfunctional beliefs and attitudes about sleep each are positively and independently related to the intensity of suicidal ideation, and the effect of insomnia symptoms appears to be mediated through these two variables.

CITATION:
McCall WV; Batson N; Webster M; Case LD; Joshi I; Derreberry T; McDonough A; Farris SR. Nightmares and dysfunctional beliefs about sleep mediate the effect of insomnia symptoms on suicidal ideation. J Clin Sleep Med 2013;9(2):135-140.

---

http://www.ncbi.nlm.nih.gov/pubmed/23372241?dopt=Abstract

Indian J Psychiatry. 2012 Oct;54(4):359-366.

Behavioral interventions for insomnia: Theory and practice.

Sharma MP, Andrade C.

Source: Department of Clinical Psychology, National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India.

Abstract

Insomnia is a general clinical term that refers to a difficulty in initiating or maintaining sleep. Insomnia is widely prevalent in the general population, especially in the elderly and in those with medical and psychiatric disorders. Hypnotic drug treatments of insomnia are effective but are associated with potential disadvantages. This article presents an overview of behavioral interventions for insomnia. Behavioral interventions for insomnia include relaxation training, stimulus control therapy, sleep restriction therapy, sleep hygiene, paradoxical intention therapy, cognitive restructuring, and other approaches. These are briefly explained. Research indicates that behavioral interventions are efficacious, effective, and likely cost-effective treatments for insomnia that yield reliable, robust, and long-term benefits in adults of all ages. Detailed guidance is provided for the practical management of patients with insomnia.

---

http://www.ncbi.nlm.nih.gov/pubmed/23366346

Conf Proc IEEE Eng Med Biol Soc. 2012 Aug;2012:2144-8. doi: 10.1109/EMBC.2012.6346385.

Sleep and activity monitoring for Returning Soldier Adjustment Assessment.

Yardibi T, Cleary D, Wood J, Stachura M, Wood E, Dicks A.

Abstract

This paper describes the development of unobtrusive room sensors to discover relationships between sleep quality and the clinical assessments of combat soldiers suffering from post-traumatic stress disorder (PTSD) and mild traumatic brain injury (TBI). We consider the use of a remote room sensor unit composed of a Doppler radar, light, sound and other room environment sensors. We also employ an actigraphy watch. We discuss sensor implementation, radar data analytics and preliminary results using real data from a Warrior Transition Battalion located in Fort Gordon, GA. Two radar analytical approaches are developed and compared against the actigraphy watch estimates - one, emphasizing system knowledge; and the other, clustering on several radar signal features. The radar analytic algorithms are able to estimate sleep periods, signal absence and restlessness in the bed. In our test cases, the radar estimates are shown to agree with the actigraphy watch. PTSD and mild-TBI soldiers do often show signs of sporadic and restless sleep. Ongoing research results are expected to provide further insight.

---

http://www.ncbi.nlm.nih.gov/pubmed/23365000

Rehabil Nurs. 2013 Jan-Feb;38(1):2-10. doi: 10.1002/rnj.66.

Sleep hygiene program implementation in patients with traumatic brain injury.

De La Rue-Evans L, Nesbitt K, Oka RK.

Source: Department of Nursing, VA Palo Alto Health Care System, Palo Alto, California, USA.

Abstract

PURPOSE:
Traumatic brain injury (TBI) is a serious public health problem. The impact of TBI on the individual is multifaceted and includes neurocognitive, behavioral, and psychiatric disturbances as well as greater predisposition for dementia. A common but significant problem reported by patients after TBI is sleep disturbance. The purpose of this manuscript is twofold: (1) to describe our experience with implementation of the newly developed sleep hygiene guidelines; and (2) to report our preliminary results of implementation of the sleep hygiene guidelines on TBI patient outcomes.

METHODS:
A mixed methods approach was used to assess implementation of sleep hygiene guidelines and to gather preliminary data on outcomes.

RESULTS:
Although not statistically significant, the average self-reported sleep duration of these TBI patients was slightly higher in 2010 than 2009, with a FIM score that was similar for both time points. In 2009, the mean change in functional independence measure (FIM) score (n = 34) was 1.44. In 2010, the mean change in FIM score (n = 33) was 1.42. In 2009, most patients (n = 13) admitted to the hospital continued to take medications and were discharged with a sleep aid. In 2010, most patients reported a change in their sleep medication prescriptions (on medications at admission and none at discharge) or had continued to take their prescribed sleep medications from admission to discharge (n = 12).

CONCLUSION:
Sleep disorders have a major impact on health outcomes in patients with TBI. To optimize rehabilitation and ultimately improve functional outcomes of patients with TBI, implementation of evidence-based clinical guidelines for sleep is imperative. We report our initial experience with implementation of sleep guidelines.

---

http://www.ncbi.nlm.nih.gov/pubmed/23363480

Trials. 2013 Jan 30;14(1):29. [Epub ahead of print]

Evaluating the effectiveness of reasoning training in military and civilian chronic traumatic brain injury patients: study protocol.

Krawczyk DC, Plata CM, Schauer GF, Vas AK, Keebler M, Tuthill S, Gardner C, Jantz T, Yu W, Chapman SB.

Abstract

BACKGROUND:
Individuals who sustain traumatic brain injuries (TBIs) often continue to experience significant impairment of cognitive functions mediated by the prefrontal cortex well into chronic stages of recovery. Traditional brain training programs that focus on improving specific skills fall short of addressing integrative functions that draw upon multiple higher-order processes critical for social and vocational integration. In the current study, we compare the effects of two short-term, intensive, group-based cognitive rehabilitation programs for individuals with chronic TBI. One program emphasizes learning about brain functions and influences on cognition, while the other program adopts a top-down approach to improve abstract reasoning abilities that are largely reliant on the prefrontal cortex. These treatment programs are evaluated in civilian and military veteran TBI populations.

METHODS/DESIGN:
One hundred individuals are being enrolled in this double-blinded clinical trial (all measures and data analyses will be conducted by blinded raters and analysts). Each individual is randomly assigned to one of two treatment conditions, with each condition run in groups of five to seven individuals. The primary anticipated outcomes are improvement in abstract reasoning and everyday life functioning, measured through behavioral tasks and questionnaires, and attention modulation, as measured by functional neuroimaging. Secondary expected outcomes include improvements in the cognitive processes of working memory, attention, and inhibitory control.

DISCUSSION:
Results of this trial will determine whether cognitive rehabilitation aimed at teaching TBI-relevant information about the brain and cognition versus training in TBI-affected thinking abilities (e.g., memory, attention, and executive functioning) can improve outcomes in chronic military and civilian TBI patient populations. It should shed light on the nature of improvements and the characteristics of patients most likely to benefit. This trial will also provide information about the sustainability of treatment-related improvements 3 months post-training.

Trial registration: ClinicalTrials.gov Identifier: NCT01552473.

---

http://www.ncbi.nlm.nih.gov/pubmed/23367025?dopt=Abstract

Conf Proc IEEE Eng Med Biol Soc. 2012 Aug;2012:4895-8. doi: 10.1109/EMBC.2012.6347091.

Consistency and Validity of Self-reporting Scores in Stress Measurement Surveys.

Masood K, Ahmed B, Choi J, Gutierrez-Osuna R.

Abstract

Stress has been attributed to physiological and psychological demands that exceed the natural regulatory capacity of a person. Chronic stress is not only a catalyst for diseases such as hypertension, diabetes, insomnia but may also lead to social problems such as marriage breakups, suicide and violence. Objective assessment of stress is difficult so self-reports are commonly used to indicate the severity of stress. However, empirical information on the validity of self-reports is limited. The present study investigated the authenticity and validity of different self-report surveys. An analysis, based on a three-pronged strategy, was performed on these surveys. It was concluded that although subjects are prone to systematic error in reporting, self-reports can provide a useful substitute for data modeling specifically in stress evaluation where other objective assessments such as determination of stress using only physiological response are difficult.

---

http://www.ncbi.nlm.nih.gov/pubmed/23364126?dopt=Abstract

J Nerv Ment Dis. 2013 Feb;201(2):153-60. doi: 10.1097/NMD.0b013e31827f6351.

Psychological trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial.

Church D, Hawk C, Brooks AJ, Toukolehto O, Wren M, Dinter I, Stein P.

Source: Foundation for Epigenetic Medicine, Santa Rosa, CA; Therapeutic Touch Network, Toronto, Ontario, Canada; Arizona Center for Integrative Medicine, University of Arizona, Tucson, AZ; Uniformed Services University of the Health Sciences, Bethesda, MD; Veterans Administration, Newington Campus, CT; Healing Now, Hopkinton, NH; and Washington University School of Medicine, Pullman, WA.

Abstract

This study examined the effect of Emotional Freedom Techniques (EFT), a brief exposure therapy combining cognitive and somatic elements, on posttraumatic stress disorder (PTSD) and psychological distress symptoms in veterans receiving mental health services. Veterans meeting the clinical criteria for PTSD were randomized to EFT (n = 30) or standard of care wait list (SOC/WL; n = 29). The EFT intervention consisted of 6-hour-long EFT coaching sessions concurrent with standard care. The SOC/WL and EFT groups were compared before and after the intervention (at 1 month for the SOC/WL group and after six sessions for the EFT group). The EFT subjects had significantly reduced psychological distress ($p < 0.0012$) and PTSD symptom levels ($p < 0.0001$) after the test. In addition, 90% of the EFT group no longer met PTSD clinical criteria, compared with 4% in the SOC/WL group. After the wait period, the SOC/WL subjects received EFT. In a within-subjects longitudinal analysis, 60% no longer met the PTSD clinical criteria after three sessions. This increased to 86% after six sessions for the 49 subjects who ultimately received EFT and remained at 86% at 3 months and at 80% at 6 months. The results are consistent with that of other published reports showing EFT's efficacy in treating PTSD and comorbid symptoms and its long-term effects.

---

http://www.biomedcentral.com/1471-244X/13/43/abstract

Guided online treatment in routine mental health care: an observational study on uptake, drop-out and effects.

Robin Kenter, Lisanne Warmerdam, Christine Brouwer-Dudokdewit, Pim Cuijpers and Annemieke van Straten

BMC Psychiatry 2013, 13:43

Background
Due to limited resources patients in the Netherlands often have to wait for a minimum of six weeks after registration for mental health care to receive their first treatment session. Offering guided online treatment might be an effective solution to reduce waiting time and to increase patient outcomes at relatively low cost. In this study we report on uptake, drop-out and effects of online problem solving treatment that was implemented in a mental health center.

Methods
We studied all 104 consecutive patients aged 18--65 years with elevated symptoms of depression, anxiety and/or burnout who registered at the center during the first six months after implementation. They were offered a five week guided online treatment. At baseline, five weeks and twelve weeks we measured depressive (BDI-II), anxiety (HADS-A) and burnout symptoms (MBI).

Results
A total of 55 patients (53%) agreed to start with the online treatment. Patients who accepted the online treatment were more often female, younger and lower educated than those who refused. There were no baseline differences in clinical symptoms between the groups. There were large between group effect sizes after five weeks for online treatment for depression (d = 0.94) and anxiety (d = 1.07), but not for burnout (d = -.07). At twelve weeks, when both groups had started regular face-to-face treatments, we no longer found significant differences between the groups, except for anxiety (d = 0.69).

Conclusion
The results of this study show that the majority of patients prefer online guided online treatment instead of waiting for face-to-face treatment. Furthermore, online PST increases speed of recovery and can therefore be offered as a first step of treatment in mental healthcare.

---

http://psycnet.apa.org/psycinfo/2013-02686-001/

A Tool for the Culturally Competent Assessment of Suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure.

Chu, Joyce; Floyd, Rebecca; Diep, Hy; Pardo, Seth; Goldblum, Peter; Bongar, Bruce

Psychological Assessment, Jan 28 , 2013

Despite important differences in suicide presentation and risk among ethnic and sexual minority groups, cultural variations have typically been left out of systematic risk assessment paradigms. A new self-report instrument for the culturally competent assessment of suicide, the Cultural Assessment of Risk for Suicide (CARS) measure, was administered to a diverse sample of 950 adults from the general population. Exploratory factor analysis yielded a 39-item, 8-factor structure subsumed under and consistent with the Cultural Theory and Model of Suicide (Chu, Goldblum, Floyd, & Bongar, 2010), which characterizes the vast majority of cultural variation in suicide risk among ethnic and sexual minority groups. Psychometric properties showed that the CARS total and subscale scores demonstrated good internal consistency, convergent validity with scores on other suicide-related measures (the Suicide Ideation Scale, the Beck Depression Inventory suicide item, and the Beck Hopelessness Scale), and an ability to discriminate between participants with versus without history of suicide attempts. Regression analyses indicated that the CARS measure can be used with a general population, providing information predictive of suicidal behavior beyond that of minority status alone. Minorities, however, reported experiencing the CARS cultural risk factors to a greater extent than nonminorities, though effect sizes were small. Overall, results show that the CARS items are reliable, and the instrument identifies cultural suicide risk factors not previously attended to in suicide assessment. The CARS is the first to operationalize a systematic model that accounts for cultural competency across multiple cultural identities in suicide risk assessment efforts.

---

http://www.ncbi.nlm.nih.gov/pubmed/23360739?dopt=Abstract

Radiology. 2013 Jan 29. [Epub ahead of print]

Patterns of Illness Explaining the Associations between Posttraumatic Stress Disorder and the Use of CT.

Abrams TE, Vaughan-Sarrazin M, Richardson K, Cram P, Rosenthal GE.

Source: VA Office of Rural Health, Veterans Rural Health Resource Center-Central Region, Iowa City VA Medical Center, 601 Highway 6 West, Mailstop 152, Iowa City, IA 52246-2208; Comprehensive Access and Delivery Research and Evaluation Center at the Iowa City VA Healthcare System, Iowa City, Iowa.

Abstract

Purpose:
To examine the relationship between posttraumatic stress disorder (PTSD) and computed tomography (CT) utilization and to determine whether there were patterns of comorbid illness that could explain the relationship.

Materials and Methods:
The study was approved by the University of Iowa Institutional Review Board and the Iowa City Veterans

Affairs Medical Center Research and Development Committee. By using a retrospective cohort design, a national sample of new veteran enrollees aged 18-35 years was studied. Associations were examined between the presence of PTSD, receipt of at least one and multiple CT scans, comorbid medical conditions (eg, abdominal pain, headaches), and measures of health care utilization (eg, primary care, emergency room, and mental health visits) and the daily probability of the receipt of at least one CT scan before and after a diagnosis of PTSD. Analyses included sequential multivariable generalized linear mixed models to examine the independent relationship between PTSD and CT scan utilization.

Results:
Among the full cohort, 13.0% (10 018 of 76 812) received at least one CT scan. PTSD was identified in 21.1% (16 182 of 76 812) of the cohort, and 22.9% (3711 of 16 182) of veterans with PTSD received at least one CT scan as compared with 10.4% (6307 of 60 630) of veterans without PTSD ($P < .0001$). In sequential modeling, comorbid factors explaining the relationship between CT scans and PTSD were traumatic brain injury (odds ratio, 3.54; $P < .0001$), abdominal pain (odds ratio, 4.01; $P < .0001$), and headaches (odds ratio, 3.07; $P < .0001$). Associations were also strong for high levels of emergency room (odds ratio, 2.73; $P < .0001$) and primary care (odds ratio, 2.38; $P < .0001$) utilization. The daily chance of receiving a CT scan was seven times higher prior to the recognition of PTSD (daily chance, 0.007 before vs 0.001 after; $P < .0001$).

Conclusion:
Young veterans with PTSD are receiving more CT scans compared with those without PTSD; the daily probability of receiving CT scans is higher prior to recognition of PTSD.

Supplemental material: http://radiology.rsna.org/lookup/suppl/doi:10.1148/radiol.13121593/-/DC1.

---

http://psycnet.apa.org/journals/cou/60/1/31/

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

Laska, Kevin M.; Smith, Tracey L.; Wislocki, Andrew P.; Minami, Takuya; Wampold, Bruce E.

Journal of Counseling Psychology, Vol 60(1), Jan 2013, 31-41.

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.

---

http://www.pmrjournal.org/article/S1934-1482(12)01773-X/abstract

An Evaluation of the Veterans Affairs Traumatic Brain Injury Screening Process Among Operation Enduring Freedom and/or Operation Iraqi Freedom Veterans.

Charlesnika T. Evans, Justin R. St. Andre, Theresa L.-B. Pape, Monica L. Steiner, Kevin T. Stroupe, Timothy P. Hogan, Frances M. Weaver, Bridget M. Smith

PM&R - 31 January 2013

Objective
The goal of this study was to describe the early results of the U.S. Department of Veterans Affairs (VA) screening program for traumatic brain injury (TBI) and to identify patient and facility characteristics associated with receiving a TBI screen and results of the screening.

Design
National retrospective cohort study.

Setting
VA Medical facilities.

Patients
A total of 170,681 Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF) Veterans who sought care at VA medical facilities from April 2007 to September 30, 2008.

Methods
Data were abstracted from VA administrative and operational databases, including patient demographics, facility characteristics, and outcomes.

Main Outcome Measurements
The main outcomes were receipt of and results of the TBI screen.

Results
The majority of veterans eligible received the TBI screen (91.6%). Screening rates varied by patient and facility characteristics. In all, 25% of screened veterans had probable TBI exposure, in which the majority of the exposures were blasts (85.0%). The rate of a positive TBI screen was 20.5% for the screened cohort. Male gender, service in the army, multiple deployments, and mental health diagnoses in the previous year were associated with a positive screen.

Conclusions
TBI screening rates are high in VA; concomitant mental health diagnoses were highly prevalent in individuals with positive TBI screens. These data indicate that there will be a significant need for long-term health care services for veterans with TBI symptomatology.

---

http://journals.psychiatryonline.org/article.aspx?articleid=1558538

Employment Status of Veterans Receiving Substance Abuse Treatment From the U.S. Department of Veterans Affairs.

Jennifer L. Humensky, Ph.D.; Neil Jordan, Ph.D.; Kevin T. Stroupe, Ph.D.; Denise Hynes, Ph.D., R.N.

Psychiatric Services 2013

Objective
This study examined employment outcomes of veterans with substance use disorders and comorbid general medical and psychiatric disorders following substance abuse treatment.

Methods
The authors obtained employment and other information reported by 5,729 veterans at intake and at follow-up three to nine months after receiving substance abuse treatment from the U.S. Department of Veterans Affairs during 2001–2010. Random-effects logistic regression models examined the probability of having employment earnings and days of paid work during the past 30 days among veterans with comorbid conditions.

Results
The percentage of veterans with any days of paid work rose from 28% at intake to 35% at follow-up. Veterans with comorbid anxiety and general medical conditions had lower odds of having earnings from employment or days of paid work at follow-up.

Conclusions
Veterans with substance use disorders, particularly those with comorbid general medical and anxiety disorders, may be at risk of employment problems.

---

http://psycnet.apa.org/psycinfo/2013-01911-001/

Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors.

Ménard, Kim S.; Arter, Michael L.

International Journal of Stress Management, Vol 20(1), Feb 2013, 37-56.

Policing is a stressful occupation due to organizational and experiential stressors that can have serious outcomes for officers. Although the aforementioned stressors in policing are well documented, less is known about the social stressors experienced. Guided by Agnew's (Agnew, R., 1992. Foundation for a general strain theory of crime and delinquency. Criminology, 30, 47–87; Agnew, R., 2006. Pressured into crime: An overview of general strain theory. Los Angeles, CA: Roxbury Publishing) General Strain Theory and using self-report online survey data from 750 American police officers, this study examines the relationship between critical incidents, negative coping, and social stressors, and officer problematic alcohol use and posttraumatic stress symptoms, controlling for demographics. Results from hierarchical OLS regressions indicate that critical incidents are positively associated with alcohol use and PTSD symptoms. Coping mediates the relationship between critical incident and alcohol use, and is both directly and indirectly associated with PTSD symptoms. Social stressors reported by officers were not associated with alcohol use, but were related to PTSD symptoms above and beyond critical incidents, negative coping, alcohol use, and other variables in the model. The final models account for 12% of the variance in alcohol use and 53% of the variance in PTSD symptoms. Theoretical and policy implications of these results are discussed.

---

http://www.zmka.hu/docs/Volume11/Issue1/pdf/11.pdf

The concept of psychological resiliency or danger flexibility in the military.

NÓRA URBÁN

Military Hospital, Budapest, Hungary

Nowadays, both in civilian and in military life, more and more attention is given to PTSD or the pathological conditions following traumatic events and to the possibilities of their prevention. It is of special importance that according to statistic data, the occurrence of PTSD after combat operations can exceed 20% (TAYLOR, 2008). The main focus of attention falls on figuring out the facts that are partially responsible for the appearance of individual vulnerability as well as for the flexible resistance. In my work my aim is to give a short overview of the concept and research of psychological resiliency, with special attention to its role in the military environment.

---

http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA568163

Randomized Controlled Trial of Sertraline, Prolonged Exposure Therapy and their Combination in OEF/OIF Combat Veterans with PTSD.

PRINCIPAL INVESTIGATOR: Sheila A. M. Rauch, Ph.D.

CONTRACTING ORGANIZATION: VA Ann Arbor Healthcare System/ University of Michigan Medical School

Ann Arbor, MI 48103

REPORT DATE: December 2012

PREPARED FOR: U.S. Army Medical Research and Materiel Command

Fort Detrick, Maryland 21702-5012

The current proposal aims to directly compare the psychotherapy and medication treatments for PTSD considered to have the most evidence for effectiveness. While both SSRI and PE have demonstrated efficacy, there are significant individual differences in clinical responses to both treatments. To achieve best clinical outcomes and to utilize available treatment most effectively, it is critical to examine how PTSD and related psychopathology and functional impairment change with these treatments alone and in combination. Further, in order to inform clinical practice, we plan to examine psychological and neurobiological predictors of response to treatment and mechanisms of change during treatment (pre to post treatment change) based on previously identified predictors, including emotion regulation and processing with fMRI in response to emotional challenge tasks, DNA and mRNA (pre and post treatment), and cortisol response to awakening. Start-up activities were completed in 2012Q1 and the primary activity and focus is this year has been on recruitment. To date, we have recruited and randomized 45 Veterans.

---

http://www.turner-white.com/pdf/jcom_jan13_stress.pdf

Pharmacotherapy for Posttraumatic Stress Disorder.

Hani Raoul Khouzam, MBBCh, MPH

JCOM January 2013 Vol. 20, No. 1

ABSTRACT

Objective:
To review pharmaceutical agents studied for the treatment of posttraumatic stress disorder (PTSD).

Methods:
Review of the literature.

Results:
Evidence exists that pharmacotherapy can provide relief for the 3 core symptom clusters present in PTSD: reexperiencing, avoidance/numbing, and hyperarousal. The selective serotonin reuptake inhibitors are considered first-line pharmacotherapy for PTSD, although results are conflicting with respect to treatment of combat-related PTSD. The addition of other medications may be required to address specific aspects of the symptom spectrum and to treat co-occurring psychiatric conditions.

Conclusion:
There is a need for additional randomized controlled trials to confirm the effectiveness of pharmacologic treatment of PTSD.

---

http://jmvh.org/article/assessing-suicide-risk-in-veterans-the-role-of-the-nurse-practitioner/

Assessing Suicide Risk in Veterans: The Role of the Nurse Practitioner.

Kathy Puskar and Giuliana Mazza

Journal of Military and Veterans' Health

Volume 20, No. 1

Abstract

Background:
Statistics have shown that veteran men and women are at greater risk for suicide than the general population. In order to decrease the incidence of suicide in veterans, nurse practitioners (NPs) and other health care professionals must not only become more aware of the risk factors for veteran suicides but also develop strong psychiatric interviewing skills.

Purpose:
To discuss the risk factors associated with veteran suicide, the assessment tools to ensure a comprehensive suicide assessment and the application of these tools by an NP or other health care professional to a case study.

Methods:
Review of published literature on the topic.

Conclusion:
This paper will provide valuable information for NPs and other health care professionals when assessing for suicide risk in veterans.

---

http://www.ncbi.nlm.nih.gov/pubmed/23381685?dopt=Abstract

J Clin Psychol. 2013 Feb 4. doi: 10.1002/jclp.21965. [Epub ahead of print]

Intolerance of Uncertainty: A Common Factor in the Treatment of Emotional Disorders.

Boswell JF, Thompson-Hollands J, Farchione TJ, Barlow DH.

Source: Boston University.

Abstract

Intolerance of uncertainty (IU) is a characteristic predominantly associated with generalized anxiety disorder (GAD); however, emerging evidence indicates that IU may be a shared element of emotional disorders.

AIMS:
This study aimed to examine IU across diagnostic categories, change in IU during transdiagnostic treatment, and the relationship between change in IU and treatment outcome.

METHOD:
Patients diagnosed with heterogeneous anxiety and depressive disorders received up to 18 weeks of a transdiagnostic cognitive-behavioral therapy intervention. Patient self-reported IU and self-report and clinician-rated symptom/functioning measures were administered at pretreatment and posttreatment.

RESULTS:
When controlling for negative affectivity, IU correlated with measures of depressive symptoms and worry severity at pretreatment. Patients with GAD and panic disorder exhibited the highest pretreatment IU scores, yet IU scores did not differ significantly based on the presence or absence of a specific diagnosis. A significant decrease in IU was observed, and change in IU was related to reduced anxiety and depressive symptom levels at posttreatment across diagnostic categories.

DISCUSSION:
Change in IU can be observed across problem areas in transdiagnostic treatment and such change is correlated with treatment outcome.

---

http://www.ncbi.nlm.nih.gov/pubmed/23379264?dopt=Abstract

J Consult Clin Psychol. 2013 Feb;81(1):75-88. doi: 10.1037/a0031080.

Effectiveness of and dropout from outpatient cognitive behavioral therapy for adult unipolar depression: A meta-analysis of nonrandomized effectiveness studies.

Hans E, Hiller W.

Source: Department of Clinical Psychology, Johannes Gutenberg University Mainz.

Abstract

Objective:
The primary aim of this study was to assess the overall effectiveness of and dropout from individual and group outpatient cognitive behavioral therapy (CBT) for adults with a primary diagnosis of unipolar depressive disorder in routine clinical practice.

Method:
We conducted a random effects meta-analysis of 34 nonrandomized effectiveness studies on outpatient individual and group CBT for adult unipolar depressive disorder. Standardized mean gain effect sizes are reported for end-of-treatment and 6-month follow-up effects for depression severity, dysfunctional cognitions, general anxiety, psychological distress, and functional impairment. The mean dropout rate from CBT is reported. We benchmarked our results against high-quality randomized controlled trials (RCTs).

Results:
Outpatient CBT was effective in reducing depressive severity in completer (d = 1.13) and intention-to-treat (ITT) samples (d = 1.06). Moderate to large posttreatment effect sizes (d = 0.67-0.88) were found for secondary outcomes. The weighted mean dropout rate was 24.63%. Posttreatment gains for depression were maintained at 6 months after completion of therapy. Effect sizes for depression were inferior to those of benchmark RCTs.

Conclusions:
Although clinical practice patients show lesser improvements in depressive symptoms than RCT patients, individual and group outpatient CBT can be effectively transported to routine clinical practice. The considerable treatment dropout rate, especially in individual CBT, must be improved. The small number of available studies and low quality of some reports stress the need for high-quality effectiveness studies.

---

http://www.ncbi.nlm.nih.gov/pubmed/23382106?dopt=Abstract

J Clin Psychol. 2013 Feb 4. doi: 10.1002/jclp.21962. [Epub ahead of print]

Losing the Symptoms: Weight Loss and Decrease in Posttraumatic Stress Disorder Symptoms.

Johannessen KB, Berntsen D.

Source: Aarhus University.

Abstract

OBJECTIVE:
Posttraumatic stress disorder (PTSD) has frequently been found to have an effect on the development of obesity, a relationship usually thought of as unidirectional. The purpose of this study was to examine whether the level of PTSD symptoms would decrease as a result of weight loss.

METHOD:
In a repeated measures design, PTSD symptoms, depression symptoms, social support, and weight were assessed in obese participants during 16 weeks at a weight loss facility.

RESULTS:
The participants' body mass index decreased significantly, and concurrently, a significant decline in the level of PTSD symptoms and depression symptoms was observed.

CONCLUSIONS:
The beneficial effects of weight loss on depression are consistent with previous work. The decline in the level of PTSD symptoms simultaneously with weight loss is an important and positive effect that has not been reported previously.

---

http://www.ncbi.nlm.nih.gov/pubmed/23379997?dopt=Abstract

Brain Behav Immun. 2013 Feb 1. pii: S0889-1591(13)00084-6. doi: 10.1016/j.bbi.2013.01.081. [Epub ahead of print]

Association between Posttraumatic Stress Disorder and Inflammation: A Twin Study.

Plantinga L, Douglas Bremner J, Miller AA, Jones DP, Veledar E, Goldberg J, Vaccarino V.

Source: Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA; Laney Graduate School, Emory University, Atlanta, GA.

Abstract

The association of posttraumatic stress disorder (PTSD) with cardiovascular disease risk may be mediated by inflammation. Our objective was to examine the association between PTSD and measures of inflammation and to determine whether these associations are due to shared familial or genetic factors. We measured lifetime history of PTSD using the Structured Clinical Interview for DSM-IV in 238 male middle-aged military veteran twin pairs (476 individuals), selected from the Vietnam Era Twins Registry, who were free of cardiovascular disease at baseline. We assessed inflammation using levels of high-sensitivity C-reactive protein (hsCRP), interleukin 6 (IL-6), fibrinogen, white blood cells, vascular cell adhesion molecule-1, and intercellular adhesion molecule-1 (ICAM-1). Geometric mean levels and percent differences by PTSD were obtained from mixed-model linear regression analyses with adjustment for potential confounders. Within-pair analysis was conducted to adjust for shared family environment and genetics (monozygotic pairs). Overall, 12.4% of participants had a lifetime history of PTSD. Adjusted mean levels of hsCRP and ICAM-1 were significantly higher among those with vs. without PTSD [hsCRP: 1.75 vs. 1.31 mg/l (33% difference); ICAM-1: 319 vs. 293 ng/ml (9% difference)]. Adjustment for depression rendered the association of PTSD with hsCRP non-statistically significant. For IL-6, no consistent association was seen. Within-pair analysis produced associations that were similar in direction for all three markers but lesser in magnitude for hsCRP and IL-6. There was no evidence of interaction by zygosity. Elevated hsCRP and ICAM-1 are associated with PTSD, and these associations may be confounded by shared non-genetic, antecedent familial and environmental factors.

---

http://www.ncbi.nlm.nih.gov/pubmed/23382086?dopt=Abstract

J Clin Psychol. 2013 Feb 4. doi: 10.1002/jclp.21958. [Epub ahead of print]

The More the Merrier? Working Towards Multidisciplinary Management of Obstructive Sleep Apnea and Comorbid Insomnia.

Ong JC, Crisostomo MI.

Source: Rush University Medical Center.

Abstract

OBJECTIVES:
The goal of this article was to provide an overview of the diagnostic considerations, clinical features, pathophysiology, and treatment approaches for patients with obstructive sleep apnea (OSA) and comorbid insomnia.

METHOD:
We begin with a review of the literature on OSA and comorbid insomnia. We then present a multidisciplinary approach using pulmonary and behavioral sleep medicine treatments.

RESULTS:
OSA and insomnia co-occur at a high rate and such patients have distinct clinical features. Empirically supported treatments are available for OSA and insomnia independently but there are no standards or guidelines for how to implement these treatments for patients who suffer from both disorders.

CONCLUSIONS:
Multidisciplinary treatment holds promise for patients with comorbid sleep disorders. Further research should be aimed at optimizing treatments and developing standards of practice for this population.

---

http://www.ncbi.nlm.nih.gov/pubmed/23381322?dopt=Abstract

Chest. 2013 Feb 1;143(2):554-65. doi: 10.1378/chest.12-0731.

Cognitive behavioral treatment of insomnia.

Williams J, Roth A, Vatthauer K, McCrae CS.

Abstract

Chronic insomnia (symptoms for ≥6 months) is the most common sleep disorder, affecting 6% to 10% of adults in the general population, with even higher rates in patients with comorbid conditions (eg, hypertension, 44%; cardiac disease, 44.1%; breathing problems, 41.5%). Traditionally, chronic insomnia occurring with another condition has been considered secondary and rarely received direct treatment because treatment of the primary condition was expected to improve the insomnia. However, this approach often failed because chronic insomnia is maintained by behaviors, cognitions, and associations that patients adopt as they attempt to cope with poor sleep but that end up backfiring (eg, increasing caffeine, spending more time in bed, trying harder to sleep). Cognitive behavioral treatment of insomnia (CBTi) targets those behaviors, cognitions, and associations and is effective across a variety of populations, including those with medical and psychologic comorbidities. Thus, in 2005, a National Institutes of Health expert consensus panel on chronic insomnia recommended dropping the term "secondary insomnia" in favor of the term "comorbid insomnia." Because CBTi does not carry the risks associated with some sleep medications (eg, dependency, polypharmacy, cognitive and psychomotor impairment), it is an attractive option for patients with other conditions. Through the Society of Behavioral Sleep Medicine (www.behavioralsleep.org) and the American Board of Sleep Medicine (www.absm.org), it is possible to find practitioners with expertise in CBTi (as well as other aspects of behavioral sleep medicine) and other behavioral sleep resources. Given the currently limited number of trained practitioners, exploration of alternative delivery methods (eg, briefer protocols, self-help, Internet) to improve access to this highly effective treatment and expanded training in these treatments are warranted.

---

http://www.ncbi.nlm.nih.gov/pubmed/23374904?dopt=Abstract

CNS Spectr. 2013 Feb 4:1-9. [Epub ahead of print]

Cognitive behavioral treatments for posttraumatic stress disorder: Empirical foundation and new directions.

Koucky EM, Dickstein BD, Chard KM.

Source: Cincinnati Veterans Affairs Medical Center, Cincinnati, Ohio, USA.

Abstract

Cognitive-behavioral therapy (CBT) is currently the most empirically supported intervention for posttraumatic stress disorder (PTSD) and includes both specific manualized treatments (e.g., cognitive processing therapy, prolonged exposure) and less standardized applications. As CBT for PTSD has become increasingly popular, more advanced questions have emerged regarding its use, including how existing treatments might be enhanced. In the current review, we aimed to discover recent trends in the CBT for PTSD literature by applying rigorous search criteria to peer-reviewed articles published from 2009 to 2012. Results of the 14 studies that were identified are discussed, and future directions for research are suggested.

---

http://www.ncbi.nlm.nih.gov/pubmed/23374200?dopt=Abstract

Complement Ther Med. 2013 Feb;21(1):8-13. doi: 10.1016/j.ctim.2012.11.007. Epub 2012 Dec 21.

Efficacy of cranial electric stimulation for the treatment of insomnia: A randomized pilot study.

Lande RG, Gragnani C.

Source: Psychiatric Continuity Service, Walter Reed National Military Medical Center, Bethesda, MD 20889, United States. Electronic address: rglande@gmail.com.

Abstract

OBJECTIVES:
This pilot study examined the potential efficacy of cranial electric stimulation for the treatment of insomnia.

DESIGN:
The researchers tested the hypothesis through a randomized, double-blind, and placebo controlled clinical trial. The researchers approached eligible subjects who scored 21 or above on the Pittsburgh Insomnia Rating Scale. The researchers then randomly assigned the subjects to receive either an active or sham device. Each study subject received 60min of active or sham treatment for five days. Following each intervention the subjects completed a sleep log, as well as three and ten days later.

SETTING:
The researchers conducted the study among active duty service members receiving mental health care on the Psychiatry Continuity Service (PCS), Walter Reed National Military Medical Center in Bethesda, MD.

MAIN OUTCOME MEASURES:
The study's primary outcome variables were the time to sleep onset, total time slept, and number of awakenings as reported by the subjects in the serial sleep logs. The researchers identified a nearly significant increase in total time slept after three cranial electric stimulation treatments among all study subjects. A closer examination of this group revealed an interesting gender bias, with men reporting a robust increase in total time slept after one treatment, decay in effect over the next two interventions, and then an increase in total time slept after the fourth treatment. The researchers speculate that the up and down effect on total time slept could be the result of an insufficient dose of cranial electric stimulation.

Published by Elsevier Ltd.

---

http://www.ncbi.nlm.nih.gov/pubmed/23376868?dopt=Abstract

Ann Clin Psychiatry. 2013 Feb;25(1):33-40.

Interfering with the reconsolidation of traumatic memory: Sirolimus as a novel agent for treating veterans with posttraumatic stress disorder.

Surís A, Smith J, Powell C, North CS.

Source: VA North Texas Health Care System, Department of Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX, USA. E-mail: Alina.Suris@va.gov.

BACKGROUND:
Development of novel treatment approaches for combat-related posttraumatic stress disorder (PTSD) is critical, given the increasing prevalence of PTSD in veterans returning from war zone deployment. Established preclinical research using protein synthesis inhibitors (such as sirolimus) to interfere with fear memory reconsolidation provides a compelling rationale for investigation in humans.

METHODS:
This double-blind, placebo-controlled translational pilot study examined the effects of pairing reactivation of a trauma memory with a single administration of sirolimus on the frequency and intensity of PTSD symptoms in male combat veterans.

RESULTS:
Primary analyses found no significant differences between treatment groups on any of the clinical or physiologic outcome measures. In an exploratory analysis of a subsample of post-Vietnam-era veterans

who had more recent combat trauma, PTSD symptom scores fell significantly more in these veterans than in controls.

CONCLUSIONS:
The post-Vietnam-era veteran findings suggest that further investigation of this pairing of sirolimus with traumatic memory reactivation may be warranted. Theoretically, interference with the reconsolidation of fear memories could ameliorate military-related psychological trauma symptoms. Future research should focus on veterans of more recent eras whose traumatic memories may be less entrenched and more amenable to pharmacologic modification within this procedure.

---

http://jmvh.org/wp-content/uploads/2012/12/Kinney-Article.pdf

Comparing PTSD Among Returning War Veterans; Post-Traumatic Stress Disorder (PTSD) Among Returning Afghanistan and Iraq Wars Veterans. Symptoms and Suffering Similar To Ordeals of Persian Gulf and Vietnam War Veterans.

Wayne Kinney

Journal of Military and Veterans' Health

Volume 20 Number 3; August 2012

Military personnel experiencing combat in Iraq and Afghanistan are suffering wounds that are much greater in number and variety than those endured by veterans of earlier wars. This circumstance is due, in part, to advances in medical science and technology. Soldiers, sailors and marines who suffered such severe wounds in earlier wars simply died because they were beyond the reach of then contemporary medicine or technology. In addition, in earlier wars, Post Traumatic Stress Syndrome was not even given a name, let alone recognized as a valid form of war-related casualty. Now, PTSD is thoroughly documented and a whole array of treatments are available to veterans of the Iraqi and Afghan Wars. Friedman (2006) summarized PTSD symptoms as being typified by numbing, evasion, hypervigilance, and re-experiencing of disturbing incidents via flashbacks. Veterans and other non-combatant participants in war who have outlived traumatic experiences typically suffer from PTSD.

Links of Interest

About Psychotherapy: Your Therapist Wants To Tell You These Things... But Can't
http://www.huffingtonpost.com/2013/02/04/about-psychotherapy-your-therapist-therapists_n_2585307.html

Active Duty Military Personnel Prone to Sleep Disorders and Short Sleep Duration
http://www.sciencedaily.com/releases/2013/01/130131154408.htm

and

Most U.S. Soldiers May Suffer From Sleep Problems
http://www.nlm.nih.gov/medlineplus/news/fullstory_133609.html

VA study finds more veterans committing suicide
http://www.washingtonpost.com/national/va-study-finds-more-veterans-committing-suicide/2013/01/31/1092b330-5a68-11e2-9fa9-5fbdc9530eb9_story.html

Soldiers, Airmen and Former NFL Players Discuss Psychological Health and Wellness
http://www.health.mil/blog/13-02-01/Soldiers_Airmen_and_Former_NFL_Players_Discuss_Psychological_Health_and_Wellness.aspx

In Combat Vets and Others, High Rate of Vision Problems After Traumatic Brain Injury
http://www.sciencedaily.com/releases/2013/02/130204130038.htm

U.S. Army to build soldier "resilience" to fight suicides, violence
http://news.yahoo.com/u-army-build-soldier-resilience-fight-suicides-violence-030102849.html

Effective Addiction Treatment
http://well.blogs.nytimes.com/2013/02/04/effective-addiction-treatment/

Teaching with Twitter
http://www.gradhacker.org/2012/11/26/teaching-with-twitter/

I'm a Digital Grad in a Digital World
http://www.insidehighered.com/blogs/gradhacker/i%E2%80%99m-digital-grad-digital-world

Military Spouses, Serving From The Sidelines
http://footnote1.com/military-spouses-serving-from-the-sidelines/

Why Can Some Kids Handle Pressure While Others Fall Apart?
http://www.nytimes.com/2013/02/10/magazine/why-can-some-kids-handle-pressure-while-others-fall-apart.html

Native Americans at Greater Risk of Suicide After Alcohol Intoxication
http://www.sciencedaily.com/releases/2013/02/130205173757.htm

SecArmy orders 'Ready and Resilient Campaign'
http://www.army.mil/article/95793/SecArmy_orders__Ready_and_Resilient_Campaign_/

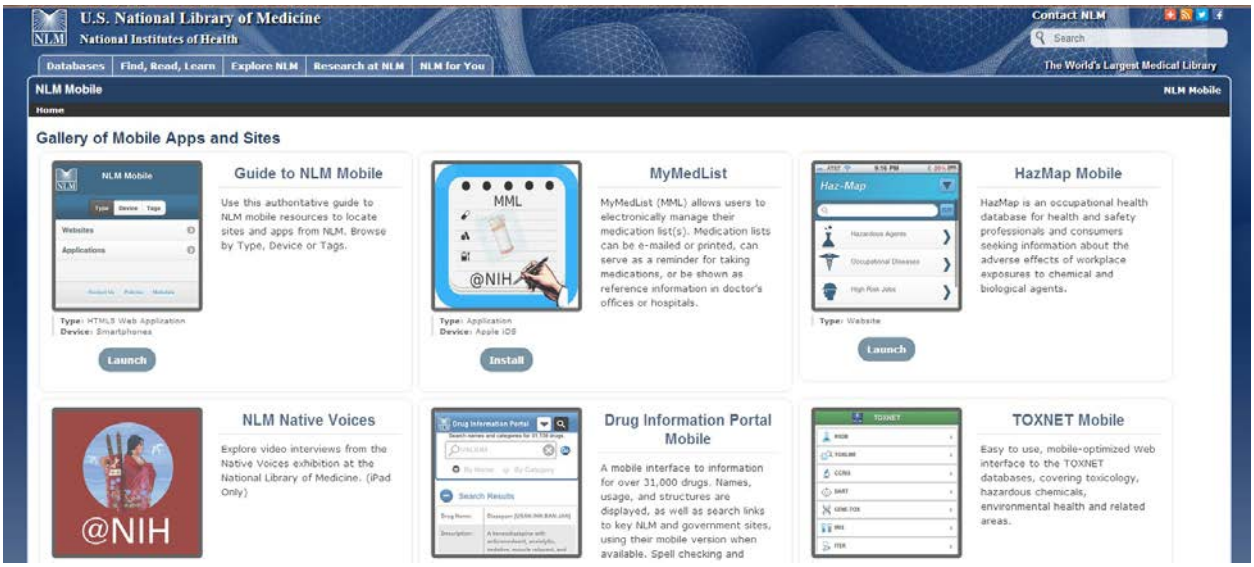
Traumatic Brain Injury Complications Common Among U.S. Combat Soldiers
http://www.sciencedaily.com/releases/2013/02/130206131040.htm

---

Research Tip of the Week: National Library of Medicine – Gallery of Mobile Apps and Sites

Includes:

- Guide to NLM Mobile
- MyMedList
- HazMap Mobile
- Drug Information Portal Mobile
- TOXNET Mobile
- PubMed Mobile
- PubMed® for Handhelds
- MedlinePlus Mobile
- DailyMed
- Health Hotlines



Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749