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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/Summer2014ResearchQuarterly.pdf>

Combat & Operational Stress Research Quarterly -- Summer 2014

Naval Center Combat & Operational Stress Control (NCCOSC)

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

<http://www.sciencedirect.com/science/article/pii/S2215036614702354>

The prevalence of post-traumatic stress disorder (PTSD) in US combat soldiers: a head-to-head comparison of DSM-5 versus DSM-IV-TR symptom criteria with the PTSD checklist.

Charles W Hoge, Lyndon A Riviere, Joshua E Wilk, Richard K Herrell, Frank W Weathers

The Lancet Psychiatry

Available online 14 August 2014

Background

The definition of post-traumatic stress disorder (PTSD) underwent substantial changes in the 2013 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). How this will affect estimates of prevalence, whether clinical utility has been improved, and how many individuals who meet symptom criteria according to the previous definition will not meet new criteria is unknown. Updated screening instruments, including the PTSD checklist (PCL), have not been compared with previously validated methods through head-to-head comparisons.

Methods

We compared the new 20-item PCL, mapped to DSM-5 (PCL-5), with the original validated 17-item specific stressor version (PCL-S) in 1822 US infantry soldiers, including 946 soldiers who had been deployed to Iraq or Afghanistan. Surveys were administered in November, 2013. Soldiers alternately received either of two surveys that were identical except for the order of the two PCL versions (911 per group). Standardised scales measured major depression, generalised anxiety, alcohol misuse, and functional impairment.

Results

In analysis of all soldiers, 224 (13%) screened positive for PTSD by DSM-IV-TR criteria and 216 (12%) screened positive by DSM-5 criteria (κ 0.67). In soldiers exposed to combat, 177 (19%) screened positive by DSM-IV-TR and 165 (18%) screened positive by DSM-5 criteria (0.66). However, of 221 soldiers with complete data who met DSM-IV-TR criteria, 67 (30%) did not meet DSM-5 criteria, and 59 additional soldiers met only DSM-5 criteria. PCL-5 scores from 15–38 performed similarly to PCL-S scores of 30–50; a PCL-5 score of 38 gave optimum agreement with a PCL-S of 50. The two definitions showed nearly identical association with other psychiatric disorders and functional impairment.

Conclusions

Our findings showed the PCL-5 to be equivalent to the validated PCL-S. However, the new PTSD symptom criteria do not seem to have greater clinical utility, and a high percentage of soldiers who met criteria by one definition did not meet the other criteria. Clinicians need to consider how to manage discordant outcomes, particularly for service members and veterans with PTSD who no longer meet criteria under DSM-5.

<http://ajph.aphapublications.org/toc/ajph/104/S4>

American Journal of Public Health: VA Health Equity Supplement

Volume 104, Issue S4 (September 2014)

Advancing the Elimination of Health Disparities in Veterans Through Quality, Access, and Equity
Robert L. Jesse

Institutional Journey in Pursuit of Health Equity: Veterans Health Administration's Office of Health Equity
Uchenna S. Uchendu

The Struggle for Health Equity: The Sustained Effort by the VA Healthcare System
Said A. Ibrahim, Leonard E. Egede, Uchenna S. Uchendu, Michael J. Fine

Social Determinants of Health Equity
Michael Marmot, Jessica J. Allen

Partnership, Research, and Leadership to Advance Health Equity and Eliminate Health Disparities
J. Nadine Gracia, John Ruffin

Race and Genomics in the Veterans Health Administration
Julie Lynch, Angela Whatley, Uchenna S. Uchendu, Said A. Ibrahim

Health Equity Research in the Veterans Health Administration: We've Come Far but Aren't There Yet
David Atkins, Amy Kilbourne, Linda Lipson

Excellence and Equality in Health Care
Carolyn M. Clancy, Uchenna S. Uchendu, Kenneth T.

Improving Trends in Gender Disparities in the Department of Veterans Affairs: 2008–2013
Alison M. Whitehead, Maggie Czarnogorski, Steve M. Wright, Patricia M. Hayes, Sally G. Haskell

Access to Care for Transgender Veterans in the Veterans Health Administration: 2006–2013
Michael R. Kauth, Jillian C. Shipherd, Jan Lindsay, John R. Blosnich, George R. Brown, Kenneth T. Jones

Suicidality Among Veterans: Implications of Sexual Minority Status
John R. Blosnich, Vickie M. Mays, Susan D. Cochran

Asian American and Pacific Islander Military Veterans in the United States: Health Service Use and Perceived Barriers to Mental Health Services
Jack Tsai, Julia M. Whealin, Robert H. Pietrzak

Providing Culturally Competent Services for American Indian and Alaska Native Veterans to Reduce Health Care Disparities
Timothy D. Noe, Carol E. Kaufman, L. Jeanne Kaufmann, Elizabeth Brooks, Jay H. Shore

Impact of Race/Ethnicity and Gender on HCV Screening and Prevalence Among US Veterans in Department of Veterans Affairs Care
Lisa I. Backus, Pamela S. Belperio, Timothy P. Loomis, Larry A. Mole

Racial Disparities in Cancer Care in the Veterans Affairs Health Care System and the Role of Site of Care
Cleo A. Samuel, Mary Beth Landrum, Barbara J. McNeil, Samuel R. Bozeman, Christina D. Williams, Nancy L. Keating

Battling Tobacco Use at Home: An Analysis of Smoke-Free Home Rules Among US Veterans From 2001 to 2011
Xiao Zhang, Ana P. Martinez-Donate, Jessica Cook, Megan E. Piper, Kristin Berg, Nathan R. Jones

Smoking Cessation Among African American and White Smokers in the Veterans Affairs Health Care System
Diana J. Burgess, Michelle van Ryn, Siamak Noorbaloochi, Barbara Clothier, Brent C. Taylor, Scott Sherman, Anne M. Joseph, Steven S. Fu

Retaining Homeless Veterans in Outpatient Care: A Pilot Study of Mobile Phone Text Message Appointment Reminders
D. Keith McInnes, Beth Ann Petrakis, Allen L. Gifford, Sowmya R. Rao, Thomas K. Houston, Steven M. Asch, Thomas P. O'Toole

Suicidal Ideation and Mental Distress Among Adults With Military Service History: Results From 5 US States, 2010

John R. Blosnich, Adam J. Gordon, Robert M. Bossarte

Prevalence of Suicidality Among Hispanic and African American Veterans Following Surgery

Laurel A. Copeland, Raphael T. McIntyre, Eileen M. Stock, John E. Zeber, Daniel J. MacCarthy, Mary Jo Pugh

Addressing Population Health and Health Inequalities: The Role of Fundamental Causes

Magdalena Cerdá, Melissa Tracy, Jennifer Ahern, Sandro Galea

Feasibility and Effectiveness of a Community-Based Smoking Cessation Intervention in a Racially Diverse, Urban Smoker Cohort

Yasmin Asvat, Dingcai Cao, Joel J. Africk, Alicia Matthews, Andrea King

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12176/abstract>

Self-awakening improves alertness in the morning and during the day after partial sleep deprivation.

Ikeda, H., Kubo, T., Kuriyama, K. and Takahashi, M.

Journal of Sleep Research

Article first published online: 11 AUG 2014

The ability to awaken at a predetermined time without an alarm is known as self-awakening. Self-awakening improves morning alertness by eliminating sleep inertia; however, the effects of self-awakening on daytime alertness and alertness that has deteriorated as a result of sleep loss are unknown. The aim of this study was to determine the effects of self-awakening on both morning and daytime alertness after partial sleep deprivation. Fifteen healthy males without the habit of self-awakening participated in a cross-over trial including forced awakening and self-awakening conditions. In each condition, participants' sleep was restricted to 5 h per night in their homes for 4 consecutive days. They completed a psychomotor vigilance task and subjective ratings of sleepiness immediately upon awakening each morning. On the fourth day, participants completed subjective ratings of sleepiness, a psychomotor vigilance task and sleep latency tests in the laboratory seven times at 1-h intervals during the day. The response speed on the psychomotor vigilance task, in the morning and during the day, was higher in the self-awakening than the forced awakening condition. Our results showed that self-awakening improved alertness (assessed by response speeds) by reducing sleep inertia and alleviated daytime sleepiness heightened by partial sleep deprivation.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12192/abstract>

The effects of sleep deprivation on emotional empathy.

Guadagni, V., Burles, F., Ferrara, M. and Iaria, G.

Journal of Sleep Research

Article first published online: 13 AUG 2014

Previous studies have shown that sleep loss has a detrimental effect on the ability of the individuals to process emotional information. In this study, we tested the hypothesis that this negative effect extends to the ability of experiencing emotions while observing other individuals, i.e. emotional empathy. To test this hypothesis, we assessed emotional empathy in 37 healthy volunteers who were assigned randomly to one of three experimental groups: one group was tested before and after a night of total sleep deprivation (sleep deprivation group), a second group was tested before and after a usual night of sleep spent at home (sleep group) and the third group was tested twice during the same day (day group). Emotional empathy was assessed by using two parallel versions of a computerized test measuring direct (i.e. explicit evaluation of empathic concern) and indirect (i.e. the observer's reported physiological arousal) emotional empathy. The results revealed that the post measurements of both direct and indirect emotional empathy of participants in the sleep deprivation group were significantly lower than those of the sleep and day groups; post measurement scores of participants in the day and sleep groups did not differ significantly for either direct or indirect emotional empathy. These data are consistent with previous studies showing the negative effect of sleep deprivation on the processing of emotional information, and extend these effects to emotional empathy. The findings reported in our study are relevant to healthy individuals with poor sleep habits, as well as clinical populations suffering from sleep disturbances.

<http://www.psy-journal.com/article/S0165-1781%2814%2900695-7/abstract>

The differential diagnostic accuracy of the PTSD checklist among men versus women in a community sample.

Parker-Guilbert, Kelly S. et al.

Psychiatry Research

Published Online: August 08, 2014

We evaluated the specific version of the PTSD Checklist (PCL-S) as a screening tool for the recruitment of community-residing men and women with diverse trauma experiences. We administered the PCL-S via telephone in the context of participant recruitment, as well as in a laboratory setting preceding administration of the Clinician Administered PTSD Scale (CAPS), the gold standard PTSD assessment tool. In the laboratory, the PCL-S performed reasonably well for men and women, yielding overall diagnostic efficiency (ODE) values (representing percentage of cases accurately identified) of 0.78 and 0.73, respectively, for our recommended cut-points of 42 for men and 49 for women. In contrast, as a recruitment tool, the PCL-S yielded an acceptable ODE of 0.79 for men at the recommended cut-point of 47, but only an ODE of 0.56 (representing diagnostic efficiency no greater than chance) for women at the recommended cut-point of 50. A recruitment cut-point of 57 for women yields a similarly modest ODE of 0.61, but with substantial cost to sensitivity. These findings suggest that use of the PCL-S to screen for PTSD among potential study participants may lead to gender biased study results, even when separate diagnostic cut-points for men and women are used.

<http://www.tandfonline.com/doi/abs/10.1080/15228835.2014.894488>

Psychologist and Physician Interest in Telehealth Training and Referral for Mental Health Services: An Exploratory Study.

Jonathan G. Perle, Jennifer Burt, William J. Higgins

Journal of Technology in Human Services
Vol. 32, Iss. 3, 2014

The current study explored psychological and medical professionals' interest in videoconferencing telehealth training and mental health telehealth referral. An online survey assessed 782 participants comprised of 669 psychological (45% male, Mean Age = 47.01, SD = 16.82) and 113 medical professionals (58% male, Mean Age = 46.19, SD = 12.40). Z-test analyses indicated that although psychological professionals were statistically more interested in receiving telehealth training, both groups reported some interest. Ranked responses indicated efficacy data, ethical issues, and legal concerns as the most endorsed areas of training interest. Referral concerns were also found. Findings were discussed related to both statistical and clinical significance. Application of findings is discussed related to future work, practice, and program creation. The development of telehealth training programs will provide interested professionals with tools required for practice and may serve as an impetus to increase utilization and/or referral.

Treatment for insomnia in combat-exposed OEF/OIF/OND Military Veterans: Preliminary randomized controlled trial.

Anne Germain, Robin Richardson, Ryan Stocker, Oommen Mammen, Martica Hall, Adam D. Bramoweth, Amy Begley, Noelle Rode, Ellen Frank, Gretchen Haas, Daniel J. Buysse

Behaviour Research and Therapy
Available online 12 August 2014

Objective

Chronic insomnia is highly prevalent among military personnel returning from Iraq and Afghanistan. We evaluated the effects of a military version of a brief behavioral treatment of insomnia (BBTI-MV) compared to an information only control (IC) condition in combat-exposed Veterans of Operations Enduring/Iraqi Freedom or Operation New Dawn (OEF/OIF/OND) on insomnia, sleep quality, and daytime symptoms of anxiety and depression.

Method

Forty OEF/OIF/OND Veterans (Mean age = 38.4 years old, s.d. = 11.69; 85% men; 77.5% white) were randomized to one of two conditions. BBTI-MV consisted of two in-person sessions and two telephone contacts delivered over four weeks, and included personalized recommendations to reduce insomnia. The IC condition also consisted of 2 in-person sessions two telephone contacts delivered over four weeks, and Veterans were encouraged to read written information about sleep-promoting behaviors. The Insomnia Severity Index, Pittsburgh Sleep Quality Index, PTSD Checklist, and Beck Depression and Anxiety Inventories were completed at baseline, post-treatment, and at the six-month follow-up.

Results

Both interventions were associated with clinically significant improvements in insomnia, although the magnitude of improvements in sleep and rates of treatment response and remission were greater for BBTI-MV compared to IC from pre- to post-treatment.

Conclusion

Both BBTI-MV and the provision of information were associated with clinically significant improvements in insomnia among Veterans. Despite the preliminary nature of the findings and limitations inherent to small controlled trials, the findings suggest that both approaches may provide viable options in a stepped-care approach to the treatment of insomnia in retuning combat-exposed Veterans. Larger, confirmatory effectiveness trials are required.
ClinicalTrials.gov Identifier: NCT00840255.

<http://jivresearch.org/jivr/index.php/jivr/article/viewFile/607/505>

PTSD-related paradoxical insomnia: an actigraphic study among veterans with chronic PTSD.

Mohammad Rasoul Ghadami, Behnam Khaledi - Paveh, Marzieh Nasouri, Habibolah Khazaie

Journal of Injury and Violence Research

Received: 2014 - 02 - 22

Accepted: 2014 - 07 - 08

Background :

Sleep disturbance is a common self - reported complaint by PTSD patients. How - ever, there are controversies in documenting objective indices of disrupted sleep in these patients. The aim of the present study was to assess sleep disturbances in veterans with chronic PTSD, using both subjective and objective assessments .

Methods :

Thirty two PTSD patients with complaints of insomnia were evaluated using the Clinician Administrated PTSD Scale version 1 (CAPS) and completed the Pittsburg Sleep Quality Index (PSQI) for subjective evaluation of their sleep. For objective evaluation , participants underwent two consecutive overnight actigraphic assessments . Total Sleep Time (TST), Sleep Latency (SL), Sleep Efficiency (SE) and Number of Awakening (NWAK) were measure d in all participants.

Results : Participants underestimated TST (p less than 0.0001), SE (p less than 0.0001) as well as NASO (0.03) in the questionnaire compared to the actigraphic assessment and overestimated SL (p less than 0.0001). Conclusion s : Objective sleep parameters do not adversely affect veterans with chronic PTSD. Self - reported sleep disturbance in these patients is not reliable and objective sleep assessments are necessary.

<http://www.apa.org/news/press/releases/2014/08/military-sexual-trauma.pdf>

Gender differences in the association of military sexual trauma with suicide risk.

Craig J. Bryan, PsyD, ABPP AnnaBelle O. Bryan, BSPH Tracy A. Clemans, PsyD

2014, National Center for Veterans Studies

Objective :

Military sexual trauma (MST) is a strong predictor of psychiatric disorders and negative health outcomes, but less is known about the relationship of MST with self - injurious thoughts and

behaviors (SITB) among military personnel and veterans. The current study investigates the association of MST with SITB in a sample of military personnel and veterans.

Method : 422 U.S. military personnel and veterans enrolled in college classes completed standardized self - report measures of sexual trauma history , depression, posttraumatic stress disorder (PTSD) , and SITB .

Results: The relationship of MST with SITB differed for male and female participants. Among men, MST was associated with significantly increased risk for suicide ideation, plans, and attempts. Among women, MST was associated with significantly increased risk for NSSI but not suicide ideation, plans, and attempts. Nonmilitary sexual trauma (NMST) was associated with increased rates of suicide ideation, plan, attempts, and NSSI for both men and women. Results were no longer significant when adjusting for age, depression, and PTSD symptoms.

Conclusions:

MST is associated with increased risk for SITB among male but not female military personnel and veterans, and is explained by concurrent emotional distress.

<http://link.springer.com/article/10.1007/s10943-014-9917-0>

Gaps in Preparedness of Clergy and Healthcare Providers to Address Mental Health Needs of Returning Service Members.

Lydia Chevalier, Elizabeth Goldfarb, Jessica Miller, Bettina Hoepfner, Tristan Gorrindo, Robert J. Birnbaum

Journal of Religion and Health
August 2014

To elucidate gaps in the preparedness of clergy and healthcare providers to care for service members (SM) with deployment-related mental health needs. Participants identified clinically relevant symptoms in a standardized video role play of a veteran with deployment-related mental health needs and discussed their preparedness to deal with SM. Clergy members identified suicide and depression most often, while providers identified difficulty sleeping, low energy, nightmares and irritability. Neither clergy nor providers felt prepared to minister to or treat SM with traumatic brain injury. Through a mixed methods approach, we identified gaps in preparedness of clergy and healthcare providers in dealing with the mental health needs of SM.

<http://www.mdpi.com/1660-4601/11/8/8193/htm>

E-Health Interventions for Suicide Prevention.

Helen Christensen, Philip J. Batterham, Bridianne O'Dea

International Journal of Environmental Research and Public Health
2014, 11(8), 8193-8212

Many people at risk of suicide do not seek help before an attempt, and do not remain connected to health services following an attempt. E-health interventions are now being considered as a means to identify at-risk individuals, offer self-help through web interventions or deliver proactive interventions in response to individuals' posts on social media. In this article, we examine research studies which focus on these aspects of suicide and the internet: the use of online screening for suicide, the effectiveness of e-health interventions aimed to manage suicidal thoughts, and newer studies which aim to proactively intervene when individuals at risk of suicide are identified by social media postings. We conclude that online screening may have a role, although there is a need for additional robust controlled research to establish whether suicide screening can effectively reduce suicide-related outcomes, and in what settings online screening might be most effective. The effectiveness of Internet interventions may be increased if these interventions are designed to specifically target suicidal thoughts, rather than associated conditions such as depression. The evidence for the use of intervention practices using social media is possible, although validity, feasibility and implementation remains highly uncertain.

<http://www.biomedcentral.com/2050-7283/2/20/abstract>

Gender-differences in risk factors for suicidal behaviour identified by perceived burdensomeness, thwarted belongingness and acquired capability: cross-sectional analysis from a longitudinal cohort study.

Tara Donker, Philip J Batterham, Kimberly A Van Orden and Helen Christensen

BMC Psychology 2014, 2:20
Published: 12 August 2014

Background

The Interpersonal-Psychological Theory of Suicidal Behavior (IPT) is supported by recent epidemiological data. Unique risk factors for the IPT constructs have been identified in community epidemiological studies. Gender differences in these risk factors may contribute substantially to our understanding of suicidal risk, and require further investigation. The present study explores gender differences in the predictors and correlates of perceived burdensomeness, thwarted belongingness and acquired capability for suicide.

Methods

Participants (547 males, 739 females) aged 32-38 from the PATH through Life study, an Australian population-based longitudinal cohort study (n=1,177) were assessed on perceived burdensomeness, thwarted belongingness and acquired capability for suicide using the Interpersonal Needs Questionnaire and Acquired Capability for Suicide Survey, and on a range of demographic, social support, psychological, mental health and physical health measures. Gender differences in the predictors of the IPT constructs were assessed using linear regression analyses.

Results

Higher perceived burdensomeness increased suicide ideation in both genders, while higher thwarted belongingness increased suicide ideation only in females. In females, thwarted belongingness was uniquely related to perceived burdensomeness, while greater physical health was significantly associated with greater thwarted belongingness in males but not in females. There were trends suggesting greater effects of being single and greater perceived burdensomeness for men, and stronger effects of less positive friendship support for women associated with greater thwarted belongingness.

Conclusions

Men and women differ in the pattern of psychological characteristics that predict suicide ideation, and in the factors predicting vulnerability. Suicide prevention strategies need to take account of gender differences.

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2014.950031>

Narcotics anonymous: a comparison of military veterans and non-veterans.

Marc Galanter, Helen Dermatis, Cristal Sampson

Journal of Addictive Diseases

Accepted author version posted online: 12 Aug 2014

Substance use disorder, often comorbid with post-traumatic stress disorder, is a problem confronted by many veterans. In order to determine the potential utility of Narcotics Anonymous for veterans, 508 NA attendees were studied. Veterans (N = 172) were more likely to have been referred by a professional than were non-veterans (77% vs. 27%); 70% had been hospitalized for alcohol or drug problems, and 51% had been treated for non-substance psychological problems. The 70% of veterans who responded at least one of 3 service-related stressful experiences were more likely to report PTSD-related symptoms. NA apparently can serve as a recovery resource for certain veterans with SUD, with or without PTSD.

<http://www.biomedcentral.com/1471-244X/14/227>

Building resilience for future adversity: a systematic review of interventions in non-clinical samples of adults.

Tania Macedo, Livia Wilhelm, Raquel Gonçalves, Evandro Silva Freire Coutinho, Liliane Vilete, Ivan Figueira and Paula Ventura

BMC Psychiatry 2014, 14:227

Background

Potentially traumatic events happen in people's lives, leading to the risk of the development of posttraumatic stress disorder, depression and even suicide. Resilience is an individual's ability to maintain or regain his/her mental health in the face of significant adversity or risk of death. The aim of this study was to conduct a systematic review of studies evaluating the effectiveness of resilience promotion interventions in adults.

Methods

Electronic searches were conducted in databases ISI, PsycINFO and PubMed, including every language and every year until January 20, 2013. We selected studies with nonclinical samples of adults that evaluated the effectiveness of the intervention through randomized and non-randomized controlled trials and open-ended studies. We also considered valid constructs directly related to resilience, such as hardiness.

Results

Among 2.337 studies, 13 were selected for the review, 5 through electronic databases and 8 through search in references or the "times cited list" (list of articles that cited the selected papers). Of these, 7 are randomized controlled trials, 5 non-randomized controlled trials, and one an open-ended trial. Most of the studies included reported some degree of improvement in resilience-like variables among those subjects exposed to resilience-promoting programs. Furthermore, positive findings were more consistent among randomized controlled trials.

Conclusion

There is evidence pointing towards some degree of effectiveness of resilience promotion programs, despite the poor operationalization of the construct and great heterogeneity in the studies. Indeed, the analysis of the methodological quality of the selected studies was hampered by the poor quality of reporting. There were faults in reporting in most studies on almost all items (random sequence generation, allocation concealment, blinding of outcome assessment, incomplete outcome data, description of concurrent treatment and intent-to-treat analysis), except for the item "selective reporting". Additional efforts should be made to determine the actual effect size of the interventions, since this is crucial for calculating the cost-effectiveness of resilience promotion strategies.

<http://www.ncbi.nlm.nih.gov/pubmed/25128225>

Aust N Z J Psychiatry. 2014 Aug 15. pii: 0004867414546700. [Epub ahead of print]

The relationships between insomnia, sleep apnoea and depression: Findings from the American National Health and Nutrition Examination Survey, 2005-2008.

Hayley AC, Williams LJ, Venugopal K, Kennedy GA, Berk M, Pasco JA

OBJECTIVE:

To determine the association between insomnia, obstructive sleep apnoea (OSA), and comorbid insomnia-OSA and depression, while controlling for relevant lifestyle and health factors, among a large population-based sample of US adults.

METHOD:

We examined a sample of 11,329 adults (≥ 18 years) who participated in the National Health and Nutrition Examination Survey (NHANES) during the years 2005-2008. Insomnia was classified via a combination of self-reported positive physician diagnosis and high-frequency 'trouble falling asleep', 'waking during the night', 'waking too early', and 'feeling unrested during the day'. OSA was classified as a combination of a positive response to a physician-diagnosed condition, in addition to a high frequency of self-reported nocturnal 'snoring', 'snorting/stopping breathing' and 'feeling overly sleepy during the day'. Comorbid insomnia-OSA was further assessed by combining a positive response to either insomnia (all), or sleep apnoea (all), as classified above. Depressive symptomology was assessed by the Patient Health Questionnaire-9 (PHQ-9), with scores of >9 used to indicate depression. Odds ratios (ORs) and 95% confidence intervals (CIs) for sleep disorders and depression were attained from logistic regression modelling adjusted for sex, age, poverty level, smoking status and body mass index (BMI).

RESULTS:

Those who reported insomnia, OSA or comorbid insomnia-OSA symptoms reported higher rates of depression (33.6%, 22.2%, 27.1%, respectively), and consistently reported poorer physical health outcomes than those who did not report sleep disorders. After adjusting for sex, age, poverty level, smoking status and BMI (kg/m^2), insomnia (OR 6.57, 95% CI 3.89-11.11), OSA (OR 5.14, 95% CI 3.14-8.41) and comorbid insomnia-OSA (OR 6.67, 95% CI 4.44-10.00) were associated with an increased likelihood of reporting depression.

CONCLUSIONS:

Insomnia, OSA and comorbid insomnia-OSA are associated with significant depressive symptomology among this large population-based sample of adults. © The Royal Australian and New Zealand College of Psychiatrists 2014.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4116279/>

Can Primary Care Sleep Medicine Integration Work?

Imran S. Khawaja, MD, FAASM, Thomas D. Hurwitz, MD, Adam Herr, RN, Paul Thuras, PhD, and Brian Cook, DO

The Primary Care Companion for CNS Disorders

2014; 16(2): PCC.13br01593.

Published online Apr 24, 2014. doi: 10.4088/PCC.13br01593

Sleep disorders are common in the veteran population. There is increasing need for sleep medicine services in returning veterans. Primary care providers are uncomfortable diagnosing and treating sleep disorders. Patients often have to wait several days before to be seen by a sleep clinician. This pilot project evaluated the feasibility of providing sleep medicine services to patients in a primary care setting. Primary care providers were involved in decision-making, resulting in improved satisfaction with sleep medicine services among primary care clinicians.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=1895670>

Association of Poor Subjective Sleep Quality With Risk for Death by Suicide During a 10-Year Period: A Longitudinal, Population-Based Study of Late Life.

Bernert RA, Turvey CL, Conwell Y, Joiner TE, Jr.

JAMA Psychiatry
August 13, 2014

Importance

Older adults have high rates of sleep disturbance, die by suicide at disproportionately higher rates compared with other age groups, and tend to visit their physician in the weeks preceding suicide death. To our knowledge, to date, no study has examined disturbed sleep as an independent risk factor for late-life suicide.

Objective

To examine the relative independent risk for suicide associated with poor subjective sleep quality in a population-based study of older adults during a 10-year observation period.

Design, Setting, and Participants

A longitudinal case-control cohort study of late-life suicide among a multisite, population-based community sample of older adults participating in the Established Populations for Epidemiologic Studies of the Elderly. Of 14 456 community older adults sampled, 400 control subjects were matched (on age, sex, and study site) to 20 suicide decedents.

Main Outcomes and Measures

Primary measures included the Sleep Quality Index, the Center for Epidemiologic Studies–Depression Scale, and vital statistics.

Results

Hierarchical logistic regressions revealed that poor sleep quality at baseline was significantly associated with increased risk for suicide (odds ratio [OR], 1.39; 95% CI, 1.14-1.69; $P < .001$) by 10 follow-up years. In addition, 2 sleep items were individually associated with elevated risk for suicide at 10-year follow-up: difficulty falling asleep (OR, 2.24; 95% CI, 1.27-3.93; $P < .01$) and nonrestorative sleep (OR, 2.17; 95% CI, 1.28-3.67; $P < .01$). Controlling for depressive symptoms, baseline self-reported sleep quality was associated with increased risk for death by suicide (OR, 1.30; 95% CI, 1.04-1.63; $P < .05$)

Conclusions and Relevance

Our results indicate that poor subjective sleep quality is associated with increased risk for death by suicide 10 years later, even after adjustment for depressive symptoms. Disturbed sleep appears to confer considerable risk, independent of depressed mood, for the most severe suicidal behaviors and may warrant inclusion in suicide risk assessment frameworks to enhance detection of risk and intervention opportunity in late life.

<http://www.sciencedirect.com/science/article/pii/S0165178114007148>

Development and initial evaluation of transdiagnostic Behavior therapy (TBT) for Veterans with affective disorders.

Daniel F. Gros

Psychiatry Research

Available online 15 August 2014

Much attention has focused on the growing need for evidence-based psychotherapy for veterans with affective disorders within the Department of Veteran Affairs. Despite, and possibly

due to, the large number of evidence-based protocols available, several obstacles remain in their widespread delivery within Veteran Affairs Medical Centers. In part as an effort to address these concerns, newer transdiagnostic approaches to psychotherapy have been developed to provide a single treatment that is capable of addressing several, related disorders. The goal of the present investigation was to develop and evaluate a transdiagnostic psychotherapy, Transdiagnostic Behavior Therapy (TBT), in veterans with affective disorders. Study 1 provided initial support for transdiagnostic presentation of evidence-based psychotherapy components in veterans with principal diagnoses of affective disorders (n=15). These findings were used to inform the development of the TBT protocol. In Study 2, an initial evaluation of TBT was completed in a second sample of veterans with principal diagnoses of affective disorders (n=29). The findings of Study 2 demonstrated significant improvements in symptoms of depression, anxiety, stress, posttraumatic stress, and related impairment across participants with various principal diagnoses. Together, the investigation provided preliminary support for effectiveness of TBT in veterans with affective disorders.

<http://www.ejpt.net/index.php/ejpt/issue/view/1603#PTSD%20in%20the%20military:%20prevalence,%20pathophysiology,%20treatment>

European Journal of Psychotraumatology

Special Supplement: PTSD in the military: prevalence, pathophysiology, treatment

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<http://www.sciencedirect.com/science/article/pii/S0010440X14002351>

Effects of mindfulness-based cognitive therapy on self-reported suicidal ideation: results from a randomised controlled trial in patients with residual depressive symptoms.

Thomas Forkmann, Marieke Wichers, Nicole Geschwind, Frenk Peeters, Jim van Os, Verena Mainz, Dina Collip

Comprehensive Psychiatry
Available online 15 August 2014

Introduction

The aim of the present study was to investigate the effects of mindfulness-based cognitive

therapy (MBCT) on suicidal ideation in an open-label randomised controlled trial of patients with residual depressive symptoms. Furthermore, this study aimed at examining whether an effect of MBCT on suicidal ideation was dependent on a reduction in depression severity, worry and rumination, or an increase in mindfulness.

Methods

One hundred and thirty participants were randomised to a treatment arm (treatment as usual plus MBCT) or a wait list arm. Change in depression, change in worry, change in rumination and change in mindfulness were entered as covariates in a repeated measures ANOVA in order to assess to what degree MBCT-induced changes in suicidal ideation were independent from changes in these parameters.

Results

There was a significant group x time (pre vs. post) interaction on suicidal ideation indicating a significant reduction of suicidal ideation in the MBCT group, but not in the control group. The interaction remained significant after addition of the above covariates. Change in worry was the only covariate associated with change in suicidal ideation, causing a moderate reduction in the interaction effect size.

Conclusions

The results suggest that MBCT may affect suicidal ideation in patients with residual depressive symptoms and that this effect may be mediated, in part, by participants' enhanced capacity to distance themselves from worrying thoughts.

<http://www.psy-journal.com/article/S0165-1781%2814%2900643-X/abstract>

The factor structure of psychiatric comorbidity among Iraq/Afghanistan-era veterans and its relationship to violence, incarceration, suicide attempts, and suicidality.

Nathan A. Kimbrel , Patrick S. Calhoun , Eric B. Elbogen , Mira Brancu , VA Mid-Atlantic MIRECC Registry Workgroup , Jean C. Beckham

Psychiatry Research

Published Online: August 14, 2014

The present research examined how incarceration, suicide attempts, suicidality, and difficulty controlling violence relate to the underlying factor structure of psychiatric comorbidity among a large sample of Iraq/Afghanistan-era veterans (N=1897). Diagnostic interviews established psychiatric diagnoses; self-report measures assessed history of incarceration, difficulty controlling violence, suicide attempts, and suicidality. A 3-factor measurement model characterized by latent factors for externalizing-substance-use disorders (SUD), distress, and fear provided excellent fit to the data. Alcohol-use disorder, drug-use disorder, and nicotine

dependence were indicators on the externalizing-SUD factor. Posttraumatic stress disorder and depression were indicators on the distress factor. Panic disorder, social phobia, specific phobia, and obsessive-compulsive disorder were indicators on the fear factor. Incarceration was exclusively predicted by the externalizing-SUD factor. Difficulty controlling violence, suicidality, and suicide attempts were exclusively predicted by the distress factor. Contrary to hypotheses, the path from the externalizing/SUD factor to difficulty controlling violence was not significant. Taken together, these findings suggest that the distress factor of psychiatric comorbidity is a significant risk factor for suicidality, suicide attempts, and difficulty controlling violence and could help to explain the frequent co-occurrence of these critical outcomes among returning Iraq/Afghanistan veterans.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302117>

Moving Upstream: Why Rehabilitative Justice in Military Discharge Proceedings Serves a Public Health Interest.

Evan R. Seamone, LLM, JD, MPP, James McGuire, PhD, Shoba Sreenivasan, PhD, Sean Clark, JD, Daniel Smee, BA, and Daniel Dow, JD

American Journal of Public Health

Published online ahead of print August 14, 2014: e1–e7. doi:10.2105/AJPH.2014.302117

The cultural divide between US military and civilian institutions amplifies the consequences of military discharge status on public health and criminal justice systems in a manner that is invisible to a larger society. Prompt removal of problematic wounded warriors through retributive justice is more expedient than lengthy mental health treatment.

Administrative and punitive discharges usually preclude Department of Veterans Affairs eligibility, posing a heavy public health burden. Moving upstream—through military rehabilitative justice addressing military offenders' mental health needs before discharge—will reduce the downstream consequences of civilian maladjustment and intergenerational transmission of mental illness.

http://journals.lww.com/psychopharmacology/Abstract/publishahead/Multivitamin_and_Protein_Supplement_Use_Is.99381.aspx

Multivitamin and Protein Supplement Use Is Associated With Positive Mood States and Health Behaviors in US Military and Coast Guard Personnel.

Austin, Krista G. PhD; McGraw, Susan M. BS; Lieberman, Harris R. PhD

Approximately 60% of Armed Forces personnel regularly consume dietary supplements (DSs). We investigated the association of mood and health behaviors with multiple classes of DSs in military and Coast Guard personnel (N = 5536). Participants completed a survey of DS use and the Quick Mood Scale to assess mood domains of wakeful-drowsiness, relaxed-anxious, cheerful-depressed, friendly-aggression, clearheaded-confused, and well coordinated-clumsy. Supplements were categorized as multivitamin/minerals (MVM), individual vitamin/minerals, protein/amino acid supplements (PS), combination products (C), herbals (H), purported steroid analogs, (S) and other (O). One-way analyses of covariance assessed associations of DSs and perceived health behavior with mood controlling for age. Logistic regression determined associations between DS use and health behavior. Users of MVM and PS reported feeling significantly ($P < 0.05$) more awake, relaxed, cheerful, clearheaded, and coordinated. Participants using PS and S reported feeling less friendly (more aggressive, $P < 0.02$). Users of MVM and PS were more likely to report their general health, eating habits, and fitness level as excellent/good ($P < 0.05$). Participants reporting health behaviors as excellent/good were more ($P < 0.01$) awake, relaxed, cheerful, friendly, clearheaded, and coordinated. As no known biological mechanisms can explain such diverse effects of MVM and PS use on multiple mood states, health, eating habits, and fitness, we hypothesize these associations are not causal, and DS intake does not alter these parameters per se. Preexisting differences in mood and other health-related behaviors and outcomes between users versus nonusers of DSs could be a confounding factor in studies of DSs.

<http://www.psyneuen-journal.com/article/S0306-4530%2814%2900308-4/abstract>

Cortisol augmentation of a psychological treatment for warfighters with posttraumatic stress disorder: Randomized trial showing improved treatment retention and outcome.

Rachel Yehuda, Linda M. Bierer , Laura C. Pratchett , Amy Lehrner , Erin C. Koch , Jaklyn A. Van Manen , Janine D. Flory , Iouri Makotkine , Tom Hildebrandt

Psychoneuroendocrinology
Published Online: August 13, 2014

Background

Prolonged exposure (PE) therapy for post-traumatic stress disorder (PTSD) in military veterans has established efficacy, but is ineffective for a substantial number of patients. PE is also associated with high dropout rates. We hypothesized that hydrocortisone augmentation would enhance symptom improvement and reduce drop-out rates by diminishing the distressing effects of traumatic memories retrieved during imaginal exposure. We also hypothesized that in

responders, hydrocortisone augmentation would be more effective in reversing glucocorticoid indices associated with PTSD than placebo augmentation.

Method

Twenty-four veterans were randomized to receive either 30 mg oral hydrocortisone or placebo prior to PE sessions 3-10 in a double-blind protocol. Glucocorticoid receptor sensitivity was assessed in cultured peripheral blood mononuclear cells (PBMC) using the in vitro lysozyme suppression test and was determined before and after treatment. Intent-to-treat analysis was performed using latent growth curve modeling of treatment effects on change in PTSD severity over time. Veterans who no longer met diagnostic criteria for PTSD at post-treatment were designated as responders.

Results

Veterans randomized to hydrocortisone or placebo augmentation did not differ significantly in clinical severity or glucocorticoid sensitivity at pre-treatment. Hydrocortisone augmentation was associated with greater reduction in total PTSD symptoms compared to placebo, a finding that was explained by significantly greater patient retention in the hydrocortisone augmentation condition. A significant treatment condition by responder status interaction for glucocorticoid sensitivity indicated that responders to hydrocortisone augmentation had the highest pre-treatment glucocorticoid sensitivity (lowest lysozyme IC₅₀-DEX), that diminished over the course of treatment. There was a significant association between decline in glucocorticoid responsiveness and improvement in PTSD symptoms among hydrocortisone recipients.

Conclusions

The results of this pilot study suggest that hydrocortisone augmentation of PE may result in greater retention in treatment and thereby promote PTSD symptom improvement. Further, the results suggest that particularly elevated glucocorticoid responsiveness at pre-treatment may identify veterans likely to respond to PE combined with an intervention that targets glucocorticoid sensitivity. Confirmation of these findings will suggest that pharmacologic interventions that target PTSD-associated glucocorticoid dysregulation may be particularly helpful in promoting a positive clinical response to PTSD psychotherapy.

<http://www.sciencedirect.com/science/article/pii/S000399931400937X>

Racial/Ethnic Disparities in Mental Health over the First Two Years after Traumatic Brain Injury: A Model Systems Study.

Paul B. Perrin, Denise Krch, Megan Sutter, Daniel J. Snipes, Juan Carlos Arango-Lasprilla, Stephanie A. Kolakowsky-Hayner, Jerry Wright, Anthony Lequerica

Archives of Physical Medicine and Rehabilitation
Available online 14 August 2014

Objective

To determine whether racial/ethnic disparities occur in depression, anxiety, and satisfaction with life at 1 and 2 years post-discharge.

Design

A prospective, longitudinal, multicenter study of individuals with traumatic brain injury (TBI) participating in the National Institute on Disability and Rehabilitation Research Traumatic Brain Injury Model Systems project. Medical, demographic, and outcome data were obtained from the Model Systems database at baseline, as well as 1 and 2 years post-discharge.

Setting

16 TBI Model Systems hospitals in the United States.

Participants

Individuals with moderate or severe TBI (N = 1,662) aged 16 or older consecutively discharged between January 2008 and June 2011 from acute care and comprehensive inpatient rehabilitation at a Model Systems hospital.

Main Outcome Measures

The Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, and Satisfaction with Life Scale assessed depression, anxiety, and satisfaction with life at 1 and 2-year follow-ups.

Results

After controlling for all possible covariates, hierarchical linear models found that Black individuals had elevated depression across the two time points relative to Whites. Asian/Pacific Islanders' depression increased over time in comparison to the decreasing depression in those of Hispanic origin, which was a greater decrease than White individuals. Black individuals had lower life satisfaction in comparison to White and Hispanic individuals, but only marginally greater anxiety over time than White individuals; and similar levels of anxiety to Asian/Pacific Islander and Hispanic individuals.

Conclusions

Mental health trajectories of individuals with TBI differed as a function of race/ethnicity across the first 2 years post-discharge, providing the first longitudinal evidence of racial/ethnic disparities in mental health after TBI during this time period. Further research will be required to understand the complex factors underlying these differences.

<http://link.springer.com/article/10.1007/s11940-014-0312-7>

Treatment of PTSD and Chronic Daily Headache.

Todd A. Smitherman PhD, Anna Katherine Black BS, Christal N. Davis

Current Treatment Options in Neurology

August 2014, 16:312

Posttraumatic stress disorder (PTSD) is often comorbid with chronic migraine (CM) and chronic tension-type headache (CTTH). Trauma-focused cognitive behavioral psychotherapies, selective serotonin reuptake inhibitors (SSRIs), and venlafaxine have demonstrated efficacy in the treatment of PTSD. Amitriptyline, topiramate, sodium valproate, and botulinum toxin A are efficacious for treatment of chronic daily headache (CDH). Treatment studies on individuals with CDH and comorbid PTSD, however, are limited. As such, multiple therapeutic agents or modes of interventions typically are necessary, such that comprehensive treatment simultaneously utilizes approaches with established efficacy for each individual condition.

Links of Interest

Awake within a dream: Lucid dreamers show greater insight in waking life

<http://www.sciencedaily.com/releases/2014/08/140812121839.htm>

Is talking disappearing from depression therapy?

<http://www.newsleader.com/story/news/local/2014/08/13/talking-disappearing-depression-therapy/14024895/>

How Exercise Helps Us Tolerate Pain

<http://well.blogs.nytimes.com/2014/08/13/how-exercise-helps-us-tolerate-pain/>

Improving Sleep May Benefit Psychiatric Disorders

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1898298>

Study Hints at Link Between Poor Sleep, Suicide Risk

http://www.nlm.nih.gov/medlineplus/news/fullstory_147840.html

Prioritizing suicide research can help lead to fewer suicide attempts and deaths

http://www.eurekalert.org/pub_releases/2014-08/ehs-psr081814.php

Who Has a Right to Pain Relief?

<http://www.theatlantic.com/health/print/2014/08/do-people-in-pain-have-a-right-to-relief/375948/>

The Silent Trauma of War Correspondents

http://www.slate.com/articles/news_and_politics/over_there/2014/08/ptsd_among_photojournalists_chris_hondros_brooklyn_brewery_video.html

Resource of the Week: [National Guard Psychological Health Program](#)

This is the behavioral health portal for the [National Guard Bureau](#). While much of the content is specifically for Guard members and families, clinicians might find the [FAQ](#) useful, and a listing of each state's Director of Psychological Health is available via a link at the bottom of [this page](#).

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- **Will My Director of Psychological Health Keep My information Confidential**
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