

# CDP



## Research Update -- August 10, 2017

### What's Here:

- Resilience and Posttraumatic Stress Disorder Symptoms in National Guard Soldiers Deployed to Iraq: A Prospective Study of Latent Class Trajectories and Their Predictor.
- Increased Mindfulness Skills as Predictors of Reduced Trauma-Related Guilt in Treatment-Seeking Veterans.
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- Does cognitive behavioural therapy for insomnia improve cognitive performance? A systematic review and narrative synthesis.
- Residual Sleep Problems Predict Reduced Response to Prolonged Exposure among Veterans with PTSD.
- Real-time assessment of suicidal thoughts and behaviors.
- An App a Day Keeps the Doctor Away: Guided Education and Training via Smartphones in Subthreshold Post Traumatic Stress Disorder.
- Sunlight Exposure, Work Hours, Caffeine Consumption, and Sleep Duration in the Naval Environment.
- A Nationally Scaled Telebehavioral Health Program for Chronic Pain: Characteristics, Goals, and Psychological Outcomes.
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- Predictors of insomnia symptoms and nightmares among individuals with post-traumatic stress disorder: an ecological momentary assessment study.
- Many Shades of Green: Assessing Awareness of Differences in Mental Health Care Needs Among Subpopulations of Military Veterans.
- Predictors of insomnia symptoms and nightmares among individuals with post-traumatic stress disorder: an ecological momentary assessment study.
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- Examining the diagnostic utility of the DSM-5 PTSD symptoms among male and female returning veterans.
- Links of Interest
- Resource of the Week -- Quality of Care for PTSD and Depression in the Military Health System: Final Report (RAND)

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22199/abstract>

**Resilience and Posttraumatic Stress Disorder Symptoms in National Guard Soldiers Deployed to Iraq: A Prospective Study of Latent Class Trajectories and Their Predictor.**

Polusny, M. A., Erbes, C. R., Kramer, M. D., Thuras, P., DeGarmo, D., Koffel, E., Litz, B. and Arbisi, P. A.

Journal of Traumatic Stress  
 First published: 1 August 2017  
 DOI: 10.1002/jts.22199

This study examined the prospective course of posttraumatic stress disorder (PTSD) symptoms in a cohort of National Guard soldiers (N = 522) deployed to combat operations in Iraq. Participants were assessed 4 times: 1 month before deployment, 2–3 months after returning from deployment, 1 year later, and 2 years postdeployment. Growth mixture modeling revealed 3 distinct trajectories: low-stable symptoms, resilient, 76.4%; new-onset symptoms, 14.2%; and chronic distress, 9.4%. Relative to the resilient class, membership in both the new-onset symptoms and chronic distress trajectory classes was predicted by negative emotionality/neuroticism, odds ratios (ORs) = 1.09, 95% CI [1.02, 1.17], and OR = 1.22, 95% CI [1.09, 1.35], respectively; and

combat exposure, OR = 1.07, 95% CI [1.02, 1.12], and OR = 1.12, 95% CI [1.02, 1.24], respectively. Membership in the new-onset trajectory class was predicted by predeployment military preparedness, OR = 0.95, 95% CI [0.91, 0.98], perceived threat during deployment, OR = 1.07, 95% CI [1.03, 1.10], and stressful life events following deployment, OR = 1.44, 95% CI [1.05, 1.96]. Prior deployment to Iraq or Afghanistan, OR = 3.85, 95% CI [1.72, 8.69], predeployment depression, OR = 1.27, 95% CI [1.20, 1.36], and predeployment concerns about a deployment's impact on civilian/family life, OR = 1.09, 95% CI [1.02, 1.16], distinguished the chronic distress group relative to the resilient group. Identifying predeployment vulnerability and postdeployment contextual factors provides insight for future efforts to bolster resilience, prevent, and treat posttraumatic symptoms.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22209/abstract>

### **Increased Mindfulness Skills as Predictors of Reduced Trauma-Related Guilt in Treatment-Seeking Veterans.**

Held, P., Owens, G. P., Monroe, J. R. and Chard, K. M.

Journal of Traumatic Stress

First published: 25 July 2017

DOI: 10.1002/jts.22209

The present study examined the predictive role of increased self-reported mindfulness skills on reduced trauma-related guilt in a sample of veterans over the course of residential treatment for posttraumatic stress disorder (PTSD; N = 128). The residential treatment consisted of seven weeks of intensive cognitive processing therapy (CPT) for PTSD, as well as additional psychoeducational groups, including seven sessions on mindfulness skills. Increased mindfulness skills describing, acting with awareness, and accepting without judgment were significantly associated with reductions in trauma-related guilt over the course of treatment. Increases in the ability to act with awareness and accept without judgment were significantly associated with reductions in global guilt,  $R^2 = .26$ , guilt distress,  $R^2 = .23$ , guilt cognitions,  $R^2 = .23$ , and lack of justification,  $R^2 = .11$ . An increase in the ability to accept without judgment was the only self-reported mindfulness skill that was associated with reductions in hindsight bias,  $\beta = -.34$  and wrongdoing,  $\beta = -.44$ . Increases in self-reported mindfulness skills explained 15.1 to 24.1% of the variance in reductions in trauma-related guilt, suggesting that mindfulness skills may play a key role in reducing the experience of trauma-related guilt during

psychotherapy. Our results provide preliminary support for the use of mindfulness groups as an adjunct to traditional evidence-based treatments aimed at reducing trauma-related guilt, though this claim needs to be tested further using experimental designs.

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<http://www.sciencedirect.com/science/article/pii/S1087079216300545>

## **Evidence for the efficacy of melatonin in the treatment of primary adult sleep disorders.**

Fiona Auld, Emily L. Maschauer, Ian Morrison, Debra J. Skene, Renata L. Riha

Sleep Medicine Reviews

Volume 34, August 2017, Pages 10-22

<https://doi.org/10.1016/j.smr.2016.06.005>

Melatonin is a physiological hormone involved in sleep timing and is currently used exogenously in the treatment of primary and secondary sleep disorders with empirical evidence of efficacy, but very little evidence from randomised, controlled studies. The aim of this meta-analysis was to assess the evidence base for the therapeutic effects of exogenous melatonin in treating primary sleep disorders.

An electronic literature review search of MEDLINE (1950-present) Embase (1980-present), PsycINFO (1987- present), and Scopus (1990- present), along with a hand-searching of key journals was performed in July 2013 and then again in May 2015. This identified all studies that compared the effect of exogenous melatonin and placebo in patients with primary insomnia, delayed sleep phase syndrome, non 24-h sleep wake syndrome in people who are blind, and rapid eye movement-behaviour disorder. Meta-analyses were performed to determine the magnitude of effect in studies of melatonin in improving sleep.

A total of 5030 studies were identified; of these citations, 12 were included for review based on the inclusion criteria of being: double or single-blind, randomised and controlled. Results from the meta-analyses showed the most convincing evidence for exogenous melatonin use was in reducing sleep onset latency in primary insomnia ( $p = 0.002$ ), delayed sleep phase syndrome ( $p < 0.0001$ ), and regulating the sleep-wake patterns in blind patients compared with placebo.

These findings highlight the potential importance of melatonin in treating certain first degree sleep disorders. The development of large-scale, randomised, controlled trials is recommended to provide further evidence for therapeutic use of melatonin in a variety of sleep difficulties.

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[www.sciencedirect.com/science/article/pii/S1087079216300648](http://www.sciencedirect.com/science/article/pii/S1087079216300648)

**Prevalence of obstructive sleep apnea in the general population: A systematic review.**

Chamara V. Senaratna, Jennifer L. Perret, Caroline J. Lodge, Adrian J. Lowe, Brittany E. Campbell, Melanie C. Matheson, Garun S. Hamilton, Shyamali C. Dharmage

Sleep Medicine Reviews

Volume 34, August 2017, Pages 70-81

<https://doi.org/10.1016/j.smr.2016.07.002>

With this systematic review we aimed to determine the prevalence of obstructive sleep apnea (OSA) in adults in the general population and how it varied between population sub-groups. Twenty-four studies out of 3807 found by systematically searching PubMed and Embase databases were included in this review. Substantial methodological heterogeneity in population prevalence studies has caused a wide variation in the reported prevalence, which, in general, is high. At  $\geq 5$  events/h apnea-hypopnea index (AHI), the overall population prevalence ranged from 9% to 38% and was higher in men. It increased with increasing age and, in some elderly groups, was as high as 90% in men and 78% in women. At  $\geq 15$  events/h AHI, the prevalence in the general adult population ranged from 6% to 17%, being as high as 49% in the advanced ages. OSA prevalence was also greater in obese men and women. This systematic review of the overall body of evidence confirms that advancing age, male sex, and higher body-mass index increase OSA prevalence. The need to a) consider OSA as having a continuum in the general population and b) generate consensus on methodology and diagnostic threshold to define OSA so that the prevalence of OSA can be validly compared across regions and countries, and within age-/sex-specific subgroups, is highlighted.

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<http://www.sciencedirect.com/science/article/pii/S1087079217301417>

**Does cognitive behavioural therapy for insomnia improve cognitive performance?  
A systematic review and narrative synthesis.**

V. Herbert, S.D. Kyle, D. Pratt

Sleep Medicine Reviews

Available online 12 July 2017

<https://doi.org/10.1016/j.smr.2017.07.001>

Individuals with insomnia report difficulties pertaining to their cognitive functioning. Cognitive behavioural therapy for insomnia (CBT-I) is associated with robust, long-term improvements in sleep parameters, however less is known about the impact of CBT-I on the daytime correlates of the disorder. A systematic review and narrative synthesis was conducted in order to summarise and evaluate the evidence regarding the impact of CBT-I on cognitive functioning. Reference databases were searched and studies were included if they assessed cognitive performance as an outcome of CBT-I, using either self-report questionnaires or cognitive tests. Eighteen studies met inclusion criteria, comprising 923 individuals with insomnia symptoms. The standardised mean difference was calculated at post-intervention and follow-up. We found preliminary evidence for small to moderate effects of CBT-I on subjective measures of cognitive functioning. Few of the effects were statistically significant, likely due to small sample sizes and limited statistical power. There is a lack of evidence with regards to the impact of CBT-I on objective cognitive performance, primarily due to the small number of studies that administered an objective measure (n=4). We conclude that adequately powered randomised controlled trials (RCT), utilising both subjective and objective measures of cognitive functioning are required.

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<https://link.springer.com/article/10.1007/s10862-017-9618-6>

**Residual Sleep Problems Predict Reduced Response to Prolonged Exposure  
among Veterans with PTSD.**

Cristina M. López, Cynthia Luethcke Lancaster, Daniel F. Gros, Ron Acierno

Journal of Psychopathology and Behavioral Assessment  
First Online: 24 July 2017  
<https://doi.org/10.1007/s10862-017-9618-6>

While evidence-based treatments exist for posttraumatic stress disorder (PTSD), a significant sub-set of veterans continue to meet criteria for PTSD after treatment. Sleep problems may affect treatment retention and predict efficacy for PTSD treatments. The present study used data from a clinical trial of Prolonged Exposure therapy (PE) administered to veterans (N=154) to evaluate whether residual sleep symptoms remained after treatment completion, and if so, whether these residual sleep symptoms were associated with higher levels of PTSD and comorbid depression at the end of treatment. Participants (ages 20 to 75 years old; 35.7% Black; 54.5% married) completed demographic questions, symptom assessments, and engagement-related surveys. Hierarchical multiple linear regression models demonstrated that changes in sleep were significant predictors of PTSD and depression symptom reduction above and beyond the influence of demographic and engagement factors (e.g., therapy satisfaction). Greater residual sleep symptoms were predictive of smaller treatment gains. Findings illustrate the potential significance of sleep during the course of PTSD treatment, leading to several important clinical assessment and treatment implications.

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<http://www.sciencedirect.com/science/article/pii/S2352250X1730163X>

### **Real-time assessment of suicidal thoughts and behaviors.**

Evan M Kleiman and Matthew K Nock

Current Opinion in Psychology  
Volume 22, August 2018, Pages 33-37  
<https://doi.org/10.1016/j.copsy.2017.07.026>

One of the greatest challenges to understanding, predicting, and preventing suicide is that we have never had the ability to observe and intervene upon them as they unfold in real-time. Recently developed real-time monitoring methods are creating new opportunities for scientific and clinical advances. For instance, recent real-time monitoring studies of suicidal thoughts show that they typically are episodic, with quick onset and short duration. Many known risk factors that predict changes in suicidal thoughts over months/years (e.g. hopelessness) do not predict changes over hours/days — highlighting the gap in our abilities for short-term prediction. Current and

future studies using newer streams of data from smartphone sensors (e.g. GPS) and wearables (e.g. heart rate) are further expanding knowledge and clinical possibilities.

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<http://online.liebertpub.com/doi/abs/10.1089/cyber.2017.0221>

**An App a Day Keeps the Doctor Away: Guided Education and Training via Smartphones in Subthreshold Post Traumatic Stress Disorder.**

Roy Michael J., Costanzo Michelle E., Highland Krista B., Olsen Cara, Clayborne Denece, and Law Wendy

Cyberpsychology, Behavior, and Social Networking  
July 2017, ahead of print  
<https://doi.org/10.1089/cyber.2017.0221>

Post traumatic stress disorder (PTSD) symptoms are common in military service members (SMs), but stigma can impede treatment initiation. Smartphone applications (apps) are available anywhere, anytime, with the potential to both mitigate the impact of stigma and reduce PTSD symptom severity. We provided 144 SMs or family members, with subthreshold PTSD symptoms (PTSD Checklist [PCL] scores of 28–49), with apps promoting psychoeducation, social engagement, and relaxation and randomized them to 6 weeks of resilience enhancement (brief cognitive-behavioral session, followed by daily text messages directing app use) or a control group (daily text messages of inspirational quotes). Participants (54 percent males, 87 percent SMs) in both groups reported reductions in PTSD, anxiety, and depression symptoms during the 6-week intervention, which were sustained at 3 months, but exhibited partial rebound at 6–12 months. Our preliminary results suggest that app use, with or without specific direction, feasibly and effectively reduces symptom severity. Future studies should consider a longer intervention, enhanced compliance tracking, or boosters to sustain benefits.

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<https://www.ncbi.nlm.nih.gov/pubmed/28539147>

Aerosp Med Hum Perform. 2017 Jun 1;88(6):579-585. doi: 10.3357/AMHP.4721.2017

**Sunlight Exposure, Work Hours, Caffeine Consumption, and Sleep Duration in the Naval Environment.**



Shattuck NL, Matsangas P.

#### BACKGROUND:

Sailors in the U.S. Navy are habitual shiftworkers, often experiencing circadian misalignment due to their irregular work/rest schedules. This study assessed the effect of sunlight exposure, work hours, and caffeinated beverage consumption on the daily sleep duration of crewmembers of a U.S. Navy ship during a 2-wk underway period.

#### METHODS:

Working in an artificially lit area with no access to sunlight during work hours, U.S. Navy crew members (N = 91) used daily logs to report their daily activity, caffeinated beverage consumption, and exposure to sunlight while off-duty; sleep was assessed by wrist-worn actigraphy.

#### RESULTS:

Hours of sunlight exposure, work duration, and the amount of coffee/tea/soft drinks were statistically significant predictors of sleep duration. On average, crewmembers who reported more than one half-hour of sunlight each day slept on average ~40 min (10%) less than their peers working the same shifts who received less than one half-hour of sunlight (on average  $6.05 \pm 0.90$  h vs.  $6.71 \pm 0.91$  h, respectively).

#### DISCUSSION:

Exposure to sunlight, work hours, and consumption of caffeinated beverages are important factors when planning watchstanding schedules at sea. Even though further research is needed, our results suggest that even brief exposure to sunlight may contribute to circadian misalignment that negatively affects sleep in the operational environment. Educating crewmembers about sleep hygiene, especially the important roles played by sunlight and caffeine, could potentially improve the sleep and fatigue levels of this population of maritime shiftworkers.

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<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0188>

#### **A Nationally Scaled Telebehavioral Health Program for Chronic Pain: Characteristics, Goals, and Psychological Outcomes.**

Mochari-Greenberger Heidi, Peters Aimee, Vue Lee, and Pande Reena L.

Background:

Millions of U.S. adults suffer from chronic pain with a high prevalence of comorbid mental health issues. Telehealth-delivered behavioral therapy for chronic pain has been evaluated in the research setting. The purpose of this study was 1) to describe a nationally scaled, standardized, telebehavioral therapy program for patients with chronic pain and behavioral comorbidities, and 2) evaluate characteristics, goals, and psychosocial outcomes among program participants.

Materials and Methods:

This was mixed-methods retrospective cohort analysis among consecutive program graduates (mean age 53y; 24% male). The 8-week program was delivered by a licensed therapist and a behavior coach through telephone/secure video and tailored to each participant's behavioral health needs and goals. Participant chief complaints, behavioral goals, and mood triggers were abstracted by deidentified clinical record review using structured qualitative research methods. Depression, anxiety, and stress symptom data were collected at baseline and program graduation using the validated Depression Anxiety Stress Scales 21.

Results:

Back pain (42%) and hip/leg/knee pain (28%) comprised the most common chief complaints. Pain management (44%) and weight loss (43%) were the most frequently cited goals. At baseline, approximately half of participants had elevated depression (59%), anxiety (54%), and/or stress (48%) scores. Triggers for depressed, anxious, or stressed mood included severe pain (47%), health concerns (46%), and interpersonal relationship challenges (45%). At graduation, significant improvement in median depression (-54%), anxiety (-50%), and stress (-33%) symptom scores was observed among those with non-normal baseline values ( $p < 0.001$ ); degree of improvement did not vary by participant age or sex.

Conclusions:

Participants in a nationally scaled telebehavioral health program for chronic pain experienced significant improvement in depression, anxiety, and stress symptoms and shared several complaints, goals, and mood triggers.

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<https://www.ncbi.nlm.nih.gov/pubmed/28728623>

J Clin Sleep Med. 2017 Jul 14. pii: jc-17-00143. [Epub ahead of print]

### **Veterans Affairs Primary Care Provider Perceptions of Insomnia Treatment.**

Ulmer CS, Bosworth HB, Beckham JC, Germain A, Jeffreys AS, Edelman D, Macy S, Kirby A, Voils CI

#### **STUDY OBJECTIVES:**

Insomnia is a widespread issue among United States adults and rates of insomnia among veterans are even higher than the general population. Prior research examining primary care provider (PCP) perspectives on insomnia treatment found that: sleep hygiene and pharmacotherapy are the primary treatments offered; PCPs tend to focus on perceived causes of insomnia rather than the insomnia itself; and neither patients nor providers are satisfied with insomnia treatment options. Although insomnia complaints are typically first reported to primary care providers, little research has focused on perspectives regarding insomnia treatment among PCPs working in the largest integrated health care system in the United States-the Veterans Affairs (VA) health care system. This study was conducted to examine VA PCP perceptions of the availability of insomnia treatments, identify specific strategies offered by PCPs, and examine perceptions regarding the importance of treating insomnia and the role of comorbid conditions.

#### **METHODS:**

A survey was conducted within the VA health care system. Primary care providers completed surveys electronically.

#### **RESULTS:**

A high percentage of veterans (modal response = 20% to 39%) seen in VA primary care settings report an insomnia complaint to their provider. Almost half of respondents do not consistently document insomnia in the medical record (46% endorsed "sometimes," "rarely," or "never"). PCPs routinely advise sleep hygiene recommendations for insomnia (ie, avoid stimulants before bedtime [84.3%], and keep the bedroom environment quiet and dark and comfortable [68.6%]) and many are uncertain if cognitive behavioral therapy for insomnia is available at their facility (43.1%).

#### **CONCLUSIONS:**

Findings point to the need for systems-level changes within health care systems,

including the adoption of evidence-based clinical practice standards for insomnia and PCP education about the processes that maintain insomnia.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12589/full>

**Predictors of insomnia symptoms and nightmares among individuals with post-traumatic stress disorder: an ecological momentary assessment study.**

Short, N. A., Allan, N. P., Stentz, L., Portero, A. K. and Schmidt, N. B.

Journal of Sleep Research  
First published: 3 August 2017  
DOI: 10.1111/jsr.12589

Despite the high levels of comorbidity between post-traumatic stress disorder (PTSD) and sleep disturbance, little research has examined the predictors of insomnia and nightmares in this population. The current study tested both PTSD-specific (i.e. PTSD symptoms, comorbid anxiety and depression, nightmares and fear of sleep) and insomnia-specific (i.e. dysfunctional beliefs about sleep, insomnia-related safety behaviours and daily stressors) predictors of sleep quality, efficiency and nightmares in a sample of 30 individuals with PTSD. Participants participated in ecological momentary assessment to determine how daily changes in PTSD- and insomnia-related factors lead to changes in sleep. Multi-level modelling analyses indicated that, after accounting for baseline PTSD symptom severity, PTSD-specific factors were associated with insomnia symptoms, but insomnia-specific factors were not. Only daytime PTSD symptoms and fear of sleep predicted nightmares. Both sleep- and PTSD-related factors play a role in maintaining insomnia among those with PTSD, while nightmares seem to be linked more closely with only PTSD-related factors.

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<http://journals.sagepub.com/doi/abs/10.1177/0306624X17723626>

**Many Shades of Green: Assessing Awareness of Differences in Mental Health Care Needs Among Subpopulations of Military Veterans.**

Eileen M. Ahlin, Anne S. Douds

International Journal of Offender Therapy and Comparative Criminology  
First Published August 3, 2017  
DOI: <https://doi.org/10.1177/0306624X17723626>

The current study sought to examine access to services by various veteran subgroups: racial/ethnic minorities, females, rural populations, and LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer). Generally, the Veteran Service Officers (VSOs) interviewed for this study did not feel that these subgroups were well served by the program and treatment options presently available, and that other groups such as males and urban veterans received better access to necessary psychosocial and medical care. This research extends studies that explore overall connection to services by further demonstrating barriers to receipt of services by specific subgroups of veterans, particularly those at risk for involvement in the criminal justice system.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12589/full>

**Predictors of insomnia symptoms and nightmares among individuals with post-traumatic stress disorder: an ecological momentary assessment study.**

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factors play a role in maintaining insomnia among those with PTSD, while nightmares seem to be linked more closely with only PTSD-related factors.

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<https://link.springer.com/article/10.1007/s40501-017-0120-2>

## **Association of Self-Report Measures with PTSD and Depression in Veterans.**

Holly M. Miskey, Robert D. Shura

Current Treatment Options in Psychiatry

First Online: 31 July 2017

DOI <https://doi.org/10.1007/s40501-017-0120-2>

### Purpose of review

Self-report measures are common in clinical and research practice. These questionnaires permit fast evaluation of symptom severity and change over time and are sometimes used to identify the presence of possible psychiatric disorders. However, these measures may be less syndrome-specific than previously believed. In Iraq and Afghanistan-era veterans, the PTSD Checklist (PCL) and Beck Depression Inventory-II (BDI-II) are commonly used both clinically and in research due to high rates of posttraumatic stress disorder (PTSD) and depression. Clarity regarding the presumed specificity of such measures becomes important to interpretation of research results and application of psychiatric interventions. The current review intends to further this conversation.

### Recent findings

A recent paper found that the PCL-Military version and BDI-II were equally correlated to a diagnosis of PTSD per the gold standard clinician-administered PTSD scale. Using a research sample of Iraq and Afghanistan veterans, we found similar moderate to large correlations between both self-report measures and both diagnoses. A diagnosis of a depressive disorder was equally correlated with both the BDI-II and PCL.

### Summary

Results suggest that a third, underlying factor of general distress may be the target of each presumed syndrome-specific measure. Clinicians and researchers are encouraged to use such measures to assess distress or improvement following interventions rather than for diagnostic purposes.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22667/full>

## **Examining the diagnostic utility of the DSM-5 PTSD symptoms among male and female returning veterans.**

Jonathan D. Green PhD, Anthony Annunziata PhD, Sarah E. Kleiman PhD, Michelle J. Bovin PhD, Aaron M. Harwell BA, Annie M.L. Fox BA, Shimrit K. Black PhD, Paula P. Schnurr PhD, Darren W. Holowka PhD, Raymond C. Rosen PhD, Terence M. Keane PhD, Brian P. Marx PhD

Depression and Anxiety

First published: 1 August 2017

DOI: 10.1002/da.22667

### Background

Posttraumatic stress disorder (PTSD) diagnostic criteria have been criticized for including symptoms that overlap with commonly comorbid disorders, which critics argue undermines the validity of the diagnosis and inflates psychiatric comorbidity rates. In response, the upcoming 11th edition of the International Classification of Diseases (ICD-11) will offer PTSD diagnostic criteria that are intended to promote diagnostic accuracy. However, diagnostic utility analyses have not yet assessed whether these criteria minimize diagnostic errors. The present study examined the diagnostic utility of each PTSD symptom in the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) for males and females.

### Methods

Participants were 1,347 individuals enrolled in a longitudinal national registry of returning veterans receiving care at a Department of Veterans Affairs (VA) facility. Doctoral level clinicians assessed all participants using the PTSD module of the Structured Clinical Interview for DSM.

### Results

Of the 20 symptoms examined, the majority performed in the fair to poor range on test quality indices. Although a few items did perform in the good (or better) range, only half were ICD-11 symptoms. None of the 20 symptoms demonstrated good quality of efficiency. Results demonstrated few sex differences across indices. There were no differences in the proportion of comorbid psychiatric disorders or functional impairment between DSM-5 and ICD-11 criteria.

## Conclusions

ICD-11 PTSD criteria demonstrate neither greater diagnostic specificity nor reduced rates of comorbidity relative to DSM-5 criteria and, as such, do not perform as intended. Modifications to existing symptoms or new symptoms may improve differential diagnosis.

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## Links of Interest

Military scrambles for transgender policy after Trump tweets

<http://www.militarytimes.com/news/your-military/2017/08/04/military-scrambles-for-transgender-policy-after-trump-tweets/>

New tools let vets schedule appointments, meet with doctors through their phones

<http://www.militarytimes.com/news/pentagon-congress/2017/08/03/new-tools-let-vets-schedule-appointments-meet-with-doctors-through-their-phones/>

Improve Your Mental Health with Time Away from Work

<http://dcoe.mil/blog/17-08-02/improve-your-mental-health-time-away-work>

People with PTSD May Have Overactive 'Fight or Flight' Response

<http://dcoe.mil/blog/17-08-08/people-ptsd-may-have-overactive-fight-or-flight-response>

Troops at risk for suicide not getting needed care, report finds

<https://www.usatoday.com/story/news/politics/2017/08/07/troops-risk-suicide-not-getting-needed-care-report-finds/541710001/>

Transgender Soldiers Want the Dignity of Serving Their Country

<http://www.defenseone.com/ideas/2017/08/transgender-soldiers-want-dignity-serving-their-country/140034/>

Military Service and Moral Injury

<https://www.lifeweavings.org/military-service-and-moral-injury/>

Wounded warriors' art therapy exhibit opens at DoD medical museum

<http://www.medicalmuseum.mil/index.cfm?p=media.news.article.2017.07192017>



Taking away troops' guns would reduce suicides, study finds

<http://www.militarytimes.com/news/2017/08/08/taking-away-troops-guns-would-reduce-suicides-study-finds/>

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**Resource of the Week -- [Quality of Care for PTSD and Depression in the Military Health System: Final Report](#)**

The U.S. Department of Defense (DoD) strives to maintain a physically and psychologically healthy, mission-ready force, and the care provided by the Military Health System (MHS) is critical to meeting this goal. Attention has been directed to ensuring the quality and availability of programs and services for posttraumatic stress disorder (PTSD) and depression. This report is a comprehensive assessment of the quality of care delivered by the MHS in 2013–2014 for over 38,000 active-component service members with PTSD or depression. The assessment includes performance on 30 quality measures to evaluate the receipt of recommended assessments and treatments. These measures draw on multiple data sources including administrative encounter data, medical record review data, and patient self-reported outcome monitoring data. The assessment identified strengths and areas for improvement for the MHS. In particular, the MHS excels at screening for suicide risk and substance use, but rates of appropriate follow-up for service members with suicide risk are lower. Most service members received at least some psychotherapy, but less than half of psychotherapy delivered was evidence-based. In analyses focused on Army soldiers, outcome monitoring increased notably over time, yet preliminary analyses suggest that more work is needed to ensure that services are effective in reducing symptoms. When comparing performance between 2012–2013 and 2013–2014, most measures demonstrated slight improvement, but targeted efforts will be needed to support further improvements. RAND provides recommendations for strategies to improve the quality of care delivered for these conditions.



# Quality of Care for PTSD and Depression in the Military Health System

## Final Report

Kimberly A. Hepner, Carol P. Roth, Elizabeth M. Sloss,  
Susan M. Paddock, Praise O. Iyiewuare, Martha J. Timmer,  
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