

CDP



Research Update -- May 17, 2018

What's Here:

- Psychological Services -- Special Issue -- Psychosocial Approaches to Improving the Military-to-Civilian Transition Process
- Clinician's Trauma Update Online (CTU-Online)
- Association of Mild Traumatic Brain Injury With and Without Loss of Consciousness With Dementia in US Military Veterans.
- Improving risk prediction accuracy for new soldiers in the U.S. Army by adding self-report survey data to administrative data.
- Mindfulness-Based Processes of Healing for Veterans with Post-Traumatic Stress Disorder.
- The Decision- Making Process for Disclosing Suicidal Ideation and Behavior to Family and Friends.
- Factors influencing the adoption of telemedicine for treatment of military veterans with post-traumatic stress disorder.
- Collaborative Care for Depression and Posttraumatic Stress Disorder: Evaluation of Collaborative Care Fidelity on Symptom Trajectories and Outcomes.
- Counseling Suicidal Patients About Access to Lethal Means: Attitudes of Emergency Nurse Leaders.
- Cortisol, Testosterone, and Prospective Risk for War-zone Stress-Evoked Depression.
- The Effects of Military Parents' Deployments on Children's Sleep.

- Objective Sleep And Child Resiliency In Deployed Compared To Non-deployed Military Families.
- Trauma-Associated Sleep Disturbances: a Distinct Sleep Disorder?
- Toward an interdisciplinary conceptualization of moral injury: From unequivocal guilt and anger to moral conflict and disorientation.
- Examination of the Relation Between PTSD Symptoms, Smartphone Feature Uses, and Problematic Smartphone Use.
- Risk of suicide following an alcohol-related emergency hospital admission: An electronic cohort study of 2.8 million people.
- Insomnia as an independent predictor of suicide attempts: a nationwide population-based retrospective cohort study.
- Trends in mental health outcomes and combat exposure among US marines returning from Iraq, Afghanistan or other deployments, 2004–13.
- Adaption of the Biopsychosocial Model of Chronic Noncancer Pain in Veterans.
- Military Caregivers.
- Screening for Sleep Apnea in Psychiatry.
- Innovations in primary care behavioral health: a pilot study across the U.S. Air Force.
- Effectiveness of brief psychological interventions for suicidal presentations: a systematic review.
- Early psychological interventions for posttraumatic stress, depression and anxiety after traumatic injury: A systematic review and meta-analysis.
- Cost-effectiveness of Electroconvulsive Therapy vs Pharmacotherapy/Psychotherapy for Treatment-Resistant Depression in the United States.
- "I knew it was wrong the moment I got the order": A narrative thematic analysis of moral injury in combat veterans.
- Links of Interest
- Resource of the Week: Department of Defense Annual Report on Sexual Assault in the Military -- FY 2017

<http://psycnet.apa.org/PsycARTICLES/journal/ser/15/2>

Psychological Services -- Special Issue

Psychosocial Approaches to Improving the Military-to-Civilian Transition Process

2018 Volume 15, Issue 2 (May)

Introduction: Psychosocial Approaches to Improving the Military-to-Civilian Transition Process.

Ainspan, N. D., Penk, W., & Kearney, L. K.

This special issue of Psychological Services provides a glimpse of some of the most recent work in the arena of psychosocial interventions for military service members who are reintegrating into civilian society and becoming veterans. The psychological effects that can occur as members go through the military-to-civilian transition as they leave the military have been extensively recorded and treated. While psychosocial interventions have been utilized throughout history, we are seeing a new interest and recent renaissance in their use. These psychosocial interventions will help our veterans reintegrate into civilian society not just by focusing on reducing the symptoms from their visible and invisible wounds but by taking a more holistic and integrative perspective that works to improve the veterans' functioning in their surrounding social environments through community reengagement, treatment of the individual and their social environment, and functional improvement. The articles in this special issue illustrate how clinicians and researchers are validating new techniques to improve functioning among those learning to change careers as warriors in their new civilian occupations.

Articles:

Using peer support groups to enhance community integration of veterans in transition.

Pages 135-145. Drebing, Charles E.; Reilly, Erin; Henze, Kevin T.; Kelly, Megan;

Russo, Anthony; Smolinsky, John; Gorman, Jay; Penk, Walter E.

<http://dx.doi.org/10.1037/ser0000178>

Family-focused interventions and resources for veterans and their families.

Pages 146-153. Sherman, Michelle D.; Larsen, Jessica L.

<http://dx.doi.org/10.1037/ser0000174>

It's not just showing up: How social identification with a veterans service organization relates to benefit-finding and social isolation among veterans.

Pages 154-162. Russell, Cristel Antonia; Russell, Dale W.

<http://dx.doi.org/10.1037/ser0000176>

Coming home from prison: Adapting military resilience training to enhance successful community reintegration for justice-involved Iraq-Afghanistan veterans.

Pages 163-171. Sreenivasan, Shoba; Rosenthal, Joel; Smee, Daniel E.; Wilson, Keith; McGuire, Jim.

<http://dx.doi.org/10.1037/ser0000206>

Actuarial prediction of psychotherapy retention among Iraq-Afghanistan veterans with posttraumatic stress disorder.

Pages 172-180. Fleming, CJ Eubanks; Kholodkov, Tatyana; Dillon, Kirsten H.; Belvet, Benita; Crawford, Eric F.

<http://dx.doi.org/10.1037/ser0000139>

Effects of social support and resilient coping on violent behavior in military veterans.

Pages 181-190. Van Voorhees, Elizabeth E.; Wagner, H. Ryan; Beckham, Jean C.; Bradford, Daniel W.; Neal, Lydia C.; Penk, Walter E.; Elbogen, Eric B.

<http://dx.doi.org/10.1037/ser0000187>

Promising practices in vocational services for the community reintegration of returning veterans: The individual placement and support model and beyond.

Pages 191-199. Wewiorski, Nancy J.; Gorman, Jay A.; Scoglio, Arielle A. J.; Fukuda, Seiya; Reilly, Erin; Mueller, Lisa; O'Connor, Maureen; Penk, Walter E.; Drebing, Charles E.

<http://dx.doi.org/10.1037/ser0000177>

A supported education service pilot for returning veterans with posttraumatic stress disorder.

Pages 200-207. Ellison, Marsha Langer; Reilly, Erin D.; Mueller, Lisa; Schultz, Mark R.; Drebing, Charles E.

<http://dx.doi.org/10.1037/ser0000180>

An evaluation of mobile applications designed to assist service members and veterans transitioning to civilian life.

Pages 208-215. Fraynt, Rebecca; Cooper, David; Edwards-Stewart, Amanda; Hoyt, Tim; Micheel, Logan; Pruitt, Larry; Skopp, Nancy; Smolenski, Derek.

<http://dx.doi.org/10.1037/ser0000205>

Development and validation of a measure of PTSD-related psychosocial functional impairment: The Inventory of Psychosocial Functioning.

Pages 216-229. Bovin, Michelle J.; Black, Shimrit K.; Rodriguez, Paola; Lunney, Carole A.; Kleiman, Sarah E.; Weathers, Frank W.; Schnurr, Paula P.; Spira, James; Keane, Terence M.; Marx, Brian P.

<http://dx.doi.org/10.1037/ser0000220>

Gender differences in associations between DSM–5 posttraumatic stress disorder symptom clusters and functional impairment in war veterans.

Pages 230-237. Meyer, Eric C.; Konecky, Brian; Kimbrel, Nathan A.; DeBeer, Bryann B.; Marx, Brian P.; Schumm, Jeremiah; Penk, Walter E.; Gulliver, Suzy Bird; Morissette, Sandra B.

<http://dx.doi.org/10.1037/ser0000171>

https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v12n2.pdf

Clinician's Trauma Update Online (CTU-Online)

April 2018 Issue: Vol. 12(2)

National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://jamanetwork.com/journals/jamaneurology/fullarticle/2679879>

Association of Mild Traumatic Brain Injury With and Without Loss of Consciousness With Dementia in US Military Veterans.

Barnes DE, Byers AL, Gardner RC, Seal KH, Boscardin WJ, Yaffe K.

JAMA Neurology

Published online May 07, 2018

doi:10.1001/jamaneurol.2018.0815

Key Points

Question

Is mild traumatic brain injury without loss of consciousness associated with an increased risk of dementia diagnosis in veterans?

Findings

In this propensity-matched cohort study of more than 350 000 veterans with and without traumatic brain injuries, mild traumatic brain injury without loss of consciousness was associated with more than a 2-fold increase in the risk of dementia diagnosis, even after adjusting for medical and psychiatric comorbidities.

Meaning

Even mild traumatic brain injuries that do not result in loss of consciousness might have long-term neurodegenerative consequences.

Abstract

Importance

Traumatic brain injury (TBI) is common in both veteran and civilian populations. Prior studies have linked moderate and severe TBI with increased dementia risk, but the association between dementia and mild TBI, particularly mild TBI without loss of consciousness (LOC), remains unclear.

Objective

To examine the association between TBI severity, LOC, and dementia diagnosis in veterans.

Design, Setting, and Participants

This cohort study of all patients diagnosed with a TBI in the Veterans Health Administration health care system from October 1, 2001, to September 30, 2014, and a propensity-matched comparison group. Patients with dementia at baseline were excluded. Researchers identified TBIs through the Comprehensive TBI Evaluation database, which is restricted to Iraq and Afghanistan veterans, and the National Patient Care Database, which includes veterans of all eras. The severity of each TBI was based on the most severe injury recorded and classified as mild without LOC, mild with LOC, mild with LOC status unknown, or moderate or severe using Department of Defense or Defense and Veterans Brain Injury Center criteria. International Classification of

Diseases, Ninth Revision codes were used to identify dementia diagnoses during follow-up and medical and psychiatric comorbidities in the 2 years prior to the index date.

Main Outcomes and Measures

Dementia diagnosis in veterans who had experienced TBI with or without LOC and control participants without TBI exposure.

Results

The study included 178 779 patients diagnosed with a TBI in the Veterans Health Administration health care system and 178 779 patients in a propensity-matched comparison group. Veterans had a mean (SD) age of nearly 49.5 (18.2) years at baseline; 33 250 (9.3%) were women, and 259 136 (72.5%) were non-Hispanic white individuals. Differences between veterans with and without TBI were small. A total of 4698 veterans (2.6%) without TBI developed dementia compared with 10 835 (6.1%) of those with TBI. After adjustment for demographics and medical and psychiatric comorbidities, adjusted hazard ratios for dementia were 2.36 (95% CI, 2.10-2.66) for mild TBI without LOC, 2.51 (95% CI, 2.29-2.76) for mild TBI with LOC, 3.19 (95% CI, 3.05-3.33) for mild TBI with LOC status unknown, and 3.77 (95% CI, 3.63-3.91) for moderate to severe TBI.

Conclusions and Relevance

In this cohort study of more than 350 000 veterans, even mild TBI without LOC was associated with more than a 2-fold increase in the risk of dementia diagnosis. Studies of strategies to determine mechanisms, prevention, and treatment of TBI-related dementia in veterans are urgently needed.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1656-4>

Improving risk prediction accuracy for new soldiers in the U.S. Army by adding self-report survey data to administrative data.

Samantha L. Bernecker, Anthony J. Rosellini, Matthew K. Nock, Wai Tat Chiu, Peter M. Gutierrez, Irving Hwang, Thomas E. Joiner, James A. Naifeh, Nancy A. Sampson, Alan M. Zaslavsky, Murray B. Stein, Robert J. Ursano and Ronald C. Kessler

BMC Psychiatry

Published: 3 April 2018

<https://doi.org/10.1186/s12888-018-1656-4>

Background

High rates of mental disorders, suicidality, and interpersonal violence early in the military career have raised interest in implementing preventive interventions with high-risk new enlistees. The Army Study to Assess Risk and Resilience in Servicemembers (STARRS) developed risk-targeting systems for these outcomes based on machine learning methods using administrative data predictors. However, administrative data omit many risk factors, raising the question whether risk targeting could be improved by adding self-report survey data to prediction models. If so, the Army may gain from routinely administering surveys that assess additional risk factors.

Methods

The STARRS New Soldier Survey was administered to 21,790 Regular Army soldiers who agreed to have survey data linked to administrative records. As reported previously, machine learning models using administrative data as predictors found that small proportions of high-risk soldiers accounted for high proportions of negative outcomes. Other machine learning models using self-report survey data as predictors were developed previously for three of these outcomes: major physical violence and sexual violence perpetration among men and sexual violence victimization among women. Here we examined the extent to which this survey information increases prediction accuracy, over models based solely on administrative data, for those three outcomes. We used discrete-time survival analysis to estimate a series of models predicting first occurrence, assessing how model fit improved and concentration of risk increased when adding the predicted risk score based on survey data to the predicted risk score based on administrative data.

Results

The addition of survey data improved prediction significantly for all outcomes. In the most extreme case, the percentage of reported sexual violence victimization among the 5% of female soldiers with highest predicted risk increased from 17.5% using only administrative predictors to 29.4% adding survey predictors, a 67.9% proportional increase in prediction accuracy. Other proportional increases in concentration of risk ranged from 4.8% to 49.5% (median = 26.0%).

Conclusions

Data from an ongoing New Soldier Survey could substantially improve accuracy of risk models compared to models based exclusively on administrative predictors. Depending upon the characteristics of interventions used, the increase in targeting accuracy from survey data might offset survey administration costs.

<https://www.liebertpub.com/doi/abs/10.1089/acm.2017.0404>

Mindfulness-Based Processes of Healing for Veterans with Post-Traumatic Stress Disorder.

Schure Marc B. , Simpson Tracy L. , Martinez Michelle , Sayre George , and Kearney David J.

The Journal of Alternative and Complementary Medicine.

Online Ahead of Print: May 7, 2018

<http://doi.org/10.1089/acm.2017.0404>

Objective: U.S. veterans are at increased risk of developing post-traumatic stress disorder (PTSD). Prior studies suggest a benefit of mindfulness-based stress reduction (MBSR) for PTSD, but the mechanisms through which MBSR reduces PTSD symptoms and improves functional status have received limited empirical inquiry. This study used a qualitative approach to better understand how training in mindfulness affects veterans with PTSD.

Design:

Qualitative study using semistructured in-depth interviews following participation in an MBSR intervention.

Setting:

Outpatient.

Intervention:

Eight-week MBSR program.

Outcome measure:

Participants' narratives of their experiences from participation in the program.

Results:

Interviews were completed with 15 veterans. Analyses identified six core aspects of participants' MBSR experience related to PTSD: dealing with the past, staying in the present, acceptance of adversity, breathing through stress, relaxation, and openness to self and others. Participants described specific aspects of a holistic mindfulness experience, which appeared to activate introspection and curiosity about their PTSD

symptoms. Veterans with PTSD described a number of pathways by which mindfulness practice may help to ameliorate PTSD.

Conclusions:

MBSR holds promise as a nontrauma-focused approach to help veterans with PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12315>

The Decision- Making Process for Disclosing Suicidal Ideation and Behavior to Family and Friends.

Laura M. Frey, Anthony Fulginiti, DeQuincy Lezine, Julie Cerel

Family Relations

2018

<https://doi.org/10.1111/fare.12315>

Objective

This study was designed to explore the decision- making processes for disclosing suicidal ideation and behavior.

Background

Suicide attempt survivors are an invaluable resource that can provide essential information about suicidal behavior and related communication to family and friends. Because of the stigma associated with suicide and seeking help, many individuals choose to conceal their suicidal ideation or behavior or to disclose only to a few family and friends.

Method

Semistructured, audio- only interviews were conducted with a convenience sample of 40 suicide- attempt survivors to develop a grounded theory of factors that influence the decision to disclose current and past suicidal behavior to family members and other individuals within one's social network.

Results

Several motivations for disclosing (e.g., seeking help, sharing personal information, informing others) were identified, and a majority of the sample conducted an informal cost-benefit analysis before disclosing. The findings also elucidate the process of

choosing a person with whom disclosure occurs, and the importance of having that family or friend with whom attempt survivors feel safe disclosing ideation as it occurs as well as subsequently processing the experience and seeking treatment.

Conclusion

Decision- making processes for suicide- related disclosure include identifying motivations to disclose, an informal cost–benefit analysis, and the selection of a recipient to whom one will disclose.

Implications

This emergent model identifies five tangible intervention strategies for increasing the likelihood of suicide disclosure. Future research should examine the internal resources that motivate individuals to engage in subsequent disclosure to individuals from whom they have previously experienced stigma.

<https://www.ncbi.nlm.nih.gov/pubmed/29700551>

J Rehabil Med. 2018 May 8;50(5):385-392. doi: 10.2340/16501977-2302

Factors influencing the adoption of telemedicine for treatment of military veterans with post-traumatic stress disorder.

Kruse CS, Atkins JM, Baker TD, Gonzales EN, Paul JL, Brooks M.

BACKGROUND:

Military veterans returning from a combat zone often face mental health challenges as a result of traumatic experiences. The veteran in the United States has been underdiagnosed and underserved. Since its advancement in the 1990s, telemedicine has become a more prevalent means of delivering services for post-traumatic stress disorder among veterans in the United States, but its adoption is not ubiquitous.

OBJECTIVE:

To clarify the association of telemedicine and the treatment of veterans with post-traumatic stress disorder through identification of facilitators and barriers to the adoption of the modality.

METHODS:

Reviewers analysed articles from CINAHL and PubMed databases, using relative key words, selecting the 28 most germane to the study objective.

RESULTS:

The most common adoption facilitators were: improving access to rural populations of veterans (22%), effective treatment outcomes (16%), and decreased costs related to care (13%). The most prevalent barriers were: veterans lacking access to necessary modalities (25%), availability of physicians competent in post-traumatic stress disorder treatment (20%), and complications with technology (20%). Five themes surfaced for facilitators: accessibility, effectiveness, cost reduction, positive patient perception, and supportive community; and 5 themes for barriers: access to technology, technical complications, physician availability, negative patient perception, and uninformed patients.

CONCLUSION:

This literature review identifies cost and outcomes-effectiveness. The association of telemedicine with the treatment of veterans with post-traumatic stress disorder is feasible, beneficial and effective.

PMID: 29700551 DOI: 10.2340/16501977-2302

<https://link.springer.com/article/10.1007%2Fs11606-018-4451-5>

Collaborative Care for Depression and Posttraumatic Stress Disorder: Evaluation of Collaborative Care Fidelity on Symptom Trajectories and Outcomes.

Bradley E. Belsher, Daniel P. Evatt, Xian Liu, Michael C. Freed, Charles C. Engel, Erin H. Beech, Lisa H. Jaycox

Journal of General Internal Medicine

First Online: 27 April 2018

<https://doi.org/10.1007/s11606-018-4451-5>

Background

Despite the growing consensus that collaborative care is effective, limited research has focused on the importance of collaborative care fidelity as it relates to mental health clinical outcomes.

Objective

To assess the relationship of collaborative care fidelity on symptom trajectories and clinical outcomes among military service members enrolled in a multi-site randomized controlled trial for the treatment of depression and posttraumatic stress disorder (PTSD).

Design

Study data for our analyses came from a two-parallel arm randomized trial that evaluated the effectiveness of a centralized collaborative care model compared to the existing collaborative care model for the treatment of PTSD and depression. All patients were included in the analyses to evaluate how longitudinal trajectories of PTSD and depression scores differed across various collaborative care fidelity groupings.

Participants

A total of 666 US Military Service members screening positive for probable PTSD or depression through primary care.

Main Measures

Disease registry data from a web-based clinical management support tool was used to measure collaborative care fidelity for patients enrolled in the trial. Participant depression and PTSD symptoms were collected independently from research survey assessments at four time points across the 1-year trial period. Treatment utilization records were acquired from the Military Health System administrative records to determine mental health service use.

Key Results

Consistent and late fidelity to the collaborative care model predicted an improving symptom trajectory over the course of treatment. This effect was more pronounced for patients with depression than for patients with PTSD.

Conclusions

Long-term fidelity to key collaborative care elements throughout care episodes may improve depression outcomes, particularly for patients with elevated symptoms. More controlled research is needed to further understand the influence of collaborative care fidelity on clinical outcomes.

Trial Registration

Clinicaltrials.gov Identifier NCT01492348

<https://www.sciencedirect.com/science/article/pii/S0099176718301272>

Counseling Suicidal Patients About Access to Lethal Means: Attitudes of Emergency Nurse Leaders.

Marian E. Betz, Ashley Brooks-Russell, Sara Brandspigel, Douglas K. Novins, ... Carol Runyan

Journal of Emergency Nursing
Available online 25 April 2018
<https://doi.org/10.1016/j.jen.2018.03.012>

Introduction

For ED patients at risk of suicide, counseling to reduce access to lethal means (including firearms) is recommended yet not routine. To enhance practice uptake, we sought to examine the attitudes and beliefs of emergency nurse leaders concerning the acceptability and effectiveness of lethal-means counseling.

Methods

We invited a nurse leader (ED nurse manager or Chief Nursing Officer [CNO]) at each hospital-based emergency department in the 8-state Mountain West region of the United States to complete a closed-ended telephone survey. Questions assessed current practices and leaders' views on suicide prevention and lethal-means counseling. Responses were weighted to all eligible hospitals to adjust for nonresponse.

Results

From 363 eligible hospitals, 190 emergency nurse leaders responded (overall response rate: 52%). Emergency nurse leaders thought providers at their emergency departments did an excellent job of safety counseling (74%) for suicidal patients. Most respondents believed that talking about firearms with suicidal patients is acceptable to patients (77%), supported by hospital administration (64%), effective in preventing suicide (69%), and something that providers should do (91%). However, the majority also had doubts about whether suicide is preventable (60%).

Discussion

Despite expressing high levels of support for the acceptability and effectiveness of lethal-means counseling, high proportions of emergency nurse leaders expressed skepticism regarding the preventability of suicide, a finding consistent with previous

work. Our results support the need to address and modify misperceptions about prevention of suicide in any efforts for widespread implementation and dissemination of lethal-means counseling.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy065/4987918>

Cortisol, Testosterone, and Prospective Risk for War-zone Stress-Evoked Depression.

Adam R Cobb, MA Robert A Josephs, PhD Cynthia L Lancaster, PhD Han-Joo Lee, PhD Michael J Telch, PhD

Military Medicine

Published: 27 April 2018

<https://doi.org/10.1093/milmed/usy065>

Introduction

The major challenges of efforts to reveal biological risk factors and biomarkers of depression include the complexity of underlying systems, interactions with other systems, and contextual factors governing their expression. Altered endocrine function is believed to be a central contributor to depressive illness, but across studies, evidence for a link between endocrine markers and depression has been mixed, inconclusive, or conditional in nature. In the present study, we evaluated basal testosterone (T), cortisol (C), and CO₂ inhalation-stress-reactivity measures of these hormones (TR, CR) as pre-deployment moderators of the later impact of war-zone stressors on depression symptoms in-theater.

Materials and Methods

At pre-deployment, U.S. soldiers (N = 120) completed demographic, clinical and hormone measures, and during deployment, they completed monthly, web-based assessments of war-zone stressors and depression symptoms (N = 533 observations). Mixed effects models estimated the effects of the pre-deployment hormone profiles in moderating war-zone stressors' impact on in-theater depression. Models also tested whether hormonally linked risk for later stress-evoked depression depends on pre-existing depression.

Results

Controlling for pre-deployment depression, high T was protective; whereas TR had depressogenic effects that were amplified by pre-deployment depression. Further, high C was protective, but heightened CR was depressogenic, but only among those with elevated pre-deployment depression.

Conclusions

Findings highlight the importance of examining basal and reactivity measures of endocrine function, and use of prospective, longitudinal models to test hypothesized causal pathways associated with depression vulnerability in the war-zone. Results also suggest that pre-existing depression and cortisol may work in tandem to increase vulnerability for later stress-evoked depression in the war-zone.

https://academic.oup.com/sleep/article-abstract/41/suppl_1/A100/4988297

The Effects of Military Parents' Deployments on Children's Sleep.

C J So S Lau C A Alfano

Sleep

Volume 41, Issue suppl_1, 27 April 2018, Pages A100–A101,
<https://doi.org/10.1093/sleep/zsy061.259>

Introduction

Military deployments are not only stressful for the service member deployed, but impose significant stress on families. Although there is an increased awareness of the need to evaluate the mental health of soldiers, less attention has been paid to the effects of deployment on families and children. Among the research conducted among children from military families a majority has focused on symptoms of anxiety and depression while little-to-no attention has been paid to sleep. The present study aimed to explore the impact of past and present parental military deployments on specific aspects of sleep in children.

Methods

Data from 50 U.S. military families with at least one parent who deployed previously as a part of the Global War on Terror were analyzed; a total of 73 children between the ages of 2–17 years were included. Self-reported questionnaires collected from both

military parents and children assessed mental health symptoms, sleep symptoms, and military history.

Results

Partial correlations while controlling for children's anxiety and depression levels revealed that children's perception of sleeping too little was correlated with the duration of their parent's most recent deployment, $r = .31$, $p = .01$. Additionally, children's sleep onset delay correlated with the total number of deployments reported, $r = .27$, $p = .02$.

Conclusion

Some, but not all, aspects of children's sleep were associated with an increased number of parental deployments, as well as the duration of the most recent deployment after controlling for children's level of anxiety and depression. This may be indicative that attention toward regulating children's sleep is necessary even after a military parent returns from deployment. Targeting sleep may also aid in reducing children's mental health symptoms due to the strong relationship established between sleep and emotional well-being.

https://academic.oup.com/sleep/article-abstract/41/suppl_1/A310/4988884

Objective Sleep And Child Resiliency In Deployed Compared To Non-deployed Military Families.

J M Meers, J L Bower, C A Alfano

Sleep

Volume 41, Issue suppl_1, 27 April 2018, Pages A310,
<https://doi.org/10.1093/sleep/zsy061.835>

Introduction

For military families, parent deployment can be a stressful event. Studies are mixed however, with some showing military families, including children, to be resilient in terms of behavioral and emotional adjustment in relation to deployment. However, the effects of deployment on children's sleep, which is highly susceptible to stress, has not been explored.

Methods

Participants were 229 children aged 7 to 17 (M age=11.34, SD=2.92, female=50.9%)

with at least one parent on active duty in the military. Children completed the Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2007) and one week of actigraphy and daily diaries of sleep and stressors. The RSCA is a 64-item self-report instrument that measures domains of resiliency and vulnerability.

Results

Children with a deployed parent reported greater anxiety, but no differences in number of daily stressors, resiliency scores, or objective sleep and diary variables were found. Given age-dependent changes in sleep, age was entered as a control. Greater resiliency was associated with greater self-reported sleep quality in both groups ($r=.30$, $p<.01$). In military families without a deployed parent ($n=116$), greater resiliency corresponded with fewer reported nighttime wakings ($r=-.24$, $p=.03$); however resiliency was not associated with objective sleep. Among children with a deployed parent ($n=113$), increased stress was associated with greater variability in bedtime ($r=.45$, $p<.01$), total sleep time ($r=.36$, $p=.01$), and duration of wake episodes ($r=.39$, $p=.01$). Greater resiliency was associated with reduced sleep efficiency ($r=-.33$, $p=.03$), and more fragmented sleep ($r=-.44$, $p=.01$). These correlations hold when anxiety and stress are controlled.

Conclusion

Overall, results show that irrespective of parental deployment status, children in military families are highly resilient and resiliency and perceptions of sleep quality are positively associated. For children with a deployed parent, greater sleep variability and stress are linearly related, but greater resiliency corresponded with less efficient and routinized sleep after controlling for stress. It may be that when a parent is deployed, children must take on more responsibilities in the home that both engender resilience but also compromise sleep.

<https://link.springer.com/article/10.1007%2Fs40675-018-0119-2>

Trauma-Associated Sleep Disturbances: a Distinct Sleep Disorder?

Tara D. Rachakonda, Nadir M. Balba, Miranda M. Lim

Current Sleep Medicine Reports

First Online: 26 April 2018

<https://doi.org/10.1007/s40675-018-0119-2>

Purpose of Review

This paper describes a newly proposed sleep disorder, trauma-associated sleep disorder (TSD). Whether or not this represents a truly unique condition is controversial. In this paper, we describe the overlapping features and differences between TSD, post-traumatic stress disorder (PTSD), and rapid eye movement (REM) sleep behavior disorder (RBD).

Recent Findings

While REM sleep without atonia (RWA) and dream enactment are part of the diagnostic criteria for both RBD and TSD, only TSD features nightmares that occur both in non-REM and REM. A key difference between TSD and PTSD is the presence of symptoms during wakefulness in the latter, though the relationship between the two disorders is, as of yet, unclear. It is unknown whether or not a relationship exists between TSD and neurodegeneration; thus, this needs to be explored further.

Summary

Additional research, such as application of TSD diagnostic criteria to more diverse population, would help to determine whether or not TSD is a distinct clinical entity, its relationships to PTSD, as well as the association of this condition with the development of neurodegeneration.

<https://www.sciencedirect.com/science/article/pii/S0732118X17302143>

Toward an interdisciplinary conceptualization of moral injury: From unequivocal guilt and anger to moral conflict and disorientation.

Tine Molendijk

New Ideas in Psychology

Volume 51, December 2018

<https://doi.org/10.1016/j.newideapsych.2018.04.006>

While the concept of moral injury has been embraced in academic, clinical and public discourses, it is still nascent and needs development regarding the 'moral' in 'moral injury'. When questions about the complex nature of morality go unaddressed, clinical practice is based on unsubstantiated and possibly reductive assumptions about the moral dimensions of traumas. Current conceptualizations of moral injury approach morality implicitly as a harmonious belief system. However, people always have multiple

moral commitments that may co-exist in tension. What are the implications of moral tension in the experience of distress, and what are the implications of the complex nature of morality for the theoretical understanding of moral injury? This article addresses these questions, drawing on relevant literature from the fields of philosophy and social sciences, and on 80 in-depth qualitative interviews with Dutch veterans, thus contributing to a refined, interdisciplinary concept of moral injury.

<http://journals.sagepub.com/doi/abs/10.1177/0894439318770745>

Examination of the Relation Between PTSD Symptoms, Smartphone Feature Uses, and Problematic Smartphone Use.

Ateka A. Contractor, Nicole H. Weiss, Jon D. Elhai

Social Science Computer Review

Article first published online: May 1, 2018

<https://doi.org/10.1177/0894439318770745>

Post-traumatic stress disorder (PTSD) symptoms are associated with addictive behaviors including problematic smartphone use (PSU). Drawing from existing theoretical models and empirical work, we examined the relation between PTSD symptoms, social/process-oriented smartphone feature uses, and PSU. Specifically, we examined the correlations between social/process-oriented smartphone feature uses with both PTSD symptom clusters (intrusions, avoidance, negative alterations in cognitions and mood, alterations in arousal and reactivity) and PSU and the mediating role of social/process-oriented smartphone feature uses in the relation between PTSD symptom clusters and PSU. The current study used data from a sample of 347 community participants recruited through Amazon's Mechanical Turk platform. Correlation results indicated that process-oriented smartphone feature uses correlated significantly (positively) with all the PTSD symptom clusters and PSU. Further, mediation results indicated that process-oriented smartphone feature use significantly mediated the relationship between each PTSD symptom cluster and PSU. Beyond highlighting the role of process-oriented smartphone feature uses (e.g., watching videos/TV/movies, reading books/magazines, games) in the relation between PTSD symptoms and PSU, our findings suggest that efforts to reduce PSU among individuals with PTSD symptoms should integrate strategies for reducing process-oriented uses of smartphones.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0194772>

Risk of suicide following an alcohol-related emergency hospital admission: An electronic cohort study of 2.8 million people.

Bethan Bowden, Ann John, Laszlo Trefan, Jennifer Morgan, Daniel Farewell, David Fone

PLOS ONE

Published: April 27, 2018

<https://doi.org/10.1371/journal.pone.0194772>

Objective

Alcohol misuse is a well-known risk factor for suicide however, the relationship between alcohol-related hospital admission and subsequent risk of death from suicide is unknown. We aimed to determine the risk of death from suicide following emergency admission to hospital with an alcohol-related cause.

Methods

We established an electronic cohort study of all 2,803,457 residents of Wales, UK, aged from 10 to under 100 years on 1 January 2006 with six years' follow-up. The outcome event was death from suicide defined as intentional self-harm (ICD-10 X60-84) or undetermined intent (Y10-34). The main exposure was an alcohol-related admission defined as a 'wholly attributable' ICD-10 alcohol code in the admission record. Admissions were coded for the presence or absence of co-existing psychiatric morbidity. The analysis was by Cox regression with adjustments for confounding variables within the dataset.

Results

During the study follow-up period, there were 15,546,355 person years at risk with 28,425 alcohol-related emergency admissions and 1562 suicides. 125 suicides followed an admission (144.6 per 100,000 person years), of which 11 (9%) occurred within 4 weeks of discharge. The overall adjusted hazard ratio (HR) for suicide following admission was 26.8 (95% confidence interval (CI) 18.8 to 38.3), in men HR 9.83 (95% CI 7.91 to 12.2) and women HR 28.5 (95% CI 19.9 to 41.0). The risk of suicide remained substantial in subjects without known co-existing psychiatric morbidity: HR men 8.11 (95% CI 6.30 to 10.4) and women HR 24.0 (95% CI 15.5 to 37.3). The analysis was limited by the absence in datasets of potentially important confounding

variables and the lack of information on alcohol-related harm and psychiatric morbidity in subjects not admitted to hospital.

Conclusion

Emergency alcohol-related hospital admission is associated with an increased risk of suicide. Identifying individuals in hospital provides an opportunity for psychosocial assessment and suicide prevention of a targeted at-risk group before their discharge to the community.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1702-2>

Insomnia as an independent predictor of suicide attempts: a nationwide population-based retrospective cohort study.

Han-Ting Lin, Chi-Huang Lai, Huey-Jen Perng, Chi-Hsiang Chung, Chung-Ching Wang, Wei-Liang Chen and Wu-Chien Chien

BMC Psychiatry

Published: 2 May 2018

<https://doi.org/10.1186/s12888-018-1702-2>

Background

Numerous studies have verified that insomnia is associated with suicidal ideation, suicide attempts, and death by suicide. Limited population-based cohort studies have been conducted to examine the association. The present study aimed to analyze whether insomnia increases the risk of suicide attempts and verify the effects of insomnia on suicide risk.

Methods

This study is a cohort study using 2000–2013 hospitalization data from the National Health Insurance Research Database (NHIRD) to track the rate of suicide attempts among insomnia patients aged 15 years or older. In addition, a 1:2 pairing based on sex, age, and date of hospitalization was conducted to identify the reference cohort (patients without insomnia). Cox proportional hazard model was used to assess the effects of insomnia on suicide risk.

Results

The total number of hospitalized patients aged 15 years or older was 479,967 between

2000 and 2013 (159,989 patients with insomnia and 319,978 patients without insomnia). After adjusting for confounders, suicide risk in insomnia patients was 3.533-fold that of patients without insomnia (adjusted hazard ratio [HR] = 3.533, 95% confidence interval [CI] = 3.059–4.080, $P < 0.001$). Suicide risk in low-income patients was 1.434-fold (adjusted HR = 1.434, 95% CI = 1.184–1.736, $P < 0.001$) that of non-low-income patients. Suicide risk in patients with drug dependence and with mental disorders was 1.592-fold (adjusted HR = 1.592, 95% CI = 1.220–2.077, $P < 0.001$) and 4.483-fold (adjusted HR = 4.483, 95% CI = 3.934–5.109, $P < 0.001$) that of patients without drug dependence and without mental disorders, respectively. In the female population, suicide risk in insomnia patients was 4.186-fold (adjusted HR = 4.186, 95% CI = 3.429–5.111, $P < 0.001$) that of patients without insomnia. Among patients aged 25–44 years, suicide risk in insomnia patients was 5.546-fold (adjusted HR = 5.546, 95% CI = 4.236–7.262, $P < 0.001$) that of patients without insomnia. Furthermore, the suicide risk of insomnia patients with mental disorders was 18.322-fold that of patients without insomnia and mental disorders ($P < 0.001$).

Conclusion

Insomnia, low income, drug dependence, and mental disorders are independent risk factors for suicide attempts. Female patients and those aged 25–44 years are at high risk of suicide due to insomnia. Insomnia, mental disorders, and low income exhibit a synergistic effect on suicide attempts. Clinicians should pay attention to mental status and income level of insomnia patients.

<https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdy078/4992839>

Trends in mental health outcomes and combat exposure among US marines returning from Iraq, Afghanistan or other deployments, 2004–13.

Jessica Kelley Morgan Alison Levin-Rector Richard A Van Dorn James Trudeau
Laurel L Hourani Joel K Cartwright Pamela K Lattimore

Journal of Public Health

Published: 04 May 2018

<https://doi.org/10.1093/pubmed/fdy078>

Background

As of 2015, more than 2.7 million US military Veterans have served in support of the Global War on Terror. The negative sequelae associated with deployment stressors and related traumas are well-documented. Although data on mental health issues are routinely collected from service members returning from deployment, these data have not been made publicly available, leaving researchers and clinicians to rely on convenience samples, outdated studies and small sample sizes.

Methods

Population-based data of US Marines returning from deployment between 2004 and 2013 were analyzed, using the Post-Deployment Health Assessment.

Results

Rates of Marines returning from Iraq who screened positive for depression ranged from 19.31 to 30.02%; suicidal ideation ranged from 0 to 1.44%. Marines screening positive for PTSD ranged from 3.00 to 12.41%; combat exposure ranged from 15.58 to 55.12%. Depression was indicated for between 12.54 and 30.04% of Marines returning from Afghanistan, while suicidal ideation ranged from 0 to 5.33%. PTSD percentages ranged from 6.64 to 18.18%; combat exposure ranged between 42.92 and 75%.

Conclusion

Our results support the heterogeneity of experiences and mental health sequelae of service members returning from deployments. Outcomes for Afghanistan and Iraq Veterans fluctuate with changes in OPTEMPO across theaters over time.

<https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pny058/4991825>

Adaption of the Biopsychosocial Model of Chronic Noncancer Pain in Veterans.

Ariel M Baria, NP, MSN Sanjog Pangarkar, MD Gary Abrams, MD Christine Miaskowski, RN, PhD, FAAN

Pain Medicine

Published: 02 May 2018

<https://doi.org/10.1093/pm/pny058>

Population

Veterans with chronic noncancer pain (CNCP) are a vulnerable population whose care remains a challenge for clinicians, policy-makers, and researchers. As a result of military experience, veterans are exposed to high rates of musculoskeletal injuries, trauma, psychological stressors (e.g., post-traumatic stress disorder, depression, anxiety, substance abuse), and social factors (e.g., homelessness, social isolation, disability, decreased access to medical care) that contribute to the magnitude and impact of CNCP. In the veteran population, sound theoretical models are needed to understand the specific physiological, psychological, and social factors that influence this unique experience.

Objective

This paper describes an adaption of Gatchel and colleagues' biopsychosocial model of CNCP to veterans and summarizes research findings that support each component of the revised model. The paper concludes with a discussion of important implications for the use of this revised model in clinical practice and future directions for research.

Conclusions

The adaption of the biopsychosocial model of CNCP for veterans provides a useful and relevant conceptual framework that can be used to guide future research and improve clinical care in this vulnerable population.

<https://link.springer.com/article/10.1007/s10615-018-0657-6>

Military Caregivers.

Jessica D. Strong

Clinical Social Work Journal

First Online: 03 May 2018

<https://doi.org/10.1007/s10615-018-0657-6>

Military caregivers provide essential services for their veteran or military service members who have serious injuries or illness. Of the estimated 39.8 million Americans who provide care for an adult, 1.1 million care for a post 9/11 veteran or service member. Caregivers may experience greater physical or mental health concerns including stress, depression and/or chronic illness, and have greater financial burden than their non-caregiving counterparts. Policy shifts such as the Caregivers and

Veterans Omnibus Health Services Act of 2010 (2018) have created and expanded programs to support caregivers. Practitioners working with injured or ill military service members or veterans and their families should include a comprehensive biopsychosocial assessment of the whole family, utilizing several interventions, such as support groups, peer support, psychoeducational programs, training, individual and family counseling, and/or respite care services, to improve family function and reduce caregiver burden.

<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2018.130502>

Screening for Sleep Apnea in Psychiatry.

David V. Braitman, M.D.

American Journal of Psychiatry Residents' Journal
2018 13:5, 5-7
<https://doi.org/10.1176/appi.ajp-rj.2018.130502>

A thorough medical workup is strongly encouraged when evaluating a person with psychiatric symptoms in order to rule out treatable conditions that could have psychiatric manifestations, such as anemia, hypothyroidism, and B12 deficiency. Yet one significant mental health comorbidity that often goes overlooked is sleep apnea.

Sleep apnea can contribute to a variety of health problems. It is an independent risk factor for numerous medical conditions, including type 2 diabetes mellitus (1), hypertension, coronary artery disease (2), myocardial infarction, atrial fibrillation (3), polycystic ovarian syndrome (4), and stroke, among others. In psychiatry, sleep apnea is an independent risk factor for depression and neurocognitive impairment (5) and is associated with chronic pain, chronic fatigue, attention deficit hyperactivity disorder (6), and insomnia. Furthermore, sleep apnea has a strong bidirectional relationship with anxiety disorders (7). For example, numerous studies have demonstrated that individuals with posttraumatic stress disorder have a higher prevalence of obstructive sleep apnea compared with the general population and that symptoms improve with sleep apnea treatment (8). It is therefore important for patients with psychiatric disorders to receive the correct diagnosis and that any barriers to sleep apnea treatment be overcome, especially with regard to sleep apnea that seems to be treatment resistant to multiple psychopharmacological and therapeutic interventions.

<https://academic.oup.com/tbm/advance-article/doi/10.1093/tbm/iby046/4992907>

Innovations in primary care behavioral health: a pilot study across the U.S. Air Force.

Ryan R Landoll, Matthew K Nielsen, Kathryn K Waggoner, Elizabeth Najera

Translational Behavioral Medicine

Published: 04 May 2018

<https://doi.org/10.1093/tbm/iby046>

Integrated primary care services have grown in popularity in recent years and demonstrated significant benefits to the patient experience, patient health, and health care operations. However, broader systems-level factors for health care organizations, such as utilization, access, and cost, have been understudied. The current study reviews the results of quality improvement project conducted by the U.S. Air Force, which has practiced integrated primary care behavioral health for over 20 years. This study focuses on exploring how shifting the access point for behavioral from specialty mental health clinics to primary care, along with the use of technicians in patient care, can improve a range of health outcomes. Retrospective data analysis was conducted on an internal Air Force quality improvement project implemented at three military treatment facilities from October 2014 to September 2015. Positive preliminary support for these innovations was seen in the form of expanded patient populations, decreased time to first appointment, increased patient encounters, and decreased purchased community care compared with non-participating sites. Incorporation of behavioral health technicians further increased number of patient encounters while maintaining high levels of patient satisfaction across diverse clinical settings; in fact, patients preferred appointments with both technicians and behavioral health providers, compared with appointments with behavioral health providers only. These findings encourage further systematic review of systems-level factors in primary care behavioral health and adoption of the use of provider extenders in primary care behavioral health clinics.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1663-5>

Effectiveness of brief psychological interventions for suicidal presentations: a systematic review.

Rose McCabe, Ruth Garside, Amy Backhouse and Penny Xanthopoulou

BMC Psychiatry

2018; 18:120

<https://doi.org/10.1186/s12888-018-1663-5>

Background

Every year, more than 800,000 people worldwide die by suicide. The aim of this study was to conduct a systematic review of the effectiveness of brief psychological interventions in addressing suicidal thoughts and behaviour in healthcare settings.

Methods

Following PRISMA guidelines, systematic searches were conducted in MEDLINE, CINAHL, EMBASE, the Cochrane Central Register of Controlled Trials and PsycINFO databases. A predefined search strategy was used. Two independent reviewers screened titles and abstracts followed by full texts against predefined inclusion criteria. Backward and forward citation tracking of included papers was conducted. Quality appraisal was conducted using the Cochrane Risk of Bias Tool for Randomized Controlled Trials and the CASP tool for randomised controlled trials. The small number and heterogeneity of studies did not allow for meta-analysis to be conducted. A narrative synthesis was conducted.

Results

Four controlled studies of brief psychological interventions were included, conducted in Switzerland, the U.S. and across low and middle-income countries. Three studies were conducted with adults and one with adolescents. All studies were judged to be at low risk of bias. All of the interventions were implemented with patients after attending emergency departments and involved 3412 participants. The main outcomes were suicide, suicide attempts, suicidal ideation, depression and hospitalization. The components of the interventions were early therapeutic engagement, information provision, safety planning and follow-up contact for at least 12 months. The interventions drew to, different degrees, on psychological theory and techniques. Two trials that measured suicidal ideation found no impact. Two studies showed fewer suicide attempts, one showed fewer suicides and one found an effect on depression.

Conclusions

Although the evidence base is small, brief psychological interventions appear to be effective in reducing suicide and suicide attempts. All studies to date have been conducted with people who had attended the ED but the interventions could potentially be adopted for inpatient and other outpatient settings. Early engagement and therapeutic intervention based on psychological theories of suicidal behaviour, sustained in follow-up contacts, may be particularly beneficial.

Trial registration

Systematic review registration: PROSPERO CRD42015025867.

<https://www.sciencedirect.com/science/article/pii/S0272735817303276>

Early psychological interventions for posttraumatic stress, depression and anxiety after traumatic injury: A systematic review and meta-analysis.

Melita J. Giummarra, Alyse Lennox, Gezelle Dali, Beth Costa, Belinda J. Gabbe

Clinical Psychology Review

Volume 62, June 2018, Pages 11-36

<https://doi.org/10.1016/j.cpr.2018.05.001>

The psychological impacts of injury have significant long-term implications on injury recovery. This review examined the effectiveness of interventions delivered within three months of injury on reducing the severity of posttraumatic stress disorder (PTSD), anxiety and depression symptoms. A systematic search of seven databases (PsycINFO, Medline, Web of Science, CINAHL, Embase, Scopus and Cochrane Library) identified 15,224 records. 212 full-text articles were retrieved, 26 studies were included in narrative synthesis, and 12 studies with lower risk of bias were included in meta-analyses. Prolonged exposure, and cognitive and behavioural interventions elicited improvements in PTSD, anxiety and depression symptoms; multidisciplinary interventions improved PTSD and depression symptoms; and education-based interventions had little impact on any psychological symptoms. Studies comprising risk stratified or stepped care methods showed markedly greater population impact through better reach, implementation and adoption. Meta-analyses revealed small-medium reductions in PTSD symptoms over the first 12 months postinjury (SMD = 0.32 to 0.49) with clinically meaningful effects in 64% of studies; reduced depression symptoms at 0–3 (small effect; SMD = 0.34) and 6–12 months postinjury (medium effect; SMD = 0.60),

with clinically meaningful effects in 40% of studies; but no pooled effects on anxiety symptoms at any time. Altogether, exposure- and CBT-based psychological interventions had the greatest impact on PTSD and depression symptoms postinjury when delivered within three months of injury, with risk-stratified, stepped care having the greatest population impact potential.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2680312>

Cost-effectiveness of Electroconvulsive Therapy vs Pharmacotherapy/Psychotherapy for Treatment-Resistant Depression in the United States.

Ross EL, Zivin K, Maixner DF.

JAMA Psychiatry

Published online May 09, 2018

doi:10.1001/jamapsychiatry.2018.0768

Key Points

Question

What is the cost-effectiveness of electroconvulsive therapy compared with antidepressant medications and/or psychotherapy for treatment-resistant major depressive disorder in the United States?

Findings

In this mathematical modeling analysis integrating data from multiple published sources, offering electroconvulsive therapy as third-line treatment for depression would cost an estimated \$54 000 per quality-adjusted life-year gained. Over 4 years, this would reduce time with uncontrolled depression from 50% to 34% of life-years.

Meaning

Electroconvulsive therapy may be an effective and cost-effective treatment for treatment-resistant depression and should be considered after failure of 2 or more lines of pharmacotherapy and/or psychotherapy.

Abstract

Importance

Electroconvulsive therapy (ECT) is a highly effective treatment for depression but is

infrequently used owing to stigma, uncertainty about indications, adverse effects, and perceived high cost.

Objective

To assess the cost-effectiveness of ECT compared with pharmacotherapy/psychotherapy for treatment-resistant major depressive disorder in the United States.

Design, Setting, and Participants

A decision analytic model integrating data on clinical efficacy, costs, and quality-of-life effects of ECT compared with pharmacotherapy/psychotherapy was used to simulate depression treatment during a 4-year horizon from a US health care sector perspective. Model input data were drawn from multiple meta-analyses, randomized trials, and observational studies of patients with depression. Where possible, data sources were restricted to US-based studies of nonpsychotic major depression. Data were analyzed between June 2017 and January 2018.

Interventions

Six alternative strategies for incorporating ECT into depression treatment (after failure of 0-5 lines of pharmacotherapy/psychotherapy) compared with no ECT.

Main Outcomes and Measures

Remission, response, and nonresponse of depression; quality-adjusted life-years; costs in 2013 US dollars; and incremental cost-effectiveness ratios. Strategies with incremental cost-effectiveness ratios of \$100 000 per quality-adjusted life-year or less were designated cost-effective.

Results

Based on the Sequenced Treatment Alternatives to Relieve Depression trial, we simulated a population with a mean (SD) age of 40.7 (13.2) years, and 62.2% women. Over 4 years, ECT was projected to reduce time with uncontrolled depression from 50% of life-years to 33% to 37% of life-years, with greater improvements when ECT is offered earlier. Mean health care costs were increased by \$7300 to \$12 000, with greater incremental costs when ECT was offered earlier. In the base case, third-line ECT was cost-effective, with an ICER of \$54 000 per quality-adjusted life-year. Third-line ECT remained cost-effective in a range of univariate, scenario, and probabilistic sensitivity analyses. Incorporating all input data uncertainty, we estimate a 74% to 78% likelihood that at least 1 of the ECT strategies is cost-effective and a 56% to 58% likelihood that third-line ECT is the optimal strategy.

Conclusions and Relevance

For US patients with treatment-resistant depression, ECT may be an effective and cost-effective treatment option. Although many factors influence the decision to proceed with ECT, these data suggest that, from a health-economic standpoint, ECT should be considered after failure of 2 or more lines of pharmacotherapy/psychotherapy.

<https://www.ncbi.nlm.nih.gov/pubmed/29723032>

Psychol Trauma. 2018 May 3. doi: 10.1037/tra0000364. [Epub ahead of print]

"I knew it was wrong the moment I got the order": A narrative thematic analysis of moral injury in combat veterans.

Held P, Klassen BJ, Hall JM, Friese TR, Bertsch-Gout MM, Zalta AK, Pollack MH

OBJECTIVE:

Moral injury is a nascent construct intended to capture reactions to events that violate deeply held beliefs and moral values. Although a model of moral injury has been proposed, many of the theoretical propositions of this model have yet to be systematically studied.

METHOD:

We conducted semistructured interviews with eight veterans who reported experiencing morally injurious events during war zone deployments.

RESULTS:

Using narrative thematic analysis, five main themes and associated subthemes emerged from the data. The main themes capture the timing of the event, contextual factors that affected the decision-making process during the morally injurious event, reactions to the moral injurious event, search for purpose and meaning, and opening up.

CONCLUSION:

The findings from the present study supported an existing model of moral injury, while extending it in several important ways. Preliminary clinical recommendations and directions for future research are discussed based on the study findings. These include directly exploring the context surrounding the morally injurious event, examining the veterans' moral appraisals, and helping them assume appropriate responsibility for their

actions to reduce excessive self-blame. (PsycINFO Database Record

(c) 2018 APA, all rights reserved).

PMID: 29723032 DOI: 10.1037/tra0000364

Links of Interest

VA lets doctors use telemedicine to cross state lines

<https://www.federaltimes.com/it-networks/2018/05/11/va-lets-doctors-use-telemedicine-to-cross-state-lines/>

Hospital culture is shifting toward telehealth, experts say at ATA

<http://www.healthcareitnews.com/news/hospital-culture-shifting-toward-telehealth-experts-say-ata>

Airman Intervenes After Reddit Post, Saves Suicidal Air Force Member

<https://www.military.com/daily-news/2018/05/02/airman-intervenes-after-reddit-post-saves-suicidal-air-force-member.html>

New therapy fast-tracks treatment for PTSD

<http://www.startribune.com/new-therapy-fast-tracks-treatment-for-ptsd/481715581/>

APA 'Shark Tank' Takes a Deep Dive Into Mental Health Care Solutions

<https://www.medscape.com/viewarticle/896173>

Lawmakers advance bill pushing VA to research marijuana

<https://www.stripes.com/news/lawmakers-advance-bill-pushing-va-to-research-marijuana-1.525910#>

Understanding Insomnia: Jack Edinger, PhD

<http://www.sleepreviewmag.com/2018/05/insomnia-edinger/>

Study seeks to help active duty military members with PTSD

<http://www.wsav.com/news/military/study-seeks-to-help-active-duty-military-members-with-ptsd/1167516688>

VA program helps veterans, military personnel manage chronic PTSD

<https://www.healio.com/psychiatry/ptsd/news/online/{cc3b0f37-8f69-4df3-8cdc-3da22c86f27e}/va-program-helps-veterans-military-personnel-manage-chronic-ptsd/>

Sexual Assault: What You Need to Know About PTSD

<https://health.clevelandclinic.org/sexual-assault-what-you-need-to-know-about-ptsd/>

Child-on-child sexual assault problem at bases worse than previously reported, military officials disclose

<https://www.militarytimes.com/news/your-military/2018/05/07/child-on-child-sexual-assault-problem-at-bases-worse-than-previously-reported-military-officials-disclose/>

In veterans, even a mild case of traumatic brain injury is linked to an increased risk of dementia

<http://www.latimes.com/science/sciencenow/la-sci-sn-mild-tbi-dementia-20180507-story.html>

Navy Boosts Number of Women on Submarines

<https://www.military.com/daily-news/2018/05/08/navy-boosts-number-women-submarines.html>

Demand For Veteran Counseling Puts Stress On The Counselors

<https://www.npr.org/2018/05/09/609653871/veterans-counselors-feeling-overworked>

US military wives threatened by Russian hackers posing as ISIS

<https://www.fifthdomain.com/dod/2018/05/08/us-military-wives-threatened-by-russian-hackers-posing-as-isis/>

The 3-Step Guide to Beating Back Pain

What to try—and when—to get the relief you need

<https://www.consumerreports.org/back-pain/guide-to-beating-back-pain/>

Virtual Reality Graded Exposure Therapy: The Paradigm Shift That Can Change Our Mental Reality

<http://www.corporatewellnessmagazine.com/mental-health/virtual-reality-graded-exposure-therapy-paradigm-shift-can-change-mental-reality/>

Why It's So Hard to Figure Out Whether Health Apps Work

<https://slate.com/technology/2018/05/health-apps-like-headspace-are-hard-to-study-because-we-cant-make-good-placebo-apps.html>

Resource of the Week: [Department of Defense Annual Report on Sexual Assault in the Military -- FY 2017](#)

From [Health.mil/DHA](#):

The Defense Department released its Annual Report on Sexual Assault in the Military, which shows that service member reporting of sexual assault increased by about 10 percent in fiscal year 2017.

The increase in reporting occurred across all four military services.

The report for fiscal 2017 says the department received 6,769 reports of sexual assault involving service members as either victims or subjects of criminal investigation, a 9.7 percent increase over the 6,172 reports made in fiscal 2016.

The department encourages reporting of sexual assaults so that service members can be connected with restorative care and that perpetrators can be held appropriately responsible, Navy Rear Adm. Ann M. Burkhardt, the director of the Defense Department's Sexual Assault Prevention and Response Office, told reporters.

"Every sexual assault in the military is a failure to protect the men and women who have entrusted us with their lives," she said. "We will not rest until we eliminate this crime from our ranks."

This increased reporting occurs despite the fact that scientific surveys of the military population show fewer service members experiencing sexual assault in recent years. According to the most recent prevalence figures gathered in 2016, annual rates of sexual assault have decreased by half for active duty women and by two-thirds for military men over the past 10 years.

More service members than ever are "making the courageous decision to report their experiences and to receive restorative care," Elizabeth P. Van Winkle, the executive director of DoD's Office of Force Resiliency, said in a Pentagon media briefing today.

"Over the last decade, the department has made progress," Van Winkle said. "While the progress we've seen provides some comfort, we neither take it for granted nor are we under any illusions that our work is done."

Of the 6,769 reports of sexual assault in fiscal 2017, 5,864 involved service member victims. The remaining 905 reports involved 868 victims who were U.S. civilians or foreign nationals and 37 victims for whom status data were not available, according to the report.



Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901