CDP Research Update -- June 21, 2012

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- Family Stress and Posttraumatic Stress: The Impact of Military Operations on Military Health Care Providers.
- P-977 - Posttraumatic depression: issue of comorbidity.
- Health Outcomes Associated with Military Deployment: Mild Traumatic Brain Injury, Blast, Trauma, and Combat Associations in the Florida National Guard.
- The risk of mental health disorders among U.S. military personnel infected with human immunodeficiency virus, active component, U.S. Armed Forces, 2000-2011.
- Intergenerational concordance in Adult Attachment Interviews with mothers, fathers and adolescent sons and subsequent adjustment of sons to military service.
- Confronting Mild TBI and Co-occurring Post-traumatic Stress Disorder Symptoms in Combat Deployed Service Members.
- Behavioral and Psychiatric Comorbidities of TBI.

- Readjustment Stressors and Early Mental Health Treatment Seeking by Returning National Guard Soldiers With PTSD.

- Personal Characteristics Affecting Veterans' Use of Services for Posttraumatic Stress Disorder.

- Effect of Telephone-Administered vs Face-to-face Cognitive Behavioral Therapy on Adherence to Therapy and Depression Outcomes Among Primary Care Patients: A Randomized Trial Telephone vs In-Person Therapy for Depression.

- Prevalence of sleep disturbances, disorders, and problems following traumatic brain injury: A meta-analysis.

- Pathophysiology of battlefield associated traumatic brain injury.

- Aripiprazole improves various cognitive and behavioral impairments after traumatic brain injury: a case report.

- PTSD: An Elusive Definition.

- Influence of predispositions on post-traumatic stress disorder: does it vary by trauma severity?

- Scores on the MMPI-2-RF Scales as a Function of Increasing Levels of Failure on Cognitive Symptom Validity Tests in a Military Sample.

- Women at war: understanding how women veterans cope with combat and military sexual trauma.

- Building Resiliency in Children of Military Families: A Cumulating Experience

- The Utility of Energy Therapy for Student Veterans at the University of Arizona.

- The effects of trauma exposure and posttraumatic stress disorder (PTSD) on the emotion-induced memory trade-off.

- Post-Exposure Sleep Deprivation Facilitates Correctly Timed Interactions Between Glucocorticoid and Adrenergic Systems, which Attenuate Traumatic Stress Responses.

- Links of Interest

- Research Tip of the Week: National Registry of Evidence-based Programs and Practices (Substance Abuse and Mental Health Services Administration)

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http://onlinelibrary.wiley.com/doi/10.1111/j.1744-6163.2012.00344.x/abstract

Addressing Psychosocial Care Using an Interactive Web site for Combat-Wounded Patients.

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Perspectives in Psychiatric Care

Article first published online: 12 JUN 2012

PURPOSE:
The aims were to examine military nurses and combat-wounded patients' evaluation of a cognitive behavioral intervention Web site called Stress Gym.

DESIGN AND METHODS:
The use of the intervention was a proof-of-concept design with 129 military nurses and combat-wounded patients in military medical treatment facilities (MTFs). The nurses and patients logged on to Stress Gym, reviewed the nine modules available, and completed a short evaluation of the Web site.

FINDINGS:
The evaluation of the military nurses and patients was high. There were no significant differences in the evaluation based on military services, sex, deployment, and education levels.

PRACTICE IMPLICATIONS:
The strength of Stress Gym is that it enables all military members to learn about and get help with problems such as stress, anxiety, anger, and depressive symptoms anonymously and in private.

CLINICAL RELEVANCE:
Stress Gym is a versatile tool that can help nurses address the psychosocial needs of their patients by encouraging its use and including it in treatment protocols.

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http://journals.lww.com/joem/Abstract/2012/06000/Organizational_Psychosocial_Factors_and.4.aspx

Organizational Psychosocial Factors and Deployment-Related Exposure Concerns in Afghanistan/Iraq War Veterans.

Osinubi, Omowunmi Y. MD, MSc, MBA, FRCA, ABIHM; McAndrew, Lisa M. PhD; De Candia, Victor MS, MBA; Chandler, Helena K. PhD; Santos, Susan L. PhD; Falca-Dodson, Maria BSN, MA; Teichman, Ron MD, MPH, FACP, FACOEM

Journal of Occupational & Environmental Medicine:

June 2012 - Volume 54 - Issue 6 - p 670–676

Objective:
Environmental exposure concerns are associated with adverse health outcomes in soldiers deployed to South West Asia. There is little data on factors associated with the reporting of exposure concerns. We explored the relationship between deployment-related preparedness/support and exposure concerns.

Methods:
Retrospective chart review of 489 Afghanistan/Iraq veterans evaluated at a Veterans Affairs tertiary center for postdeployment health.

Results:
Virtually all subjects were concerned about environmental exposure(s). There were no significant demographic differences in exposure concerns, preparedness/support variables, or both. Preparedness/support correlated inversely with exposure concerns. Mental health function mediated the relationship between preparedness/support and exposure concerns.

Conclusions:
Deployment-related preparedness/support is associated with exposure concerns and mental health functioning. Definitive studies will provide data and insight on how the military may better prepare/support soldiers to optimize their resilience and reduce deployment-related exposure concerns.

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http://www.ncbi.nlm.nih.gov/pubmed/22697443?dopt=Abstract

Behav Ther. 2012 Sep;43(3):546-59. Epub 2011 May 30.

Combining computerized home-based treatments for generalized anxiety disorder: an attention modification program and cognitive behavioral therapy.

Amir N, Taylor CT.

Abstract

Generalized anxiety disorder (GAD) is a common and disabling condition associated with significant personal and societal costs. Although efficacious treatments exist for GAD, the majority of these individuals fail to access our most effective treatments. In the current paper, we report the results of an open trial that examined the efficacy of a computer-delivered home-based treatment program for GAD. Twenty-one individuals seeking treatment for GAD received a self-administered program over 6 weeks that comprised two components: (1) an Attention Modification Program (AMP) designed to facilitate attentional disengagement from threat-relevant stimuli and (2) brief computer-delivered cognitive and behavioral treatment modules (CCBT). Fourteen of the 21 enrolled participants (67%) completed the treatment program. Intent-to-treat and completer analyses revealed that AMP+CCBT resulted in significant reductions in clinician- and self-rated symptoms of anxiety, worry, depression, and functional impairment. Moreover, treatment completers displayed significant reductions in attentional bias for threat from pre- to postassessment. Change in attentional bias for threat from pre- to postassessment

was associated with change in worry symptoms. Finally, 79% of participants no longer met DSM-IV criteria for GAD at postassessment and 36% were classified as remitted (Hamilton Rating Scale for Anxiety ≤7; Rickels et al., 2006). These results suggest that computer-delivered AMP+CCBT may serve as an effective and easily accessible treatment option for individuals with GAD.

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http://www.ncbi.nlm.nih.gov/pubmed/22701447?dopt=Abstract

Front Neurol. 2012;3:90. Epub 2012 Jun 12.

The diagnosis of traumatic brain injury on the battlefield.

Schmid KE, Tortella FC.

Source: Brain Trauma Neuroprotection and Neurorestoration Department, Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research Silver Spring, MD, USA.

Abstract

The conflicts in Iraq and Afghanistan have placed an increased awareness on traumatic brain injury (TBI). Various publications have estimated the incidence of TBI for our deployed servicemen, however all have been based on extrapolations of data sets or subjective evaluations due to our current method of diagnosing a TBI. Therefore it has been difficult to get an accurate rate and severity of deployment related TBIs, or the incidence of multiple TBIs our service members are experiencing. As such, there is a critical need to develop a rapid objective method to diagnose TBI on the battlefield. Because of the austere environment of the combat theater the ideal diagnostic platform faces numerous logistical constraints not encountered in civilian trauma centers. Consequently, a simple blood test to diagnosis TBI represents a viable option for the military. This perspective will provide information on some of the current options for TBI biomarkers, detail concerning battlefield constraints, and a possible acquisition strategy for the military. The end result is a non-invasive TBI diagnostic platform capable of providing much needed advances in objective triage capabilities and improved clinical management of in-Theater TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/22698546?dopt=Abstract

Consult Pharm. 2012 Jun;27(6):392-9.

Traumatic brain injury: special problem, special care.

Wick JY.

Source: University of Connecticut School of Pharmacy, Storrs, Connecticut.

Abstract

External physical insult, an accidental blow, acceleration followed by rapid deceleration, or explosive blasts can cause traumatic brain injury (TBI). During the last few years, experts have realized that even mild blows to the head can cause lasting damage. Better understanding of how TBI occurs has improved the probability of survival for those with the most serious injuries. Graded using the Glasgow Coma Scale, TBI may leave its sufferers awake, in periods of alertness interspersed with cognitive confusion, or deep in coma. Falls recently displaced motor vehicle accidents as the leading cause of TBI. Elders are at high risk for falls and TBI, and they may be unaware of possible lasting complications. Pharmacologic therapies for patients who have suffered TBI are, by necessity, individualized.

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http://www.ncbi.nlm.nih.gov/pubmed/22701407?dopt=Abstract

Front Behav Neurosci. 2012;6:26. Epub 2012 Jun 12.

A rat model of post-traumatic stress disorder reproduces the hippocampal deficits seen in the human syndrome.

Goswami S, Samuel S, Sierra OR, Cascardi M, Paré D.

Source: Center for Molecular and Behavioral Neuroscience, Rutgers State University, Newark NJ, USA.

Abstract

Despite recent progress, the causes and pathophysiology of post-traumatic stress disorder (PTSD) remain poorly understood, partly because of ethical limitations inherent to human studies. One approach to circumvent this obstacle is to study PTSD in a valid animal model of the human syndrome. In one such model, extreme and long-lasting behavioral manifestations of anxiety develop in a subset of Lewis rats after exposure to an intense predatory threat that mimics the type of life-and-death situation known to precipitate PTSD in humans. This study aimed to assess whether the hippocampus-associated deficits observed in the human syndrome are reproduced in this rodent model. Prior to predatory threat, different groups of rats were each tested on one of three object recognition memory tasks that varied in the types of contextual clues (i.e., that require the hippocampus or not) the rats could use to identify novel items. After task completion, the rats were subjected to predatory threat and, one week later, tested on the elevated plus maze (EPM). Based on their exploratory behavior in the plus maze, rats were then classified as resilient or PTSD-like and their performance on the pre-threat object recognition tasks compared. The performance of PTSD-like rats was inferior to that of resilient rats but only when subjects relied on an allocentric frame of reference to identify novel items, a process thought to be critically dependent on the hippocampus. Therefore, these results suggest that even prior to trauma PTSD-like rats show a deficit in hippocampal-dependent functions, as reported in twin studies of human PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22697444?dopt=Abstract

Behav Ther. 2012 Sep;43(3):560-9. Epub 2011 May 24.

An Integrated Approach to Delivering Exposure-Based Treatment for Symptoms of PTSD and Depression in OIF/OEF Veterans: Preliminary Findings.

Strachan M, Gros DF, Ruggiero KJ, Lejuez CW, Acierno R.

Source: Ralph H. Johnson Veterans Administration Medical Center, Charleston, SC, and Medical University of South Carolina.

Abstract

Combat-exposed military personnel from the wars in Iraq and Afghanistan report high rates of PTSD and associated psychiatric problems. A formidable body of research supports exposure therapy as a front-line intervention for PTSD; however, relative to studies of civilians, fewer investigations have evaluated the effectiveness of exposure therapy using military samples. Specifically, barriers to care (e.g., stigma associated with receiving mental health services) may compromise utilization of evidence-based psychotherapy. As such, researchers have argued that veterans with PTSD may require an integrated and innovative approach to the delivery of exposure techniques. This paper presents the rationale for and preliminary data from an ongoing clinical trial that compares the home-based telehealth (HBT) application of a brief, behavioral treatment (Behavioral Activation and Therapeutic Exposure; BA-TE) for veterans with PTSD to the standard, in-person application of the same treatment. Forty OIF/OEF veterans with PTSD and MDD were consented, enrolled, and randomized to condition (BA-TE in-person, or BA-TE HBT) and symptoms of anxiety and depression were assessed at pre- and posttreatment. Participants in both conditions experienced reductions in depression, anxiety, and PTSD symptoms between pre- and posttreatment, suggesting that HBT application of an integrated PTSD treatment may be feasible and effective.

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http://www.ncbi.nlm.nih.gov/pubmed/22697438?dopt=Abstract

Behav Ther. 2012 Sep;43(3):482-91. Epub 2012 Mar 14.

Single-session anxiety sensitivity reduction program for trauma-exposed adults: a case series documenting feasibility and initial efficacy.

Vujanovic AA, Bernstein A, Berenz EC, Zvolensky MJ.

Source: National Center for PTSD, VA Boston Healthcare System and University of Texas Health Science Center at Houston.

Abstract

The present case series examined a single-session, cognitive-behavioral anxiety sensitivity (AS) reduction program among five trauma-exposed adults. Participants (age range=19-37years) reported significantly elevated levels of AS at baseline, a history of posttraumatic stress disorder Criterion A trauma exposure, and no current Axis I psychopathology. The outcomes of the preventive intervention were examined with regard to 3-month postintervention changes in AS, posttraumatic stress, panic attack frequency and severity, negative affect levels, and behavioral functioning and impairment. Results demonstrated decreases in each of the studied outcomes over the examined time period. This preliminary yet uncontrolled data provides empirical evidence of the feasibility and support for the utilization of a brief AS reduction intervention program to target anxiety-related vulnerability among trauma-exposed adults.

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http://www.ncbi.nlm.nih.gov/pubmed/22697187?dopt=Abstract

Psychol Med. 2012 Jun 15:1-9. [Epub ahead of print]

Anterior cingulate cortical thickness is a stable predictor of recovery from post-traumatic stress disorder.

Dickie EW, Brunet A, Akerib V, Armony JL.

Source: Douglas Mental Health University Institute, Montreal, Quebec, Canada.

Abstract

BACKGROUND:
Decreased cortical thickness in frontal and temporal regions has been observed in individuals suffering from post-traumatic stress disorder (PTSD), compared to healthy controls and trauma-exposed participants without PTSD. In addition, individual differences, both functional and structural, in the anterior cingulate cortex (ACC) have been shown to predict symptom severity reduction. Although there is some evidence suggesting that activity in this region changes as a function of recovery, it remains unknown whether there are any structural correlates of recovery from PTSD.MethodThirty participants suffering from moderate to severe PTSD underwent a magnetic resonance imaging (MRI) scan following an initial clinical assessment. A second assessment took place 6-9 months later. In addition, a subgroup of 25 participants completed a second MRI scan at that time. PTSD symptom severity changes over time were regressed against vertex-based cortical thickness.

RESULTS:
We found that cortical thickness in the right subgenual ACC (sgACC) predicted symptom improvement. Moreover, cortical thickness within this region of the ACC, measured 6-9 months later (n=25), was also correlated with the same measure of symptom improvement. By contrast, no relationship was found

between change in cortical thickness in this area and current PTSD symptom levels or degree of recovery.

CONCLUSIONS:
Our results suggest that sgACC thickness may be a stable marker of recovery potential in PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22126651?dopt=Abstract

Addiction. 2012 May;107(5):983-94. doi: 10.1111/j.1360-0443.2011.03737.x. Epub 2012 Jan 23.

Smokeless tobacco use related to military deployment, cigarettes and mental health symptoms in a large, prospective cohort study among US service members.

Hermes ED, Wells TS, Smith B, Boyko EJ, Gackstetter GG, Miller SC, Smith TC; Millennium Cohort Study Team.

Source: Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06511, USA. eric.hermes@yale.edu

Abstract

AIMS:
To characterize smokeless tobacco initiation and persistence in relation to deployment, combat, occupation, smoking and mental health symptoms.

DESIGN:
Prospective cohort, utilizing self-reported survey data from the Millennium Cohort Study.

SETTING:
US military service members in all branches including active duty, reserve and National Guard.

PARTICIPANTS:
Population-based sample of 45,272 participants completing both baseline (July 2001-June 2003; n = 77,047) and follow-up (June 2004-January 2006; n = 55,021) questionnaires (follow-up response rate = 71.4%).

MEASUREMENTS:
Self-reported smokeless tobacco initiation and persistence.

FINDINGS:
Over the study period, 72.4% did not deploy, 13.7% deployed without combat exposures and 13.9% deployed with combat exposures, while 1.9% were smokeless tobacco initiators and 8.9% were persistent users. The odds of initiation were greater for deployers with combat exposure [odds ratio (OR), 1.76; 95% confidence interval (CI), 1.49-2.09], deployers without combat exposure (OR, 1.31; 95% CI, 1.07-1.60) and those who deployed multiple times (OR, 1.67; 95% CI, 1.31-2.14), as well as in smoking

recidivists/initiators (OR, 4.65; 95% CI, 3.82-5.66) and those reporting post-traumatic stress disorder symptoms (OR, 1.54; CI, 1.15-2.07). A similar pattern for higher odds of persistent use was observed for deployment and combat exposure, but not for smoking and mental health symptoms. Military occupation was not significantly associated with initiation or persistence.

CONCLUSIONS:
Deployment and combat exposure in the US military are associated with increased risk of smokeless tobacco initiation and persistence while smoking and symptoms of post-traumatic stress disorder increase the odds for initiation. Research is needed on aspects of military service amenable to the reduction or prevention of tobacco consumption.

Published 2011. This article is a U.S. Government work and is in the public domain in the USA.

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http://www.ncbi.nlm.nih.gov/pubmed/22688600?dopt=Abstract

Clin J Pain. 2012 Jun 7. [Epub ahead of print]

Pain Coping but not Readiness to Change is Associated With Pretreatment Pain-related Functioning.

Finan PH, Burns JW, Jensen MP, Nielson WR, Kerns RD.

Source: VA Connecticut Healthcare System, West Haven, CT †Johns Hopkins University School of Medicine, Baltimore, MD ‡Rush University Medical Center, Chicago, IL §University of Washington School of Medicine, Seattle, WA ‖St Joseph's Health Care London, London, ON, Canada.

Abstract

OBJECTIVE:
The purpose of the present study was to determine if readiness to use adaptive and avoid maladaptive pain-coping skills before initiation of psychosocial treatment for chronic pain was related to reports of present coping, and whether those variables, together or separately, explained variance in pain, pain interference, and symptoms of depression.

METHODS:
A total of 132 patients with chronic low back pain completed measures of readiness, coping, and pain-related functioning before participation in a clinical trial of cognitive-behavioral therapy for pain.

RESULTS:
Pearson correlations indicated that the content-matched subscales of readiness and coping were moderately correlated (rs between 0.30 and 0.60), and "mismatched" subscales were generally more weakly related or unrelated. None of the readiness subscales were significantly associated with variance in any of the functioning variables. However, several aspects of coping were significantly associated with functioning. Task persistence was associated with lower pain interference and symptoms of depression;

asking for assistance was associated with higher pain interference; and pain-contingent rest was associated with higher pain interference.

DISCUSSION:
Overall, the results indicate that adaptive coping is associated with better pain-related functioning and maladaptive coping is associated with poorer functioning, whereas readiness appears to not play a significant role in patient functioning before psychosocial pain treatment. The findings support the discriminant validity of the coping and readiness measures and inform treatment conceptualization.

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http://www.ncbi.nlm.nih.gov/pubmed/22681161?dopt=Abstract

Curr Pharm Des. 2012 Jun 6. [Epub ahead of print]

Sleep and Antidepressant Treatment.

Wichniak A, Wierzbicka A, Jernajczyk W.

Source: Institute of Psychiatry and Neurology, Third Department of Psychiatry, Sobieskiego 9, 02-957 Warsaw, Poland. wichniak@ipin.edu.pl.

Abstract

The aim of this review was to describe the sleep anomalies in depression, the effects of antidepressants on sleep, the usefulness of antidepressants in the treatment of primary insomnia and insomnia in other psychiatric disorders. Depression is associated with abnormalities in the sleep pattern that include disturbances of sleep continuity, diminished slow-wave sleep (SWS) and altered rapid eye movement (REM) sleep parameters. Although none of the reported changes in sleep are specific to depression, many of them, for example increased REM density and reduced amount of SWS in the first sleep cycle, are used as biological markers for research on depression and in the development of antidepressant drugs. An antidepressant should reverse abnormalities in the sleep pattern. However, many antidepressants can worsen sleep. Because of the activating effects of some drugs, for example imipramine, desipramine, fluoxetine, paroxetine, venlafaxine, reboxetine and bupropion, many patients who take them have to be co-prescribed with sleep-promoting agents to improve sleep. Even in maintenance treatment with activating antidepressants as many as 30-40% of patients may still suffer from insomnia. Antidepressants with sleep-promoting effects include sedative antidepressants, for example doxepin, mirtazapine, trazodone, trimipramine, and agomelatine which promotes sleep not through a sedative action but through resynchronization of the circadian rhythm. Sedative antidepressants are frequently used in the treatment of primary insomnia, although not many double-blind studies have been provided to support such an approach to insomnia treatment. One exception is doxepin, which has been approved for the treatment of insomnia characterized by difficulties in maintaining sleep.

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http://www.ncbi.nlm.nih.gov/pubmed/22696584?dopt=Abstract

J Neurol Neurosurg Psychiatry. 2012 Jun 13. [Epub ahead of print]

Effort, exaggeration and malingering after concussion.

Silver JM.

Abstract

Although most individuals who suffer a mild traumatic brain injury have complete recovery, a number experience persistent symptoms that appear inconsistent with the severity of the injury. Symptoms may be ascribed to malingering, exaggeration or poor effort on cognitive testing. The purpose of this paper is to propose that previously unconsidered factors, informed by social psychology and behavioural economics, can appear as 'symptom magnification' or 'poor effort', which are incorrectly interpreted as the result of a conscious process. These are complex and multi-determined behaviours with a unique differential diagnosis which have important implications for research, evaluation and treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/22694212?dopt=Abstract

Clin Neuropsychol. 2012 Jun 14. [Epub ahead of print]

Neuropsychological Assessment of Distractibility in Mild Traumatic Brain Injury and Depression.

Schnabel R, Kydd R.

Source: Department of Psychological Medicine , University of Auckland , New Zealand.

Abstract

Traditional neuropsychological assessments are conducted exclusively in a quiet, distraction-free environment; clients' abilities to operate under busy and distracting conditions remain untested. Environmental distractions, however, are typical for a multitude of real-life situations and present a challenge to clients with frontal-temporal brain injury. In an effort to improve ecological validity, an extension of the traditional neuropsychological assessment was developed, comprising a standardized distraction condition. This allowed cognitive functions to be tested both in the traditional setting and with exposure to a specified audio-visual distraction. The present study (n = 240) investigated how clients with mild Traumatic Brain Injury (mTBI) (n = 80), Major Depression (MDE) (n = 80), and a healthy control sample (n = 80) performed on sub-tests of the Wechsler Adult Intelligence Scale-IV and the Wechsler Memory Scale-IV both in the standard and the distraction conditions. Test effort was controlled. Significant deterioration of performance in the distraction setting was observed among clients with mTBI. In contrast the performance of a healthy control sample remained unchanged. Significant improvement of performance in the distraction setting was documented for clients with

MDE. Contrary to their improved performance, depressed clients experienced the distraction setting as more distressing than the control and mTBI group.

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http://www.ncbi.nlm.nih.gov/pubmed/22691962?dopt=Abstract

J Head Trauma Rehabil. 2012 Jun 9. [Epub ahead of print]

Neurogenic and Psychogenic Acute Postconcussion Symptoms Can Be Identified After Mild Traumatic Brain Injury.

Mounce LT, Williams WH, Jones JM, Harris A, Haslam SA, Jetten J.

Source: Centre for Clinical Neuropsychological Research, University of Exeter (Drs Mounce, Haslam, and Williams); Emergency Department, Royal Devon and Exeter Foundation Trust (Mr Harris), Exeter, United Kingdom; and School of Psychology, University of Queensland, Brisbane, Queensland, Australia (Drs. Jones and Jetten).

Abstract

OBJECTIVES:
As provenance of postconcussion symptoms after mild traumatic brain injury (mTBI) is controversial, with similar rates found in other populations, we aimed to identify postconcussion symptoms specific to mTBI compared with controls. We also compared differences between complicated and uncomplicated mTBIs.

SETTING:
Hospital emergency department.

PARTICIPANTS:
Adult individuals (34 individuals with complicated mTBI, 76 individuals with uncomplicated mTBI, and 47 orthopedic controls) who sought care in the emergency department and were consecutively recruited by post at 2 weeks postinjury.

MAIN MEASURES:
Rivermead Postconcussion Symptom Questionnaire. Preinjury factors were used as covariates.

RESULTS:
Compared with orthopedic controls, complicated mTBI group reported greater severity of headaches, dizziness, and nausea, as well as concentration difficulties, suggesting that these are neurogenic. Severity of other symptoms measured on the Rivermead Postconcussion Symptom Questionnaire was not significantly different between these groups, suggesting that these are psychogenic. Differences were evident between the 2 mTBI samples on the items of dizziness, nausea, fatigue, sleep disturbance, and concentration difficulties.

CONCLUSIONS:
Neurogenic and psychogenic postconcussion symptoms were identified at the acute-phase postinjury. Findings suggest that treating persons with mTBI as a homogenous sample is not prudent. This should inform prognostic models and follow-up support offered after leaving the emergency department.

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http://www.ncbi.nlm.nih.gov/pubmed/22694905?dopt=Abstract

J Psychiatr Res. 2012 Jun 11. [Epub ahead of print]

A randomized placebo-controlled trial of d-cycloserine and exposure therapy for posttraumatic stress disorder.

Litz BT, Salters-Pedneault K, Steenkamp MM, Hermos JA, Bryant RA, Otto MW, Hofmann SG.

Source: National Center for PTSD, Boston, USA; Massachusetts Veterans Epidemiology Research and Information Center, VA Boston Healthcare System, USA; Boston University School of Medicine, USA.

Abstract

d-Cycloserine (DCS) is a partial NMDA receptor agonist that has been shown to enhance therapeutic response to exposure-based treatments for anxiety disorders, but has not been tested in the treatment of combat-related posttraumatic stress disorder (PTSD). The aim of this randomized, double-blind, placebo-controlled trial was to determine whether DCS augments exposure therapy for PTSD in veterans returning from Iraq and Afghanistan and to test whether a brief six-session course of exposure therapy could effectively reduce PTSD symptoms in returning veterans. In contrast to previous trials using DCS to enhance exposure therapy, results indicated that veterans in the exposure therapy plus DCS condition experienced significantly less symptom reduction than those in the exposure therapy plus placebo condition over the course of the treatment. Possible reasons for why DCS was associated with poorer outcome are discussed. Clinicaltrials.gov Registry #: NCT00371176; A Placebo-Controlled Trail of d-Cycloserine and Exposure Therapy for Combat-PTSD; www.clinicaltrials.gov/ct2/results?term=NCT00371176.

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http://www.ncbi.nlm.nih.gov/pubmed/22694799?dopt=Abstract

Subst Abuse Treat Prev Policy. 2012 Jun 13;7(1):24. [Epub ahead of print]

Alcohol use in a military population deployed in combat areas: a cross sectional study.

Hanwella R, de Silva VA, Jayasekera NE.

Abstract

BACKGROUND:
Alcohol misuse is more prevalent among military populations. Association between PTSD and heavy drinking have been reported in many studies. Most of the studies on alcohol use among military personnel are from US and UK. Aim of this study is to describe alcohol consumption patterns among military personnel in Sri Lanka, a country where the alcohol consumption among the general population are very different to that in US and UK.

METHODS:
Cross sectional study consisting of representative samples of Sri Lanka Navy Special Forces and regular forces deployed in combat areas continuously during a one year period was carried out. Data was collected using a self report questionnaire. Alcohol Use Disorder Identification Test (AUDIT) was used to assess alcohol consumption.

RESULTS:
Sample consisted of 259 Special Forces and 412 regular navy personnel. The median AUDIT score was 2.0 (interquartile range 6.0). Prevalence of current drinking was 71.2%. Of the current users 54.81% were infrequent users (frequency [less than or equal to]once a month) while 37.87% of users consumed 2-4 times a month. Prevalence of hazardous drinking (AUDIT[greater than or equal to]8) was 16.69% and binge drinking 14.01%. Five (0.75%) had AUDIT total [greater than or equal to]20. There was no significant difference between Special Forces and regular forces in hazardous drinking or binge drinking. Total AUDIT score [greater than or equal to]16 were associated with difficulty performing work.

CONCLUSIONS:
High rates of hazardous drinking and binge drinking described among military personnel in US and UK were not seen among SLN personnel deployed in combat areas. This finding contrasts with previously reported association between combat exposure and hazardous alcohol use among military personnel. Alcohol use among military personnel may be significantly influenced by alcohol consumption patterns among the general population, access to alcohol and attitudes about alcohol use. Similar to findings from other countries, heavy alcohol use was associated with poorer psychological health and functional impairment.

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http://www.ncbi.nlm.nih.gov/pubmed/22686597?dopt=Abstract

Psychol Serv. 2012 Jun 11. [Epub ahead of print]

Subsyndromal Posttraumatic Stress Disorder Symptomatology in Primary Care Military Veterans: Treatment Implications.

Kornfield SL, Klaus J, McKay C, Helstrom A, Oslin D.

Abstract

Subsyndromal posttraumatic stress disorder (PTSD) is highly prevalent in Veterans Affairs Medical Centers' primary-care clinics and is associated with significant impairment. We used a cross-sectional design to examine PTSD symptoms and depressive disorders endorsed by two cohorts of Veterans meeting less than full PTSD criteria who presented to primary care at the Philadelphia VA Medical Center (i.e., those from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) and non-OEF/OIF/OND Veterans). The Philadelphia VA Behavioral Health Lab (BHL) assessed 141 Veterans who screened positive for subsyndromal PTSD. Avoidance was endorsed significantly less often than arousal in the total group. When the groups were split by cohort era, higher levels of avoidance and lower levels of arousal were reported in the non-OEF/OIF/OND group than the OEF/OIF/OND group. Comorbid depression was present in 43.9% of the total group with no significant differences between groups. Exposure-based treatments for PTSD offered in specialty mental health clinics target avoidance symptoms. Because the endorsement of avoidance symptoms was low in both of the cohorts that were studied this may not be the most effective treatment target for Veterans with subsyndromal PTSD receiving treatment in primary care settings. For these Veterans, treatments that target reexperiencing and arousal symptoms and/or comorbid depression may be more effective. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/22686189?dopt=Abstract

J Psychiatr Ment Health Nurs. 2012 Jun 11. doi: 10.1111/j.1365-2850.2012.01938.x. [Epub ahead of print]

A survey of specialized traumatic stress services in the United Kingdom.

Murphy D, Archard PJ, Regel S, Joseph S.

Source

Lecturer, Counselling & Trauma Studies, School of Education Postgraduate Research Student, Centre for Social Work Professor of Psychology, Health & Social Care Honorary Associate Professor, School of Sociology and Social Policy Senior Fellow, Institute of Mental Health, University of Nottingham Principal Psychotherapist and Co-Director Honorary Psychologist Specializing in Psychotherapy Honorary Consultant Psychologist Specializing in Psychotherapy, Centre for Trauma, Resilience and Growth, Nottinghamshire Healthcare NHS Trust, Nottingham, UK.

Abstract

Specialist care following psychological trauma in the UK has, since 2005, been governed by the National Institute for Health and Clinical Excellence (NICE) Guideline 26, for the treatment of post-traumatic stress disorder. NICE guidance states that the preferred first-line treatment is trauma-focused cognitive behavioural therapy that incorporates techniques of eye movement, desensitization and reprocessing.

In light of this guidance, the rationale for this survey was to assess the nature and scope of services available in UK specialist trauma services and range of available therapeutic approaches delivered. Thirteen organizations responded to the survey. Ten were NHS services and three were non-statutory organizations. Professional positions were primarily populated by psychologists. The total number of referrals to UK specialist trauma services surveyed in the 12 months prior to the survey was 2041 with a mean of 157. Trauma-focused cognitive behavioural therapy was the most common therapeutic treatment, but person-centred therapy was found to have increased in availability within specialist trauma services. This arguably reflects the widening availability of person-centred therapy in the improving access to psychological therapies initiative and perhaps suggests some divergence from more uniform cognitive and behavioural approaches within NHS therapy services. Implications for practice are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/22480663?dopt=Abstract

Biol Psychiatry. 2012 Jun 1;71(11):962-8. Epub 2012 Apr 4.

A Randomized Placebo-Controlled Trial of d-Cycloserine to Enhance Exposure Therapy for Posttraumatic Stress Disorder.

de Kleine RA, Hendriks GJ, Kusters WJ, Broekman TG, van Minnen A.

Source: Radboud University Nijmegen, Behavioural Science Institute, NijCare, The Netherlands; Center for Anxiety Disorders Overwaal, Nijmegen, The Netherlands.

Abstract

BACKGROUND:
Posttraumatic stress disorder (PTSD) is a complex and debilitating anxiety disorder, and, although prolonged exposure therapy has been proven effective, many patients remain symptomatic after treatment. In other anxiety disorders, the supplementary use of d-cycloserine (DCS), a partial agonist at the glutamatergic N-methyl-D-aspartate receptor, showed promise in enhancing treatment effects. We examined whether augmentation of prolonged exposure therapy for PTSD with DCS enhances treatment efficacy.

METHODS:
In a randomized, double-blind, placebo-controlled trial we administered 50 mg DCS or placebo 1 hour before each exposure session to 67 mixed trauma patients, recruited from regular referrals, with a primary PTSD diagnosis satisfying DSM-IV criteria.

RESULTS:
Although DCS did not enhance overall treatment effects, the participants having received DCS did show

a stronger treatment response. Exploratory session-by-session analyses revealed that DCS yielded higher symptom reduction in those participants that had more severe pretreatment PTSD and needed longer treatment.

CONCLUSIONS:
The present study found preliminary support for the augmentation of exposure therapy with DCS, specifically for patients with more severe PTSD needing longer treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/22449084?dopt=Abstract

Psychol Serv. 2012 Feb;9(1):16-25.

Prolonged exposure therapy for combat-related posttraumatic stress disorder: comparing outcomes for veterans of different wars.

Yoder M, Tuerk PW, Price M, Grubaugh AL, Strachan M, Myrick H, Acierno R.

Source: Mental Health Service, Ralph H. Johnson VA Medical Center, SC 29401, USA.
yoderm@musc.edu

Abstract

There is significant support for exposure therapy as an effective treatment for posttraumatic stress disorder (PTSD) across a variety of populations, including veterans; however, there is little empirical information regarding how veterans of different war theaters respond to exposure therapy. Accordingly, questions remain regarding therapy effectiveness for treatment of PTSD for veterans of different eras. Such questions have important implications for the dissemination of evidence based treatments, treatment development, and policy. The current study compared treatment outcomes across 112 veterans of the Vietnam War, the first Persian Gulf War, and the wars in Afghanistan and Iraq. All subjects were diagnosed with PTSD and enrolled in prolonged exposure (PE) treatment. Veterans from all three groups showed significant improvement in PTSD symptoms, with veterans from Vietnam and Afghanistan/Iraq responding similarly to treatment. Persian Gulf veterans did not respond to treatment at the same rate or to the same degree as veterans from the other two eras. Questions and issues regarding the effectiveness of evidence based treatment for veterans from different eras are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/22273763?dopt=Abstract

Am J Geriatr Psychiatry. 2012 Mar;20(3):276-80. doi: 10.1097/JGP.0b013e3182435ee9.

Prolonged exposure therapy for older veterans with posttraumatic stress disorder: a pilot study.

Thorp SR, Stein MB, Jeste DV, Patterson TL, Wetherell JL.

Source: Center of Excellence in Stress and Mental Health, VA San Diego Healthcare System, San Diego, CA, USA. sthorp@ucsd.edu

Abstract

OBJECTIVES:
The purpose of this pilot study was to assess the feasibility and preliminary efficacy of prolonged exposure psychotherapy in older Veterans with posttraumatic stress disorder (PTSD). Exposure therapy has broad empirical support for PTSD, but it has not been studied systematically in older adults, partly due to published concerns that older adults would not tolerate the treatment.

METHODS:
The trial followed a prospective pre-post design of 11 men recruited from a Veterans Affairs (VA) PTSD Clinical Team program. After baseline assessment, eight participants completed prolonged exposure therapy. Results were compared with a nonrandomized treatment-as-usual comparison group. The traumatic events identified by the Veterans in our samples had occurred, on average, 40 years prior to their study participation.

RESULTS:
Results revealed that conducting 6 weeks of exposure therapy with older Veterans with PTSD was feasible and efficacious, with evidence of some superiority to treatment-as-usual therapy.

CONCLUSIONS:
As hypothesized, Veterans showed a significant decrease in symptoms of PTSD (clinician-rated and self-reported) following exposure therapy.

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http://www.ncbi.nlm.nih.gov/pubmed/22218201?dopt=Abstract

J Head Trauma Rehabil. 2012 Jan-Feb;27(1):26-32. doi: 10.1097/HTR.0b013e31823cd01f.

A preliminary examination of prolonged exposure therapy with Iraq and Afghanistan veterans with a diagnosis of posttraumatic stress disorder and mild to moderate traumatic brain injury.

Wolf GK, Strom TQ, Kehle SM, Eftekhari A.

Source: James A. Haley Veterans Affairs Medical Center, Tampa, Florida, USA. Gregory.Wolf2@va.gov

Abstract

OBJECTIVE:
Preliminary examination of the effectiveness of prolonged exposure (PE) therapy for the treatment of posttraumatic stress disorder (PTSD) with Operation Enduring Freedom and Operation Iraqi Freedom Veterans who have experienced traumatic brain injury (TBI).

PARTICIPANTS:
Ten Veterans with a history of mild to moderate TBI and chronic PTSD.

SETTING:
Outpatient Mental Health/PTSD clinics and polytrauma centers at 2 VA medical centers.

MEASURES:
Comprehensive evaluation that included clinical interview, neuropsychologic evaluation, and/or neuroimaging; Posttraumatic Stress Disorder Checklist and Beck Depression Inventory-Second Edition.

PROCEDURES:
Standard implementation of the PE manual was used in all cases with slight adjustments to account for Veterans' residual cognitive deficits. Veterans completed between 8 and 18 sessions.

RESULTS:
Veterans demonstrated significant reductions in total PTSD and depression symptoms from pre- to posttreatment. Within-group effect sizes were large.

CONCLUSIONS:
These findings suggest that PE can be safely and effectively implemented with Veterans with PTSD, a history of mild to moderate TBI, and current cognitive impairment.

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http://www.ncbi.nlm.nih.gov/pubmed/21908494?dopt=Abstract

Am J Psychiatry. 2012 Jan;169(1):80-8. Epub 2011 Sep 9.

Combined prolonged exposure therapy and paroxetine for PTSD related to the World Trade Center attack: a randomized controlled trial.

Schneier FR, Neria Y, Pavlicova M, Hembree E, Suh EJ, Amsel L, Marshall RD.

Source: Trauma and Post Traumatic Stress Disorder Program, Anxiety Disorders Clinic, New York State Psychiatric Institute, New York, USA. frs1@columbia.edu

Abstract

OBJECTIVE:
Selective serotonin reuptake inhibitors (SSRIs) are often recommended in combination with established cognitive-behavioral therapies (CBTs) for posttraumatic stress disorder (PTSD), but combined initial treatment of PTSD has not been studied under controlled conditions. There are also few studies of either SSRIs or CBT in treating PTSD related to terrorism. The authors compared prolonged exposure therapy (a CBT) plus paroxetine (an SSRI) with prolonged exposure plus placebo in the treatment of terrorism-related PTSD.

METHOD:
Adult survivors of the World Trade Center attack of September 11, 2001, with PTSD were randomly assigned to 10 weeks of treatment with prolonged exposure (10 sessions) plus paroxetine (N=19) or prolonged exposure plus placebo (N=18). After week 10, patients discontinued prolonged exposure and were offered 12 additional weeks of continued randomized treatment.

RESULTS:
Patients treated with prolonged exposure plus paroxetine experienced significantly greater improvement in PTSD symptoms (incidence rate ratio=0.50, 95% CI=0.30-0.85) and remission status (odds ratio=12.6, 95% CI=1.23-129) during 10 weeks of combined treatment than patients treated with prolonged exposure plus placebo. Response rate and quality of life were also significantly more improved with combined treatment. The subset of patients who continued randomized treatment for 12 additional weeks showed no group differences.

CONCLUSIONS:
Initial treatment with paroxetine plus prolonged exposure was more efficacious than prolonged exposure plus placebo for PTSD related to the World Trade Center attack. Combined treatment medication and prolonged exposure therapy deserves further study in larger samples with diverse forms of PTSD and over longer follow-up periods.

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http://www.sciencedirect.com/science/article/pii/S0883941712000441

Family Stress and Posttraumatic Stress: The Impact of Military Operations on Military Health Care Providers.

Susanne W. Gibbons, Scott D. Barnett, Edward J. Hickling

Uniformed Services University of the Health Sciences, Graduate School of Nursing, Bethesda, MD

James A. Haley Veterans Hospital, HSR&D/RR&D Research Center of Excellence, Tampa, FL

Available online 12 June 2012.

This study uses data from the 2005 Department of Defense Survey of Health-Related Behaviors Among Military Personnel to examine relationships between family stress and posttraumatic stress symptoms across 4 subgroups of Operation Iraqi Freedom-deployed (i.e., war in Iraq) or Operation Enduring Freedom-deployed (i.e., war in Afghanistan) active-duty military service members. Results suggest the following: (a) the greatest positive correlation of family stressors with posttraumatic stress symptoms was found within the military health care officer group, and (b) these military health care officers differed in family stressors mediating posttraumatic stress with divorce and financial problems

accounting for significant and unique portions of the variance. Implications for care of service members and their families are discussed.

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http://www.sciencedirect.com/science/article/pii/S0924933812751441

P-977 - Posttraumatic depression: issue of comorbidity

R. Samardzic

Military Medical Academy, Belgrade, Serbia

Available online 13 June 2012.

Background
Posttraumatic stress disorder is considered the “signature diagnosis” of trauma. Research has shown that PTSD has an abundance of psychiatric comorbidities. Comorbidity is said to be rule rather than exception. The most often psychiatric disorders comorbid with PTSD in combat veterans are alcohol use disorders, major depression, drug abuse, and Cluster B (especially antisocial, but also borderline personality disorders).

Objective
The aim of the study was to analyze depressive disorders and PTSD and their relationship, from the aspect of comorbidity.

Method
A retrospective analysis of 347 war veterans' medical histories, who were treated between 1991–2009 at the Military Medical Academy.

Results
The most frequent disorders were the depressive (n = 146/42.1%), among which the adjustment disorder (135/38.9%), followed by major depression (9/2.6%), and dysthymia (2/0.6%). PTSD was diagnosed in 91 veterans (26.2%), and alcoholism in 58 (16.7%). Comorbid disorders were registered in 55 (37.7%) veterans with depressive disorders. The most frequent were arterial hypertension (14/25%), PTSD (8/14.5%) and alcoholism (7/12.7%). In veterans with PTSD, the number of registered comorbid disorders was 27 (29.7%), 11 (40.7%) of them with other anxiety disorders, 8 (29.7%) with somatic and neurological illnesses, 6 (22.2%) with psychotic disorders and 2 (7.4%) with depressive disorders.

Conclusion
These findings suggest that war trauma produces broad psychopathological effects, as evidenced by multiple disorders arising independently in the wake of trauma. Multiaxial assessment of posttraumatic depression, especially considering first and fourth axis of the DSM-IV-TR, is necessary for a precise diagnostic process that allows the selection of appropriate treatments.

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http://www.archives-pmr.org/article/S0003-9993%2812%2900403-0/abstract

Health Outcomes Associated with Military Deployment: Mild Traumatic Brain Injury, Blast, Trauma, and Combat Associations in the Florida National Guard.

Rodney D. Vanderploeg, Heather G. Belanger, Ronnie D. Horner, Andrea M. Spehard, Gail Powell-Cope, Stephen L. Luther, Steven G. Scott

Archives of Physical Medicine and Rehabilitation

Received 9 January 2012; received in revised form 7 May 2012; accepted 15 May 2012. published online 15 June 2012.

Objective
To determine the association between specific military deployment experiences and immediate and longer- term physical and mental health effects, as well as examine the effects of multiple deployment-related traumatic brain injuries on health outcomes. These relationships have important implications for post-deployment monitoring and treatment, but have yet to be fully delineated.

Design
Online survey of cross-sectional cohort. Odds ratios were calculated to assess the association between deployment-related factors (i.e., physical injuries, exposure to potentially traumatic deployment experiences, combat, blast exposure, and mild traumatic brain injury) and current health status, controlling for potential confounders, demographics and pre-deployment experiences.

Setting
Non-clinical.

Participants
A total of 3098 members of the Florida National Guard (1443 deployed, 1655 not deployed).

Interventions
Not applicable.

Main Outcome Measures
Presence of current psychiatric diagnoses and health outcomes, including postconcussive and non-postconcussive symptoms.

Results
Surveys were completed an average of 31.8 months (SD = 24.4, Range = 0 to 95) following deployment. Strong, statistically significant associations were found between self-reported military deployment-related factors and current adverse health status. Deployment-related mild traumatic brain injury (TBI) was associated with depression, anxiety, PTSD, and postconcussive symptoms collectively and individually. Statistically significant increases in frequency of depression, anxiety, PTSD, and a

postconcussive symptom complex were seen comparing single to multiple TBIs. However, a pre-deployment TBI did not increase the likelihood of sustaining another TBI in a blast exposure. Associations between blast exposure and abdominal pain, pain on deep breathing, shortness of breath, hearing loss, and tinnitus suggested residual barotrauma. Combat exposure with and without physical injury were each associated with PTSD, but also with numerous postconcussive and non-postconcussive symptoms. The experience of seeing others wounded or killed or experiencing the death of a buddy or leader was associated with indigestion and headaches, but not with depression, anxiety, or posttraumatic stress disorder (PTSD).

Conclusions
Complex relationships exist between multiple deployment-related factors and numerous overlapping and co-occurring current adverse physical and psychological health outcomes. Various deployment-related experiences increased the risk for post-deployment adverse mental and physical health outcomes, individually and in combination. These findings suggest that an integrated physical and mental healthcare approach would be beneficial to post-deployment care.

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http://www.ncbi.nlm.nih.gov/pubmed/22694588

MSMR. 2012 May;19(5):10-3.

The risk of mental health disorders among U.S. military personnel infected with human immunodeficiency virus, active component, U.S. Armed Forces, 2000-2011.

Mirza RA, Eick-Cost A, Otto JL.

Abstract

Mental health disorders (MHD) are reportedly more common among soldiers and airmen with HIV than their seronegative counterparts. This report documents the incidence rates of MHD among HIV-positive members of all service branches and compares the rates to those of two HIV-unexposed control groups: an HSV2-infected group and a group without documented HIV or HSV2 infections. Approximately 56 percent of HIV-infected service members received an incident diagnosis of a MHD six months or more after the initial detection of their infections. Cumulative incidence rates in nearly all MHD categories of interest were highest in the HIV group, intermediate in the HSV2 group and lowest in the referent group. The disorders more frequently diagnosed among HIV-infected service members compared to their uninfected counterparts were psychosis/schizophrenia, substance dependence, substance abuse, bipolar disorder, suicide ideation and depression. The findings are consistent with previous studies and reiterate the importance of long-term and comprehensive clinical monitoring of individuals diagnosed with HIV-1 infections.

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http://www.tandfonline.com/doi/abs/10.1080/14616734.2012.691652

Intergenerational concordance in Adult Attachment Interviews with mothers, fathers and adolescent sons and subsequent adjustment of sons to military service.

Miri Scharf, Ofra Mayseless, Inbal Kivenson-Baron

Attachment & Human Development

Vol. 14, Iss. 4, 2012

The study examined: (1) the intergenerational concordance between parents and their adolescent sons using the Adult Attachment Interview (AAI) categories and state-of-mind scales; and (2) the contribution of parents' state of mind with respect to attachment to their sons' adjustment during a stressful separation, as well as the possibility that sons' AAI mediates the associations between parents' AAI and sons' adjustment. Eighty-eight adolescents and their parents were interviewed using the AAI during the son's senior year in high school. Approximately a year later, during the first phase of compulsory military service, the adolescents and their peers reported on the sons' adjustment. Results demonstrated AAI correspondence between mothers' (but not fathers) and sons' categories (autonomous versus non-autonomous) and associations between mothers', fathers' and sons' AAI state-of-mind scales. The adjustment of sons of non-autonomous mothers (in particular, preoccupied mothers) was inferior to the adjustment of others. Mothers' and fathers' state of mind scales were associated with sons' adjustment, but sons' AAI did not mediate this association. The uniqueness of adolescence, the importance of parents' state of mind and the differences between mothers and fathers are discussed.

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http://www.springerlink.com/content/n215017kl4j7xn00/

Confronting Mild TBI and Co-occurring Post-traumatic Stress Disorder Symptoms in Combat Deployed Service Members. (book chapter)

Justin S. Campbell, Jeffrey H. Greenberg and Jennifer M. Weil

Traumatic Brain Injury

Copyright: 2012

Publisher: Springer New York

Pages: 205-222

Traumatic Brain Injury (TBI) and Post-traumatic Stress Disorder (post-traumatic stress disorder) have been called the signature injuries of the wars in Iraq and Afghanistan. While post-traumatic stress disorder is frequently associated with exposure to traumatic events such as combat, surviving head injuries is a novel phenomenon likely associated with improved protective headgear, adept field medical attention, and the ability to expeditiously evacuate injured persons to upper echelon care facilities as

indicated. Frequently, disorders (psychological and physical) are viewed discretely in spite of a mounting evidence base that suggests that these and similar injuries tend to co-occur. This chapter explores TBI and post-traumatic stress disorder in a historical context, identifies available assessment and treatment modalities, highlights a global approach to case conceptualization, and suggests research lines to address the key questions about developing simultaneous assessment and treatment models for the co-occurrence of TBI and post-traumatic stress disorder as well as other potentially confounding injuries.

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http://www.springerlink.com/content/g45862vm77576270/

Behavioral and Psychiatric Comorbidities of TBI. (book chapter)

Robert L. Collins, Nicholas J. Pastorek, Andra T. Tharp and Thomas A. Kent

Traumatic Brain Injury

Copyright: 2012

Publisher: Springer New York

Pages: 223-244

Traumatic brain injury (TBI) is associated with a variety of behavioral -consequences, including symptoms of depression, anxiety, aggression, and impulse control and overlaps with many of the symptoms of post-traumatic stress and post-traumatic stress disorder. There are many challenges to researchers and clinicians, including heterogeneity of the injury, distinguishing premorbid characteristics from the consequences of the TBI, lack of specificity in diagnostic criteria, and the absence of systematic therapeutic trials. In this chapter, we present an overview of the literature on psychiatric and behavioral consequences of TBI, highlighting those studies that investigate the incidence of these conditions, contribution of premorbid functioning to subsequent symptoms, and characteristics of mild TBI -(frequently referred to as concussion) that provide clues to distinguishing it from other psychiatric comorbidities. Our analysis of the available literature suggests that in some, but not all cases, TBI may diminish inhibitory control over certain behaviors while in others, there may be an exacerbation of clinical expression of psychiatric symptoms. Treatment needs to consider whether there is a unique sensitivity to adverse events in patients who have suffered a TBI and prospective trials should be encouraged.

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http://www.dsm.psychiatryonline.org/article.aspx?articleid=1184135

Readjustment Stressors and Early Mental Health Treatment Seeking by Returning National Guard Soldiers With PTSD.

Alejandro Interian, Ph.D.; Anna Kline, Ph.D.; Lanora Callahan, M.S.; Miklos Losonczy, M.D., Ph.D.

Psychiatric Services

June 15, 2012

Objective:
Readjustment stressors are commonly encountered by veterans returning from combat operations and may help motivate treatment seeking for posttraumatic stress disorder (PTSD). The study examined rates of readjustment stressors (marital, family, and employment) and their relationship to early mental health treatment seeking among returning National Guard soldiers with PTSD.

Methods:
Participants were 157 soldiers who were surveyed approximately three months after returning from combat operations in Iraq and scored positive on the PTSD Checklist (PCL). The survey asked soldiers about their experience with nine readjustment stressors as well as their use of mental health care in the three months after returning.

Results:
Many readjustment stressors were common in this cohort, and most soldiers experienced at least one stressor (72%). Univariate analyses showed that readjustment stressors were related to higher rates of treatment seeking. These findings remained significant after multivariate analyses adjusted for depression and PTSD severity but were no longer significant after adjustment for age and marital status.

Conclusions:
Readjustment stressors are common among soldiers returning from duty with PTSD and may be more predictive than PTSD symptom levels in treatment seeking. These effects appeared to be at least partially accounted for by demographic variables and the role of greater familial and occupational responsibilities among older veterans. Treatment seeking may be motivated by social encouragement or social interference and less by symptom severity.

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http://www.dsm.psychiatryonline.org/article.aspx?articleid=1184230

Personal Characteristics Affecting Veterans' Use of Services for Posttraumatic Stress Disorder.

Elizabeth Brooks, Ph.D.; Douglas K. Novins, M.D.; Deborah Thomas, Ph.D.; Luohua Jiang, Ph.D.; Herbert T. Nagamoto, M.D.; Nancy Dailey, M.S.N., R.N.-B.C.; Byron Bair, M.D.; Jay H. Shore, M.D., M.P.H.

Psychiatric Services

June 15, 2012

Objective:
Posttraumatic stress disorder (PTSD) is widespread among veterans, but many veterans with PTSD use few health services. This study examined how individual characteristics influenced use of outpatient visits by veterans with PTSD.

Methods:
The study assessed number of annual visits by 414,748 veterans with PTSD who sought care from October 2007 through September 2008 at U.S. Department of Veteran Affairs (VA) facilities. Negative binomial regression and adjusted risk ratios assessed the relationship of number of visits and demographic characteristics as well as place of residence, era of service, extent to which disability was connected to service history, and having comorbid illnesses.

Results:
Veterans from rural or highly rural areas had 19% (confidence interval [CI]=.80–.82) and 25% (CI=.72–.79), respectively, fewer visits than urban-dwelling veterans. Iraq and Afghanistan veterans had 21% fewer visits than veterans of prior eras (CI=.78–.81). Veterans with comorbid conditions had 64% more visits than veterans with only PTSD (CI=1.62–1.66). Veterans from rural or highly rural areas had 22% (CI=.87–.89) and 33% (CI=.64–.71), respectively, fewer visits to PTSD specialty clinics than veterans from urban areas.

Conclusions:
Service use by veterans is lower in rural areas. The VA should build on existing efforts to provide more outreach and care opportunities, including telemental health and specialized PTSD services, in rural areas and for veterans of the current service era. Future research should investigate the impact of fewer visits on aspects of functioning, such as interpersonal factors, and the impact of system-level variables on service utilization.

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http://www.ncbi.nlm.nih.gov/pubmed/22706833?dopt=Abstract

JAMA. 2012 Jun 6;307(21):2278-85.

Effect of Telephone-Administered vs Face-to-face Cognitive Behavioral Therapy on Adherence to Therapy and Depression Outcomes Among Primary Care Patients: A Randomized Trial Telephone vs In-Person Therapy for Depression.

Mohr DC, Ho J, Duffecy J, Reifler D, Sokol L, Burns MN, Jin L, Siddique J.

Abstract

CONTEXT
Primary care is the most common site for the treatment of depression. Most depressed patients prefer psychotherapy over antidepressant medications, but access barriers are believed to prevent engagement in and completion of treatment. The telephone has been investigated as a treatment delivery medium to overcome access barriers, but little is known about its efficacy compared with face-to-face treatment delivery.

OBJECTIVE
To examine whether telephone-administered cognitive behavioral therapy (T-CBT) reduces attrition and is not inferior to face-to-face CBT in treating depression among primary care patients.

DESIGN, SETTING, AND PARTICIPANTS
A randomized controlled trial of 325 Chicago-area primary care patients with major depressive disorder, recruited from November 2007 to December 2010.

INTERVENTIONS
Eighteen sessions of T-CBT or face-to-face CBT.

MAIN OUTCOME MEASURES
The primary outcome was attrition (completion vs noncompletion) at posttreatment (week 18). Secondary outcomes included masked interviewer-rated depression with the Hamilton Depression Rating Scale (Ham-D) and self-reported depression with the Patient Health Questionnaire-9 (PHQ-9).

RESULTS
Significantly fewer participants discontinued T-CBT (n = 34; 20.9%) compared with face-to-face CBT (n = 53; 32.7%; P = .02). Patients showed significant improvement in depression across both treatments (P < .001). There were no significant treatment differences at posttreatment between T-CBT and face-to-face CBT on the Ham-D (P = .22) or the PHQ-9 (P = .89). The intention-to-treat posttreatment effect size on the Ham-D was d = 0.14 (90% CI, -0.05 to 0.33), and for the PHQ-9 it was d = -0.02 (90% CI, -0.20 to 0.17). Both results were within the inferiority margin of d = 0.41, indicating that T-CBT was not inferior to face-to-face CBT. Although participants remained significantly less depressed at 6-month follow-up relative to baseline (P < .001), participants receiving face-to-face CBT were significantly less depressed than those receiving T-CBT on the Ham-D (difference, 2.91; 95% CI, 1.20-4.63; P < .001) and the PHQ-9 (difference, 2.12; 95% CI, 0.68-3.56; P = .004).

CONCLUSIONS
Among primary care patients with depression, providing CBT over the telephone compared with face-to-face resulted in lower attrition and close to equivalent improvement in depression at posttreatment. At 6-month follow-up, patients remained less depressed relative to baseline; however, those receiving face-to-face CBT were less depressed than those receiving T-CBT. These results indicate that T-CBT improves adherence compared with face-to-face delivery, but at the cost of some increased risk of poorer maintenance of gains after treatment cessation.

TRIAL REGISTRATION clinicaltrials.gov Identifier: NCT00498706.

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http://www.ncbi.nlm.nih.gov/pubmed/22705246?dopt=Abstract

Sleep Med. 2012 Jun 15. [Epub ahead of print]

Prevalence of sleep disturbances, disorders, and problems following traumatic brain injury: A meta-analysis.

Mathias JL, Alvaro PK.

Source: School of Psychology, University of Adelaide, Adelaide, SA 5005, Australia.

Abstract

BACKGROUND:
Sleep is often disrupted following a traumatic brain injury (TBI), which may compromise recovery and quality of life. Prevalence rates vary widely, reflecting differences in the criteria and measures that are used to assess sleep, as well as sample differences. This meta-analysis examined the prevalence of general and specific, and formally and informally diagnosed, sleep disturbances following TBI in order to establish the nature and extent of these sequelae and their potential impact on recovery.

METHODS:
Data from 21 studies, which assessed (1) sleep disturbances, regardless of type or severity, (2) diagnosed sleep disorders, and (3) specific sleep problems following TBI, were analyzed and compared to data for the general population.

RESULTS:
Overall, 50% of people suffered from some form of sleep disturbance after a TBI and 25-29% had a diagnosed sleep disorder (insomnia, hypersomnia, apnea) - rates that are much higher than those seen in the general population. They were also two to four times more likely to experience problems with sleep maintenance and efficiency, nightmares, excessive sleepiness, early awakenings, and sleep walking.

CONCLUSION:
Sleep disturbances are very common after TBI and have the potential to seriously undermine patient rehabilitation, recovery, and outcomes; making it important to routinely screen for such problems in order to assess both treatment needs and their potential impact on recovery and outcome.

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http://www.ncbi.nlm.nih.gov/pubmed/22703708?dopt=Abstract

Pathophysiology. 2012 Jun 13. [Epub ahead of print]

Pathophysiology of battlefield associated traumatic brain injury.

Duckworth JL, Grimes J, Ling GS.

Source: Department of Neurology, Uniformed Services University of the Health Sciences, Bethesda, MD, United States.

Abstract

As more data is accumulated from Operation Iraqi Freedom and Operation Enduring Freedom (OEF in Afghanistan), it is becoming increasing evident that traumatic brain injury (TBI) is a serious and highly prevalent battle related injury. Although traditional TBIs such as closed head and penetrating occur in the modern battle space, the most common cause of modern battle related TBI is exposure to explosive blast. Many believe that explosive blast TBI is unique from the other forms of TBI. This is because the physical forces responsible for explosive blast TBI are different than those for closed head TBI and penetrating TBI. The unique force associated with explosive blast is the blast shock pressure wave. This shock wave occurs over a very short period, milliseconds, and has a specific profile known as the Freidlander curve. This pressure-time curve is characterized by an initial very rapid up-rise followed by a longer decay that reaches a negative inflection point before returning to baseline. This is important as the effect of this shock pressure on brain parenchyma is distinct. The diffuse interaction of the pressure wave with the brain leads to a complex cascade of events that affects neurons, axons, glia cells, and vasculature. It is only by properly studying this disease will meaningful therapies be realized.

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http://www.ncbi.nlm.nih.gov/pubmed/22703607?dopt=Abstract

Gen Hosp Psychiatry. 2012 Jun 13. [Epub ahead of print]

Aripiprazole improves various cognitive and behavioral impairments after traumatic brain injury: a case report.

Umene-Nakano W, Yoshimura R, Okamoto T, Hori H, Nakamura J.

Abstract

Various types of cognitive and behavioral impairments occur after traumatic brain injury. We present a case exhibiting psychotic symptoms such as irritability, dysphoria, anxiety and insomnia with severe brain dysfunction due to a right temporal lobe contusion incurred in a traffic accident. The patient did not sufficiently respond to rehabilitation or treatment with any pharmacotherapy. In the present case, aripiprazole dramatically improved the patient's symptoms and cognitive function. We evaluated the case using the Wechsler Adult Intelligence Scale-Revised and the Wechsler Memory Scale Revised between baseline and 5 years later.

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http://www.ncbi.nlm.nih.gov/pubmed/22707024?dopt=Abstract

J Spec Oper Med. 2012 Summer;12(2):42-7.

PTSD: An Elusive Definition.

Kirkbride JF.

Abstract

The Global War on Terrorism became the longest standing conflict in United States military history on June 7, 2010. It is estimated that 1.64 million U.S. troops have been deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom (p xix).1 Both conflicts have produced high numbers of casualties as the result of ground combat. The amount of casualties though has been relatively low compared to other conflicts. Some of this can be attributed to the advances in body armor and emergency medicine that allow many servicemembers to survive conditions that previously led to death. Conversely, surviving these situations leaves those same members with memories that are psychologically difficult to live with and cause chronic difficulties. Unlike an amputee, or the victim of severe burns where the signs and symptoms of their injuries are obvious, patients with psychological disorders can have a range of signs and symptoms common in many other mental disorders, making it difficult to diagnose and treat Soldiers suffering from Post-traumatic Stress Disorder (PTSD).

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http://www.ncbi.nlm.nih.gov/pubmed/22703614?dopt=Abstract

Psychol Med. 2012 Jun 18:1-10. [Epub ahead of print]

Influence of predispositions on post-traumatic stress disorder: does it vary by trauma severity?

Breslau N, Troost JP, Bohnert K, Luo Z.

Source: Department of Epidemiology and Biostatistics, College of Human Medicine, Michigan State University, East Lansing, MI, USA.

Abstract

BACKGROUND:
Only a minority of trauma victims (<10%) develops post-traumatic stress disorder (PTSD), suggesting that victims vary in predispositions to the PTSD response to traumas. It is assumed that the influence of predispositions is inversely related to trauma severity: when trauma is extreme predispositions are assumed to play a secondary role. This assumption has not been tested. We estimate the influence of key predispositions on PTSD induced by an extreme trauma - associated with a high percentage of PTSD - (sexual assault), relative to events of lower magnitude (accidents, disaster, and unexpected death of someone close).

METHOD
The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) is representative of the adult population of the USA. A total of 34 653 respondents completed the second wave in which lifetime PTSD was assessed. We conducted three series of multinomial logistic regressions, comparing the influence of six predispositions on the PTSD effect of sexual assault with each comparison event. Three pre-existing disorders and three parental history variables were examined.

RESULTS:
Predispositions predicted elevated PTSD risk among victims of sexual assault as they did among victims of comparison events. We detected no evidence that the influence of predispositions on PTSD risk was significantly lower when the event was sexual assault, relative to accidents, disasters and unexpected death of someone close.

CONCLUSIONS:
Important predispositions increase the risk of PTSD following sexual assault as much as they do following accidents, disaster, and unexpected death of someone close. Research on other predispositions and alternative classifications of event severity would be illuminating.

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http://www.ncbi.nlm.nih.gov/pubmed/22709365?dopt=Abstract

Clin Neuropsychol. 2012 Jun 18. [Epub ahead of print]

Scores on the MMPI-2-RF Scales as a Function of Increasing Levels of Failure on Cognitive Symptom Validity Tests in a Military Sample.

Jones A, Ingram MV, Ben-Porath YS.

Source: Neurology Service, Womack Army Medical Center , Ft. Bragg , NC , USA.

Abstract

This research examined associations between the full range of Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) validity and substantive scales and increasing levels of cognitive symptom validity test (SVT) failure in a sample of 501 military members who completed a neuropsychological evaluation primarily for mild traumatic brain injury resulting from a closed head injury and blast exposure or heat injury. SVT failure was associated with significant linear increases in all of the over-reporting MMPI-2-RF validity scales and most of the substantive scales. For the validity scales, all over-reporting scales had large effect sizes (ESs) when comparing a group that failed no SVTs with a group that failed three SVTs. A comparison between these two groups for the substantive scales revealed the largest ESs for scales related to somatic/cognitive complaints and emotional dysfunction. RBS (Response Bias Scale) had the largest ES of all scales (d = 1.69), followed by FBS-r (Symptom Validity Scale; d = 1.34), AXY (Anxiety, d = 1.21), and COG (Cognitive Complaints, d = 1.19). The scales related to behavioral dysfunction had the smallest ESs of all of the substantive scales, and there were no

significant associations between the vast majority of these scales and SVT failure. With respect to clinically significant elevations, those who did not fail SVTs had clinically significant elevations only on COG and NUC (Neurological Complaints), and MLS (Malaise) approached clinical significance. For those who failed SVTs, RBS was the only over-reporting scale that was elevated across all failure groups. Those who failed any SVT had clinically significant elevations on COG, MLS, NUC, and AXY. Those who failed three SVTs had additional elevations on scales related to emotional dysfunction.

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http://www.ncbi.nlm.nih.gov/pubmed/22236641?dopt=Abstract

Soc Sci Med. 2012 Feb;74(4):537-45. Epub 2011 Dec 11.

Women at war: understanding how women veterans cope with combat and military sexual trauma.

Mattocks KM, Haskell SG, Krebs EE, Justice AC, Yano EM, Brandt C.

Source: Department of Veterans Affairs, Health Services Research and Development Services 810 Vermont Avenue Northwest, Washington DC 20420-0002, USA. Kristin.Mattocks@va.gov

Abstract

The wars in Iraq (Operation Iraqi Freedom, OIF) and Afghanistan (Operation Enduring Freedom, OEF) have engendered a growing population of US female veterans, with women now comprising 15% of active US duty military personnel. Women serving in the military come under direct fire and experience combat-related injuries and trauma, and are also often subject to in-service sexual assaults and sexual harassment. However, little is known regarding how women veterans cope with these combat and military sexual trauma experiences once they return from deployment. To better understand their experiences, we conducted semi-structured interviews with nineteen OEF/OIF women veterans between January-November 2009. Women veterans identified stressful military experiences and post-deployment reintegration problems as major stressors. Stressful military experiences included combat experiences, military sexual trauma, and separation from family. Women had varying abilities to address and manage stressors, and employed various cognitive and behavioral coping resources and processes to manage their stress.

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http://scholarworks.csun.edu/bitstream/handle/10211.2/1503/KarinaPartidaProjectDraft2012.pdf (full text)

Building Resiliency in Children of Military Families: A Cumulating Experience

Karina Partida

A project submitted in partial fulfillment of the requirement for the degree of Master of Science in Counseling, School Psychology

California State University, Northridge

May 2012

Often we think of the military men and women who serve this country with great pride and feel appreciation for their bravery. There has been much attention given to the sacrifices and the negative effects that war has on them, but very seldom do we think about their children. With so many of these children living quietly on military bases and some in our public schools, we often forget about the struggles that they face on a daily basis. This population is raised with certain pride and strength that often leads them to mask their emotions to the difficult situations they face on a daily basis. Children of military families struggle with such challenges as relocating, deployment, low achievement, marital distress caused by war, substance abuse, physical and emotional distress, and masking their emotions to demonstrate bravery and strength.

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http://drc.arizona.edu/veterans-reintegration-education/sites/drc.arizona.edu.veterans-reintegration-education/files/color/The%20Utility%20of%20Energy%20Therapy%20for%20Student%20Veterans.pdf (full text)

The Utility of Energy Therapy for Student Veterans at the University of Arizona.

June 2012

Nicholas A. Rattray, Ph.D.

Disabled Veterans Reintegration and Education Project

Disability Resource Center, University of Arizona

This report discusses the results from qualitative research on the topic of energy therapy conducted with student veterans at the University of Arizona from July 2010 to March 2012. We reflect on the integration of Healing Touch, a complementary energy therapy, into a comprehensive program that supports veterans dealing with the effects of military service as they transition into higher education. Initial feedback from student veterans who have used energy therapies indicates improvements in depression, anxiety, and sleep. This pilot project considers how complementary energy therapies can expand the range of campus-based services that promote the well-being of student veterans and facilitate their academic success as they integrate into university communities. The report includes a background on the project, a description of our methodology, basic trends in the effectiveness of sessions, narratives data collected through interviews and questionnaires, and implications for research and practice.

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http://www.ncbi.nlm.nih.gov/pubmed/22715324?dopt=Abstract

Front Integr Neurosci. 2012;6:34. Epub 2012 Jun 15.

The effects of trauma exposure and posttraumatic stress disorder (PTSD) on the emotion-induced memory trade-off.

Mickley Steinmetz KR, Scott LA, Smith D, Kensinger EA.

Source: Department of Psychology, Boston College, Chestnut Hill MA, USA.

Abstract

Many past examinations of memory changes in individuals with posttraumatic stress disorder (PTSD) have focused on changes in memory for trauma. However, it is unclear if these mnemonic differences extend beyond the memory of the trauma to memory for other positive and negative information and if they are specific to individuals with PTSD or extend to other individuals who have experienced trauma. The present study examined the influences of trauma exposure and PTSD on an effect that may parallel tunnel memory in PTSD: the emotion-induced memory trade-off, whereby emotional aspects of an experience are remembered at the expense of the nonemotional context. Three groups of participants (25 with current PTSD, 27 who had experienced trauma but did not have current PTSD, and 25 controls who had neither experienced significant trauma nor met criteria for current PTSD) were shown complex visual scenes that included an item (positive, negative, or neutral) placed on a neutral background. Forty-five minutes later, participants underwent a recognition memory test for the items and backgrounds separately. An emotion-induced memory trade-off was said to occur when there was a significant difference in item and background memory for emotional scenes, but not for neutral scenes. Results indicated that people with PTSD, like the other groups, were more likely to remember positive and negative items than neutral items. Moreover, people with PTSD exhibited a memory trade-off comparable in magnitude to that exhibited by the non-trauma control group. In contrast, trauma-exposed people without a current diagnosis of PTSD did not show a trade-off, because they remembered items within scenes better than their accompanying contexts not only for emotional but also for neutral scenes. These results suggest that (1) the effect of emotion on memory for visual scenes is similar in people with PTSD and control participants, and (2) people who have experienced trauma, but do not have PTSD, may have a different way of attending to and remembering visual scenes, exhibiting less of a memory trade-off than either control participants or people with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22713910?dopt=Abstract

Neuropsychopharmacology. 2012 Jun 20. doi: 10.1038/npp.2012.94. [Epub ahead of print]

Post-Exposure Sleep Deprivation Facilitates Correctly Timed Interactions Between Glucocorticoid and Adrenergic Systems, which Attenuate Traumatic Stress Responses.

Cohen S, Kozlovsky N, Matar MA, Kaplan Z, Zohar J, Cohen H.

Source: Department of Psychology, Ben-Gurion University of the Negev, Beer Sheva, Israel; Anxiety and Stress Research Unit, Ministry of Health Mental Health Center, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva, Israel.

Abstract

Reliable evidence supports the role of sleep in learning and memory processes. In rodents, sleep deprivation (SD) negatively affects consolidation of hippocampus-dependent memories. As memory is integral to post-traumatic stress symptoms, the effects of post-exposure SD on various aspect of the response to stress in a controlled, prospective animal model of post-traumatic stress disorder (PTSD) were evaluated. Rats were deprived of sleep for 6 h throughout the first resting phase after predator scent stress exposure. Behaviors in the elevated plus-maze and acoustic startle response tests were assessed 7 days later, and served for classification into behavioral response groups. Freezing response to a trauma reminder was assessed on day 8. Urine samples were collected daily for corticosterone levels, and heart rate (HR) was also measured. Finally, the impact of manipulating the hypothalamus-pituitary-adrenal axis and adrenergic activity before SD was assessed. Mifepristone (MIFE) and epinephrine (EPI) were administered systemically 10-min post-stress exposure and behavioral responses and response to trauma reminder were measured on days 7-8. Hippocampal expression of glucocorticoid receptors (GRs) and morphological assessment of arborization and dendritic spines were subsequently evaluated. Post-exposure SD effectively ameliorated long-term, stress-induced, PTSD-like behavioral disruptions, reduced trauma reminder freezing responses, and decreased hippocampal expression of GR compared with exposed-untreated controls. Although urine corticosterone levels were significantly elevated 1 h after SD and the HR was attenuated, antagonizing GRs with MIFE or stimulation of adrenergic activity with EPI effectively abolished the effect of SD. MIFE- and EPI-treated animals clearly demonstrated significantly lower total dendritic length, fewer branches and lower spine density along dentate gyrus dendrites with increased levels of GR expression 8 days after exposure, as compared with exposed-SD animals. Intentional prevention of sleep in the early aftermath of stress exposure may well be beneficial in attenuating traumatic stress-related sequelae. Post-exposure SD may disrupt the consolidation of aversive or fearful memories by facilitating correctly timed interactions between glucocorticoid and adrenergic systems.Neuropsychopharmacology advance online publication, 20 June 2012; doi:10.1038/npp.2012.94.

Links of Interest

DoD cracks down on off-label drug use
http://www.marinecorpstimes.com/news/2012/06/military-dod-cracks-down-on-off-label-seroquel-use-061412w/

Poll: Civilians believe veterans are valuable, but lack education and suffer PTSD
http://www.stripes.com/news/poll-civilians-believe-veterans-are-valuable-but-lack-education-and-suffer-ptsd-1.180277

PTSD: Meet Veterans who have been there
http://www.va.gov/health/NewsFeatures/20120611a.asp

Black Women Key to Easing Military Suicides?
http://www.nationaljournal.com/thenextamerica/culture/black-women-key-to-easing-military-suicides--20120612

Traumatic Brain Injury 1.0 Now Available for iOS Devices
http://prmac.com/release-id-43969.htm

Promising Therapies Available for Sleep Disorders Frequently Related to PTSD and TBI
http://www.usmedicine.com/psychiatry/promising-therapies-available-for-sleep-disorders-frequently-related-to-ptsd-and-tbi.html

Options expand for wounded as more heal PTSD with alternative treatments
http://www.stripes.com/options-expand-for-wounded-as-more-heal-ptsd-with-alternative-treatments-1.179932

This is your brain on no self-control
http://www.eurekalert.org/pub_releases/2012-06/uoi-tyb061812.php

Predicting Post-Traumatic Stress Disorder Before It Happens
http://www.sciencedaily.com/releases/2012/06/120613153329.htm

Purple Hearts for PTSD debated
http://www.middletownjournal.com/news/middletown-news/purple-hearts-for-ptsd-debated-1392734.html

Government Programs Helping to Identify More PTSD Sufferers
http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1182487

Army research looks at new PTSD treatment
http://www.army.mil/article/81916/Army_research_looks_at_new_PTSD_treatment/

Ranger seeks to help veterans, animals
http://www.army.mil/article/82142/Ranger_seeks_to_help_veterans__animals/
(worth it for the picture)

Research Tip of the Week: National Registry of Evidence-based Programs and Practices (Substance Abuse and Mental Health Services Administration)

> NREPP is a searchable online registry of more than 230 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. We connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.
>
> NREPP is not an exhaustive list of interventions, and inclusion in the registry does not constitute an endorsement.

The registry can be searched via simple keywords. If you're interested in keeping up with NREPP news, you can register for monthly e-mail updates.

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