CDP Research Update -- November 8, 2012

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- A multi-sample confirmatory factor analysis of PTSD symptoms: What exactly is wrong with the DSM-IV structure?

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http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12001/abstract

The Ontology of Posttraumatic Stress Disorder: Natural Kind, Social Construction, or Causal System?

Richard J. McNally

Clinical Psychology: Science and Practice

Volume 19, Issue 3, pages 220–228, September 2012

The ontological status of posttraumatic stress disorder (PTSD) has long been a focus of intense controversy. Is PTSD a natural kind discovered recently by astute clinicians, but present throughout history and across diverse cultures? Or is it a socially constructed artifact arising in the wake of the Vietnam War? In addition to covering issues relevant to this debate, I describe another interpretation of PTSD orthogonal to the natural versus artifactual dichotomy. Inspired by the causal systems approach to mental disorders pioneered by Borsboom and his colleagues, I suggest a causal system interpretation of PTSD is a scientifically more profitable approach than either the social constructionist or natural kind interpretations of this disorder.

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http://www.ncbi.nlm.nih.gov/pubmed/23106638

Psychol Addict Behav. 2012 Oct 29. [Epub ahead of print]

Alcohol Problems as a Risk Factor for Postdisaster Depressed Mood Among U.S. Veterans.

Heslin KC, Stein JA, Dobalian A, Simon B, Lanto AB, Yano EM, Rubenstein LV.

Abstract

Alcohol problems may impede adaptive, proactive responses to disaster-related injury and loss, thus prolonging the adverse impact of disasters on mental health. Previous work suggests that veterans of the U.S. armed forces have a relatively high prevalence of alcohol misuse and other psychiatric disorders. This is the first study to estimate the impact of predisaster alcohol problems on postdisaster

depressed mood among veterans, using data that were collected before and after the 1994 Northridge, CA, earthquake. The authors assessed the impact of alcohol problems on postdisaster depressed mood in an existing clinical cohort of veterans who experienced the 6.7-magnitude earthquake that struck Northridge in January 1994. One to 3 months after the disaster, interviewers contacted participants by telephone to administer a follow-up questionnaire based on a survey that had been done preearthquake. Postearthquake data were obtained on 1,144 male veterans for whom there were preearthquake data. We tested a predictive path model of the relationships between latent variables for predisaster alcohol problems, functional limitations, and depressed mood on latent variables representing postdisaster "quake impact" and depressive mood. Results showed that veterans who had more alcohol problems before the earthquake experienced more earthquake-related harms and severely depressed mood after the earthquake, compared with those who had fewer alcohol problems. Programs serving veterans with a high prevalence of alcohol problems should consider designing disaster response protocols to locate and assist these patients in the aftermath of disasters. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://dspace.iup.edu/bitstream/handle/2069/1888/Ashley Nichole Rossi.pdf

Bringing the War Home: Redeployment Experiences of Spouses of Combat Veterans with Post-Traumatic Stress Disorder.

Ashley Nichole Rossi
Indiana University of Pennsylvania
August 2012

A Thesis Submitted to the School of Graduate Studies and Research In Partial Fulfillment of the Requirements for the Degree Master of Arts

The purpose of this study is to better understand, through retrospection, how military spouses recognized the likelihood that their veteran needed to be evaluated for Post-Traumatic Stress Disorder. Existing research examines the role educating spouses of veterans with PTSD can play in the detection and diagnosis of PTSD but it does not identify specific educational needs of spouses. An online-survey was administered to spouses of combat veterans with PTSD. Themes between respondents were identified as need for self-care, avoiding self-blame, and tolerance and understanding for the veteran. Participants discussed lack of education on PTSD and redeployment issues as well as perceived lack of support by the military during deployment and redeployment processes.

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http://www.sciencedirect.com/science/article/pii/S000689931201726X

Alterations in the cortical thickness and the amplitude of low-frequency fluctuation in patients with post-traumatic stress disorder.

Xie Bing, Qiu Ming-guo, Zhang Ye, Zhang Jing-na, Li Min, Chen Han, Zhang Yu, Zhang Jia-jia, Wang Jian, Chen Wei, Du Han-jian, Zhang Shao-xiang

Brain Research

Available online 30 October 2012

The core neuropsychological processes underlying post-traumatic stress disorder (PTSD) have yet to be elucidated, and the association between anatomical and functional deficits in PTSD remains largely unknown. The aim of our study was to investigate the alterations in cortical thickness and amplitude of low-frequency fluctuation (ALFF) in PTSD patients resulting from motor vehicle accidents (MVCs), and to explore the association of cortical thickness and ALFF with the severity of PTSD symptoms. A total of 20 PTSD patients and 20 healthy controls were recruited and examined by high-resolution structural MRI combined with resting-state fMRI. The results showed significant decrease in cortical thickness in the left BA10, BA32 and BA45 and the right superior temporal gyrus in PTSD patients. The ALFF value in PTSD patients increased significantly in the left BA10 and BA32 and the right cerebellum. Linear regression revealed that decreased cortical thickness and increased ALFF in the BA10 were associated with the increased PTSD scores. These findings suggest that the structural integrity and resting-state function in the BA10 play an important role in the pathogenesis of PTSD.

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http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12003/abstract

Allostasis: The Emperor of All (Trauma-Related) Maladies.

Loretta S. Malta

Clinical Psychology: Science and Practice

Volume 19, Issue 3, pages 241–259, September 2012

The construct of allostasis is defined as change in the functioning of biological systems as a result of prolonged exposure to stress. In this article, the construct of bio-behavioral allostasis is proposed to describe peri-traumatic, shorter-term, and chronic changes in neurobiological systems and behaviors that account for the development and long-term maintenance of posttraumatic stress disorder (PTSD) symptoms and associated clinical features. The conceptual framework of bio-behavioral allostasis is applied to generate hypotheses about how premorbid vulnerabilities in different neurobiological systems interact with allostasis to predict heterogeneity in PTSD clinical profiles and patterns of comorbidity likely to develop after trauma exposure. The model offers a means by which to integrate independent theories of PTSD etiology to more fully account for unique features of PTSD, thereby improving its diagnostic discriminant validity. It also enables the identification of symptoms common across disorders that develop during exposure to adverse environments. Conceptualizing PTSD as a process of dynamic allostasis can advance our understanding of trauma-related diagnostic syndromes and inform the development of comprehensive treatments.

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http://www.ncbi.nlm.nih.gov/pubmed/23118274?dopt=Abstract

Behav Modif. 2012 Nov 1. [Epub ahead of print]

A Preliminary Evaluation of Repeated Exposure for Depersonalization and Derealization.

Weiner E, McKay D.

Abstract

Dissociative symptoms including depersonalization and derealization are commonly experienced by individuals suffering from panic disorder or posttraumatic stress disorder (PTSD). Few studies have been published investigating the specific treatment of these symptoms in individuals diagnosed with panic disorder or PTSD, despite evidence that the subset of individuals with panic disorder who experience depersonalization and derealization report more panic attacks as well as greater panic severity and functional impairment. Furthermore, it has been shown that these symptoms can impede treatment and recovery in PTSD. Finally, recent research has shown that interoceptive exposure generally enhances the efficacy of treatment outcome for PTSD and PTSD with comorbid panic. This study investigated the use of a novel interoceptive exposure technique for treatment of depersonalization and derealization in individuals with high anxiety sensitivity and/or symptoms of PTSD. Results indicated significant reductions on six of seven items as well as total score on an outcome measure of depersonalization and derealization. Thus, this technique appears to hold promise for utilization as a form of interoceptive exposure in the treatment of these symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/23117638?dopt=Abstract

Arch Gen Psychiatry. 2012 Nov 1;69(11):1169-1178.

Amygdala Volume Changes in Posttraumatic Stress Disorder in a Large Case-Controlled Veterans Group.

Morey RA, Gold AL, Labar KS, Beall SK, Brown VM, Haswell CC, Nasser JD, Wagner HR, McCarthy G; for the Mid-Atlantic MIRECC Workgroup.

Abstract

CONTEXT
Smaller hippocampal volumes are well established in posttraumatic stress disorder (PTSD), but the relatively few studies of amygdala volume in PTSD have produced equivocal results.

OBJECTIVE
To assess a large cohort of recent military veterans with PTSD and trauma-exposed control subjects, with sufficient power to perform a definitive assessment of the effect of PTSD on volumetric changes in

the amygdala and hippocampus and of the contribution of illness duration, trauma load, and depressive symptoms.

DESIGN
Case-controlled design with structural magnetic resonance imaging and clinical diagnostic assessments. We controlled statistically for the important potential confounds of alcohol use, depression, and medication use.

SETTING
Durham Veterans Affairs Medical Center, which is located in proximity to major military bases.

PATIENTS
Ambulatory patients (n = 200) recruited from a registry of military service members and veterans serving after September 11, 2001, including a group with current PTSD (n = 99) and a trauma-exposed comparison group without PTSD (n = 101).

MAIN OUTCOME MEASURE
Amygdala and hippocampal volumes computed from automated segmentation of high-resolution structural 3-T magnetic resonance imaging.

RESULTS
Smaller volume was demonstrated in the PTSD group compared with the non-PTSD group for the left amygdala (P = .002), right amygdala (P = .01), and left hippocampus (P = .02) but not for the right hippocampus (P = .25). Amygdala volumes were not associated with PTSD chronicity, trauma load, or severity of depressive symptoms.

CONCLUSIONS
These results provide clear evidence of an association between a smaller amygdala volume and PTSD. The lack of correlation between trauma load or illness chronicity and amygdala volume suggests that a smaller amygdala represents a vulnerability to developing PTSD or the lack of a dose-response relationship with amygdala volume. Our results may trigger a renewed impetus for investigating structural differences in the amygdala, its genetic determinants, its environmental modulators, and the possibility that it reflects an intrinsic vulnerability to PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23117637?dopt=Abstract

Arch Gen Psychiatry. 2012 Nov 1;69(11):1161-8. doi: 10.1001/archgenpsychiatry.2012.8.

Emotional reactivity to a single inhalation of 35% carbon dioxide and its association with later symptoms of posttraumatic stress disorder and anxiety in soldiers deployed to Iraq.

Telch MJ, Rosenfield D, Lee HJ, Pai A.

Abstract

CONTEXT
The identification of modifiable predeployment vulnerability factors that increase the risk of combat stress reactions among soldiers once deployed to a war zone offers significant potential for the prevention of posttraumatic stress disorder (PTSD) and other combat-related stress disorders. Adults with anxiety disorders display heightened emotional reactivity to a single inhalation of 35% carbon dioxide (CO2); however, data investigating prospective linkages between emotional reactivity to CO2 and susceptibility to war-zone stress reactions are lacking.

OBJECTIVE
To investigate the association of soldiers' predeployment emotional reactivity to 35% CO2 challenge with several indices of subsequent war-zone stress symptoms assessed monthly while deployed in Iraq.

DESIGN, SETTING, AND PARTICIPANTS
Prospective cohort study of 158 soldiers with no history of deployment to a war zone were recruited from the Texas Combat Stress Risk Study between April 2, 2007, and August 28, 2009.

MAIN OUTCOME MEASURES
Multilevel regression models were used to investigate the association between emotional reactivity to 35% CO2 challenge (assessed before deployment) and soldiers' reported symptoms of general anxiety/stress, PTSD, and depression while deployed to Iraq.

RESULTS
Growth curves of PTSD, depression, and general anxiety/stress symptoms showed a significant curvilinear relationship during the 16-month deployment period. War-zone stressors reported in theater were associated with symptoms of general anxiety/stress, PTSD, and depression. Consistent with the prediction, soldiers' emotional reactivity to a single inhalation of 35% CO2-enriched air before deployment significantly potentiated the effects of war-zone stressors on the subsequent development of PTSD symptoms and general anxiety/stress symptoms but not on the development of depression, even after accounting for the effects of trait anxiety and the presence of past or current Axis I mental disorders.

CONCLUSION
Soldiers' emotional reactivity to a 35% CO2 challenge may serve as a vulnerability factor for increasing soldiers' risk for PTSD and general anxiety/stress symptoms in response to war-zone stressors.

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http://www.ncbi.nlm.nih.gov/pubmed/23117511?dopt=Abstract

Psychiatr Serv. 2012 Nov 1;63(11):1134-6. doi: 10.1176/appi.ps.201100456.

Complementary and Alternative Medicine in VA Specialized PTSD Treatment Programs.

Libby DJ, Pilver CE, Desai R.

Abstract

OBJECTIVE
This survey documented the provision of complementary and alternative medicine (CAM) treatments in U.S. Department of Veterans Affairs (VA) specialized posttraumatic stress disorder (PTSD) treatment programs.

METHODS
Program coordinators or designated staff from 125 of 170 VA specialized PTSD treatment programs completed and returned surveys between September 2010 and March 2011, indicating which of 32 CAM treatments were offered in that program.

RESULTS
Ninety-six percent of programs reported use of at least one CAM treatment. Eighty-eight percent offered CAMs other than those that are commonly part of conventional PTSD treatments (guided imagery, progressive muscle relaxation, and stress management-relaxation therapies).

CONCLUSIONS
The widespread use of CAM treatments in VA PTSD programs presents an opportunity for researchers to assess the effect of CAM on mental health service use and PTSD symptoms among veterans. Future research should assess the effectiveness of CAM treatments and develop methods to tailor these treatments to veterans with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23117443?dopt=Abstract

Psychiatr Serv. 2012 Nov 1. doi: 10.1176/appi.ps.201200142. [Epub ahead of print]

Telephone Monitoring and Support After Discharge From Residential PTSD Treatment: A Randomized Controlled Trial.

Rosen CS, Tiet QQ, Harris AH, Julian TF, McKay JR, Moore WM, Owen RR, Rogers S, Rosito O, Smith DE, Smith MW, Schnurr PP.

Abstract

OBJECTIVE:
This study assessed whether adding a telephone care management protocol to usual aftercare improved the outcomes of veterans in the year after they were discharged from residential treatment for posttraumatic stress disorder (PTSD).

METHODS:
In a multisite randomized controlled trial, 837 veterans entering residential PTSD treatment were assigned to receive either standard outpatient aftercare (N=425) or standard aftercare plus biweekly telephone monitoring and support (N=412) for three months after discharge. Symptoms of PTSD and

depression, violence, substance use, and quality of life were assessed by self-report questionnaires at intake, discharge, and four and 12 months postdischarge. Treatment utilization was determined from the Department of Veterans Affairs administrative data.

RESULTS:
Telephone case monitors reached 355 participants (86%) by phone at least once and provided an average of 4.5 of the six calls planned. Participants in the telephone care and treatment-as-usual groups showed similar outcomes on all clinical measures. Time to rehospitalization did not differ by condition. In contrast with prior studies reporting poor treatment attendance among veterans, participants in both telephone monitoring and treatment as usual completed a mental health visit an average of once every ten days in the year after discharge. Many participants had continuing problems despite high utilization of outpatient care.

CONCLUSIONS:
Telephone care management had little incremental value for patients who were already high utilizers of mental health services. Telephone care management could potentially be beneficial in settings where patients experience greater barriers to engaging with outpatient mental health care after discharge from inpatient treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/23116597?dopt=Abstract

Behav Cogn Psychother. 2012 Nov 2:1-17. [Epub ahead of print]

A Randomized Controlled Trial of the Effectiveness of Brief-CBT for Patients with Symptoms of Posttraumatic Stress Following a Motor Vehicle Crash.

Wu KK, Li FW, Cho VW.

Source: Kwai Chung Hospital, Hong Kong, China.

Abstract

Background: Motor vehicle crashes (MVCs) are leading contributors to the global burden of disease. Patients attending accident and emergency (A&E) after an MVC may develop symptoms of posttraumatic stress disorder (PTSD). There is evidence that brief cognitive behavioural therapy (B-CBT) can be effective in treating PTSD; however, there are few studies of the use of B-CBT to treat PTSD in MVC survivors. Aims: This study examined the effects of B-CBT and a self-help program on the severity of psychological symptoms in MVC survivors at risk of developing PTSD. Method: Sixty participants who attended A&E after a MVC were screened for PTSD symptoms and randomized to a 4-weekly session B-CBT or a 4-week self-help program (SHP) booklet treatment conditions. Psychological assessments were completed at baseline (1-month post-MVC) and posttreatment (3- and 6-month follow-ups) by utilizing Impact of Event Scale-Revised (IES-R) and Hospital Anxiety and Depression Scale (HADS). Results: There were significant improvements in the measures of anxiety, depression, and PTSD symptoms over time.

Participants treated with B-CBT showed greater reductions in anxiety at 3-month and 6-month follow-ups, and in depression at 6-month follow-up. A comparison of effect size favoured B-CBT for the reduction of anxiety and depression symptoms measured by HADS. A high level of pretreatment anxiety and depression were predictive of negative outcome at 6-month follow-up in the SHP condition. There was no differential effect on PTSD symptoms measured by IES-R. Conclusions: This trial supports the efficacy of providing B-CBT as a preventive strategy to improve psychological symptoms after an MVC.

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http://psychiatryonline.org/article.aspx?articleID=1386903

A Description of Telemental Health Services Provided by the Veterans Health Administration in 2006–2010.

Tisha L. Deen, Ph.D.; Linda Godleski, M.D.; John C. Fortney, Ph.D.

Psychiatric Services, VOL. 63, No. 11

Objective
This is the first large-scale study to describe the types of telemental health services provided by the Veterans Health Administration (VHA).

Methods
The authors compiled national-level VHA administrative data for fiscal years 2006–2010 (October 1, 2005, to September 30, 2010). Telemental health encounters were identified by VHA and U.S. Department of Veterans Affairs stop codes and categorized as medication management, individual psychotherapy with or without medication management, group psychotherapy, and diagnostic assessment.

Results
A total of 342,288 telemental health encounters were identified, and each type increased substantially across the five years. Telepsychotherapy with medication management was the fastest growing type of telemental health service.

Conclusions
The use of videoconferencing technology has expanded beyond medication management alone to include telepsychotherapy services, including both individual and group psychotherapy, and diagnostic assessments. The increase in telemental health services is encouraging, given the large number of returning veterans living in rural areas.

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http://gradworks.umi.com/3539751.pdf

Assessment times, mental health status, and referrals among post-deployed army reservists.

R. Stephen Waters

A Dissertation Submitted to the Faculty of the California Institute of Integral Studies in Partial Fulfillment of the Requirements for the Degree of Doctorate in Clinical Psychology

California Institute of Integral Studies
San Francisco, CA
2012

The purpose of this study was to explore Army reservists' mental health concerns by analyzing their Post-Deployment Health Assessments [PDHAs] and Reassessments [PDHRAs]. Their suicide rates are nearly double that of their active duty peers. Yet, reservists' postdeployment experiences are still vastly understudied. To address this gap in research, nearly 15,000 Army reservists' PDHAs and PDHRAs, from 2003 to 2009, were acquired through a Department of Defense Protocol for Research.

It was hypothesized that: (a) as the time between postdeployment assessments and reassessments increased mental health symptoms reported by reservists would decrease, (b) reservists with better self-reports of overall health status would endorse fewer mental health symptoms on their reassessments while those with poorer self-reports of health would endorse more, (c) as reservists were further from deployment they would show greater agreement (or congruence) between their self-reports of overall health and their endorsements of mental health symptoms, and (d) a low level of congruence would be influential in the generation of referral information.

Hypothesis C was not confirmed. Hypotheses A, B, and D, though statistically confirmed, were not found to have effect sizes sufficient for practical predictive value. Army reservists reported many mental health symptoms during their years postdeployment. Their overall health status did not predict mental health symptom reports, and this did not change at longer times postdeployment. None of these factors, especially mental health symptom reports, predicted referral provisions. Most striking, for those reservists who reported post-traumatic stress disorder [PTSD] symptoms, 54% did not receive a referral of any kind; similarly, for those reporting risk of harm to others, 46% did not receive a referral. The non-referral rate for those reporting risk of harm to self was 39%.

These results were found in a population of Army reservists who completed their postdeployment assessments early in the implementation of numerous congressional mandates for improved mental health care for service members. These significant findings, paired with the serious mental health concerns of current service members, demand more extensive research into the process of assessment and provision of mental health care services for postdeployed Army reservists.

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http://journals.psychiatryonline.org/article.aspx?articleid=1386905

VA Primary Care–Mental Health Integration: Patient Characteristics and Receipt of Mental Health Services, 2008–2010.

Vicki Johnson-Lawrence, Ph.D.; Kara Zivin, Ph.D.; Benjamin R. Szymanski, M.P.H.; Paul N. Pfeiffer, M.D.; John F. McCarthy, Ph.D., M.P.H.

Psychiatric Services, VOL. 63, No. 11

Objective
In 2007, the U.S. Department of Veterans Affairs (VA) health system began nationwide implementation of primary care–mental health integration (PC-MHI) programs to enhance mental health access and promote treatment of common mental health conditions for patients in primary care settings. This report describes patients initiating PC-MHI services in fiscal years (FYs) 2008–2010, including those who received prior mental health services.=

Methods
Using VA administrative records, the investigators examined characteristics and services utilization of individuals who initiated PC-MHI services in FY 2008 (N=76,985), FY 2009 (N=107,417), or FY 2010 (N=149,938).

Results
PC-MHI service initiation increased by 95%, from 76,985 to 149,938 veterans. Over time, new user cohorts were increasingly younger, newer to VA services, and less likely to have received VA mental health treatment in the prior year.

Conclusions
This study documents substantial expansion in VA PC-MHI program activity. PC-MHI program expansion may increase access to mental health services in primary care settings.

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http://www.tandfonline.com/doi/abs/10.1080/15614263.2012.736718

Predictors of physiological stress and psychological distress in police communicators.

Cheryl Regehr, Vicki R. LeBlanc, Irene Barath, Janet Balch, Arija Birze

Police Practice and Research

Version of record first published: 30 Oct 2012

This study sought to better understand experiences of psychological distress and physiological stress in police communicators. One-hundred and thirteen police communicators from both rural and urban areas completed questionnaires that addressed psychological distress (acute anxiety, depression, and post-traumatic stress), coping strategies, social supports, and locus of control. Communicators reported high levels of post-traumatic stress disorder (PTSD), but had levels of anxiety and depression that were within normal limits. Levels of PTSD and depression increased with years of employment. Emotion-focused coping was the strongest predictor of PTSD, anxiety, and depression. Coping styles were not associated with physiological stress. Social support was negatively associated with depression; internal

control was negatively associated with depression and anxiety, but not with PTSD or cortisol. As coping strategies are modifiable, they should be the focus of workplace interventions in order to mitigate risk of distress as consequence of employment.

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http://jop.sagepub.com/content/early/2012/10/26/0269881112464827.abstract

A randomized, controlled pilot study of MDMA (±3,4-Methylenedioxymethamphetamine)-assisted psychotherapy for treatment of resistant, chronic Post-Traumatic Stress Disorder (PTSD).

Peter Oehen, Rafael Traber, Verena Widmer, and Ulrich Schnyder

J Psychopharmacol October 31, 2012

Psychiatrists and psychotherapists in the US (1970s to 1985) and Switzerland (1988–1993) used MDMA legally as a prescription drug, to enhance the effectiveness of psychotherapy. Early reports suggest that it is useful in treating trauma-related disorders. Recently, the first completed pilot study of MDMA-assisted psychotherapy for PTSD yielded encouraging results. Designed to test the safety and efficacy of MDMA-assisted psychotherapy in patients with treatment-resistant PTSD; our randomized, double-blind, active-placebo controlled trial enrolled 12 patients for treatment with either low-dose (25 mg, plus 12.5 mg supplemental dose) or full-dose MDMA (125 mg, plus 62.5 mg supplemental dose). MDMA was administered during three experimental sessions, interspersed with weekly non-drug-based psychotherapy sessions. Outcome measures used were the Clinician-Administered PTSD Scale (CAPS) and the Posttraumatic Diagnostic Scale (PDS). Patients were assessed at baseline, three weeks after the second and third MDMA session (end of treatment), and at the 2-month and 1-year follow-ups.

We found that MDMA-assisted psychotherapy can be safely administered in a clinical setting. No drug-related serious adverse events occurred. We did not see statistically significant reductions in CAPS scores ($p = 0.066$), although there was clinically and statistically significant self-reported (PDS) improvement ($p = 0.014$). CAPS scores improved further at the 1-year follow-up. In addition, three MDMA sessions were more effective than two ($p = 0.016$).

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http://www.ncbi.nlm.nih.gov/pubmed/23123568?dopt=Abstract

Clin Psychol Rev. 2012 Oct 6;33(1):24-32. doi: 10.1016/j.cpr.2012.09.005. [Epub ahead of print]

A meta-analytic review of exposure in group cognitive behavioral therapy for posttraumatic stress disorder.

Barrera TL, Mott JM, Hofstein RF, Teng EJ.

Source: Michael E. DeBakey VA Medical Center, USA; Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, USA; University of Houston, USA.

Abstract

Although the efficacy of exposure is well established in individual cognitive behavioral treatments for posttraumatic stress disorder (PTSD), some clinicians and researchers have expressed concerns regarding the use of in-session disclosure of trauma details through imaginal exposure in group cognitive behavioral therapy (GCBT) for PTSD. Thus, the aim of the present study was to conduct a systematic review of the empirical support for GCBT in the treatment of PTSD and to compare GCBT protocols that encourage the disclosure of trauma details via in-session exposure to GCBT protocols that do not include in-session exposure. Randomized controlled trials that assessed the efficacy of GCBT for PTSD were included in the meta-analysis. A total of 651 participants with PTSD were included in the 12 eligible GCBT treatment conditions (5 conditions included in-group exposure, 7 conditions did not include in-group exposure). The overall pre-post effect size of GCBT for PTSD (ES=1.13 [SE=0.22, 95% CI: 0.69 to 1.56, p<.001]). suggests that GCBT is an effective intervention for individuals with PTSD. No significant differences in effect sizes were found between GCBT treatments that included in-group exposure and those that did not. Although the attrition rate was higher in treatments that included exposure in-group, this rate is comparable to attrition rates in individual CBT treatments and pharmacotherapy for PTSD. The results from this meta-analysis suggest that concerns about the potentially negative impact of group exposure may be unwarranted, and support the use of exposure-based GCBT as a promising treatment option for PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23124181?dopt=Abstract

J Nerv Ment Dis. 2012 Nov;200(11):967-72. doi: 10.1097/NMD.0b013e3182718a36.

Comparing the symptoms of posttraumatic stress disorder with the distress and fear disorders.

Gros DF, Magruder KM, Ruggiero KJ, Shaftman SR, Frueh BC.

Source: Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC; †Medical University of South Carolina, Charleston; ‡University of Hawai'i, Hilo, HI; and §The Menninger Clinic, Houston, TX.

Abstract

New theoretical models of mood and anxiety disorders have been proposed to better understand the relations and patterns leading to their high diagnostic comorbidities. These models have highlighted two new groupings of the disorders, focused on the prevalence of fear and distress symptoms. The present study investigated the fit of the symptoms of posttraumatic stress disorder (PTSD) in these new models. The relations between the two primary sets of symptom scales of PTSD and the diagnoses of other comorbid disorders were examined in a large multisite sample of veterans from primary care clinics. The results suggested that there was no reliable difference in the predictive power of any of the PTSD symptom scales across the two diagnostic groups. New transdiagnostic models, assessment practices,

and treatment approaches may provide better understanding of symptom overlap and diagnostic comorbidity in PTSD and related disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/23123567?dopt=Abstract

Clin Psychol Rev. 2012 Sep 11;33(1):1-23. doi: 10.1016/j.cpr.2012.09.001. [Epub ahead of print]

Assessing mental imagery in clinical psychology: A review of imagery measures and a guiding framework.

Pearson DG, Deeprose C, Wallace-Hadrill SM, Heyes SB, Holmes EA.

Source: School of Psychology, University of Aberdeen, UK. Electronic address: d.g.pearson@abdn.ac.uk.

Abstract

Mental imagery is an under-explored field in clinical psychology research but presents a topic of potential interest and relevance across many clinical disorders, including social phobia, schizophrenia, depression, and post-traumatic stress disorder. There is currently a lack of a guiding framework from which clinicians may select the domains or associated measures most likely to be of appropriate use in mental imagery research. We adopt an interdisciplinary approach and present a review of studies across experimental psychology and clinical psychology in order to highlight the key domains and measures most likely to be of relevance. This includes a consideration of methods for experimentally assessing the generation, maintenance, inspection and transformation of mental images; as well as subjective measures of characteristics such as image vividness and clarity. We present a guiding framework in which we propose that cognitive, subjective and clinical aspects of imagery should be explored in future research. The guiding framework aims to assist researchers in the selection of measures for assessing those aspects of mental imagery that are of most relevance to clinical psychology. We propose that a greater understanding of the role of mental imagery in clinical disorders will help drive forward advances in both theory and treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/23123531?dopt=Abstract

Behav Res Ther. 2012 Sep 10;50(12):814-821. doi: 10.1016/j.brat.2012.08.006. [Epub ahead of print]

Hybrid cognitive-behaviour therapy for individuals with insomnia and chronic pain: A pilot randomised controlled trial.

Tang NK, Goodchild CE, Salkovskis PM.

Source: Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, UK; Department of Psychology, Institute of Psychiatry, King's College London, UK. Electronic address: n.k.y.tang@keele.ac.uk.

Abstract

OBJECTIVE:
Insomnia is a debilitating comorbidity of chronic pain. This pilot trial tested the utility of a hybrid treatment that simultaneously targets insomnia and pain-related interference.

METHODS:
Chronic pain patients with clinical insomnia were randomly allocated to receive 4 weekly 2-h sessions of hybrid treatment (Hybrid Group; n = 10) or to keep a pain and sleep diary for 4 weeks, before receiving the hybrid treatment (Monitoring Group; n = 10). Participants were assessed at the beginning and end of this 4-week period. Primary outcomes were insomnia severity and pain interference. Secondary outcomes were fatigue, anxiety, depression and pain intensity. Ancillary information about the hybrid treatment's effect on psychological processes and sleep (as measured with sleep diary and actigraphy) are also presented, alongside data demonstrating the treatment's clinical significance, acceptability and durability after one and six months. Data from all participants (n = 20) were combined for this purpose.

RESULTS:
Compared to symptom monitoring, the hybrid intervention was associated with greater improvement in sleep (as measured with the Insomnia Severity Index and sleep diary) at post-treatment. Although pain intensity did not change, the Hybrid Group reported greater reductions in pain interference, fatigue and depression than the Monitoring Group. Overall, changes associated with the hybrid intervention were clinically significant and durable at 1- and 6-month follow-ups. Participants also rated highly on treatment acceptability.

CONCLUSION:
The hybrid intervention appeared to be an effective treatment for chronic pain patients with insomnia. It may be a treatment approach more suited to tackle challenges presented in clinical practice, where problems seldom occur in isolation.

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http://www.ncbi.nlm.nih.gov/pubmed/23115347?dopt=Abstract

Psychosom Med. 2012 Oct 31. [Epub ahead of print]

Grapheme-Color Synesthesia and Posttraumatic Stress Disorder: Preliminary Results From the Veterans Health Study.

Hoffman SN, Zhang X, Erlich PM, Boscarino JA.

Source: Departments of Neurology (S.N.H.) and Anesthesiology (X.Z.), Center for Health Research (P.M.E., J.A.B.), Geisinger Clinic, Danville, PA; Departments of Medicine (P.M.E.) and Psychiatry (J.A.B.), Temple University School of Medicine, Philadelphia, PA.

Abstract

Objective

Posttraumatic stress disorder (PTSD) is associated with altered neuropsychological function, possibly including complex visual information processing. Grapheme-color synesthesia refers to the phenomenon that a particular letter or number elicits the visual perception of a specific color. The study objective was to assess if grapheme-color synesthesia was associated with PTSD among US veterans.

Method

We surveyed 700 veterans who were outpatients in a multihospital system in Pennsylvania. All veterans had served at least one warzone deployment. PTSD and grapheme-color synesthesia were assessed using validated research instruments.

Results

The mean age of veterans was 59 years, and 96% were men. The prevalence of current PTSD was 7% (95% confidence interval [CI] = 5.1-8.8), and current partial PTSD was 11% (95% CI = 9.3-14.0). The prevalence of current depression was 6% (95% CI = 4.7-8.3). Altogether, 6% (95% CI = 4.8-8.5) of veterans screened positive for grapheme-color synesthesia. Bivariate analyses suggested that grapheme-color synesthesia was associated with current PTSD (odds ratio [OR] = 3.4, p = .004) and current partial PTSD (OR = 2.4, p = .013), but not current depression (OR = 1.1, p = .91). Multivariate logistic regression results, adjusting for age, sex, marital status, level of education, current psychotropic medication use, and concussion history, confirmed these results.

Conclusions

Grapheme-color synesthesia seems to be associated with PTSD among veterans who had been deployed. This finding may have implications for PTSD diagnostic screening and treatment. Research is recommended to confirm this finding and to determine if synesthesia is a risk indicator for PTSD among nonveterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23115342?dopt=Abstract

Psychosom Med. 2012 Oct 31. [Epub ahead of print]

Neural Dysregulation in Posttraumatic Stress Disorder: Evidence for Disrupted Equilibrium Between Salience and Default Mode Brain Networks.

Sripada RK, King AP, Welsh RC, Garfinkel SN, Wang X, Sripada CS, Liberzon I.

Source: Departments of Psychology (R.K.S., I.L.), Psychiatry (R.K.S., A.P.K., R.C.W., X.W., C.S.S., I.L.), Radiology (R.C.W.), University of Michigan, Ann Arbor, Michigan; Ann Arbor VA Medical Center (I.L.), Ann Arbor, Michigan; and Brighton and Sussex Medical School (S.N.G.), Brighton, UK.

Abstract

Objective
Convergent research demonstrates disrupted attention and heightened threat sensitivity in posttraumatic stress disorder (PTSD). This might be linked to aberrations in large-scale networks subserving the detection of salient stimuli (i.e., the salience network [SN]) and stimulus-independent, internally focused thought (i.e., the default mode network [DMN]).

Methods
Resting-state brain activity was measured in returning veterans with and without PTSD (n = 15 in each group) and in healthy community controls (n = 15). Correlation coefficients were calculated between the time course of seed regions in key SN and DMN regions and all other voxels of the brain.

Results
Compared with control groups, participants with PTSD showed reduced functional connectivity within the DMN (between DMN seeds and other DMN regions) including the rostral anterior cingulate cortex/ventromedial prefrontal cortex (z = 3.31; p = .005, corrected) and increased connectivity within the SN (between insula seeds and other SN regions) including the amygdala (z = 3.03; p = .01, corrected). Participants with PTSD also demonstrated increased cross-network connectivity. DMN seeds exhibited elevated connectivity with SN regions including the insula (z = 3.06; p = .03, corrected), and SN seeds exhibited elevated connectivity with DMN regions including the hippocampus (z = 3.10; p = .048, corrected).

Conclusions
During resting-state scanning, participants with PTSD showed reduced coupling within the DMN, greater coupling within the SN, and increased coupling between the DMN and the SN. Our findings suggest a relative dominance of threat-sensitive circuitry in PTSD, even in task-free conditions. Disequilibrium between large-scale networks subserving salience detection versus internally focused thought may be associated with PTSD pathophysiology.

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http://www.ncbi.nlm.nih.gov/pubmed/23114820?dopt=Abstract

Psychiatr Danub. 2012 Oct;24 Suppl 3:377-83.

Changes in Intellect Area in War Veterans wih Developed PTSD.

Pavlović S, Hasanović M, Prelić NK.

Source: Private office for clinical psychology, Tuzla, Bosnia and Herzegovina.

Abstract

INTRODUCTION:
The previous neuropsychological studies have pointed to a significant understanding of the neurobiological correlates of Post Traumatic Stress Disorder with deficits in the functions of the intellect.

AIM:
To establish the existence of intellectual changes in war veterans with developed PTSD and their relationship to PTSD.

METHODS:
War veterans are divided into two groups: Group A, war veterans with PTSD and "B" groups, veterans without PTSD. Were used: Wechsler's Adult Intelligence Scale (WB-F2); Trauma Questionnaire (UT-PTSD); Questionnaire-socio-biographical data

RESULTS:
The severity of stress and severity of post-traumatic stress disorder is directly associated with the intellectual functions. War veterans, who had more severe traumatic experience, with a strong and destructive PTSD compared to veterans without PTSD had significantly lower ratio of general, verbal and non-verbal intelligence quotient of mental efficiency, a high level of mental deterioration with significantly pronounced oscillations in intratest and insidetest variability. Veterans with PTSD showed significantly lower scores in the immediate memory capacity, efficient attention, concentration under conditions of mental activity, visual perceptual skills predicted exactly bit of trivial things, of associative elasticity of thinking and short-term learning abilities.

CONCLUSIONS:
These results suggest that deficits in the intellect, are not primarily the result of low intelligence, of premorbid states, but it occurs under the devastating impact of PTSD, which influencing changes in certain centers in the brain and changes in intellectual functioning.

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http://www.ncbi.nlm.nih.gov/pubmed/23114819?dopt=Abstract

Psychiatr Danub. 2012 Oct;24 Suppl 3:373-6.

Posttraumatic stress disorder: paradigm for new psychiatry.

Babić D.

Source: Department of Psychiatry, School of Medicine, University of Mostar, 88000 Mostar, Bosnia and Herzegovina, dragan.babic@tel.net.ba.

Abstract

Although the description of the PTSD clinical picture dates from history, our professional community has known for about two decades. PTSD is clearly defined in the 10th International Classification of Diseases, World Health Organization and IV Diagnostic Statistical Manual of Mental Disorders. Together with panic disorder, agoraphobia, specific and social phobias, obsessive-compulsive disorder and generalized anxiety disorder is one of the large groups of anxiety disorders. A superficial approach, we could conclude that in the relation with PTSD is all clear. It was also found that PTSD is often associated with depression, anxiety disorders, and excessive drinking, substance abuse, and personality disorder, dissociative and other disorders. It is true that our knowledge of PTSD from year to year is larger and larger. However, regarding PTSD, there are many uncertainties, doubts and controversies. Is PTSD a disorder, illness, rent or a passing phase in the development of various diseases? In recent years, there are many studies that are trying to illuminate different aspects of PTSD. Numerous clinical, neurobiological, psycho physiological and MR volumetric studies indicate many uncertainties related to PTSD. About psychotic PTSD is more frequently discussed and written. Whether PTSD is or its symptoms or complications during periods of decompensation may have the character of the psychosis and the psychosis within PTSD or a co-morbid diagnosis? It is certain that about PTSD there are many uncertainties and doubts, that the investigation should continue and that PTSD is a paradigm for new psychiatry.

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http://www.ncbi.nlm.nih.gov/pubmed/23113800?dopt=Abstract

Acta Psychiatr Scand. 2012 Nov 1. doi: 10.1111/acps.12026. [Epub ahead of print]

Gray matter volume alterations related to trait dissociation in PTSD and traumatized controls.

Nardo D, Högberg G, Lanius RA, Jacobsson H, Jonsson C, Hällström T, Pagani M.

Source: Neuroimaging Laboratory, Santa Lucia Foundation, Rome, Italy.

Abstract

OBJECTIVE:
This study used voxel-based morphometry (VBM) to investigate brain structural alterations related to trait dissociation and its relationship with post-traumatic stress disorder (PTSD).

METHOD:
Thirty-two subjects either developing (N = 15) or non-developing (N = 17) PTSD underwent MRI scanning and were assessed with the Dissociative Experience Scale (DES), subscales for pathological (DES-T) and non-pathological trait (DES-A) dissociation, and other clinical measures. Gray matter volume (GMV) was analyzed using VBM as implemented in SPM. PTSD and non-PTSD subjects were compared to assess brain alterations related to PTSD pathology, whereas correlation analyses between dissociation

measures and GMV were performed on the whole sample (N = 32), irrespective of PTSD diagnosis, to identify alterations related to trait dissociation.

RESULTS:
As compared to traumatized controls, PTSD subjects showed reduced GMV in the prefrontal cortex, hippocampus and lingual gyrus. Correlations with dissociation measures (DES, DES-T, and DES-A) consistently showed increased GMV in the medial and lateral prefrontal, orbitofrontal, parahippocampal, temporal polar, and inferior parietal cortices.

CONCLUSION:
PTSD and dissociation seem to be associated with opposite volumetric patterns in the prefrontal cortex. Trait dissociation appears to involve increased GMV in prefrontal, paralimbic, and parietal cortices, with negligible differences between pathological and non-pathological dissociation.

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http://www.ncbi.nlm.nih.gov/pubmed/23113445?dopt=Abstract

Mil Med. 2012 Oct;177(10):1184-90.

Postdeployment alcohol use, aggression, and post-traumatic stress disorder.

Brown JM, Williams J, Bray RM, Hourani L.

Source: RTI International, 3040 Cornwallis Road, Research Triangle Park, NC 27709, USA.

Abstract

Current military personnel are at risk of developing serious mental health problems, including chronic stress disorders and substance use disorders, as a result of military deployment. The most frequently studied effect of combat exposure is post-traumatic stress disorder (PTSD). High-risk behaviors, including alcohol use and aggression, have been associated with PTSD, but the optimal cutoff score on the PTSD Checklist (PCL) for determining the risk for these behaviors has not been clearly delineated. Using postdeployment active duty (AD) and Reserve component military personnel, the relation between various cutoff scores on the PCL and engaging in high-risk behaviors was examined. AD personnel, for every outcome examined, showed significantly greater odds for each problem behavior when PCL scores were 30 or higher compared to those with PCL scores in the 17 to 29 range. A similar pattern was shown for Reserve component personnel with respect to several problem behaviors, although not for alcohol use behaviors. The differences in problem behaviors for these two populations may be an indication that deployment experiences and combat exposure affect them differently and suggest that despite lower critical PCL scores, AD personnel may be at higher risk for developing problems as a function of the deployment cycle.

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http://www.fas.org/sgp/crs/misc/R42790.pdf

Employment for Veterans: Trends and Programs

Congressional Research Service (via Federation of American Scientists)

October 23, 2012

Veterans' employment outcomes in the civilian labor market are an issue of ongoing congressional interest. This report offers introductory data on veterans' performance in the civilian labor market as well as a discussion of veteran-targeted federal programs that provide employment-related benefits and services.

According to federal data, the unemployment rate for veterans who served after September 2001 is higher than the unemployment rate for nonveterans. Conversely, the unemployment rate for veterans from prior service periods (a much larger population than post-9/11 veterans) is lower than the nonveteran unemployment rate. The varied demographic factors of each of these populations likely contribute to these variations, though their degree of influence is unclear.

There are a number of federal programs to assist veterans in developing job skills and securing civilian employment. Broadly speaking, these programs can be divided into (1) general veterans' programs, (2) programs that target veterans with service-connected disabilities, and (3) competitive grant programs that offer supplemental services but may be limited in scope.

General veterans' programs begin with transition programs that are provided to exiting members of the Armed Forces. These transition programs cover a variety of topics including information on identifying occupations that align with military skills and specializations, conducting job searches, applying for employment, and navigating veterans' benefits. One of the most common veterans' benefits is educational funding through the GI Bill. The GI Bill programs typically provide funding for education or training programs as well as housing allowance while the veteran is enrolled. Veterans who are no longer eligible for the GI Bill may receive tr aining benefits through the newly created Veterans Retraining Assistance Program (VRAP). Veterans who are seeking employment without obtaining additional training may receive job search assistance and other services from Local Veterans Employment Representatives (LVER).

Veterans who wish to pursue employment in the federal government are assisted by several policies that give them preference in the competitive hiring process or, in some cases, allow them to forego the competitive process and be appointed directly.

Veterans with service-connected disabilities who have obstacles to employment may be assisted by the Vocational Rehabilitation and Employment (VR&E) program. This program provides assistance in identifying an occupation that is consistent with the veterans' skills and interests and providing the services (including educational services) necessary to achieve that outcome. Disabled veterans can also receive assistance from the Disabled Veterans Outreach Program (DVOP), which provides assistance in local labor markets.

In addition to these nationwide programs, the federal government also funds competitive grant programs for state, local, and private entities to provide employment-oriented services to veterans. These include the Veterans Workforce Investment Program (VWIP), which may provide training or employment services and Veterans Upward Bound (VUB), which prepares educationally disadvantaged veterans for postsecondary coursework.

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http://www.ncbi.nlm.nih.gov/pubmed/23127680?dopt=Abstract

J Safety Res. 2012 Sep;43(4):299-307. doi: 10.1016/j.jsr.2012.08.011. Epub 2012 Aug 25.

Trends in Traumatic Brain Injury in the U.S. and the public health response: 1995-2009.

Coronado VG, McGuire LC, Sarmiento K, Bell J, Lionbarger MR, Jones CD, Geller AI, Khoury N, Xu L.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Injury Response. Electronic address: vgc1@cdc.gov.

Abstract

PROBLEM:
Traumatic Brain Injury (TBI) is a public health problem in the United States. In 2009, approximately 3.5 million patients with a TBI listed as primary or secondary diagnosis were hospitalized and discharged alive (N=300,667) or were treated and released from emergency departments (EDs; N=2,077,350), outpatient departments (ODs; N=83,857), and office-based physicians (OB-P; N=1,079,338). In addition, 52,695 died with one or more TBI-related diagnoses.

METHODS:
Federal TBI-related laws that have guided CDC since 1996 were reviewed. Trends in TBI were obtained by analyzing data from nationally representative surveys conducted by the National Center for Health Statistics (NCHS).

FINDINGS:
CDC has developed and is implementing a strategy to reduce the burden of TBI in the United States. Currently, 20 states have TBI surveillance and prevention systems. From 1995-2009, the TBI rates per 100,000 population increased in EDs (434.1 vs. 686.0) and OB-Ps (234.6 vs. 352.3); and decreased in ODs (42.6 vs. 28.1) and in TBI-related deaths (19.9 vs. 16.6). TBI Hospitalizations decreased from 95.5 in 1995 to 77.9 in 2000 and increased to 95.7 in 2009.

CONCLUSIONS:
The rates of TBI have increased since 1995 for ED and PO visits. To reduce of the burden and mitigate the impact of TBI in the United States, an improved state- and territory-specific TBI surveillance system that accurately measures burden and includes information on the acute and long-term outcomes of TBI is needed.

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J Neurotrauma. 2012 Nov 5. [Epub ahead of print]

Risk Factors for Postconcussion Symptom Reporting Following Traumatic Brain Injury in U.S. Military Service Members.

Lange RT, Brickell TA, French LM, Ivins B, Bhagwat A, Pancholi S, Iverson G.

Source: Walter Reed National Military Medical Center, Defense and Veterans Brain Injury Center, Bethesda, Maryland, United States; rael.lange@gmail.com.

Abstract

The purpose of this study was to identify factors that are predictive of, or associated with, postconcussion symptom reporting following traumatic brain injury (TBI) in the US military. Participants were 125 US military service members (Age: M=29.6, SD=8.9, range=18-56) who sustained a TBI, divided into two groups based on symptom criteria for Postconcussional disorder (PCD): PCD-Present (n=65) and PCD-Absent (n=60). Participants completed a neuropsychological evaluation at Walter Reed Army Medical Center (M=9.4 months following injury, SD = 9.9; range: 1.1 to 44.8). Factors examined included demographic characteristics, injury-related variables, psychological testing, and effort testing. There were no significant group differences for age, gender, education, race, estimated premorbid intelligence, number of deployments, combat versus non-combat related injury, or mechanism of injury ($p > .098$ for all). There were significant main effects for severity of bodily injury, duration of loss of consciousness, duration of post-traumatic amnesia, intracranial abnormality, time tested post injury, possible symptom exaggeration, poor effort, depression, and traumatic stress ($p < .044$ for all). PCD symptom reporting was most strongly associated with possible symptom exaggeration, poor effort, depression, and traumatic stress. PCD rarely occurred in the absence of depression, traumatic stress, possible symptom exaggeration, or poor effort (n=7, 5.6%). Many factors unrelated to brain injury were influential in self-reported postconcussion symptoms in this sample. Clinicians cannot assume uncritically that endorsement of items on a postconcussion symptom checklist is indicative of residual effects from a brain injury.

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http://www.ncbi.nlm.nih.gov/pubmed/23130094?dopt=Abstract

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.19084. Epub 2012 Nov 1.

Fear of memories: the nature of panic in posttraumatic stress disorder.

Joscelyne A, McLean S, Drobny J, Bryant RA.

Source: School of Psychology, University of New South Wales, Sydney, Australia.

Abstract

BACKGROUND:
Although there is increasing evidence that panic attacks are common in posttraumatic stress disorder (PTSD), little is known if posttraumatic panic is comparable to panic attacks observed in panic disorder (PD).

OBJECTIVE:
This study examined the cognitive responses to panic attacks in participants with PD and PTSD.

METHOD:
Participants with PD (n=22) and PTSD (n=18) were assessed on the Anxiety Disorder Interview Schedule for DSM-IV and subsequently administered the Agoraphobic Cognitions Questionnaire and a measure of fears related to trauma memories.

RESULTS:
Although participants did not differ in terms of catastrophic appraisals about somatic sensations, PTSD participants were more likely to experience fears about trauma memories and being harmed by trauma again during their panic attacks than PD participants.

CONCLUSIONS:
These findings suggest that although PTSD participants fear somatic outcomes during panic attacks, their panic attacks are distinguished by a marked fear of trauma memories.

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http://www.ncbi.nlm.nih.gov/pubmed/23130089?dopt=Abstract

Dtsch Arztebl Int. 2012 Sep;109(35-36):559-68. doi: 10.3238/arztebl.2012.0559. Epub 2012 Sep 3.

Traumatic experiences and posttraumatic stress disorder in soldiers following deployment abroad: how big is the hidden problem?

Wittchen HU, Schönfeld S, Kirschbaum C, Thurau C, Trautmann S, Steudte S, Klotsche J, Höfler M, Hauffa R, Zimmermann P.

Source: Both authors contributed equally to the preparation of this manuscript. Institute of Clinical Psychology and Psychotherapy & Center of Clinical Epidemiology and Longitudinal Studies, Technische Universität Dresden.

Abstract

BACKGROUND:
Little is known about the frequency of traumatic event exposure and the development of post-traumatic stress disorder (PTSD) among German soldiers serving in Afghanistan.

METHODS:
We studied a random sample consisting of 1599 soldiers who had served in the 2009/2010 ISAF mission in Afghanistan, stratified by deployment location and unit. Twelve months after their return to Germany, the soldiers were assessed with a Composite International Diagnostic Interview (CIDI) to establish the diagnoses of mental disorders and PTSD according to the DSM-IV. 889 similar soldiers who had not been deployed abroad were assessed in the same way.

RESULTS:
49.2% (95% confidence interval [CI]: 46.4 to 52.1) of the deployed soldiers experienced at least one traumatic event during their deployment, and 13% experienced more than three. The 12-month prevalence of PTSD among returning soldiers was 2.9% (95% CI: 2.1 to 4.1), while the service-related incidence after deployment was 0.9% (95% CI: 0.5 to 1.6). These figures imply a two- to fourfold elevation of the risk of PTSD. The risk of PTSD was highest among soldiers who had served in Kunduz (Afghanistan) and in combat units. Only half of all soldiers with PTSD sought professional help.

CONCLUSION:
Deployment abroad is associated with a high frequency of traumatic experiences and a two- to fourfold elevation of the risk of PTSD. Each year, about 300 cases of PTSD develop for every 10 000 soldiers who return to Germany; thus, the cumulative number of returnees with PTSD from the beginning of German deployment abroad may currently run into the thousands. 45% of all PTSD cases, or about one in two, are neither diagnosed nor treated. Deployment abroad also substantially increases the risk of developing a number of other mental disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/23129059?dopt=Abstract

Psychol Sci. 2012 Nov 5. [Epub ahead of print]

Peace and War: Trajectories of Posttraumatic Stress Disorder Symptoms Before, During, and After Military Deployment in Afghanistan.

Berntsen D, Johannessen KB, Thomsen YD, Bertelsen M, Hoyle RH, Rubin DC.

Source: Center on Autobiographical Memory Research, Department of Psychology and Behavioral Sciences, Aarhus University.

Abstract

In the study reported here, we examined posttraumatic stress disorder (PTSD) symptoms in 746 Danish soldiers measured on five occasions before, during, and after deployment to Afghanistan. Using latent class growth analysis, we identified six trajectories of change in PTSD symptoms. Two resilient trajectories had low levels across all five times, and a new-onset trajectory started low and showed a marked increase of PTSD symptoms. Three temporary-benefit trajectories, not previously described in the literature, showed decreases in PTSD symptoms during (or immediately after) deployment, followed

by increases after return from deployment. Predeployment emotional problems and predeployment traumas, especially childhood adversities, were predictors for inclusion in the nonresilient trajectories, whereas deployment-related stress was not. These findings challenge standard views of PTSD in two ways. First, they show that factors other than immediately preceding stressors are critical for PTSD development, with childhood adversities being central. Second, they demonstrate that the development of PTSD symptoms shows heterogeneity, which indicates the need for multiple measurements to understand PTSD and identify people in need of treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/23128035?dopt=Abstract

Clin Psychol Rev. 2012 Oct 22;33(1):54-66. doi: 10.1016/j.cpr.2012.10.004. [Epub ahead of print]

A multi-sample confirmatory factor analysis of PTSD symptoms: What exactly is wrong with the DSM-IV structure?

Marshall GN, Schell TL, Miles JN.

Source: RAND Corporation, Santa Monica, CA, United States. Electronic address: Grantm@rand.org.

Abstract

Within the DSM-IV, PTSD symptoms are rationally classified as assessing one of three symptom domains: reexperiencing, avoidance/numbing, or hyperarousal. However, two alternative four-factor models have been advocated as superior to the DSM-IV framework, based on confirmatory factor analysis. In the Numbing model, symptoms of emotional numbing are differentiated from avoidance. In the Dysphoria model, several symptoms of numbing and hyperarousal are combined to form a factor purported to assess general psychological distress. Examination of these models, within 29 separate data sets, supports two conclusions. First, contrary to its conceptual underpinnings, the Dysphoria model differs empirically from the Numbing model solely in the correlation predicted between two hyperarousal symptoms; all other predicted correlations made by the two models are substantively identical. Second, when the factor analytic presumption of simple structure is relaxed to allow for potential presentation order effects, other plausible symptom structures emerge. In particular, the fit of the DSM-IV model improved dramatically and was a better fit to the data than either four-factor model. The ostensible inferiority of the DSM-IV model may be due to a methodological artifact stemming from the order in which symptoms are typically assessed. The provisional decision to revise the structure of PTSD symptoms in the DSM-5 in light of confirmatory factor analytic results may be misguided.

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http://www.ncbi.nlm.nih.gov/pubmed/23126586?dopt=Abstract

Alcohol Clin Exp Res. 2012 Nov 5. doi: 10.1111/acer.12012. [Epub ahead of print]

Stress Increases Voluntary Alcohol Intake, but Does not Alter Established Drinking Habits in a Rat Model of Posttraumatic Stress Disorder.

Meyer EM, Long V, Fanselow MS, Spigelman I.

Source: Division of Oral Biology and Medicine, UCLA School of Dentistry, Los Angeles, California.

Abstract

BACKGROUND:
Life-altering anxiety disorders, such as posttraumatic stress disorder (PTSD), can co-occur at high rates with substance use disorders. Alcoholism, compared with other substance use disorders, is particularly common. Rodent studies of acute stress effects on alcohol consumption show that stress can alter ethanol (EtOH) consumption. This study examined voluntary EtOH consumption in male Long-Evans rats that had undergone a stress-enhanced fear learning (SEFL) procedure.

METHODS:
Adult Long-Evans rats were exposed to a stress that consisted of 15 inescapable foot-shocks (1 mA, 1 second) known to cause a long-lasting nonassociative enhancement of subsequent fear learning. Control animals received no shock. One day later, animals were placed in a novel and very different context and received a single foot-shock. On day 3, animals were returned to the single shock context and freezing was used as a measure of learned fear. The intermittent access 2-bottle choice (2BC) regimen consisted of 1 bottle of water and 1 bottle of experimental solution, either 19% EtOH or 28.4% sucrose-0.08% quinine, for a 24-hour period, 3 days a week, and all other times 2 water bottles. This regimen lasted until stable levels of experimental solution drinking were reached, at which point the experimental solution was removed for 40 days and then returned to measure the resumption of consumption.

RESULTS:
Rats that received stress prior to EtOH consumed significantly more EtOH than control rats before and after reinstatement. Rats that received stress after drinking was established did not consume significantly more EtOH when the drug was returned. Stress had no significant effect on sucrose-quinine drinking, our calorie and taste control for EtOH.

CONCLUSIONS:
A single traumatic event sufficient to produce long-lasting enhancement of fear learning increases voluntary EtOH consumption, but does not alter previously acquired EtOH drinking habits or alter the consumption of a calorically equivalent sweet-bitter-tasting solution.

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http://www.ncbi.nlm.nih.gov/pubmed/22038568?dopt=Abstract

Soc Psychiatry Psychiatr Epidemiol. 2012 Aug;47(8):1353-8. doi: 10.1007/s00127-011-0443-z. Epub 2011 Oct 29.

Impact of pre-enlistment antisocial behaviour on behavioural outcomes among U.K. military personnel.

Macmanus D, Dean K, Iversen AC, Hull L, Jones N, Fahy T, Wessely S, Fear NT.

Source: Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College London, PO23, De Crespigny Park, Denmark Hill, London, SE5 8AF, UK. deemacmanus@hotmail.com

Abstract

PURPOSE:
Concern has been raised over alleged increases in antisocial behaviour by military personnel returning from the deployment in Iraq and Afghanistan. U.S.-based research has shown that post-deployment violence is related not only to combat experience, but also to pre-enlistment antisocial behaviour (ASB). This study aimed to examine the association between pre-enlistment ASB and later behavioural outcomes, including aggression, in a large randomly selected U.K. military cohort.

METHODS:
Baseline data from a cohort study of 10,272 U.K. military personnel in service at the time of the Iraq war in 2003 were analysed. The associations between pre-enlistment ASB and a range of socio-demographic and military variables were examined as potential confounders. Logistic regression analyses were performed to examine the relationship between pre-enlistment ASB and military behavioural outcomes such as severe alcohol use, violence/aggression and risk-taking behaviour, controlling for confounders.

RESULTS:
18.1% were defined as having displayed pre-enlistment ASB. Pre-enlistment ASB was significantly associated with factors such as younger age, low educational achievement, male gender, non-officer rank, Army personnel, being a regular, increasing time spent on the deployment and having a combat role. Pre-enlistment ASB was associated with increased risk of negative behavioural outcomes (severe alcohol misuse, outbursts of anger or irritability, fighting or assaultative behaviour and risk-taking behaviour), after controlling for confounders, suggesting that such background information may identify individuals who are more vulnerable to subsequent behavioural disturbance.

CONCLUSION:
The results of this study suggest that those already demonstrating ASB prior to joining the military are more likely to continue on this trajectory, thus emphasising the importance of considering pre-enlistment behaviour when exploring the aetiology of aggression in military personnel.

Links of Interest (must-read)

Stress: The roots of resilience
http://www.nature.com/news/stress-the-roots-of-resilience-1.11570

PTSD Linked to Smaller Brain Area Regulating Fear Response
http://www.sciencedaily.com/releases/2012/11/121105161355.htm

Project aims to connect veterans to local resources, support (Montgomery County, MD)
http://www.gazette.net/article/20121107/NEWS/711079566/1007/news

Virtual Reality Could Help People Lose Weight, Fight Prejudice
http://www.sciencedaily.com/releases/2012/11/121106162152.htm

From Brittany Gordon's family: Thank you — I saw you (words from the family of a fallen soldier)
http://www.tampabay.com/opinion/columns/from-brittany-gordons-family-thank-you-8212-i-saw-you/1260219

Giving back to the other '1 percent'
http://www.bostonglobe.com/metro/2012/11/04/the-other-one-percent/OW69mNNRGgE9qqQrvZ1T2M/story.html

Post-Traumatic Stress Disorder (comprehensive MedlinePlus page recently updated)
http://www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html

Brain Anatomy May Play Role in Post-Traumatic Stress Disorder
http://www.nlm.nih.gov/medlineplus/news/fullstory_131043.html

New Prosthetic Hand Has Sweet Skills, Terminator Looks
http://www.wired.com/wiredscience/2012/11/terminator-arm-prosthetic/

Research Tip of the Week: Nature – Special: Stress and Resilience

> Stress can take many forms, from a backlog of e-mails to the trauma of war. And if stress is particularly acute or prolonged, it can damage the mind, triggering conditions from depression to post-traumatic stress disorder. Now researchers are getting to grips with how stress can alter the biology of the brain, and tip a mind into illness. Here, Nature takes a look at what they have learned so far about the impacts of adversity - and the secrets of resilience.

This is a collection of links to stress-related stories from the journal Nature. Some content is free to everyone and some items (journal articles) require a subscription. (I can obtain these for you if you don't have your own access.)

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