CDP Research Update -- January 3, 2013

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- Annual Report on Sexual Harassment and Violence at the Military Service Academies -- Academic Program Year 2011-2012.
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- Analysis of the longitudinal course of PTSD in 716 survivors of 10 disasters.
- Cognitive Behavioral Therapy, Self-Efficacy, and Depression in Persons with Chronic Pain.
- Anxiety sensitivity and sleep quality: independent and interactive predictors of posttraumatic stress disorder symptoms.
- They know their trauma by heart: An assessment of psychophysiological failure to recover in PTSD.
- A retrospective cohort study of U.S. Service members returning from Afghanistan and Iraq: is physical health worsening over time?
- One's sex, sleep, and posttraumatic stress disorder.
- Main neuroendocrine features and therapy in primary sleep troubles.
- Links of Interest
- Research Tip of the Week: Free Audio Books from Librivox

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http://www.ncbi.nlm.nih.gov/pubmed/23262115?dopt=Abstract

Behav Res Ther. 2012 Oct 30;51(2):82-86. doi: 10.1016/j.brat.2012.10.003. [Epub ahead of print]

Long-term effectiveness of CBT for anxiety disorders in an adult outpatient clinic sample: A follow-up study.

Dimauro J, Domingues J, Fernandez G, Tolin DF.

Source: Anxiety Disorders Center, Institute of Living/Hartford Hospital, Hartford, CT 06106, USA.

Abstract

The short-term efficacy and effectiveness of Cognitive-Behavioral Therapy (CBT) for treating anxiety disorders in adults has been well established by a multitude of clinical studies and well-controlled randomized trials. However, though the long-term efficacy of CBT as a treatment modality is fairly well established, the degree of its long-term effectiveness has yet to be fully evaluated. Thus, the present study sought to assess both the immediate and long-term effectiveness of individually-administered CBT for the treatment of anxiety disorders in an outpatient psychological clinic. Individuals with a primary diagnosis of Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, or Obsessive-Compulsive Disorder who had received 3 or more sessions of CBT were assessed for symptom severity and improvement prior to initiating treatment, at posttreatment, and at one-year follow-up. Symptom severity and improvement ratings were used to categorize patients as "responders" or "remitters" at posttreatment, and "maintained responders" or "maintained remitters" at follow-up. Findings demonstrated that posttreatment success as responder and remitter was significantly maintained at one-year follow-up. Additionally, pre- and posttreatment severity and posttreatment improvement scores were also predictive of maintenance. Furthermore, effect sizes were used to compare the effectiveness of CBT in the present clinical sample to research treatment outcomes demonstrated by previous efficacy studies.

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http://www.ncbi.nlm.nih.gov/pubmed/23264885?dopt=Abstract

J Genet Syndr Gene Ther. 2012 May 31;3(3):1000116.

Diagnosis and Healing In Veterans Suspected of Suffering from Post-Traumatic Stress Disorder (PTSD) Using Reward Gene Testing and Reward Circuitry Natural Dopaminergic Activation.

Blum K, Giordano J, Oscar-Berman M, Bowirrat A, Simpatico T, Barh D.

Source: Department of Psychiatry & McKnight Brain Institute, University of Florida College of Medicine, Gainesville, FL, USA ; Department of Holistic Medicine G&G Holistic Addiction Treatment Center, North Miami Beach, FL, USA ; Dominion Diagnostics, Inc., North Kingstown, RI, USA ; Department of Clinical Neurology, Path Foundation, New York, NY, USA ; Institute of Integrative Omics and Applied Biotechnology (IIOAB), Nonakuri, Purba Medinipur, West Bengal, India ; Department of Clinical Medicine, Malibu Beach Recovery Center, Malibu Beach, CA, USA ; Department of Psychiatry, Boston University School of Medicine, and Boston VA Healthcare System, Boston, MA, USA.

Abstract

There is a need for understanding and treating post-traumatic stress disorder (PTSD), in soldiers returning to the United States of America after combat. Likewise, it would be beneficial to finding a way to reduce violence committed by soldiers, here and abroad, who are suspected of having post-traumatic

stress disorder (PTSD). We hypothesize that even before combat, soldiers with a childhood background of violence (or with a familial susceptibility risk) would benefit from being genotyped for high-risk alleles. Such a process could help to identify candidates who would be less suited for combat than those without high-risk alleles. Of secondary importance is finding safe methods to treat individuals already exposed to combat and known to have PTSD. Since hypodopaminergic function in the brain's reward circuitry due to gene polymorphisms is known to increase substance use disorder in individuals with PTSD, it might be parsimonious to administer dopaminergic agonists to affect gene expression (mRNA) to overcome this deficiency.

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http://www.ncbi.nlm.nih.gov/pubmed/23261706?dopt=Abstract

Behav Res Ther. 2012 Dec 1;51(2):63-67. doi: 10.1016/j.brat.2012.11.004. [Epub ahead of print]

Pre-trauma individual differences in extinction learning predict posttraumatic stress.

Lommen MJ, Engelhard IM, Sijbrandij M, van den Hout MA, Hermans D.

Source: Department of Clinical and Health Psychology, Utrecht University, Heidelberglaan 1, PO Box 80140, 3508 TC Utrecht, The Netherlands. Electronic address: M.J.J.Lommen@uu.nl.

Abstract

In the aftermath of a traumatic event, many people suffer from psychological distress, but only a minority develops posttraumatic stress disorder (PTSD). Pre-trauma individual differences in fear conditioning, most notably reduced extinction learning, have been proposed as playing an important role in the etiology of PTSD. However, prospective data are lacking. In this study, we prospectively tested whether reduced extinction was a predictor for later posttraumatic stress. Dutch soldiers (N = 249) were administered a conditioning task before their four-month deployment to Afghanistan to asses individual differences in extinction learning. After returning home, posttraumatic stress was measured. Results showed that reduced extinction learning before deployment predicted subsequent PTSD symptom severity, over and beyond degree of pre-deployment stress symptoms, neuroticism, and exposure to stressors on deployment. The findings suggest that reduced extinction learning may play a role in the development of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23261496?dopt=Abstract

Addict Behav. 2012 Oct 30;38(3):1831-1839. doi: 10.1016/j.addbeh.2012.10.012. [Epub ahead of print]

Drinking motives for self and others predict alcohol use and consequences among college women: The moderating effects of PTSD.

Stappenbeck CA, Bedard-Gilligan M, Lee CM, Kaysen D.

Source: Department of Psychiatry and Behavioral Sciences, University of Washington, 1107 NE 45th Street, Suite 201, Seattle, WA 98105, USA. Electronic address: cstappen@uw.edu.

Abstract

Although drinking motives have been shown to influence drinking behavior among women with trauma histories and PTSD, no known research has examined the influence of drinking motives on alcohol use and alcohol-related consequences for women with PTSD as compared to women with a trauma history but no PTSD and women with no trauma history. Therefore, the present study sought to examine the associations between drinking motives women held for themselves as well as their perception of the drinking motives of others and their own alcohol use and consequences, and whether this was moderated by a history of trauma and/or PTSD. College women (N=827) were categorized as either having no trauma exposure (n=105), trauma exposure but no PTSD (n=580), or PTSD (n=142). Results of regression analyses revealed that women with trauma exposure and PTSD consume more alcohol and are at greatest risk of experiencing alcohol-related consequences. A diagnosis of PTSD moderated the association between one's own depression and anxiety coping and conformity drinking motives and alcohol-related consequences. PTSD also moderated the association between the perception of others' depression coping motives and one's own consequences. These findings highlight the importance of providing alternative coping strategies to women with PTSD to help reduce their alcohol use and consequences, and also suggest a possible role for the perceptions regarding the reasons other women drink alcohol and one's own drinking behavior that may have important clinical implications.

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http://www.ncbi.nlm.nih.gov/pubmed/23261181?dopt=Abstract

Psychiatry Res. 2012 Dec 19. pii: S0165-1781(12)00787-1. doi: 10.1016/j.psychres.2012.11.031. [Epub ahead of print]

Investigation of the relationship between trauma and pain catastrophising: The roles of emotional processing and altered self-capacity.

Horsham S, Chung MC.

Source: University of Plymouth, Clinical Psychology Teaching Unit, Plymouth, United Kingdom.

Abstract

This study aimed to investigate the interrelationship between posttraumatic stress, emotional processing difficulties, altered self-capacity, and pain catastrophising. A cross-sectional design gathered data from 249 participants completing an internet based survey. Respondents completed: The Posttraumatic Stress Diagnostic Scale; Emotional Processing Scale (EPS), the Inventory of Altered Self-Capacities (IASC), General Health Questionnaire-28 (GHQ-28) and the Pain Catastrophising Scale (PCS). Respondents were allocated to post-traumatic stress disorder (PTSD), no-PTSD (depending on whether they met the screening criteria of PTSD using the Posttraumatic Stress Diagnostic Scale), and control group. Partial least squares (PLS) analysis confirmed the hypotheses: PTSD was significantly associated with pain catastrophising and poor psychological well-being. PTSD was significantly correlated with altered self-capacity which was in turn significantly associated with emotional processing difficulties. Emotional processing was significantly associated with pain catastrophising and poor psychological well-being whilst poor psychological well-being was associated with pain catastrophising. Emotional processing difficulties mediated the association between altered self-capacity and pain catastrophising and poor psychological well-being. To conclude, people's psychological well-being and perceptions of pain are closely related to PTSD severity from past traumas as well as self-capacities. Furthermore, the way in which they process their emotions also has an important role to play.

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http://www.ncbi.nlm.nih.gov/pubmed/23260015?dopt=Abstract

Trends Neurosci. 2012 Dec 19. pii: S0166-2236(12)00198-1. doi: 10.1016/j.tins.2012.11.003. [Epub ahead of print]

Individual differences in recovery from traumatic fear.

Holmes A, Singewald N.

Source: Laboratory of Behavioral and Genomic Neuroscience, National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Health, Bethesda, MD, USA. Electronic address: Andrew.Holmes@nih.gov.

Abstract

Although exposure to major psychological trauma is unfortunately common, risk for related neuropsychiatric conditions, such as post-traumatic stress disorder (PTSD), varies greatly among individuals. Fear extinction offers a tractable and translatable behavioral readout of individual differences in learned recovery from trauma. Studies in rodent substrains and subpopulations are providing new insights into neural system dysfunctions associated with impaired fear extinction. Rapid progress is also being made in identifying key molecular circuits, epigenetic mechanisms, and gene variants associated with differences in fear extinction. Here, we discuss how this research is informing

understanding of the etiology and pathophysiology of individual differences in risk for trauma-related anxiety disorders, and how future work can help identify novel diagnostic biomarkers and pharmacotherapeutics for these disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/23262460?dopt=Abstract

Accid Anal Prev. 2012 Dec 19;51C:208-214. doi: 10.1016/j.aap.2012.11.014. [Epub ahead of print]

Impaired vigilance and increased accident rate in public transport operators is associated with sleep disorders.

Karimi M, Eder DN, Eskandari D, Zou D, Hedner JA, Grote L.

Source: Center for Sleep and Vigilance Disorders, Institution of Medicine, Department of Internal Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden. Electronic address: mahssa.karimi@lungall.gu.se.

Abstract

OBJECTIVES:
Sleep disturbances can impair alertness and neurocognitive performance and increase the risk of falling asleep at the wheel. We investigated the prevalence of sleep disorders among public transport operators (PTOs) and assessed the interventional effects on hypersomnolence and neurocognitive function in those diagnosed with obstructive sleep apnea (OSA).

METHODS:
Overnight polygraphy and questionnaire data from 101 volunteers (72 males, median age 48 range [22-64] years, 87 PTOs) employed at the Gothenburg Public Transportation Company were assessed. Treatment was offered in cases with newly detected OSA. Daytime sleep episodes and neurocognitive function were assessed before and after intervention.

RESULTS:
At baseline, symptoms of daytime hypersomnolence, insomnia, restless legs syndrome as well as objectively assessed OSA (apnea hypopnea index (AHI, determined by polygraphic recording)=17[5-46]n/h) were highly present in 26, 24, 10 and 22%, respectively. A history of work related traffic accident was more prevalent in patients with OSA (59%) compared to those without (37%, $p<0.08$). In the intervention group (n=12) OSA treatment reduced AHI by -23 [-81 to -5]n/h ($p=0.002$), determined by polysomnography. Reduction of OSA was associated with a significant reduction of subjective sleepiness and blood pressure. Measures of daytime sleep propensity (microsleep episodes from 9 [0-20.5] to 0 [0-12.5], $p<0.01$) and missed responses during performance tests were greatly reduced, indices of sustained attention improved.

CONCLUSIONS:
PTOs had a high prevalence of sleep disorders, particularly OSA, which demonstrated a higher prevalence of work related accidents. Elimination of OSA led to significant subjective and objective improvements in daytime function. Our findings argue for greater awareness of sleep disorders and associated impacts on daytime function in public transport drivers.

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http://www.ncbi.nlm.nih.gov/pubmed/23257914?dopt=Abstract

Neuroepidemiology. 2012 Dec 18;40(3):154-159. [Epub ahead of print]

Prevalence of Traumatic Brain Injury in the General Adult Population: A Meta-Analysis.

Frost RB, Farrer TJ, Primosch M, Hedges DW.

Source: Department of Psychology, Brigham Young University, Provo, Utah, USA.

Abstract

Traumatic brain injury (TBI) is a significant public-health concern. To understand the extent of TBI, it is important to assess the prevalence of TBI in the general population. However, the prevalence of TBI in the general population can be difficult to measure because of differing definitions of TBI, differing TBI severity levels, and underreporting of sport-related TBI. Additionally, prevalence reports vary from study to study. In this present study, we used meta-analytic methods to estimate the prevalence of TBI in the adult general population. Across 15 studies, all originating from developed countries, which included 25,134 adults, 12% had a history of TBI. Men had more than twice the odds of having had a TBI than did women, suggesting that male gender is a risk factor for TBI. The adverse behavioral, cognitive and psychiatric effects associated with TBI coupled with the high prevalence of TBI identified in this study indicate that TBI is a considerable public and personal-health problem.

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http://www.ncbi.nlm.nih.gov/pubmed/23257059?dopt=Abstract

Health Informatics J. 2012 Dec;18(4):294-308. doi: 10.1177/1460458212445349.

Enhancing behavioral health treatment and crisis management through mobile ecological momentary assessment and SMS messaging.

Smith B, Harms WD, Burres S, Korda H, Rosen H, Davis J.

Source: Altarum Institute, San Antonio, USA.

Abstract

Many veterans returning from service in Afghanistan or Iraq suffer from post-traumatic stress disorder or mild traumatic brain injury. Treating these conditions can be challenging because of high rates of relapse and associated memory impairments. We report on a pilot study that assessed the utility of mobile health (mHealth) technologies, including personal digital assistant-based ecological momentary assessment and two-way interactive text (SMS) messaging, for providing treatment feedback to clinicians, encouraging and motivating veterans throughout treatment, and monitoring participants for relapse after treatment discharge. The results of the pilot suggest that mHealth technologies are feasible adjuncts to traditional mental treatment in the veteran population. Additional work is needed to establish the degree of clinical and economic value.

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http://www.ncbi.nlm.nih.gov/pubmed/23252439?dopt=Abstract

Brain Inj. 2013;27(1):83-91. doi: 10.3109/02699052.2012.722260.

Return-to-driving expectations following mild traumatic brain injury.

Preece MH, Geffen GM, Horswill MS.

Source: School of Psychology, The University of Queensland , Queensland , Australia.

Abstract

Aim:
Although individuals recovering from mild traumatic brain injury (MTBI) could pose a risk to road safety, little is known about their intentions regarding return-to-driving. Reported are the expectations of a sample of emergency department patients with MTBI regarding their recovery and return-to-driving.

Method:
Eighty-one patients with MTBI were recruited from an emergency department. Participants completed an 11-item questionnaire measuring expectations regarding recovery from injury; five of the items addressed return-to-driving.

Results:
Only 48% of the sample intended to reduce their driving following their injury. However, those that did intend to reduce their driving nominated a mean duration of 16.59 days (SD = 31.68) of reduced exposure. A logistic regression found that previous head injury experience and an interaction between pain and previous head injury experience predicted intentions to reduce driving. Similarly, a multiple regression revealed that pain level contributed significantly to the variance in time estimates of return-to-driving.

Conclusion:
The finding that half the individuals recovering from MTBI do not intend to moderate their driving

exposure post-injury is cause for concern, as another study has shown that driving performance is compromised in this group immediately after injury.

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http://www.ncbi.nlm.nih.gov/pubmed/23252434?dopt=Abstract

Brain Inj. 2013;27(1):10-8. doi: 10.3109/02699052.2012.722252.

Changes in personality after mild traumatic brain injury from primary blast vs. blunt forces.

Mendez MF, Owens EM, Jimenez EE, Peppers D, Licht EA.

Source: Department of Neurology.

Abstract

Introduction: Injuries from explosive devices can cause blast-force injuries, including mild traumatic brain injury (mTBI). Objective: This study investigated changes in personality from blast-force mTBI in comparison to blunt-force mTBI. Methods: Clinicians and significant others assessed US veterans who sustained pure blast-force mTBI (n = 12), as compared to those who sustained pure blunt-force mTBI (n = 12). Inclusion criteria included absence of any mixed blast-blunt trauma and absence of post-traumatic stress disorder. Measures included the Interpersonal Measure of Psychopathy (IM-P), the Big Five Inventory (BFI), the Interpersonal Adjectives Scale (IAS) and the Frontal Systems Behaviour Scale (FrSBe). Results: There were no group differences on demographic or TBI-related variables. Compared to the Blunt Group, the Blast Group had more psychopathy on the IM-P, with anger, frustration, toughness and boundary violations and tended to more neuroticism on the BFI. When pre-TBI and post-TBI assessments were compared on the IAS and FrSBe, only the patients with blast force mTBI had become more cold-hearted, aloof-introverted and apathetic. Conclusion: These results suggest that blast forces alone can cause negativistic behavioural changes when evaluated with selected measures of personality. Further research on isolated blast-force mTBI should focus on these personality changes and their relationship to blast over-pressure.

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http://www.ncbi.nlm.nih.gov/pubmed/23251994?dopt=Abstract

AANA J. 2012 Aug;80(4):260-5.

Experiences of military CRNAs with service personnel who are emerging from general anesthesia.

Wilson JT, Pokorny ME.

Source: Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA.
john.tyler.wilson@us.army.mil

Abstract

We conducted this qualitative study to understand the experiences of military Certified Registered Nurse Anesthetists (CRNAs) working with service personnel who have traumatic brain injury (TBI) and/or posttraumatic stress disorder (PTSD) and are emerging from general anesthesia. This study is important because there are no studies in the literature that describe the experiences of anesthetists working with patients with these specific problems. The leading questions were: "Out of all the anesthesia cases both abroad and stateside (post 9/11/2001), have you noticed service members wake from general anesthesia (not utilizing total intravenous anesthesia (TIVA), in a state of delirium? If so, can you tell me your experiences and thought processes as to why it was occurring?" Five themes emerged: (1) Emergence delirium (ED) exists and to a much higher degree in the military than in the general population. (2) ED was much more prevalent in the younger military population. (3) TIVA was a superior anesthetic for patients thought to have TBI and/or PTSD. (4) Talking to all patients suspected of having TBI and/or PTSD before surgery and on emergence was vital for a smooth emergence. (5) There is something profound happening in regard to ketamine and PTSD and TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/23251398?dopt=Abstract

PLoS One. 2012;7(12):e50891. doi: 10.1371/journal.pone.0050891. Epub 2012 Dec 12.

Appetitive Aggression as a Resilience Factor against Trauma Disorders: Appetitive Aggression and PTSD in German World War II Veterans.

Weierstall R, Huth S, Knecht J, Nandi C, Elbert T.

Source: Department of Psychology, University of Konstanz, Konstanz, Germany.

Abstract

BACKGROUND:
Repeated exposure to traumatic stressors such as combat results in chronic symptoms of PTSD. However, previous findings suggest that former soldiers who report combat-related aggression to be appetitive are more resilient to develop PTSD. Appetitive Aggression should therefore prevent widespread mental suffering in perpetrators of severe atrocities even after decades.

METHODS AND FINDINGS:
To test the long-term relationship between trauma-related illness and attraction to aggression, we surveyed a sample of 51 German male World-War II veterans (age: $M = 86.7$, $SD = 2.8$). War-related appetitive aggression was assessed with the Appetitive Aggression Scale (AAS). Current- and lifetime PTSD symptoms were assessed with the PSS-I. In a linear regression analysis accounting for 31% of the variance we found that veterans that score higher on the AAS show lower PSS-I symptom severity scores across their whole post-war lifetime ($\beta = -.31$, $p = .014$). The effect size and power were sufficient ($f(2) = 0.51$, $(1-\beta) = .99$). The same was true for current PTSD ($\beta = -.27$, $p = .030$).

CONCLUSIONS:
Appetitive Aggression appears to be a resilience factor for negative long-term effects of combat experiences in perpetrators of violence. This result has practical relevance for preventing trauma-related mental suffering in Peace Corps and for designing adequate homecoming reception for veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/22115074?dopt=Abstract

Psychol Med. 2012 Aug;42(8):1663-73. doi: 10.1017/S0033291711002327. Epub 2011 Nov 25.

Violent behaviour in U.K. military personnel returning home after deployment.

Macmanus D, Dean K, Al Bakir M, Iversen AC, Hull L, Fahy T, Wessely S, Fear NT.

Source: Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College London, London, UK. deirdre.macmanus@kcl.ac.uk

Abstract

BACKGROUND:
There is growing concern about an alleged rise in violent behaviour amongst military personnel returning from deployment to Iraq and Afghanistan. The aims of this study were to determine the prevalence of violence in a sample of U.K. military personnel following homecoming from deployment in Iraq and to examine the impact of deployment-related experiences, such as combat trauma, on violence, and the role of sociodemographics and pre-enlistment antisocial behaviour.

METHOD:
This study used baseline data from a cohort study of a large randomly selected sample of U.K. Armed Forces personnel in service at the time of the Iraq war (2003). Regular personnel (n=4928) who had been deployed to Iraq were included. Data, collected by questionnaire, included information on deployment experiences, sociodemographic and military characteristics, pre-enlistment antisocial behaviour, post-deployment health outcomes and a self-report measure of physical violence in the weeks following return from deployment.

RESULTS:
Prevalence of violence was 12.6%. This was strongly associated with pre-enlistment antisocial behaviour [adjusted odds ratio (aOR) 3.6, 95% confidence interval (CI) 2.9-4.4]. After controlling for pre-enlistment antisocial behaviour, sociodemographics and military factors, violence was still strongly associated with holding a combat role (aOR 2.0, 95% CI 1.6-2.5) and having experienced multiple traumatic events on deployment (aOR for four or more traumatic events 3.7, 95% CI 2.5-5.5). Violence on homecoming was also associated with mental health problems such as post-traumatic stress disorder (aOR 4.8, 95% CI 3.2-7.2) and alcohol misuse (aOR 3.1, 95% CI 2.5-3.9).

CONCLUSIONS:
Experiences of combat and trauma during deployment were significantly associated with violent behaviour following homecoming in U.K. military personnel. Post-deployment mental health problems and alcohol misuse are also associated with increased violence.

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http://www.ncbi.nlm.nih.gov/pubmed/23251862?dopt=Abstract

Prim Care Companion CNS Disord. 2012;14(4). pii: PCC.12br01363. doi: 10.4088/PCC.12br01363. Epub 2012 Aug 23.

Two cases of zolpidem-associated homicide.

Paradis CM, Siegel LA, Kleinman SB.

Source: Department of Psychology, Marymount Manhattan College, New York, and Department of Psychiatry, The State University of New York, Downstate Medical Center, Brooklyn (Dr Paradis); Department of Psychiatry, New York University, New York (Dr Siegel); and Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York (Dr Kleinman), New York.

Abstract

Zolpidem is the most commonly prescribed medication for the short-term treatment of insomnia. Adverse reactions include nightmares, confusion, and memory deficits. Reported rare adverse neuropsychiatric reactions include sensory distortions such as hallucinations. Previous research has identified 4 factors that may place a patient at increased risk of zolpidem-associated psychotic or delirious reactions: (1) concomitant use of a selective serotonin reuptake inhibitor (SSRI), (2) female gender, (3) advanced age, and (4) zolpidem doses of 10 mg or higher. In this article, 2 cases are presented in which individuals killed their spouses and claimed total or partial amnesia. Neither individual had a history of aggressive behavior. Both had concomitantly taken 10 mg or more of zolpidem in addition to an SSRI (paroxetine).

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http://www.ncbi.nlm.nih.gov/pubmed/23251857?dopt=Abstract

Prim Care Companion CNS Disord. 2012;14(4). pii: PCC.11m01296. Epub 2012 Jul 5.

Eszopiclone Treatment for Insomnia: Effect Size Comparisons in Patients With Primary Insomnia and Insomnia With Medical and Psychiatric Comorbidity.

Krystal AD, McCall WV, Fava M, Joffe H, Soares CN, Huang H, Grinell T, Zummo J, Spalding W, Marshall R.

Source: Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, Durham, North Carolina (Dr Krystal); Department of Psychiatry and Behavioral Medicine, Wake Forest University Health Sciences, Winston-Salem, North Carolina (Dr McCall); Depression Clinical and Research Program,

Department of Psychiatry, Massachusetts General Hospital, Cambridge (Dr Fava); Center for Women's Mental Health, Massachusetts General Hospital, Boston (Dr Joffe); Department of Psychiatry and Behavioral Neurosciences, McMaster University, Toronto, Ontario, Canada (Dr Soares); and Sunovion Pharmaceuticals Inc, Marlborough, Massachusetts (Drs Huang and Marshall, Ms Zummo, and Messrs Grinell and Spalding).

Abstract

Objective:
The purpose of this post hoc analysis was to compare the treatment effect size of eszopiclone 3 mg for insomnia in patients with a diagnosis of primary insomnia and in several of the psychiatric and medical conditions that are most commonly comorbid with insomnia.

Method:
Data were analyzed from 5 large, multicenter, randomized, double-blind, placebo-controlled studies of adult outpatients of at least 1 month duration published between 2006 and 2009. Diary-derived indices of sleep and daytime functioning and the Insomnia Severity Index were compared for patients with primary insomnia (DSM-IV-TR criteria, n = 828) and for those with insomnia comorbid with major depressive disorder (MDD, DSM-IV-TR criteria, n = 545), generalized anxiety disorder (GAD, DSM-IV-TR criteria, n = 595), perimenopause/postmenopause (Stages of Reproductive Aging Workshop criteria, n = 410), and rheumatoid arthritis (American College of Rheumatology criteria, n = 153). Cohen d effect sizes were calculated for each individual study as the between-treatment difference score divided by the pooled standard deviation.

Results:
Effect sizes ranged from 0.40 to 0.69 (small-medium) as early as week 1 and were maintained at 0.26-0.63 at week 4 for sleep latency, wake time after sleep onset, and total sleep time. Sleep latency and total sleep time effect sizes increased from week 1 to week 4 in the primary insomnia group. At week 4, effect sizes on all 3 parameters and the Insomnia Severity Index tended to be highest for the primary insomnia patients and tended to be lowest for patients with comorbid GAD and MDD. The effect sizes for daytime functioning were small for all insomnia patient groups.

Conclusions:
Eszopiclone 3 mg is an effective treatment for insomnia across 5 clinically diverse patient populations; however, magnitude of effect is mediated by underlying comorbidity and their treatments, with largest measures of effect seen in primary insomnia and lowest in MDD and GAD. These consistent results, and the fact that clinical trials were conducted in patients being treated as appropriate for their comorbid clinical conditions, support the results' real-world generalizability and utility to clinical practice.

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http://www.ncbi.nlm.nih.gov/pubmed/23266991?dopt=Abstract

J Interpers Violence. 2012 Dec 24. [Epub ahead of print]

Processing of Intimacy-Related Stimuli in Survivors of Sexual Trauma: The Role of PTSD.

Martinson AA, Sigmon ST, Craner J, Rothstein E, McGillicuddy M.

Abstract

To fully understand the negative impact of sexual trauma and posttraumatic stress disorder (PTSD) upon adult intimacy-related functioning, cognitive models designed to investigate implicit processing of stimuli with emotional content are warranted. Using an emotional Stroop paradigm, the present study examined the impact of sexual trauma history (childhood sexual abuse and/or adult sexual assault) and a PTSD diagnosis on the implicit processing of 3 types of word stimuli: intimacy, sexual trauma, and neutral. Based on the results of a structured clinical interview and a behavioral-specific sexual trauma questionnaire, participants (n = 101; 74 females, 27 males) were placed in 3 groups: sexual trauma only (n = 33), sexual trauma and PTSD (n = 33), and controls (n = 35). Results indicated that men and women with a history of sexual trauma and a current PTSD diagnosis had increased latency for intimacy-related words and trauma words compared to controls, whereas individuals with only a history of sexual trauma did not differ from controls. Thus, it appears that the presence of symptoms associated with a diagnosis of PTSD is important for implicit processing of intimacy stimuli, rather than having a history of sexual trauma alone. Avoidance, a key feature of PTSD, may strengthen this relationship. More research is needed to determine the mechanisms by which individuals with a history of sexual trauma and PTSD experience intimacy difficulties.

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http://www.sapr.mil/media/pdf/reports/FINAL_APY_11-12_MSA_Report.pdf

Annual Report on Sexual Harassment and Violence at the Military Service Academies -- Academic Program Year 2011-2012.

This year, there were a total of 80 reports of sexual assault, comprised of 42 Unrestricted Reports and 38 Reports remaining Restricted. Initially, the MSAs received a total of 42 Restricted Reports, but four converted to Unrestricted Reports at the victims' request. Thirteen of the 80 reports were for incidents that occurred prior to the victims' entering military service. The 80 reports represent a 23% increase from APY 10-11. In prior year assessments, the Department recommended that the academies take steps to bring more victims forward to report. Sexual assault is one of the most underreported crimes in the United States. Thus, a strategic priority for the Department is to increase the number of sexual assault reports made to authorities by victims in order to provide them with needed support and services and to hold those who commit sexual assault appropriately accountable.

The DMDC conducted the strictly voluntary 2012 Service Academy Gender Relations (SAGR) Survey in spring 2012. Response rates to this year's survey ranged from 67% to 88% among female and male

cadets and midshipmen. According to the survey, more than 91% of cadets and midshipmen understood key training concepts on how to make a sexual harassment or assault report.

In the 12 months prior to the survey, 12.4% of women and 2.0% of men indicated experiencing unwanted sexual contact, which are statistically no different than the rates of unwanted sexual contact measured in the 2010 SAGR survey. Also in the 12 months prior to being surveyed, 51% of women and 10% of men indicated experiencing sexual harassment. 3 Overall, the rate of sexual harassment for academy women has decreased from the 56% measured in the 2010 SAGR survey; there was no statistically significant change in the overall rate for academy men. While the number of reports of sexual assault by victims may never equal what is reported on anonymous surveys, the Department's dual goals are to use prevention interventions to reduce the number of incidents of sexual assault, and at the same time, encourage reporting of the crime, so that the Restricted and Unrestricted Reports to DoD account for a greater proportion of the survey-estimated number of victims.

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http://www.biomedcentral.com/1471-244X/12/236/abstract

Prevalence rate, predictors and long-term course of probable posttraumatic stress disorder after major trauma: a prospective cohort study.

Juanita A Haagsma, Akkie N Ringburg, Esther MM van Lieshout, Ed F van Beeck, Peter Patka, Inger B Schipper and Suzanne Polinder

BMC Psychiatry 2012, 12:236

Published: 27 December 2012

Background
Among trauma patients relatively high prevalence rates of posttraumatic stress disorder (PTSD) have been found. To identify opportunities for prevention and early treatment, predictors and course of PTSD need to be investigated. Long-term follow-up studies of injury patients may help gain more insight into the course of PTSD and subgroups at risk for PTSD. The aim of our long-term prospective cohort study was to assess the prevalence rate and predictors, including pre-hospital trauma care (assistance of physician staffed Emergency Medical Services (EMS) at the scene of the accident), of probable PTSD in a sample of major trauma patients at one and two years after injury. The second aim was to assess the long-term course of probable PTSD following injury.

Methods
A prospective cohort study was conducted of 332 major trauma patients with an Injury Severity Score (ISS) of 16 or higher. We used data from the hospital trauma registry and self-assessment surveys that included the Impact of Event Scale (IES) to measure probable PTSD symptoms. An IES-score of 35 or higher was used as indication for the presence of probable PTSD.

Results
One year after injury measurements of 226 major trauma patients were obtained (response rate 68%). Of these patients 23% had an IES-score of 35 or higher, indicating probable PTSD. At two years after trauma the prevalence rate of probable PTSD was 20%. Female gender and co-morbid disease were strong predictors of probable PTSD one year following injury, whereas minor to moderate head injury and injury of the extremities (AIS less than 3) were strong predictors of this disorder at two year follow-up. Of the patients with probable PTSD at one year follow-up 79% had persistent PTSD symptoms a year later.

Conclusions
Up to two years after injury probable PTSD is highly prevalent in a population of patients with major trauma. The majority of patients suffered from prolonged effects of PTSD, underlining the importance of prevention, early detection, and treatment of injury-related PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23269398?dopt=Abstract

Soc Psychiatry Psychiatr Epidemiol. 2012 Dec 27. [Epub ahead of print]

Analysis of the longitudinal course of PTSD in 716 survivors of 10 disasters.

North CS, Oliver J.

Source: The VA North Texas Health Care System, Dallas, TX, USA, carol.north@utsouthwestern.edu.

Abstract

PURPOSE:
Identification of consistent predictors of the temporal course of PTSD has been hampered by non-uniform definitions of onset and remission. Onset and remission of PTSD based on different definitions were examined in a large database of systematically assessed disaster survivors.

METHODS:
Directly exposed survivors of 10 disasters were studied within approximately 3 months of the disasters and again 1-3 years later, using consistent methods including full diagnostic assessment, allowing aggregation of data from different disasters into a unified database of 716 survivors.

RESULTS:
Application of existing definitions of PTSD onset and remission uncovered problems with definitions based on diagnostic threshold as well as onset/remission of symptoms. Few predictors of timing of onset and PTSD remission were identified. Regardless, PTSD symptom group C was found to be pivotal to processes involved in both onset and remission of the disorder.

CONCLUSIONS:
Research findings related to the onset and remission of PTSD are highly dependent on the definition

used. Both symptom-based and diagnostic threshold-based definitions are problematic. Definitions of the onset and remission of PTSD might be more effectively based on the onset and remission of group C symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/23273826?dopt=Abstract

Pain Manag Nurs. 2012 Dec 27. pii: S1524-9042(12)00045-8. doi: 10.1016/j.pmn.2012.02.006. [Epub ahead of print]

Cognitive Behavioral Therapy, Self-Efficacy, and Depression in Persons with Chronic Pain.

Nash VR, Ponto J, Townsend C, Nelson P, Bretz MN.

Source: Department of Psychiatry and Psychology, Pain Rehabilitation Center, Mayo Clinic, Rochester, Minnesota. Electronic address: nash.virginia@mayo.edu.

Abstract

Chronic pain is a complex and often disabling condition compounded by depression and poor self-efficacy. The purpose of this evidence-based project was to explore the relationship of cognitive behavioral therapy (CBT)-focused groups with self-efficacy and depression in persons with chronic pain at an intensive interdisciplinary 3-week pain rehabilitation center (PRC). The project sample consisted of 138 persons admitted to a PRC and scoring ≥27 on the Center for Epidemiological Study Depression Scale (CES-D) and then completing the Pain Self-Efficacy Questionnaire (PSEQ). After completing the PRC program, including CBT-focused groups, discharge CES-D and PSEQ scores were analyzed. A comparison group of CES-D scores from 134 persons admitted to the PRC from a 9-month time period preceding the addition of the CBT-focused groups was also examined. There was a significant increase in self-efficacy after participation in the intensive pain rehabilitation program including CBT-focused groups. Patient groups both before and after introduction of CBT-focused groups showed the same rate of improvement on the depression scores, suggesting that persons who participated in CBT-focused groups improved equally compared with persons who did not participate in these groups. Ninety-three percent of the participants expressed satisfaction with the CBT groups. This evidence-based practice is well supported in the literature and can be implemented with knowledgeable staff and engaged stakeholders.

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http://www.ncbi.nlm.nih.gov/pubmed/23274295?dopt=Abstract

J Nerv Ment Dis. 2013 Jan;201(1):48-51. doi: 10.1097/NMD.0b013e31827ab059.

Anxiety sensitivity and sleep quality: independent and interactive predictors of posttraumatic stress disorder symptoms.

Babson KA, Boden MT, Woodward S, Alvarez J, Bonn-Miller M.

Source: Center for Health Care Evaluation, Veterans Affairs Palo Alto Health Care System, CA; †Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Palo Alto, CA; ‡National Center for PTSD, VA Palo Alto Health Care System, CA; and §VA Palo Alto Health Care System, CA.

Abstract

ABSTRACT: A cardinal feature of posttraumatic stress disorder (PTSD) is decreased sleep quality. Anxiety sensitivity (AS) is one factor that has shown early theoretical and empirical promise in better understanding the relation between sleep quality and PTSD outcomes. The current study is the first to test the independent and interactive effects of sleep quality and AS on PTSD symptoms. Consistent with hypotheses, AS and sleep quality were found to be independent and interactive predictors of PTSD symptom severity in our sample of male military veterans seeking treatment for PTSD. Slope analyses revealed that AS was differentially related to PTSD symptom severity as a function of quality of sleep. The veterans with good sleep quality and relatively lower levels of AS had the lowest level of PTSD symptoms, whereas the veterans with poor sleep quality and low AS evidenced severity of PTSD symptoms similar to those with high AS.

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http://www.ncbi.nlm.nih.gov/pubmed/23273551?dopt=Abstract

J Affect Disord. 2012 Dec 27. pii: S0165-0327(12)00806-3. doi: 10.1016/j.jad.2012.11.039. [Epub ahead of print]

They know their trauma by heart: An assessment of psychophysiological failure to recover in PTSD.

Norte CE, Souza GG, Vilete L, Marques-Portella C, Coutinho ES, Figueira I, Volchan E.

Source: Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil.

Abstract

BACKGROUND:
Posttraumatic stress disorder (PTSD) develops following exposure to atraumatic event and is characterized by persistent intense reactivity to trauma related cues. Equally important, but less studied, is the failure to restore physiological homeostasis after these excessive reactions. This study

investigates psychophysiological markers of sustained cardiac activity after exposure to reminders of traumatic event in PTSD patients.

METHODS:
Participants passively listened to neutral and personal traumatic event while electrocardiogram was continuously recorded. Heart rate (HR) and heart rate variability (HRV) were analyzed in 19 PTSD patients and 16 trauma-exposed controls.

RESULTS:
Both PTSD patients and trauma exposed controls exhibited a significant increase in HR to the exposure of their personal trauma. PTSD patients sustained the increase of HR while controls recovered to basal levels. In PTSD patients, sustained HR was positively associated with re-experiencing symptoms. The PTSD group also showed a reduced HRV (a measure of parasympathetic influence on the heart) during personal trauma exposure and lack of recovery.

LIMITATIONS:
The sample size was small and PTSD patients were under medication.

CONCLUSIONS:
Our findings provide an experimental account of the failure of PTSD patients to exhibit physiological recovery after exposure to trauma-related stimuli. PTSD patients exhibited a sustained tachycardia with attenuation of HRV that persisted even after cessation of the stressor. Re-experiencing symptoms facilitated engagement in the trauma cues, suggesting that, in their daily-life, patients most likely present repeated episodes of sustained over-reactivity, which may underpin the emotional dysregulation characteristic of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23272950?dopt=Abstract

BMC Public Health. 2012 Dec 28;12(1):1124. [Epub ahead of print]

A retrospective cohort study of U.S. Service members returning from Afghanistan and Iraq: is physical health worsening over time?

Falvo MJ, Serrador JM, McAndrew LM, Chandler HK, Lu SE, Quigley KS.

Abstract

BACKGROUND:
High rates of mental health disorders have been reported in veterans returning from deployment to Afghanistan (Operation Enduring Freedom: OEF) and Iraq (Operation Iraqi Freedom: OIF); however, less is known about physical health functioning and its temporal course post-deployment. Therefore, our goal is to study physical health functioning in OEF/OIF veterans with respect to time post-deployment.

METHODS:
We analyzed self-reported physical health functioning as physical component summary (PCS) scores of the Veterans version of the Short Form 36 health survey in 679 OEF/OIF veterans clinically evaluated at a post-deployment health clinic. Veterans were stratified into four groups based on time post-deployment: (1Yr) 0 -- 365 days; (2Yr) 366 -- 730 days; (3Yr) 731 -- 1095 days; and (4Yr+) > 1095 days. To assess the possibility that our effect was specific to a treatment-seeking sample, we also analyzed PCS scores from a separate military community sample of 768 OEF/OIF veterans evaluated pre-deployment and up to one-year post-deployment.

RESULTS:
In veterans evaluated at our clinic, we observed significantly lower PCS scores as time post-deployment increased ($p = 0.018$) after adjusting for probable post-traumatic stress disorder (PTSD). We similarly observed in our community sample that PCS scores were lower both immediately after and one year after return from deployment ($p < 0.001$) relative to pre-deployment PCS. Further, PCS scores obtained 1-year post-deployment were significantly lower than scores obtained immediately post-deployment ($p = 0.02$).

CONCLUSION:
In our clinical sample, the longer the duration between return from deployment and their visit to our clinic, the worse the Veteran's physical health even after adjusting for PTSD. Additionally, this decline may also be present in a military community sample of OEF/OIF veterans. These data suggest that, as post-deployment length increases, the potential for physical health to deteriorate may increase for some veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23272647?dopt=Abstract

Biol Sex Differ. 2012 Dec 31;3(1):29. [Epub ahead of print]

One's sex, sleep, and posttraumatic stress disorder.

Kobayashi I, Cowdin N, Mellman TA.

Abstract

Women are approximately twice as likely as men to develop posttraumatic stress disorder (PTSD) after trauma exposure. Mechanisms underlying this difference are not well understood. Although sleep is recognized to have a critical role in PTSD and physical and psychological health more generally, research into the role of sleep in PTSD sex differences has been only recent. In this article, we review both animal and human studies relevant to sex differences in sleep and PTSD with an emphasis on the roles of sex hormones. Sleep impairment including insomnia, trauma-related nightmares, and rapid-eye-movement (REM) sleep fragmentation has been observed in individuals with chronic and developing PTSD, suggesting that sleep impairment is a characteristic of PTSD and a risk factor for its development. Preliminary findings suggested sex specific patterns of sleep alterations in developing and established

PTSD. Sleep maintenance impairment in the aftermath of trauma was observed in women who subsequently developed PTSD, and greater REM sleep fragmentation soon after trauma was associated with developing PTSD in both sexes. In chronic PTSD, reduced deep sleep has been found only in men, and impaired sleep initiation and maintenance with PTSD have been found in both sexes. A limited number of studies with small samples have shown that sex hormones and their fluctuations over the menstrual cycle influenced sleep as well as fear extinction, a process hypothesized to be critical to the pathogenesis of PTSD. To further elucidate the possible relationship between the sex specific patterns of PTSD-related sleep alterations and the sexually dimorphic risk for PTSD, future studies with larger samples should comprehensively examine effects of sex hormones and the menstrual cycle on sleep responses to trauma and the risk/resilience for PTSD utilizing various methodologies including fear conditioning and extinction paradigms and animal models.

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http://www.ncbi.nlm.nih.gov/pubmed/23272543?dopt=Abstract

Rev Med Chir Soc Med Nat Iasi. 2012 Jul-Sep;116(3):862-6.

Main neuroendocrine features and therapy in primary sleep troubles.

Amihăesei IC, Mungiu OC.

Source: Discipline of Histology, University of Medicine and Pharmacy, Grigore T. Popa-Iaşi School of Medicine.

Abstract

Insomnia is a sleep trouble in which the patient has difficulties in falling or in staying asleep. There are patients who fall asleep easily, but wake up too early; others have troubles in falling asleep and a third category has troubles with both falling and staying asleep. Independent of the type of insomnia, the final result is a poor-quality sleep, responsible for depressive or irritable mood, loss in concentration, learning and memory capacities. Sleep is essential to emotional and physical health. Inadequate sleep over a period of time is increasing the risks for obesity, diabetes, heart disease and depression. People suffering of chronic insomnia show an increased predisposition for psychiatric problems. People who had sleep troubles reported impaired ability to fulfill tasks involving memory, learning, logical reasoning and mathematical operations. New studies show that insomnia might be a result of the decrease of gamma-aminobutyric acid (GABA), a neurochemical responsible for the decrease of activity in many brain areas. Lower brain GABA levels were also found in people with major depressive disorder and anxiety disorders. Hypnotics, such as benzodiazepines are acting increasing the activity of the GABA neurons. Exposure to stress is associated with a greater risk for insomnia, with individual differences. Stress activates the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. Increased activity of HPA axis is stimulating the secretion of corticotropin-releasing hormone, further inducing sleep disruption. Insomnia is also associated with depression and anxiety disorders, in which the HPA axis is characteristically overactive. People who show predisposition to sleep troubles have a

hyperactive sympathetic nervous system, they are usually suffering from hyperarousal and they have a more intense response to stressful events. Primary sleep troubles (insomnia) has no apparent causes, is lasting more than one month, and is affecting approximately a quarter of the adult population. Secondary insomnia is associated with chronic heart and/or lung diseases, medication which interfere with onset or duration of sleep, constant change of the sleep habits, restless leg syndrome, etc. Besides lifestyle changes and cogn itive-behavioral therapy, in the treatment of insomnia are used hypnotic medicines, advised to be prescribed on short-term cures of one or two weeks. Benzodiazepines are inducing and maintaining sleep. Longer use is responsible for severe side effects--dependency and withdrawal syndrome, daytime drowsiness and dizziness, low blood pressure, memory troubles and change in the melatonin secretion during night-time period. For these reasons were created non-benzodiazepines hypnotics--zolpidem, zaleplon, which are as effective as benzodiazepines, but have fewer side effects. Nevertheless the use of these hypnotics is also restricted to 7-10 days. Zopiclone (Imovane) another short-acting non-benzodiazepine hypnotic has a different chemical structure, but a pharmacologic profile similar to that of the benzod iazepines; the treatment should be of maximum four weeks. Besides generally known concerns related to the use of hypnotics (residual sedative effects, memory impairment, rebound insomnia, abuse, dose escalation, dependency and withdrawal problems) it was signaled a risk of death associated with the use of current hypnotic medications.

Links of Interest

Reported Sex Assaults At Military Academies Jump By 23 Percent
http://www.huffingtonpost.com/2012/12/20/sex-assaults-at-military-academies_n_2335139.html

With a Parent Off Again at War, a Holiday of Pride and Isolation
http://www.nytimes.com/2012/12/25/us/with-a-parent-at-war-a-holiday-deepens-the-isolation.html

MHS takes cautious, yet innovative, approach to mobile health initiatives
http://www.federalnewsradio.com/408/3144649/MHS-takes-cautious-yet-innovative-approach-to-mobile-health-initiatives

Army vice chief tours TBI, PTSD treatment center
http://www.army.mil/article/93383/Army_vice_chief_tours_TBI__PTSD_treatment_center/

Researchers want to help Soldiers get good night's sleep
http://www.army.mil/article/93248/Researchers_want_to_help_Soldiers_get_good_night_s_sleep/

Experts develop strategies for combating tobacco use in military
http://www.army.mil/article/93262/Experts_develop_strategies_for_combating_tobacco_use_in_military/

The Military’s Dirty Secret
http://www.nytimes.com/2012/12/31/opinion/the-militarys-dirty-secret.html

Chronic Worry Linked to Higher Risk of PTSD
http://www.nlm.nih.gov/medlineplus/news/fullstory_132619.html

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