



CDP Research Update -- May 16, 2013

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- Sleep Disturbances Predict Later Trauma-Related Distress: Cross-Panel Investigation Amidst Violent Turmoil.
- Melatonin: comprehensive profile.
- Internet-delivered interpersonal psychotherapy versus internet-delivered cognitive behavioral therapy for adults with depressive symptoms: randomized controlled noninferiority trial.

- Links of Interest
- Research Tip of the Week: OSD/JS FOIA Library

<http://www.dtic.mil/whs/directives/corres/pdf/649004p.pdf>

Department of Defense Instruction: Mental Health Evaluations of Members of the Military Services

NUMBER 6490.04

March 4, 2013

1. PURPOSE. In accordance with the authority in DoD Directive 5124.02 (Reference (a)), this instruction:

- a. Reissues DoD Instruction 6490.4 (Reference (b)), establishing policy, assigning responsibilities, and prescribing procedures for the referral, evaluation, treatment, and medical and command management of Service members who may require assessment for mental health issues, psychiatric hospitalization, and risk of imminent or potential danger to self or others.
- b. Incorporates and cancels DoD Directive 6490.1 (Reference (c)).
- c. Implements section 1090a of Title 10, United States Code (Reference (d)) and section 711(b) of Public Law 112-81, the National Defense Authorization Act for Fiscal Year 2012 (Reference (e)).

<http://annals.org/article.aspx?articleid=1681063>

Screening for and Treatment of Suicide Risk Relevant to Primary Care: A Systematic Review for the U.S. Preventive Services Task Force.

Elizabeth O'Connor, PhD; Bradley N. Gaynes, MD, MPH; Brittany U. Burda, MPH; Clara Soh, MPA; and Evelyn P. Whitlock, MD, MPH

Ann Intern Med. Published online 23 April 2013

Background:

In 2009, suicide accounted for 36 897 deaths in the United States.

Purpose:

To review the accuracy of screening instruments and the efficacy and safety of screening for and treatment of suicide risk in populations and settings relevant to primary care.

Data Sources:

Citations from MEDLINE, PsycINFO, the Cochrane Central Register of Controlled Trials, and CINAHL (2002 to 17 July 2012); gray literature; and a surveillance search of MEDLINE for additional screening trials (July to December 2012).

Study Selection:

Fair- or good-quality English-language studies that assessed the accuracy of screening instruments in primary care or similar populations and trials of suicide prevention interventions in primary or mental health care settings.

Data Extraction:

One investigator abstracted data; a second checked the abstraction. Two investigators rated study quality.

Data Synthesis:

Evidence was insufficient to determine the benefits of screening in primary care populations; very limited evidence identified no serious harms. Minimal evidence suggested that screening tools can identify some adults at increased risk for suicide in primary care, but accuracy was lower in studies of older adults. Minimal evidence limited to high-risk populations suggested poor performance of screening instruments in adolescents. Trial evidence showed that psychotherapy reduced suicide attempts in high-risk adults but not adolescents. Most trials were insufficiently powered to detect effects on deaths.

Limitation:

Treatment evidence was derived from high-risk rather than screen-detected populations. Evidence relevant to adolescents, older adults, and racial or ethnic minorities was limited.

Conclusion:

Primary care–feasible screening tools might help to identify some adults at increased risk for suicide but have limited ability to detect suicide risk in adolescents. Psychotherapy may reduce suicide attempts in some high-risk adults, but effective interventions for high-risk adolescents are not yet proven.

Primary Funding Source:

Agency for Healthcare Research and Quality

<http://www.ncbi.nlm.nih.gov/pubmed/23658937>

Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder (PTSD)

Editors: Jonas DE, Cusack K, Forneris CA, Wilkins TM, Sonis J, Middleton JC, Feltner C, Meredith D, Cavanaugh J, Brownley KA, Olmsted KR, Greenblatt A, Weil A, Gaynes BN.

Source: Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Apr. Report No.: 13-EHC011-EF.

AHRQ Comparative Effectiveness Reviews.

Excerpt

OBJECTIVES:

To assess efficacy, comparative effectiveness, and harms of psychological and pharmacological treatments for adults with posttraumatic stress disorder (PTSD).

DATA SOURCES:

MEDLINE®, Cochrane Library, PILOTS, International Pharmaceutical Abstracts, CINAHL®, PsycINFO®, Web of Science, Embase, U.S. Food and Drug Administration Web site, and reference lists of published literature (January 1980–May 2012).

REVIEW METHODS:

Two investigators independently selected, extracted data from, and rated risk of bias of relevant trials. We conducted quantitative analyses using random-effects models to estimate pooled effects. To estimate medications' comparative effectiveness, we conducted a network meta-analysis using Bayesian methods. We graded strength of evidence (SOE) based on established guidance.

RESULTS:

We included 92 trials of patients, generally with severe PTSD and mean age of 30s to 40s. High SOE supports efficacy of exposure therapy for improving PTSD symptoms (Cohen's d -1.27 ; 95% confidence interval, -1.54 to -1.00); number needed to treat (NNT) to achieve loss of diagnosis was 2 (moderate SOE). Evidence also supports efficacy of cognitive processing therapy (CPT), cognitive therapy (CT), cognitive behavioral therapy (CBT)-mixed therapies, eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy for improving PTSD symptoms and/or achieving loss of diagnosis (moderate SOE). Effect sizes for reducing PTSD symptoms were large (e.g., 28.9- to 32.2-point reduction in Clinician-Administered PTSD Scale [CAPS]; Cohen's d ~ -1.0 or more compared with controls); NNTs were ≤ 4 to achieve loss of diagnosis for CPT, CT, CBT-mixed, and EMDR. Evidence supports the efficacy of fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine for improving PTSD symptoms (moderate SOE); effect sizes were small or medium (e.g., 4.9- to 15.5-point reduction in CAPS compared with placebo). Evidence for paroxetine and venlafaxine also supports their efficacy for inducing remission (NNTs ~ 8 ; moderate SOE). Evidence supports paroxetine's efficacy for improving depression symptoms and functional impairment (moderate SOE) and venlafaxine's efficacy for improving depression symptoms, quality of life, and functional impairment (moderate SOE). Risperidone

may help PTSD symptoms (low SOE). Network meta-analysis of 28 trials (4,817 subjects) found paroxetine and topiramate to be more effective than most medications for reducing PTSD symptoms, but analysis was based largely on indirect evidence and limited to one outcome measure (low SOE). We found insufficient head-to-head evidence comparing efficacious treatments; insufficient evidence to verify whether any treatment approaches were more effective for victims of particular trauma types or to determine comparative risks of adverse effects.

CONCLUSIONS:

Several psychological and pharmacological treatments have at least moderate SOE supporting their efficacy: exposure, CPT, CT, CBT-mixed therapies, EMDR, narrative exposure therapy, fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine.

<http://www.ncbi.nlm.nih.gov/pubmed/23658936>

Interventions for the Prevention of Posttraumatic Stress Disorder (PTSD) in Adults After Exposure to Psychological Trauma.

Editors: Gartlehner G, Forneris CA, Brownley KA, Gaynes BN, Sonis J, Coker-Schwimmer E, Jonas DE, Greenblatt A, Wilkins TM, Woodell CL, Lohr KN.

Source: Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Apr. Report No.: 13-EHC062-EF.

AHRQ Comparative Effectiveness Reviews.

Excerpt

OBJECTIVES:

To assess efficacy, comparative effectiveness, and harms of psychological, pharmacological, and emerging interventions to prevent posttraumatic stress disorder (PTSD) in adults.

DATA SOURCES:

PubMed®, the Cochrane Library, CINAHL, Embase, PILOTS, International Pharmaceutical Abstracts, PsycINFO®, Web of Science, reference lists of published literature (from January 1, 1980, to July 30, 2012). In addition, we searched various sources for grey literature.

REVIEW METHODS:

Two investigators independently selected, extracted data from, and rated risk of bias of relevant studies. If data were sufficient, we conducted quantitative analyses using random-effects models to estimate pooled effects. We graded strength of evidence (SOE) based on established guidance.

RESULTS:

We included 19 trials with a range of populations exposed to a variety of psychological traumas. Participants suffered from symptoms of PTSD but did not meet diagnostic criteria for PTSD. For most

interventions studied, we did not find reliable evidence to support efficacy for the prevention of PTSD or for the reduction of PTSD-related symptom severity. Evidence was sufficient to justify conclusions about three treatments. First, debriefing does not reduce either the incidence or the severity of PTSD or related psychological symptoms in civilian victims of crime, assault, or accident trauma (low SOE). Second, our meta-analyses of three trials showed that, in subjects with acute stress disorder, brief trauma-focused cognitive behavioral therapy (CBT) was more effective than supportive counseling (SC) in reducing the severity of PTSD (moderate SOE). Pooled results did not reach statistical significance for incidence of PTSD, depression symptom severity (both low SOE), and anxiety symptom severity (moderate SOE), but numerically favored CBT over SC. Finally, collaborative care for a traumatic injury requiring hospitalization produces a greater decrease in PTSD symptom severity at 6, 9, and 12 months after injury than does usual care (low SOE). The efficacy of psychological interventions to prevent PTSD did not differ between men and women (low SOE). Evidence was insufficient to determine whether previous depression or a history of child abuse or baseline PTSD symptoms influence the effectiveness of interventions. Evidence was insufficient to determine the effect of timing, intensity, or dosing on the effectiveness or risk of harms of interventions or to justify conclusions about the comparative risk of harms. For emerging interventions such as yoga, dietary supplements, and complementary or alternative interventions, no studies met our eligibility criteria. Evidence was insufficient to determine whether any treatment approaches were more effective for victims of particular trauma types.

CONCLUSIONS:

Evidence supporting the effectiveness of most interventions used to prevent PTSD is lacking. If available in a given setting, brief trauma-focused CBT might be the preferable choice for reducing PTSD symptom severity in persons with acute stress disorder and collaborative care might be preferred for trauma patients requiring surgical hospitalization; by contrast, debriefing appears to be an ineffective intervention to reduce symptoms and prevent PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/pme.12131/abstract>

Improving Access to Care for Women Veterans Suffering from Chronic Pain and Depression Associated with Trauma.

Tan, G., Teo, I., Srivastava, D., Smith, D., Smith, S. L., Williams, W. and Jensen, M. P.

Pain Medicine

Article first published online: 9 MAY 2013

Objective

Access to care has become a priority for the Veterans Administration (VA) health care system as a significant number of veterans enrolled in the VA health care system reside in rural areas. The feasibility and effects of a novel clinical intervention that combined group therapy and biofeedback training was evaluated on women veterans living in rural areas.

Methods

The study was conducted at selected community-based outpatient clinics (CBOCs) in Texas. Thirty four women veterans with chronic pain and comorbid depression and/or posttraumatic stress disorder (PTSD) were recruited. Five sessions of education/therapy were delivered via telemedicine in combination with daily home practice of a portable biofeedback device (Stress Eraser[®], Helicor, New York, NY, USA). Participants responded to self-report questionnaires at baseline, at posttreatment, and at 6-week follow-up. Daily practice logs were also maintained by participants.

Results

The clinical protocol was acceptable, easy to administer, and associated with statistically significant decreases in self-reported pain unpleasantness, pain interference, depressive symptoms, PTSD symptoms, and sleep disturbance at posttreatment. Improvements were maintained at 6-week follow-up. Qualitative analyses indicated that many participants 1) wished to continue to meet as a support group in their respective CBOCs and 2) felt less isolated and more empowered to cope with their problems of daily living as a result of the treatment.

Conclusions

It is feasible to provide treatment to women veterans living in rural areas by utilizing video-teleconferencing technology between larger VA medical centers and facilities at CBOCs in more rural settings. A controlled trial of the intervention is warranted.

<http://www.sciencedirect.com/science/article/pii/S0005796713000740>

Thin Slice Ratings of Client Characteristics in Intake Assessments: Predicting Symptom Change and Dropout in Cognitive Therapy for Depression.

Katherine E. Sasso, Daniel R. Strunk

Behaviour Research and Therapy

Available online 7 May 2013

Thin slice ratings of personality have been shown to predict a number of outcomes, but have yet to be examined in the context of psychotherapy. In a sample of 66 clients participating in cognitive therapy for depression, we examined the predictive utility of thin slice rated pre-treatment client traits. On the basis of short video clip excerpts (i.e., thin slices) of intake assessments, trained observers rated clients on personality characteristics and specific personality disorder (PD) traits. Clients' therapy interest and neuroticism predicted lower odds of dropout. Ratings of extraversion predicted greater symptom change across treatment; ratings of clients' Avoidant and Schizoid PD traits predicted less marked symptom improvement. Ratings of agreeableness and likeability also predicted greater symptom change, but these relations were only significant in one of two analytic approaches used. Evidence for the predictive validity of thin slice ratings was generally stronger than that observed for self-reported PD traits and PD status. Moreover, these self-report and diagnostic assessments failed to account for the

thin slice-outcome relations identified. Findings support the clinical utility of quick, thin slice impressions of clients, as these ratings could be used to identify clients with a high risk of dropout or poor treatment outcome.

<http://link.springer.com/article/10.1007/s11136-013-0424-7>

Health-related quality of life and comorbidity among older women veterans in the United States.

Claudia Der-Martirosian, Kristina M. Cordasco, Donna L. Washington

Quality of Life Research

May 2013

Purpose

This paper examines the predictors of quality of life among older women (≥ 65 years of age) veterans in the United States focusing on the effect of comorbidity on health-related quality of life (HRQOL).

Methods

Data from the National Survey of Women Veterans, a cross-sectional nationally representative population-based, stratified random sample of women veterans, were used with an analytic sample size of 1,379 older women veterans. The SF12 physical and mental composite scores (PCS and MCS) were used as outcome measures, and a weighted comorbidity index was used as a covariate.

Results

Older women veterans who are married, employed, with higher income, and higher education have better physical health (PCS). For mental health, education is positively correlated, whereas depression and posttraumatic stress disorder are negatively correlated with MCS. After adjusting for socio-demographic, mental health, and chronic health indicators, the results showed that SF12 PCS varied by VA use status for each level of Seattle Index of Comorbidity. The same pattern was not found for MCS.

Conclusion

For each level of comorbidity, VA users have worse HRQOL which might suggest that case mix adjustments comparing VA users and non-VA users must take into account more than comorbidity alone.

<http://www.tandfonline.com/doi/abs/10.1080/13623699.2013.785111>

The Psychic Malignancy of the Afghan War.

Keith Raymond

Medicine, Conflict and Survival

The burnt sienna of Helmand Province, Afghanistan spreads out flat and forever from the Wire at Camp Leatherneck. The civilian contractor lifts not a weapon, but a spade, and digs a trench to wider the burn pit. A Kenyan, far from home, cut off from family, working seven days a week and every waking hour for two years before his first day off. He justifies his enslavement as he earns more in a day than most of his family will make in a month back home. Meanwhile, children are born, cousins die, wives weep, villages burn and he is unaware. All he knows is the constant fear of a stray rocket dismembering him, and the ever-present fatigue. I bring him physical care and mental comfort -- as a contracted physician, this is just one part of my responsibility to these folks. Those that collapse from the strain are the "normal" ones; those that suck it up and soldier on are, to me, the "impaired" -- in that they have used maladaptive defence mechanisms to deal with their dangerous work conditions.

This is the nature of war for a contractor. America is participating in its longest war ever, over 11 years in Afghanistan, with one more to go. However, the medical advances made outstrip the psychiatric ones. At the latest count 67% of soldiers return home with symptoms of depression and up to 71% have anxiety symptoms (Lopes Cardozo et al. 2004). The United States military tour of duty lasts only six months. Soldiers have access to a gym, welfare and recreation, as well as support for morale. In Iraq, the civilian contract was allowed one day off a week; in Afghanistan, there are no days off. It is an experiment in slavery, where the only solace is food (American-style) and sleep.

<http://www.sciencedirect.com/science/article/pii/S0306460313001275>

Alcohol Misuse, Alcohol-Related Risky Behaviors, and Childhood Adversity among Soldiers who Returned from Iraq or Afghanistan.

Kristina Clarke-Walper, Lyndon A. Riviere, Joshua E. Wilk

Addictive Behaviors

Available online 8 May 2013

Background

Soldiers face a great number of traumatic combat exposures while deployed, which research has shown to contribute to the development of alcohol misuse. In addition to this known risk factor, we hypothesize that adverse childhood experiences (ACEs) also contribute to the likelihood that soldiers will engage in these behaviors, even after adjusting for deployment-related factors (mental health problems and combat exposure).

Methods

Soldiers were surveyed anonymously approximately 3 months upon return from Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) from 2003-2006. Six brigade combat teams were

included in the analyses (n=7,849). Participants were asked about ACEs, mental health symptoms, alcohol misuse, risky behaviors related to alcohol misuse, and combat exposure.

Results

Of the 7,849 soldiers in the sample, 31.5% screened positive for alcohol misuse and of those almost half also screened positive for risky behaviors related to alcohol misuse (43.3%). Having an alcoholic in the household and experiencing sexual abuse were significantly associated with screening positive for alcohol misuse and alcohol misuse with risky behaviors. Experiencing sexual abuse was a strongly associated ACE item, with an almost 2-fold increase in risk of both outcomes even after adjusting for mental health problems and combat exposure.

Conclusions

Findings suggest that ACEs are a substantial risk factor for alcohol misuse with and without risky behaviors among soldiers returning from deployments and should be considered when directing prevention efforts.

<http://www.sciencedirect.com/science/article/pii/S0165032713002644>

Differentiating army suicide attempters from psychologically treated and untreated soldiers: A demographic, psychological and stress-reaction characterization.

A. Yacobi, E. Fruchter, J.J. Mann, L. Shelef

Journal of Affective Disorders

Available online 10 May 2013

Background

Suicide is the leading cause of death in most armies during peace-time. The recent dramatic rise in suicides in the US Army further focuses attention on the causes of suicidal behavior in the military.

Methods

This study investigated demographic characteristics, psychological profile and stress-related risk factors associated with suicide attempts in Israelis aged 18–21 years, who served in the Army in 2009. Soldiers who attempted suicide (N=60) were compared to soldiers treated by a mental health professional, but reported no suicidal behavior (N=58), and to controls (N=50).

Results

Suicide attempters had lower socioeconomic status and less cognitive ability compared with treated soldiers and untreated control soldiers. Only 25% of the suicide attempters had received mental healthcare prior to the attempt. The majority of the attempts were non-lethal (86.2%), and only 5.2% used firearms. Attempters had more previous suicide attempts (37.9%) and deliberate selfharm incidents (19.3%), compared to almost no such behaviors in the other two groups. Following the suicide

attempt, 77% were diagnosed with moderate to severe mental disorders, 44.8% personality disorders and 8.6% mood disorders. Attempters reported higher levels of general stress compared to their peers in the other two groups. Being away from home and obeying authority were especially more stressful in attempters.

Conclusions

Young soldiers are less prone to seek mental health assistance, despite suffering from higher levels of stress. Screening is required to detect soldiers at risk for suicidal behavior and preventive intervention will require active outreach.

<http://www.sciencedirect.com/science/article/pii/S0165032713002644>

Differentiating army suicide attempters from psychologically treated and untreated soldiers: A demographic, psychological and stress-reaction characterization.

A. Yacobi, E. Fruchter, J.J. Mann, L. Shelef

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21809/abstract>

Support Mechanisms and Vulnerabilities in Relation to PTSD in Veterans of the Gulf War, Iraq War, and Afghanistan Deployments: A Systematic Review.

Wright, B. K., Kelsall, H. L., Sim, M. R., Clarke, D. M. and Creamer, M. C.

Journal of Traumatic Stress

Article first published online: 13 MAY 2013

Pretrauma factors of psychiatric history and neuroticism have been important in highlighting vulnerability to posttraumatic stress disorder (PTSD), whereas posttrauma support mechanisms have been associated with positive health and well-being outcomes, particularly in veterans. The relationship between these factors and PTSD has not been the subject of a systematic review in veterans. An online search was conducted, supplemented by reference list and author searches. Two investigators systematically and independently examined eligible studies. From an initial search result of 2,864, 17 met inclusion criteria. A meta-analysis of unit cohesion involving 6 studies found that low unit cohesion was associated with PTSD, standardised mean difference of -1.62 , 95% confidence interval (CI) $[-2.80, -0.45]$. A meta-analysis of social support involving 7 studies found that low social support was associated with PTSD, standardised mean difference of -12.40 , 95% CI $[-3.42, -1.38]$. Three of 5 studies found a significant relationship between low-family support and PTSD; insufficient data precluded a meta-analysis. Regarding pretrauma vulnerability, 2 studies on psychiatric history and 1 on neuroticism found positive relationships with PTSD. Posttrauma factors of low support were associated with higher reporting of PTSD. Cross-sectional methodology may be inadequate to capture complex relationships between support and PTSD; more longitudinal research is required.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21808/abstract>

Cognitive–Behavioral Group Treatment for Driving-Related Anger, Aggression, and Risky Driving in Combat Veterans: A Pilot Study.

Strom, T., Leskela, J., Possis, E., Thuras, P., Leuty, M. E., Doane, B. M., Wilder-Schaaf, K. and Rosenzweig, L.

Journal of Traumatic Stress

Article first published online: 10 MAY 2013

The present study examined the preliminary effects of an 8-session group cognitive–behavioral treatment (CBT) designed to reduce driving-related anger, aggression, and risky driving behaviors in veterans. Participants (N = 9) with self-reported aggressive and risky driving problems completed self-report measures at pretreatment, posttreatment, and 1-month follow-up. Of those completing the treatment, 89% demonstrated reliable change in driving-related aggression and 67% evidenced reliable change in driving-related anger. Similar changes were found for secondary treatment targets.

<http://www.sciencedirect.com/science/article/pii/S1049386713000236>

Receipt of Cervical Cancer Screening in Female Veterans: Impact of Posttraumatic Stress Disorder and Depression.

Julie C. Weitlauf, PhD, Surai Jones, MS, Xiangyan Xu, MS, John W. Finney, PhD, Rudolf H. Moos, PhD, George F. Sawaya, MD, Susan M. Frayne, MD, MPH

Women's Health Issues, Volume 23, Issue 3, May–June 2013, Pages e153–e159

Purpose

We evaluated receipt of cervical cancer screening in a national sample of 34,213 women veterans using Veteran Health Administration facilities between 2003 and 2007 and diagnosed with 1) posttraumatic stress disorder (PTSD), or 2) depression, or 3) no psychiatric illness.

Methods

Our study featured a cross-sectional design in which logistic regression analyses compared receipt of recommended cervical cancer screening for all three diagnostic groups.

Results

Cervical cancer screening rates varied minimally by diagnostic group: 77% of women with PTSD versus 75% with depression versus 75% without psychiatric illness were screened during the study observation period ($p < .001$). However, primary care use was associated with differential odds of screening in women with versus without psychiatric illness (PTSD or depression), even after adjustment for age, income and physical comorbidities (Wald Chi-square (2): 126.59; $p < .0001$). Specifically, among low users of primary care services, women with PTSD or depression were more likely than those with no psychiatric diagnoses to receive screening. Among high users of primary care services, they were less likely to receive screening.

Conclusion

Psychiatric illness (PTSD or depression) had little to no effect on receipt of cervical cancer screening. Our finding that high use of primary care services was not associated with comparable odds of screening in women with versus without psychiatric illness suggests that providers caring for women with PTSD or depression and high use of primary care services should be especially attentive to their preventive healthcare needs.

<http://www.sciencedirect.com/science/article/pii/S2213158213000557>

Early adversity and combat exposure interact to influence anterior cingulate cortex volume in combat veterans.

Steven H. Woodward, Janice R. Kuo, Marie Schaer, Danny G. Kaloupek, Stephan Eliez

NeuroImage: Clinical, Available online 5 May 2013

Objective

Childhood and combat trauma have been observed to interact to influence amygdala volume in a sample of U.S. military veterans with and without PTSD. This interaction was assessed in a second, functionally-related fear system component, the pregenual and dorsal anterior cingulate cortex, using the same sample and modeling approach.

Method

Anterior cingulate cortical tissues (gray + white matter) were manually-delineated in 1.5 T MR images in 87 U.S. military veterans of the Vietnam and Persian Gulf wars. Hierarchical multiple regression modeling was used to assess associations between anterior cingulate volume and the following predictors, trauma prior to age 13, combat exposure, the interaction of early trauma and combat exposure, and PTSD diagnosis.

Results

As previously observed in the amygdala, unique variance in anterior cingulate cortical volume was associated with both the diagnosis of PTSD and with the interaction of childhood and combat trauma. The pattern of the latter interaction indicated that veterans with childhood trauma exhibited a significant inverse linear relationship between combat trauma and anterior cingulate volume while those without childhood trauma did not. Such associations were not observed in hippocampal or total cerebral tissue volumes.

Conclusions

In the dorsal anterior cingulate cortex, as in the amygdala, early trauma may confer excess sensitivity to later combat trauma.

<http://onlinelibrary.wiley.com/doi/10.1111/adb.12062/abstract>

PTSD risk associated with a functional DRD2 polymorphism in heroin-dependent cases and controls is limited to amphetamine-dependent individuals.

Nelson, E. C., Heath, A. C., Lynskey, M. T., Agrawal, A., Henders, A. K., Bowdler, L. M., Todorov, A. A., Madden, P. A. F., Moore, E., Degenhardt, L., Martin, N. G. and Montgomery, G. W.

Posttraumatic stress disorder (PTSD), a pathologic response to severe stress, is a common co-morbid disorder in substance-dependent individuals. Evidence from twin studies suggests that PTSD is moderately heritable. Genetic association studies to date have reported a limited number of replicated findings. We conducted a candidate gene association study in trauma-exposed individuals within the Comorbidity and Trauma Study's sample (1343 heroin-dependent cases and 406 controls from economically disadvantaged neighborhoods). After data cleaning, the 1430 single nucleotide polymorphisms (SNPs) retained for analyses provided coverage of 72 candidate genes and included additional SNPs for which association was previously reported as well as 30 ancestry-informative markers. We found a functional DRD2 promoter polymorphism (rs12364283) to be most highly associated with PTSD liability [odds ratio (OR) 1.65 (1.27–2.15); $P = 1.58 \times 10^{-4}$]; however, this association was not significant, with a stringent Bonferroni correction for multiple comparisons. The top hits include SNPs from other dopaminergic system genes: DRD2 DRD3, TH and DBH. Additional analyses revealed that the association involving rs12364283 is largely limited to amphetamine-dependent individuals. Substantial risk is observed in amphetamine-dependent individuals, with at least one copy of this SNP [OR 2.86 (1.92–4.27); $P = 2.6 \times 10^{-7}$]. Further analyses do not support extensive mediation of PTSD risk via self-reported impulsivity (BIS total score). These findings suggest roles for impairment in inhibitory control in the pathophysiology of PTSD and raise questions about stimulant use in certain populations (e.g. those in combat).

http://dspace.nelson.usf.edu/xmlui/bitstream/handle/10806/6620/Honors_Thesis_Joseph_Francisco.pdf

The Gaming Revolution: A Comprehensive Evaluation of the Virtual World.

Joseph C. Francisco

A thesis submitted in partial fulfillment of the requirements of the University Honors Program,
University of South Florida

St. Petersburg

May 1, 2013

As modernity further immerses us in the digital age, the distinction between virtual reality and “actual” reality continues to blur. Currently, video games are the only interactive media generally accessible for popular consumption. Video gaming as a field and my interest in it have both been growing at an ever-increasing rate for the past decade. The staggering growth of violent video games in recent years raises important socio-psychological questions concerning the relationship between the civilian population, the military, and the phenomenon of violence. This thesis is based on interviews with active-duty

soldiers, veterans, psychologists and gamers alike, conducting original research to gain a better understanding of the lasting ramifications of this popular genre. Many studies have outlined the negative consequences of violent video games, but this more comprehensive analysis of the medium will show a more balanced picture of the true implications of this growing phenomenon . As I will demonstrate, the growth of video games is a net benefit for society. Video games as a growing new media – and a rapidly expanding part of our culture – are not to be purely defined by the overly - negative rhetoric that has been popularized by syndicated news and the public eye, as there are so much more “nutritious” benefits games have to offer to society.

<http://jap.sagepub.com/content/19/2/78.abstract>

Building a Tobacco Cessation Telehealth Care Management Program for Veterans With Posttraumatic Stress Disorder.

Catherine Battaglia, Susan L. Benson, Paul F. Cook, and Allan Prochazka

Journal of the American Psychiatric Nurses Association

March/April 2013 19: 78-91

BACKGROUND:

Veterans with posttraumatic stress disorder (PTSD) have high rates of smoking. Motivational interviewing (MI) enhances readiness for change.

OBJECTIVE:

To test the feasibility and fidelity of home telehealth care management strategy to improve quit rates.

DESIGN:

A telehealth device delivered a cessation curriculum while a nurse supported veterans through weekly MI telephone calls. Treatment fidelity was evaluated. Outcomes measures included changes in smoking behaviors, stage of change, dose effect, and participant satisfaction with intervention.

RESULTS:

There was a correlation ($r = -.677$; $p = .03$) at the end of treatment between readiness to change and number of cigarettes smoked per day. As 11 participants progressed along stages of change, they smoked fewer cigarettes per day. Two (20%) quit smoking. The nurse adhered to MI principles. Participants were highly satisfied and 100% felt curriculum delivered new information and respected choices.

CONCLUSIONS:

It was feasible to deliver the home telehealth care management intervention with high treatment fidelity. Participants were motivated to change smoking behaviors.

http://www.wcmt.org.uk/reports/972_1.pdf

Self - harm and Suicide Prevention, Intervention & Postvention: Lessons from North America.

Lucy Palmer

Winston Churchill Memorial Trust

December 2012

Suicide prevention must begin with empowering people to tackle whatever emotional, social, psychological or psychiatric problems they are experiencing. This is not the sole domain of the health profession – it is a wider social issue. Improving the quality of services and reducing access to means are important approaches, as is educating members of the public on the fact that suicide can be prevented. Every contact with a suicidal or self - harming individual offers an opportunity to intervene, ideally by opening up a meaningful , compassionate dialogue with the person , followed up by contact that demonstrates continued human interest in the individual , via a safety or care plan that provides hope for the future .

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8908497>

Suicidal Ideation and Behaviours after Traumatic Brain Injury: A Systematic Review.

Nazanin H. Bahrainia, Grahame K. Simpson, Lisa A. Brenner, Adam S. Hoffberg and Alexandra L. Schneider

Brain Impairment

Published online: 02 May 2013

Traumatic brain injury (TBI) is prevalent among many populations and existing data suggest that those with TBI are at increased risk for death by suicide. This systematic review serves as an update to a previous review, with the aim of evaluating the current state of evidence regarding prevalence and risk of suicide deaths, post-TBI suicidal ideation and suicide attempts, and treatments to reduce suicide-related outcomes among TBI survivors. Review procedures followed the PRISMA statement guidelines. In all, 1014 abstracts and 83 full-text articles were reviewed to identify 16 studies meeting inclusion criteria. Risk of bias for individual studies ranged from low to high, and very few studies were designed to examine a priori hypotheses related to suicide outcomes of interest. Overall, findings from this systematic review supported an increased risk of suicide among TBI survivors compared to those with no history of TBI. Evidence pertaining to suicidal thoughts and attempts was less clear, mainly due to heterogeneity of methodological quality across studies. One small randomised controlled trial was identified that targeted suicide prevention in TBI survivors. Further research is needed to identify the prevalence of post-TBI ideation and attempts, and to establish evidence-based suicide prevention practices among TBI survivors.

<http://www.cs.amedd.army.mil/FileDownloadpublic.aspx?docid=b8197181-a330-4a08-813d-8282f7b06be0#page=37>

The Effect of Attachment Style on Sleep in Postdeployed Service Members.

LTC Sandra M. Escolas; 1LT Erika J. Hildebrandt; et al

The Army Medical Department Journal

April-June 2013

This study examined the effects of attachment style on subjective sleep outcomes in a population of service members (N =561 (403 male, 157 female)). Active duty, postdeployment service members completed questionnaires including two measures of adult attachment and two measures of subjective sleep. Results confirmed the central hypothesis: secure attachment style is associated with better sleep, followed by dismissing, fearful, and preoccupied, respectively. Gender differences were also found for prevalence of attachment style patterns. This is the first study incorporating attachment style and sleep outcomes within a military population, and provides the basis for future research in this area.

<http://www.biolmoodanxietydisord.com/content/3/1/10/abstract>

Diminished rostral anterior cingulate cortex activation during trauma-unrelated emotional interference in PTSD.

Reid Offringa, Kathryn Handwerker Brohawn, Lindsay K Staples, Stacey J Dubois, Katherine C Hughes, Danielle L Pfaff, Michael B VanElzakker, F Caroline Davis and Lisa M Shin

Biology of Mood & Anxiety Disorders 2013, 3:10

Published: 14 May 2013

Background

Previous research suggests that individuals with posttraumatic stress disorder (PTSD) preferentially attend to trauma-related emotional stimuli and have difficulty completing unrelated concurrent tasks. Compared to trauma-exposed control groups, individuals with PTSD also exhibit lower rostral anterior cingulate cortex (rACC) activation during tasks involving interference from trauma-related stimuli. However, it is not clear whether relatively diminished rACC activation in PTSD also occurs during interference tasks involving trauma-unrelated emotional stimuli. The present study employed functional magnetic resonance imaging (fMRI) and an interference task that involves emotional facial expressions and elicits rACC activation in healthy participants.

Findings:

While performing a trauma-unrelated emotional interference task, participants with PTSD (n=17)

showed less rACC activation than trauma-exposed non-PTSD (TENP; n=18) participants. In the PTSD group, rACC activation was negatively correlated with the severity of re-experiencing symptoms. The two groups did not significantly differ on behavioral measures (i.e., response times and error rates).

Conclusions

These findings suggest that relatively diminished rACC activation in PTSD can be observed in interference tasks involving trauma-unrelated emotional stimuli, indicating a more general functional brain abnormality in this disorder. Future neuroimaging studies need not employ trauma-related stimuli in order to detect rACC abnormalities in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23662327>

J Psychoactive Drugs. 2013 Jan-Mar;45(1):10-6.

Seeking safety therapy for pathological gambling and PTSD: a pilot outcome study.

Najavits LM, Smylie D, Johnson K, Lung J, Gallop RJ, Classen CC.

Source: Treatment Innovations, Newton Centre, MA 02459, USA. Lnajavits@hms.harvard.edu

This pilot study evaluated Seeking Safety (SS) therapy for seven outpatients with current comorbid pathological gambling (PG) and posttraumatic stress disorder (PTSD). This represents the first treatment outcome study of this population, and included both genders and 29% minorities. We found significant improvements in: PTSD/trauma (the PTSD Checklist criterion B symptoms; the Trauma Symptom Inventory overall mean and subscales anxiety, dissociation, sexual abuse trauma index, sex problems; and the World Assumptions Scale benevolence subscale); gambling (the Gamblers Beliefs Questionnaire overall mean and subscales illusion of control); functioning (the Basis-32 overall mean and depression/anxiety subscale); psychopathology (the Brief Symptom Inventory overall mean and subscales anxiety and depression; and the Addiction Severity Index, ASI, psychiatric composite score); self-compassion (the Self-Compassion Scale overall mean and subscales isolation, overidentified, and self-judgment); and helping alliance (the Helping Alliance Questionnaire overall mean). One variable indicated worsening (employment composite subscale on the ASI), possibly reflecting measurement issues. SS attendance was excellent. PTSD onset occurred prior to PG onset for most of the sample, and most believed the two disorders were related. Overall, we found that SS can be effectively conducted for comorbid PTSD and PG, with improvements in numerous domains and high acceptability. Limitations are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23659920>

J Behav Ther Exp Psychiatry. 2013 Apr 16;44(4):396-403. doi: 10.1016/j.jbtep.2013.03.006. [Epub ahead of print]

Can concreteness training buffer against the negative effects of rumination on PTSD? An experimental analogue study.

Schaich A, Watkins ER, Ehring T.

Source: Department of Clinical Psychology, University of Amsterdam, Weesperplein 4, 1018 XA Amsterdam, The Netherlands.

BACKGROUND AND OBJECTIVES:

Trauma-related rumination has been found to be an important maintaining factor for PTSD. On the background of the processing mode account of ruminative thinking, this study tested whether the relationship between rumination and analogue PTSD symptoms can be modified by training participants in a concrete mode of processing.

METHODS:

Healthy participants were trained in either an abstract or a concrete style of processing. Afterwards, they watched a stressful film. The interactive effect of training condition and trait rumination on intrusive memories of the film was examined.

RESULTS:

Following abstract training, a positive relationship between trait rumination and intrusive memories of the film emerged. As hypothesized, this relationship disappeared following concrete training.

LIMITATIONS:

include the lack of a no-training control group and the analogue paradigm used.

CONCLUSIONS:

The study provides preliminary evidence that the relationship between trait rumination and analogue PTSD symptoms can be modified. If replicated in future studies, it may be promising to examine the value of concreteness training for prevention and/or treatment of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23659756>

Psychiatry Res. 2013 May 7. pii: S0165-1781(13)00162-5. doi: 10.1016/j.psychres.2013.03.031. [Epub ahead of print]

Prevalence and features of generalized anxiety disorder in Department of Veteran Affairs primary care settings.

Milanak ME, Gros DF, Magruder KM, Brawman-Mintzer O, Frueh BC.

Source: Medical University of South Carolina, Charleston, SC, United States. Electronic address: milanak@musc.edu.

Generalized anxiety disorder (GAD) is a highly prevalent distressing condition for individuals in both community and community primary care settings. However, despite the high prevalence of GAD identified in epidemiological studies, little is known about GAD and its related symptoms and impairments in veteran populations. The present study investigated the prevalence, comorbidity, physical and mental health impairment, and healthcare utilization of veteran participants with GAD, as well as comparing symptoms of GAD and posttraumatic stress disorder (PTSD). Veterans (N=884) participated in a cross-sectional investigation in primary care clinics in four Veteran Affairs Medical Centers (VAMCs) and completed diagnostic interviews and self-report questionnaires; a chart review was conducted to assess their VAMC healthcare utilization. A large number of participants (12%) met diagnostic criteria for GAD, reporting significantly worse emotional health, pain, and general health, in addition to increased mental healthcare utilization and antidepressant medications. In addition, GAD was found in 40% of participants with PTSD, resulting in more severe symptoms and impairment than in patients with GAD alone. These findings provide evidence of high prevalence and severe impairment associated with GAD in veterans and highlight the need for improved recognition, assessment, and treatments for GAD.

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<http://www.biomedcentral.com/1471-244X/13/135>

Safety of antidepressants in adults aged under 65: protocol for a cohort study using a large primary care database.

Carol Coupland, Richard Morriss, Antony Arthur, Michael Moore, Trevor Hill and Julia Hippisley-Cox

BMC Psychiatry 2013, 13:135

Background

Antidepressants are among the most commonly prescribed drugs in primary care in England and their use is increasing. This is largely due to longer durations of treatment of depression. Observational studies have shown some differences in adverse outcomes associated with different antidepressant drugs but relatively little is known about their relative safety particularly with long term use. The primary aim of this study is to determine the relative and absolute risks of pre-defined adverse events comparing different classes of antidepressant drugs in adults aged under 65 years and diagnosed with depression.

Methods/design

The study will identify a cohort of patients with a first recorded diagnosis of depression between 1/1/2000 and 31/07/2011, and made between the ages of 20 to 64 years using a large primary care database (QResearch). Patients will be followed up until 1/08/2012. Details of all prescriptions for antidepressants in patients in the cohort will be extracted, including the date of each prescription, the type of antidepressant drug, the dose and total quantity prescribed. Prospectively recorded data will be

used to ascertain information on adverse outcomes that occurred during follow-up and after entry into the cohort. These are: all-cause mortality, suicide, attempted suicide/self-harm, sudden death, antidepressant overdose/poisoning, myocardial infarction, stroke/transient ischaemic attack, cardiac arrhythmia, epilepsy/seizures, upper gastrointestinal bleeding, falls, fractures, adverse drug reactions and motor vehicle crashes. Cox proportional hazard models will be used to estimate the association of the outcomes with class of antidepressant drug adjusting for potential confounding variables. The analyses will also examine associations by duration and dose and with the most frequently prescribed individual antidepressant drugs. Self-controlled case series analyses will be used to estimate the relative incidence of the outcomes of interest for defined time periods of antidepressant use.

Discussion

The results of this study will help to establish the relative safety and balance of risks for different antidepressant drugs in people aged under 65.

<http://www.ncbi.nlm.nih.gov/pubmed/23657667>

Sleep Breath. 2013 May 9. [Epub ahead of print]

Gender differences in the effect of comorbid insomnia symptom on depression, anxiety, fatigue, and daytime sleepiness in patients with obstructive sleep apnea.

Lee MH, Lee SA, Lee GH, Ryu HS, Chung S, Chung YS, Kim WS.

Source: Department of Neurology, Asan Medical Center, University of Ulsan College of Medicine, 86 Asanbyeongwon-gil, Songpa-gu, Seoul, 138-736, Republic of Korea.

PURPOSE:

This study investigated gender differences in the effect of comorbid insomnia symptom on depression, anxiety, fatigue, daytime sleepiness, and quality of life in patients with obstructive sleep apnea. There are gender differences in the presentation of obstructive sleep apnea. However, the influence of gender on the presentation of comorbid insomnia symptom and obstructive sleep apnea is not known.

METHODS:

All participants performed overnight polysomnography and completed a battery of questionnaires including Beck Depression Inventory, State-Trait Anxiety Inventory, Multidimensional Fatigue Inventory, Epworth Sleepiness Scale, and Short Form-36 Health Survey. Insomnia symptom was defined as present if a patient had any insomnia complaints longer than 1 month and at least one time per week.

RESULTS:

Six hundred fifty-five adult patients with obstructive sleep apnea were enrolled; 233 (35.5 %) reported comorbid insomnia symptom with obstructive sleep apnea. The severity of obstructive sleep apnea was not related to comorbid insomnia symptom. Based on linear regression, women had higher depression, fatigue, and daytime sleepiness and lower health-related quality of life than men (all, $p < 0.05$). The

presence of insomnia symptom had negative effects on fatigue ($p = 0.005$) and quality of life only ($p = 0.015$) in men but not in women when taking gender-by-insomnia interaction into consideration. There were significant differences in polysomnography-based sleep architecture between the obstructive sleep apnea-only and obstructive sleep apnea-insomnia groups, but only in the subgroup of men.

CONCLUSIONS:

Men are more prone to the negative impact of comorbid insomnia symptom and obstructive sleep apnea on their level of fatigue and quality of life than women.

<http://www.ncbi.nlm.nih.gov/pubmed/23671761>

Eur J Psychotraumatol. 2013 May 2;4. doi: 10.3402/ejpt.v4i0.19979. Print 2013.

The role of major depression in neurocognitive functioning in patients with posttraumatic stress disorder.

Nijdam MJ, Gersons BP, Olf M.

Source: Department of Psychiatry, Academic Medical Center at the University of Amsterdam, Amsterdam, The Netherlands.

BACKGROUND:

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) frequently co-occur after traumatic experiences and share neurocognitive disturbances in verbal memory and executive functioning. However, few attempts have been made to systematically assess the role of a comorbid MDD diagnosis in neuropsychological studies in PTSD.

OBJECTIVE:

The purpose of the current study is to investigate neurocognitive deficits in PTSD patients with and without MDD. We hypothesized that PTSD patients with comorbid MDD (PTSD+MDD) would have significantly lower performance on measures of verbal memory and executive functioning than PTSD patients without MDD (PTSD-MDD).

METHOD:

Participants included in this study were 140 treatment-seeking outpatients who had a diagnosis of PTSD after various single traumatic events and participated in a randomized controlled trial comparing different treatment types. Baseline neuropsychological data were compared between patients with PTSD+MDD ($n=84$) and patients with PTSD-MDD ($n=56$).

RESULTS:

The PTSD+MDD patients had more severe verbal memory deficits in learning and retrieving words than

patients with PTSD alone. There were no differences between the groups in recall of a coherent paragraph, recognition, shifting of attention, and cognitive interference.

CONCLUSIONS:

The results of this study suggest that a more impaired neurocognitive profile may be associated with the presence of comorbid MDD, with medium-sized group differences for verbal memory but not for executive functioning. From a clinical standpoint, being aware that certain verbal memory functions are more restricted in patients with comorbid PTSD and MDD may be relevant for treatment outcome of trauma-focused psychotherapy.

<http://www.ncbi.nlm.nih.gov/pubmed/23670782>

Depress Anxiety. 2013 May 13. doi: 10.1002/da.22128. [Epub ahead of print]

DEVELOPMENT OF A GUIDED SELF-HELP (GSH) PROGRAM FOR THE TREATMENT OF MILD-TO-MODERATE POSTTRAUMATIC STRESS DISORDER (PTSD).

Lewis C, Roberts N, Vick T, Bisson JI.

Source: Institute of Psychological Medicine and Clinical Neurosciences, Cardiff University, Monmouth House, University Hospital of Wales, Heath Park, Cardiff, Wales, UK.

BACKGROUND:

There is a shortage of suitably qualified therapists able to deliver evidence-based treatment for posttraumatic stress disorder (PTSD), precluding timely access to intervention. This work aimed to develop an optimally effective, feasible, and acceptable guided self-help (GSH) program for treatment of the disorder.

METHODS:

The study followed Medical Research Council (MRC) guidance for the development of a complex intervention. A prototype GSH program was developed through an initial modeling phase. Systematic reviews of the literature informed a portfolio of up-to-date information for key stakeholders to consider and discuss in a series of focus groups and semistructured interviews, which included 10 mental health professionals with expertise in the fields of GSH and/or PTSD, and seven former PTSD sufferers. Data were analyzed through a process of Inductive Thematic Analysis and used to inform the content, delivery, and guidance of a GSH program for PTSD. The prototype was piloted with 19 PTSD sufferers in two pilot studies, and refined on the basis of their quantitative results and qualitative feedback.

RESULTS:

The final version was available online and in hardcopy. It included 11 modules, some being mandatory and others optional, allowing tailoring of the intervention to meet an individual's specific needs. Qualitative and quantitative results of the pilot studies supported its efficacy in terms of reducing traumatic stress symptoms and its acceptability to PTSD sufferers.

CONCLUSIONS:

Delivering psychological treatment in a GSH format shows promise as an effective and acceptable way of treating mild-to-moderate PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23668851>

Health Psychol. 2013 May 13. [Epub ahead of print]

Sleep Disturbances Predict Later Trauma-Related Distress: Cross-Panel Investigation Amidst Violent Turmoil.

Gerhart JI, Hall BJ, Russ EU, Canetti D, Hobfoll SE.

Objective:

Sleep disturbances, including trouble falling and remaining asleep and recurrent nightmares, are symptoms of posttraumatic stress. A growing body of literature indicates that sleep disturbance may also convey vulnerability for the continuation of other symptoms of posttraumatic stress, including fear, anxiety, and heightened arousal. However, longitudinal research, which could help understand how these relationships unfold over time, has been limited.

Method:

The longitudinal relationships between sleep disturbance and posttraumatic stress were investigated in 779 Palestinian adults randomly selected and interviewed twice during the period from April 2008 to November 2008, amid ongoing violent political turmoil. The recruitment method produced a representative sample and excellent retention. Cross-panel structural equation modeling was used to examine relationships between sleep and distress across two study periods.

Results:

Results indicated that initial sleep problems were associated with increased posttraumatic stress disorder (PTSD), depression, and intrapersonal resource loss at follow-up 6 months later, but initial PTSD, depression, and intrapersonal resource loss were not associated with increased sleep problems at follow-up.

Conclusions:

Sleep problems may confer vulnerability to longer-term distress in the presence of ongoing political violence. Future research should examine whether interventions targeting trauma-related sleep problems may improve prevention and treatment for PTSD and related disorders. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23668405>

Profiles Drug Subst Excip Relat Methodol. 2013;38:159-226. doi: 10.1016/B978-0-12-407691-4.00005-8.

Melatonin: comprehensive profile.

Al-Omary FA.

Source: Department of Pharmaceutical Chemistry, College of Pharmacy, King Saud University, P.O. Box 2457, Riyadh, Kingdom of Saudi Arabia. Electronic address: fa_omary@yahoo.com.

This chapter includes the aspects of melatonin. The drug is synthesized in the pineal gland starting from tryptophane or synthetically by using indole as starting material. Melatonin has been used as an adjunct to interleukin-2 therapy for malignant neoplasms, as contraceptive, in the management of various forms of insomnia, to alleviate jet lag following long flights, and finally as free radical scavenger and hence as an antioxidant and an anti-inflammatory. The chapter discusses the drug metabolism and pharmacokinetics and presents various method of analysis of this drug such as biological analysis, spectroscopic analysis, and chromatographic techniques of separation. It also discusses its physical properties such as solubility characteristics, X-ray powder diffraction pattern, and thermal methods of analysis. The chapter is concluded with a discussion on its biological properties such as activity, toxicity, and safety.

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<http://www.ncbi.nlm.nih.gov/pubmed/23669884>

J Med Internet Res. 2013 May 13;15(5):e82. doi: 10.2196/jmir.2307.

Internet-delivered interpersonal psychotherapy versus internet-delivered cognitive behavioral therapy for adults with depressive symptoms: randomized controlled noninferiority trial.

Donker T, Bennett K, Bennett A, Mackinnon A, van Straten A, Cuijpers P, Christensen H, Griffiths KM.

Source: Black Dog Institute, University of New South Wales, Sydney, Australia. t.donker@unsw.edu.au.

BACKGROUND:

Face-to-face cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are both effective treatments for depressive disorders, but access is limited. Online CBT interventions have demonstrated efficacy in decreasing depressive symptoms and can facilitate the dissemination of therapies among the public. However, the efficacy of Internet-delivered IPT is as yet unknown.

OBJECTIVE:

This study examines whether IPT is effective, noninferior to, and as feasible as CBT when delivered online to spontaneous visitors of an online therapy website.

METHODS:

An automated, 3-arm, fully self-guided, online noninferiority trial compared 2 new treatments (IPT: n=620; CBT: n=610) to an active control treatment (MoodGYM: n=613) over a 4-week period in the general population. Outcomes were assessed using online self-report questionnaires, the Center for Epidemiological Studies Depression scale (CES-D) and the Client Satisfaction Questionnaire (CSQ-8) completed immediately following treatment (posttest) and at 6-month follow-up.

RESULTS:

Completers analyses showed a significant reduction in depressive symptoms at posttest and follow-up for both CBT and IPT, and were noninferior to MoodGYM. Within-group effect sizes were medium to large for all groups. There were no differences in clinical significant change between the programs. Reliable change was shown at posttest and follow-up for all programs, with consistently higher rates for CBT. Participants allocated to IPT showed significantly lower treatment satisfaction compared to CBT and MoodGYM. There was a dropout rate of 1294/1843 (70%) at posttest, highest for MoodGYM. Intention-to-treat analyses confirmed these findings.

CONCLUSIONS:

Despite a high dropout rate and lower satisfaction scores, this study suggests that Internet-delivered self-guided IPT is effective in reducing depressive symptoms, and may be noninferior to MoodGYM. The completion rates of IPT and CBT were higher than MoodGYM, indicating some progress in refining Internet-based self-help. Internet-delivered treatment options available for people suffering from depression now include IPT.

TRIAL REGISTRATION:

International Standard Randomized Controlled Trial Number (ISRCTN): 69603913;
<http://www.controlled-trials.com/ISRCTN69603913> (Archived by WebCite at
<http://www.webcitation.org/6FjMhmE1o>).

Links of Interest

Chronic Pain and PTSD: A Guide for Patients

<http://www.ptsd.va.gov/public/pages/pain-ptsd-guide-patients.asp>

Baffling Rise in Suicides Plagues the U.S. Military

<http://www.nytimes.com/2013/05/16/us/baffling-rise-in-suicides-plagues-us-military.html>

Military could learn from cops in sexual assault cases

http://www.washingtonpost.com/local/military-could-learn-from-cops-in-sexual-assault-cases/2013/05/09/2b185ccc-b8a1-11e2-b94c-b684dda07add_story.html

Repeat Brain Injury Raises Soldiers' Suicide Risk

<http://www.sciencedaily.com/releases/2013/05/130515163924.htm>

Why We Should Put Mental Health First

http://www.huffingtonpost.com/richard-layard/psychological-therapy-mental-health_b_3266523.html

Editorial: Shortcomings of a Psychiatric Bible

<http://www.nytimes.com/2013/05/12/opinion/sunday/shortcomings-of-a-psychiatric-bible.html>

Opinion: Why the Fuss Over the D.S.M.-5?

<http://www.nytimes.com/2013/05/12/opinion/sunday/why-the-fuss-over-the-dsm-5.html>

Talking Faith and Mental Illness: Suicide

<http://blogs.psychcentral.com/amazed-by-grace/2013/05/14/talking-faith-and-mental-illness-suicide/>

Marijuana-like compound could lead to first-ever medication for PTSD

<http://www.foxnews.com/health/2013/05/14/marijuana-like-compound-could-lead-to-first-ever-medication-for-ptsd/>

Hard Cases: The Traps of Treating Pain

<http://well.blogs.nytimes.com/2013/05/13/hard-cases-the-traps-of-treating-pain/>

Parasomnias - Overview and Facts

<http://www.sleepeducation.com/sleep-disorders/parasomnias/overview-and-facts>

More sleep may decrease the risk of suicide in people with insomnia

http://www.eurekalert.org/pub_releases/2013-05/aaos-msm051513.php

World First Clinical Trial Supports Use of Kava to Treat Anxiety

<http://www.sciencedaily.com/releases/2013/05/130513095750.htm>

War Spawns New Approaches for Wounded Service Members' Pain Care

<http://www.sciencedaily.com/releases/2013/05/130511194835.htm>

Research Tip of the Week: OSD/JS FOIA Library

The OSD/JS FOIA Requester Service Center supports all actions related to Freedom of Information requests submitted by the public for access to records under the control of the Offices of the Secretary of Defense and Joint Staff.

There is an interesting collection of documents here that, unfortunately, are not organized well nor searchable. Basically, you have to browse through the major headings to see what's available,

The [FOIA logs by year](#) reports are intriguing; you can see who asked for what, and which organization s/he represents. You'll find an assortment of historically important items, such as:

- [Videos -- September 11, 2001: American Flight 77 striking the Pentagon](#)

- [Collection of documents about the Iran Hostage Crisis](#)
- [USS Liberty/USS Pueblo/USS Stark documents](#)

Some mental health-related items of interest include documents related to sleep deprivation experiments, sexual orientation, a [July 1997 report](#) (PDF) on PTSD, and a [1998 report](#) (PDF) on a pilot program conducted to see if psychologists could effectively prescribe medication.

Other potential items of interest:

- [Personal Affairs; Control and Registration of War Trophies and War Trophy Firearms](#) (1969; PDF)
- [Active Duty personnel by Faith Group](#) (January 2012; XLS)
- [Profile of Service Members Ever Deployed](#) (July 2012; XLS)

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