



CDP Research Update -- July 11, 2013

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- Co-occurring mental health and alcohol misuse: Dual disorder symptoms in combat injured veterans.
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- Cost-effectiveness of CBT, SSRI, and CBT+SSRI in the treatment for panic disorder.
- The costs of traumatic brain injury: a literature review.
- Exploring the Role of Insomnia in the Relation Between PTSD and Pain in Veterans With Polytrauma Injuries.
- Changes in Self-Reported Pre- to Postinjury Coping Styles in the First 3 Years After Traumatic Brain Injury and the Effects on Psychosocial and Emotional Functioning and Quality of Life.
- Sleep Characteristics, Mental Health, and Diabetes Risk: A prospective study of U.S. military service members in the Millennium Cohort Study.
- Predicting Depression via Social Media.
- Approaches to Reduce Federal Spending on the Defense Health System (CBO)
- Links of Interest
- Research Tip of the Week: National Registry of Evidence-based Programs and Practices (NREPP)

<http://link.springer.com/article/10.1007/s10567-013-0141-3>

Family-Centered Care for Military and Veteran Families Affected by Combat Injury.

Stephen J. Cozza, Allison K. Holmes, Susan L. Van Ost

Clinical Child and Family Psychology Review

June 2013

The US military community includes a population of mostly young families that reside in every state and the District of Columbia. Many reside on or near military installations, while other National Guard, Reserve, and Veteran families live in civilian communities and receive care from clinicians with limited experience in the treatment of military families. Though all military families may have vulnerabilities based upon their exposure to deployment-related experiences, those affected by combat injury have unique additional risks that must be understood and effectively managed by military, Veterans Affairs, and civilian practitioners. Combat injury can weaken interpersonal relationships, disrupt day-to-day schedules and activities, undermine the parental and interpersonal functions that support children's health and well-being, and disconnect families from military resources. Treatment of combat-injured

service members must therefore include a family-centered strategy that lessens risk by promoting positive family adaptation to ongoing stressors. This article reviews the nature and epidemiology of combat injury, the known impact of injury and illness on military and civilian families, and effective strategies for maintaining family health while dealing with illness and injury.

<http://www.ncbi.nlm.nih.gov/pubmed/23828635>

Clin Child Fam Psychol Rev. 2013 Jul 5. [Epub ahead of print]

Long-Term Trajectories and Service Needs for Military Families.

Link PE, Palinkas LA.

Source: Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, 760 Westwood Plaza, A8-148, Los Angeles, CA, 90024, USA, plink@mednet.ucla.edu.

The deployment of US military personnel to recent conflicts has been a significant stressor for their families; yet, we know relatively little about the long-term family effects of these deployments. Using data from prior military service eras, we review our current understanding of the long-term functioning and needs of military families. These data suggest that overseas deployment, exposure to combat, experiencing or participating in violence during war deployment, service member injury or disability, and combat-related post-traumatic stress disorder (PTSD) all have profound impacts on the functioning of military families. We offer several recommendations to address these impacts such as the provision of family-centered, trauma-informed resources to families of veterans with PTSD and veterans who experienced high levels of combat and war violence. Recent efforts to address the needs of caregivers of veterans should be evaluated and expanded, as necessary. We should also help military families plan for predictable life events likely to challenge their resilience and coping capacities. Future research should focus on the following: factors that mediate the relationship between PTSD, war atrocities, caregiver burden, and family dysfunction; effective family-centered interventions that can be scaled-up to meet the needs of a dispersed population; and system-level innovations necessary to ensure adequate access to these interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/23814338>

Sleep. 2013 Jul 1;36(7):1019-1025.

The Association of Sleep Duration, Mental Health, and Health Risk Behaviors among U.S. Afghanistan/Iraq Era Veterans.

Swinkels CM, Ulmer CS, Beckham JC, Buse N, Calhoun PS.

STUDY OBJECTIVES:

Short and long sleep duration have been linked with higher rates of comorbid medical and mental health issues, as well as increased mortality. The current study examined the association between sleep duration, mental health problems, and health risk behaviors in a large sample of U.S. Afghanistan/Iraq era veterans.

DESIGN:

NA.

SETTING:

Mid-Atlantic VA Medical Center(s).

PATIENTS/PARTICIPANTS:

The sample (N = 1,640) included 20% women (n = 333) and had an average age of 37 years (SD = 10.0).

INTERVENTIONS:

NA.

MEASUREMENTS AND RESULTS:

Results from logistic regression analyses that included age, minority status, gender, military rank, number of deployments, combat exposure, and health risk behaviors as covariates indicated that very short sleep duration (≤ 5 h of sleep) and long sleep duration (≥ 9 h) were each associated with increased odds of current post traumatic stress disorder (PTSD), major depressive disorder (MDD), and smoking; while poor sleep quality was associated with PTSD, panic disorder (PD), MDD, suicidal ideation (SI), and risky drinking.

CONCLUSIONS:

Sleep duration may be an important marker for psychiatric and health risk behavior problems, and our results suggest that clinical assessment of sleep disturbance in this veteran group is warranted to assess for both short and long sleep.

CITATION:

Swinkels CM; Ulmer CS; Beckam JC; Buse N; the VA Mid-Atlantic MIRECC Registry Workgroup; Calhoun PS. The association of sleep duration, mental health, and health risk behaviors among U.S. Afghanistan/Iraq era veterans. SLEEP 2013;36(7):1019-1025.

<http://www.ncbi.nlm.nih.gov/pubmed/23814337>

Sleep. 2013 Jul 1;36(7):1009-1018.

Predeployment Sleep Duration and Insomnia Symptoms as Risk Factors for New-Onset Mental Health Disorders Following Military Deployment.

Gehrman P, Seelig AD, Jacobson IG, Boyko EJ, Hooper TI, Gackstetter GD, Ulmer CS, Smith TC.

Source: Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA.

STUDY OBJECTIVES:

To evaluate predeployment sleep duration and insomnia symptoms in relation to the development of mental health symptoms.

DESIGN:

Longitudinal cohort study.

SETTING:

The Millennium Cohort Study survey is administered via a secure website or US mail.

PARTICIPANTS:

Data were from 15,204 participants who completed their first deployment between the submissions of 2 consecutive Millennium Cohort questionnaires (2001-2008).

INTERVENTIONS:

N/A.

MEASUREMENTS AND RESULTS:

Using self-reported data from the Millennium Cohort Study we evaluated the association of predeployment sleep duration and insomnia symptoms on the development of new-onset mental disorders among deployers. Multivariable logistic regression was used to estimate the odds of developing posttraumatic stress disorder (PTSD), depression, and anxiety, while adjusting for relevant covariates including combat-related trauma. The study outcomes were assessed using validated instruments, including the PTSD checklist-civilian version, and the PRIME-MD Patient Health Questionnaire. We identified 522 people with new-onset PTSD, 151 with anxiety, and 303 with depression following deployment. In adjusted models, combat-related trauma and predeployment insomnia symptoms were significantly associated with higher odds of developing posttraumatic stress disorder, depression, and anxiety postdeployment.

CONCLUSIONS:

Sleep characteristics, especially insomnia symptoms, are related to the development of mental disorders following military deployments. Assessment of insomnia symptoms predeployment may help to better identify those at highest risk for subsequent adverse mental health outcomes.

CITATION:

Gehrman P; Seelig AD; Jacobson IG; Boyko EJ; Hooper TI; Gackstetter GD; Ulmer CS; Smith TC; for the Millennium Cohort Study Team. Predeployment sleep duration and insomnia symptoms as risk factors for new-onset mental health disorders following military deployment. SLEEP 2013;36(7):1009-1018.

<http://www.ncbi.nlm.nih.gov/pubmed/23831547>

Biol Psychol. 2013 Jul 2. pii: S0301-0511(13)00161-0. doi: 10.1016/j.biopsycho.2013.06.007. [Epub ahead of print]

Evening-type military veterans report worse lifetime posttraumatic stress symptoms and greater brainstem activity across wakefulness and REM sleep.

Hasler BP, Insana SP, James JA, Germain A.

Source: Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA.

Evening chronotypes exhibit increased rates of affective dysregulation and sleep disturbances (e.g., insomnia and nightmares). Such symptoms are common to military veterans with posttraumatic stress disorder (PTSD); however, the influence of chronotype on this population remains unknown. We examined behavioral, psychological, and neural correlates of chronotype in 36 combat-exposed military veterans with varying degrees of posttraumatic stress symptomatology. We employed FDG-PET to assess neural activity across wakefulness and rapid eye movement (REM) sleep. We used polysomnography and diaries to monitor sleep, and a self-report survey to measure chronotype. Eveningness was associated with greater lifetime PTSD symptoms, more disturbed sleep, and more frequent and intense nightmares. Eveningness was also associated with greater brain activity in posterior cingulate/precuneus and brainstem regions across wakefulness and REM sleep, overlapping with regions related to arousal and REM sleep generation. Chronotype may be an important correlate of neural activity in REM sleep-generating and/or arousal regulatory regions among combat-exposed veterans with PTSD symptoms. Further investigations of the role of chronotype in PTSD are warranted.

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<http://link.springer.com/article/10.1007/s10567-013-0142-2>

Enhancing Family Resilience Through Family Narrative Co-construction.

William R. Saltzman, Robert S. Pynoos, Patricia Lester, Christopher M. Layne, William R. Beardslee

Clinical Child and Family Psychology Review

June 2013

We draw upon family resilience and narrative theory to describe an evidence-based method for intervening with military families who are impacted by multiple wartime deployments and psychological, stress-related, or physical parental injuries. Conceptual models of familial resilience provide a guide for understanding the mechanics of how families respond and recover from exposure to extreme events, and underscore the role of specific family processes and interaction patterns in promoting resilient capabilities. Leading family theorists propose that the family's ability to make

meaning of stressful and traumatic events and nurture protective beliefs are critical aspects of resilient adaptation. We first review general theoretical and empirical research contributions to understanding family resilience, giving special attention to the circumstances, challenges, needs, and strengths of American military families. Therapeutic narrative studies illustrate the processes through which family members acquire meaning-making capacities, and point to the essential role of parents' in facilitating discussions of stressful experiences and co-constructing coherent and meaningful narratives. This helps children to make sense of these experiences and develop capacities for emotion regulation and coping. Family-based narrative approaches provide a structured opportunity to elicit parents' and children's individual narratives, assemble divergent storylines into a shared family narrative, and thereby enhance members' capacity to make meaning of stressful experiences and adopt beliefs that support adaptation and growth. We discuss how family narratives can help to bridge intra-familial estrangements and re-engage communication and support processes that have been undermined by stress, trauma, or loss. We conclude by describing a family-based narrative intervention currently in use with thousands of military children and families across the USA.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22005/abstract>

Relations Between Hopelessness, Depressive Symptoms and Suicidality: Mediation by Reasons for Living.

Bagge, C. L., Lamis, D. A., Nadorff, M. and Osman, A.

Journal of Clinical Psychology

Article first published online: 24 JUN 2013

Objective

The present study examined whether reasons for living (RFL) would partially account for the associations between traditional risk factors (depressive symptoms, hopelessness) and suicidal ideation and attempts.

Method

Data were collected from 1,075 undergraduate college students who completed a battery of online assessments.

Results

Results from a series of simultaneous mediational models indicated that the relations between risk factors and current suicidal ideation were partially mediated by total RFL (and Coping Beliefs and Self-Evaluation subscales). Further, total RFL (and the Coping Beliefs subscale) fully mediated the relation between hopelessness and past-year suicide attempt, and partially mediated the depressive symptoms-suicide attempt relation.

Conclusions

This study demonstrates the importance of assessing for the presence of these suicide risk and protective factors. Implications for the improved identification and treatment of young adults at risk for suicide are discussed.

<http://www.omicsgroup.org/journals/2167-1044/2167-1044-S9-001.pdf>

Suicidal Behavior and Neurological Illnesses.

Coughlin, Steven S. and Sher, Leo

Depression & Anxiety

2013, S9

Objective:

Suicidal ideation and behavior have been associated with a variety of neurological illnesses. Studies are ongoing in combat veterans and other groups to examine possible mechanisms and pathways that account for such associations.

Method:

This article provides a review of the literature on suicide ideation and suicidal behavior in patients with neurological illnesses including publications on veteran's health and military medicine. Studies of suicide attempts and deaths in people with neurological illnesses are also reviewed.

Results:

The studies summarized in this review indicate that there are important linkages between suicidal ideation and behavior and neurological conditions, including epilepsy, multiple sclerosis, and amyotrophic lateral sclerosis.

Conclusion:

Additional studies are needed to further clarify why suicide ideation and suicidal behavior are associated with neurological diseases, in order to improve quality of life, alleviate patient distress, and prevent nonfatal and fatal suicide attempts in veteran and non-veteran populations.

<http://www.ncbi.nlm.nih.gov/pubmed/23807565>

J Med Internet Res. 2013 Jun 27;15(6):e121.

A Service-Based Evaluation of a Therapist-Supported Online Cognitive Behavioral Therapy Program for Depression.

Sharry J, Davidson R, McLoughlin O, Doherty G.

Source: Mater Misericordiae University Hospital, Dublin, Ireland.

BACKGROUND:

Evidence suggests that Internet-delivered cognitive behavioral therapy (CBT) may be as effective as face-to-face delivery for depression, but attrition and engagement rates remain a challenge.

OBJECTIVE:

This service-based study aimed to evaluate an online, therapist-supported, CBT-based program for depression. The program was specifically designed to address engagement issues, most notably by integrating online therapist support and communication within the platform.

METHODS:

Participants were 80 adults who were registered university students. Participants used the modular online program over 8 weeks, supported by a therapist. Engagement information was gathered automatically by the online system, and analyzed for all participants. Severity of participants' self-reported symptoms of depression were assessed preintervention and postintervention using the Beck Depression Inventory-II (BDI-II). Postintervention measures were completed by 53 participants.

RESULTS:

A high level of engagement was observed compared to a previous study within the same service, along with extensive use of a range of program features. A statistically significant ($P < .001$) decrease in self-reported depressive symptomatology from preintervention (mean BDI-II 25.47) to postintervention (mean BDI-II 15.53) with a large effect size ($d = 1.17$) was also observed.

CONCLUSIONS:

The results indicate the potential of unintrusive and easily provided online support to enhance engagement with online interventions. The system described in the paper also illustrates how such online support can be tightly integrated with interactive online programs by using a range of design strategies intended to improve the user experience.

<http://www.ncbi.nlm.nih.gov/pubmed/23806623>

Psychiatry Res. 2013 Jun 24. pii: S0165-1781(13)00314-4. doi: 10.1016/j.psychres.2013.05.036. [Epub ahead of print]

Relapses in recurrent depression 1 year after maintenance cognitive-behavioral therapy: The role of therapist adherence, competence, and the therapeutic alliance.

Weck F, Rudari V, Hilling C, Hautzinger M, Heidenreich T, Schermelleh-Engel K, Stangier U.

Source: Department of Clinical Psychology and Psychotherapy, University of Frankfurt, Frankfurt, Germany. Electronic address: weck@psych.uni-frankfurt.de.

The prevention of relapse in recurrent depression is considered a central aim in cognitive-behavioral therapy, given the high risk of relapse. In this study, patients with recurrent major depressive disorder (currently remitted) received 16 sessions of Maintenance Cognitive-Behavioral Therapy (M-CBT) over a period of 8 months, in order to prevent relapse. Therapist adherence and competence, as well as the therapeutic alliance, were investigated as predictors for reducing the risk of recurrence in depression. Videotapes of 80 participants were analyzed in order to evaluate therapist adherence and competence. Additionally, the therapeutic alliance was assessed by questionnaire. No associations were found between therapist adherence or competence, and the risk of relapse 1 year after treatment. By contrast, the therapeutic alliance was a significant predictor of the time to relapse. Moreover, we found that the number of previous depressive episodes (≥ 5 vs. ≤ 4) was a significant moderator variable. This indicates that the alliance-outcome relationship was particularly important when patients with five or more previous depressive episodes were taken into account, in comparison to patients with four or fewer episodes. For the psychotherapeutic treatment of recurrent depression and the prevention of relapse, sufficient attention should be paid to the therapeutic alliance.

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<http://www.ncbi.nlm.nih.gov/pubmed/23806832>

Psychoneuroendocrinology. 2013 Jun 24. pii: S0306-4530(13)00214-X. doi: 10.1016/j.psyneuen.2013.05.017. [Epub ahead of print]

Cortisol at the emergency room rape visit as a predictor of PTSD and depression symptoms over time.

Walsh K, Nugent NR, Kotte A, Amstadter AB, Wang S, Guille C, Acierno R, Kilpatrick DG, Resnick HS.

Source: Mailman School of Public Health, Department of Epidemiology, Columbia University, New York, NY, USA.

BACKGROUND:

Dysregulation of the hypothalamic-pituitary-adrenal axis, typically reflected by alterations in cortisol responsivity, has been associated with exposure to traumatic events and the development of stress-related disorders such as posttraumatic stress disorder (PTSD) and depression.

METHODS:

Serum cortisol was measured at the time of a post sexual assault medical exam among a sample of 323 female victims of recent sexual assault. Analyses were conducted among 235 participants who provided data regarding history of previous assault as well as PTSD and depression symptoms during at least one of the three follow-ups.

RESULTS:

Growth curve models suggested that prior history of assault and serum cortisol were positively associated with the intercept and negatively associated with the slope of PTSD and depression

symptoms after controlling for covariates. Prior history of assault and serum cortisol also interacted to predict the intercept and slope of PTSD and depression symptoms such that women with a prior history of assault and lower ER cortisol had higher initial symptoms that decreased at a slower rate relative to women without a prior history and those with higher ER cortisol.

CONCLUSIONS:

Prior history of assault was associated with diminished acute cortisol responsivity at the emergency room visit. Prior assault history and cortisol both independently and interactively predicted PTSD and depression symptoms at first follow-up and over the course a 6-month follow-up.

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<http://www.ncbi.nlm.nih.gov/pubmed/23806535>

Gen Hosp Psychiatry. 2013 Jun 24. pii: S0163-8343(13)00137-0. doi: 10.1016/j.genhosppsy.2013.04.016. [Epub ahead of print]

The development of a population-based automated screening procedure for PTSD in acutely injured hospitalized trauma survivors.

Russo J, Katon W, Zatzick D.

Source: Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA 98104, USA.

OBJECTIVE:

This investigation aimed to advance posttraumatic stress disorder (PTSD) risk prediction among hospitalized injury survivors by developing a population-based automated screening tool derived from data elements available in the electronic medical record (EMR).

METHOD:

Potential EMR-derived PTSD risk factors with the greatest predictive utilities were identified for 878 randomly selected injured trauma survivors. Risk factors were assessed using logistic regression, sensitivity, specificity, predictive values and receiver operator characteristic (ROC) curve analyses.

RESULTS:

Ten EMR data elements contributed to the optimal PTSD risk prediction model including International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) PTSD diagnosis, other ICD-9-CM psychiatric diagnosis, other ICD-9-CM substance use diagnosis or positive blood alcohol on admission, tobacco use, female gender, non-White ethnicity, uninsured, public or veteran insurance status, E-code identified intentional injury, intensive care unit admission and EMR documentation of any prior trauma center visits. The 10-item automated screen demonstrated good area under the ROC curve (0.72), sensitivity (0.71) and specificity (0.66).

CONCLUSIONS:

Automated EMR screening can be used to efficiently and accurately triage injury survivors at risk for the development of PTSD. Automated EMR procedures could be combined with stepped care protocols to optimize the sustainable implementation of PTSD screening and intervention at trauma centers nationwide.

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<http://www.ncbi.nlm.nih.gov/pubmed/23805923>

Issues Ment Health Nurs. 2013 Jun;34(6):386-394.

Learned Resourcefulness, Danger in Intimate Partner Relationships, and Mental Health Symptoms of Depression and PTSD in Abused Women.

Peterson K.

Source: University of Colorado- Colorado Springs, Beth-El College of Nursing and Health Sciences.

The study investigated the relationships among learned resourcefulness, dangerousness in abusive relationships, and symptoms of depression and post-traumatic stress disorder (PTSD) in a sample of abused sheltered women. A cross-sectional descriptive research design was utilized and 42 women met criteria for participation. Data were collected over a ten-month period from June 2010 to March 2011 using the following instruments: (1) demographic data collection form, (2) Self-Control Schedule (SCS), (3) Danger Assessment (DA), (4) Index of Spouse Abuse (ISA), (5) Beck Depression Inventory, Second Edition (BDI-II), and (6) Posttraumatic Stress Diagnostic Scale (PDS). Results indicated that 74% of the sample reported symptoms of depression and 67% met criteria for PTSD. In addition, there was 62% comorbidity between depression and PTSD. High levels of danger and low levels of resourcefulness were associated with increased symptoms of depression and PTSD. Further research is necessary, but results of the study suggest that resourcefulness may be an important consideration for abused women in reducing the impact of violence and abuse on mental health issues.

<http://www.ncbi.nlm.nih.gov/pubmed/23393958>

Violence Vict. 2012;27(6):991-1004.

Respondents' experiences of completing a retrospective web-based, sexual trauma survey: does a history of sexual victimization equate with risk for harm?

Wager NM.

Source: University of Bedfordshire, Department of Psychology, Faculty of Health and Social Science, Luton, Bedfordshire, United Kingdom. nadia.wager@beds.ac.uk

This study investigated respondents' experiences of completing a retrospective web-based survey exploring sexual revictimization. The original survey provided a link to a separate mixed-methods survey assessing the impact of participation. Of the original 481 respondents, 234 completed this follow-up survey. Eighty percent were female and 52% reported histories of sexual victimization (SV). Newman, Willard, Sinclair, and Kaloupek's (2001) Reactions to Research Participation Questionnaire was adapted to suit this web-based design, and several open-ended questions were included. The statistical analysis revealed that those who experienced SV reported higher levels of distress and personal benefit and were less likely to be inconvenienced by participation. However, higher levels of benefit did not always compensate for greater levels of distress, particularly for those with more recent and more extensive histories of SV. The thematic analysis of the qualitative responses is discussed and suggestions are offered for the design of more ethically sensitive research protocols and practices.

<http://www.ncbi.nlm.nih.gov/pubmed/23806000>

Chronobiol Int. 2013 Jun 27. [Epub ahead of print]

Relationships Among Circadian Typology, Psychological Symptoms, and Sensation Seeking.

Prat G, Adan A.

Source: Department of Psychiatry and Clinical Psychobiology, School of Psychology, University of Barcelona, Barcelona, Spain.

Recently, attention has been focused on the relationship among circadian typology, psychiatric symptoms, and personality traits. This study analyzes the influence of circadian typology on psychological distress, and the sensation-seeking personality trait. Five hundred seventeen college students (173 males), aged 17 to 30, answered the Composite Scale of Morningness (CSM), the General Health Questionnaire 28-item version (GHQ-28), and the Sensation Seeking Scale-V (SSS-V). The evening-type subjects in our sample scored higher than the neither- and morning- type in the GHQ-28 total score, as well as in the four subscales that composed it (Psychosomatic Symptoms, Anxiety and Insomnia, Social Dysfunction, and Severe Depression) ($p < 0.02$ in all cases). The evening-type subjects also had a larger proportion of psychiatric cases than the other two circadian typologies ($p < 0.0001$ in all cases). Moreover, the evening-type subjects obtained higher scores in the SSS-V total score and in the subscales of Disinhibition and Boredom Susceptibility ($p < 0.001$ in all cases). A positive correlation was observed between the GHQ-28 and the SSS-V total scores in the total sample, but only for the evening-type group ($r = 0.217$; $p < 0.027$). In the evening group, several relations were also found between the subscales of the GHQ-28 and the subscales of the SSS-V ($r > 0.206$; $p < 0.036$). All these data point to a relationship between evening-type subjects and the level of psychological distress and the sensation-seeking personality trait. They also suggest that eveningness could be related to developing psychological distress and personality traits that could, in turn, be related to developing other problems, such as drug consumption.

<http://www.ncbi.nlm.nih.gov/pubmed/23805109>

Front Psychiatry. 2013 Jun 26;4:60. doi: 10.3389/fpsy.2013.00060. Print 2013.

Interindividual Variability in Stress Susceptibility: A Role for Epigenetic Mechanisms in PTSD.

Zovkic IB, Meadows JP, Kaas GA, Sweatt JD.

Source: Department of Neurobiology, Evelyn F. McKnight Brain Institute, University of Alabama at Birmingham , Birmingham, AL , USA.

Post-traumatic stress disorder (PTSD) is a psychiatric condition characterized by intrusive and persistent memories of a psychologically traumatic event that leads to significant functional and social impairment in affected individuals. The molecular bases underlying persistent outcomes of a transient traumatic event have remained elusive for many years, but recent studies in rodents have implicated epigenetic modifications of chromatin structure and DNA methylation as fundamental mechanisms for the induction and stabilization of fear memory. In addition to mediating adaptations to traumatic events that ultimately cause PTSD, epigenetic mechanisms are also involved in establishing individual differences in PTSD risk and resilience by mediating long-lasting effects of genes and early environment on adult function and behavior. In this review, we discuss the current evidence for epigenetic regulation of PTSD in human studies and in animal models and comment on ways in which these models can be expanded. In addition, we identify key outstanding questions in the study of epigenetic mechanisms of PTSD in the context of rapidly evolving technologies that are constantly updating and adjusting our understanding of epigenetic modifications and their functional roles. Finally, we discuss the potential application of epigenetic approaches in identifying markers of risk and resilience that can be utilized to promote early intervention and develop therapeutic strategies to combat PTSD after symptom onset.

<http://www.ncbi.nlm.nih.gov/pubmed/23805108>

Front Psychiatry. 2013 Jun 24;4:56. doi: 10.3389/fpsy.2013.00056. Print 2013.

PTSD and DNA Methylation in Select Immune Function Gene Promoter Regions: A Repeated Measures Case-Control Study of U.S. Military Service Members.

Rusiecki JA, Byrne C, Galdzicki Z, Srikantan V, Chen L, Poulin M, Yan L, Baccarelli A.

Source: Department of Preventive Medicine, School of Medicine, Uniformed Services University , Bethesda, MD , USA.

Background:

The underlying molecular mechanisms of PTSD are largely unknown. Distinct expression signatures for PTSD have been found, in particular for immune activation transcripts. DNA methylation may be

significant in the pathophysiology of PTSD, since the process is intrinsically linked to gene expression. We evaluated temporal changes in DNA methylation in select promoter regions of immune system-related genes in U.S. military service members with a PTSD diagnosis, pre- and post-diagnosis, and in controls.

Methods:

Cases (n = 75) had a post-deployment diagnosis of PTSD in their medical record. Controls (n = 75) were randomly selected service members with no PTSD diagnosis. DNA was extracted from pre- and post-deployment sera. DNA methylation (%5-mC) was quantified at specific CpG sites in promoter regions of insulin-like growth factor 2 (IGF2), long non-coding RNA transcript H19, interleukin-8 (IL8), IL16, and IL18 via pyrosequencing. We used multivariate analysis of variance and generalized linear models to calculate adjusted means (adjusted for age, gender, and race) to make temporal comparisons of %5-mC for cases (pre- to post-deployment) versus controls (pre- to post-deployment).

Results:

There were significant differences in the change of %5-mC pre- to post-deployment between cases and controls for H19 (cases: +0.57%, controls: -1.97%; p = 0.04) and IL18 (cases: +1.39%, controls: -3.83%; p = 0.01). For H19 the difference was driven by a significant reduction in %5-mC among controls; for IL18 the difference was driven by both a reduction in %5-mC among controls and an increase in %5-mC among cases. Stratified analyses revealed more pronounced differences in the adjusted means of pre-post H19 and IL18 methylation differences for cases versus controls among older service members, males, service members of white race, and those with shorter deployments (6-12 months).

Conclusion:

In the study of deployed personnel, those who did not develop PTSD had reduced %5-mC levels of H19 and IL18 after deployment, while those who did develop PTSD had increased levels of IL18. Additionally, pre-deployment the people who later became cases had lower levels of IL18 %5-mC compared with controls. These findings are preliminary and should be investigated in larger studies.

<http://www.ncbi.nlm.nih.gov/pubmed/23803518>

J Int Neuropsychol Soc. 2013 Jun 27:1-6. [Epub ahead of print]

Stress-Related Psychological Symptoms Are Associated with Increased Attentional Capture by Visually Salient Distractors.

Esterman M, Degutis J, Mercado R, Rosenblatt A, Vasterling JJ, Milberg W, McGlinchey R.

Source: Research Service, VA Boston Healthcare System, Boston, Massachusetts.

Research has shown that attention can be abnormally drawn to salient threat- or trauma-related information in individuals with posttraumatic stress and related psychological symptoms. The nature of this attentional bias is thought to derive from capture of attention toward potential threat

overpowering the volitional, goal-directed attentional system. However, it is unclear whether this pattern of attentional dysregulation generalizes to salient, but non-emotional types of information. Using a well-established and sensitive measure of attentional capture, the current study demonstrates that posttraumatic psychological symptom severity is associated with the capture of attention by visually salient, non-emotional distractors. Specifically, during visual search for a unique shape, the presence of a task-irrelevant but salient color singleton disrupted search efficiency, and this disruption was correlated with both posttraumatic stress disorder (PTSD) and depression symptom severity as assessed by self-report. These findings suggest that posttraumatic stress and depression may be characterized as involving a general alteration of the balance between salience-based and goal-directed attentional systems. (JINS, 2013, 19, 1-6).

http://link.springer.com/chapter/10.1007/978-1-4614-6681-9_14

Relational Social Work Practice with Combat Veterans.

Jeni Tyson, LCSW

Relational Social Work Practice with Diverse Populations

Essential Clinical Social Work Series 2014, pp 217-238

Relational social work is a practice model rich in social constructivist, relational-cultural, feminist, and interpersonal theories. Despite theoretical variations, all these orientations share the foundational construct that human beings are inextricably embedded in their social environments and cannot be understood apart from the relational context they are immersed in. Relational social work adopts a client-centered non-pathological stance, which focuses on the healing nature of relationships through connection and co-creation of narratives and meaning. Combat veterans, like members of other diverse groups and subcultures, will present with complex cultural layers that are unique to their war experience. A general level of cultural competency and sensitivity is needed to view a combat veteran's symptoms, issues, and personal narrative, as an adaptation of that person to the environment or culture of war. The bidirectional process, mutuality, and respectful collaboration can help reframe traumatic events and assist the returning combatant in re-integrating into his prewar environment while affirming new constructs for survival and relational schemas. A review of the literature and a case illustration are presented in support of the importance of a relational social work perspective with this population.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3687243/>

Psychosoc Med. 2013; 10: Doc03.

Published online 2013 June 17.

Emotional ambivalence and post-traumatic stress disorder (PTSD) in soldiers during military operations.

Lucia Jerg-Bretzke, Steffen Walter, Kerstin Limbrecht-Ecklundt, and Harald C. Traue

Objective:

This pilot study examined the extent to which a specific mechanism of emotion regulation – namely, ambivalence concerning the expressiveness of German soldiers’ emotions – affects the severity of PTSD symptoms after a military operation.

Methodology:

A survey was conducted at three points in time among 66 soldiers deployed on military crisis operations. The Harvard Trauma Questionnaire (HTQ), the Ambivalence over Emotional Expressiveness Questionnaire (AEQ-G18), and a questionnaire on the particular stress of German soldiers during military operations were used.

Results:

The study showed a significant correlation between emotional ambivalence and traumatization. Furthermore, it was shown that the subjective stress of soldiers leading up to deployment is more pronounced when emotional ambivalence is stronger in the context of military operations. This particular stress is greater before and during the military operation than after. Compared to a male control sample, the average AEQ-G18 scores of the soldier sample examined here are considerably lower.

Conclusion:

This pilot study clearly indicates that the AEQ-G18 could be a suitable predictor of the psychological burden on soldiers. The correlations between emotional ambivalence on the one hand and the particular and post-traumatic stressors on the other hand are not only statistically significant in the present pilot study, but may also be relevant as risk factors. It is, therefore, necessary to conduct more extensive studies on soldiers participating in military operations to verify the results of this pilot study.

<http://www.sciencedirect.com/science/article/pii/S0165032713004667>

Age and belongingness moderate the effects of combat exposure on suicidal ideation among active duty Air Force personnel.

Craig J. Bryan, Mary McNaughton-Cassill, Augustine Osman

Journal of Affective Disorders

Available online 22 June 2013

Objective

To determine if intensity of combat exposure relates to suicidal ideation among active duty Air Force personnel according to age and perceived belonging.

Method

Self-report measures of suicidal ideation, combat exposure (e.g., firing weapons, being fired upon), aftermath exposure (e.g., seeing dead bodies and devastation), emotional distress, belongingness, and perceived burdensomeness were completed by 273 (81.7% male; 67.8% Caucasian, 20.5% African American, 2.2% Native American, .7% Asian, .4% Pacific Islander, and 8.4% "other"; age $M=25.99$, $SD=5.90$) active duty Air Force Security Forces personnel. Multiple regression modeling was utilized to test the associations of combat exposure and aftermath exposure with recent suicidal ideation.

Results

A significant age-by-combat exposure interaction was found ($B=0.014$, $SE=0.006$, $p=0.019$), suggesting combat exposure and suicidal ideation was strongest among military personnel above the age of 34. The age-by-aftermath exposure interaction was not significant ($B=-0.003$, $SE=0.004$, $p=0.460$). A significant three-way interaction of age, combat exposure, and belongingness was also found ($B=0.011$, $SE=0.005$, $p=0.042$). The Johnson–Neyman test indicated that suicidal ideation was most severe among Airmen above the age of 29 years with high combat exposure and low levels of belongingness.

Limitations

Cross-sectional, self-report design limited to two Air Force units.

Conclusions

A strong sense of belonging protects against suicidal ideation among Airmen above the age of 29 years who have been exposed to higher levels of combat.

<http://online.liebertpub.com/doi/abs/10.1089/lgbt.2013.0003>

Understanding Health-Care Needs of Sexual and Gender Minority Veterans: How Targeted Research and Policy Can Improve Health.

Kristin M. Mattocks, Michael R. Kauth, Theo Sandfort, Alexis R. Matza, J. Cherry Sullivan, and Jillian C. Shipherd

LGBT Health

Online Ahead of Print: June 25, 2013

Given the size of the patient population of the Veterans Health Administration (VHA), it is likely the largest single provider of health care for sexual and gender minority (SGM) individuals in the United States, including lesbian, gay, bisexual, and transgender persons. However, current VHA demographic data-collection strategies limit the understanding of how many SGM veterans there are, thereby making a population-based understanding of the health needs of SGM veterans receiving care in VHA difficult. In this article, we summarize the emergent research findings about SGM veterans and the first initiatives that have been implemented by VHA to promote quality care. Though the research on SGM veterans is in its infancy, it suggests that SGM veterans share some of the health risks noted in veterans generally and also risks associated with SGM status. Some promising resiliency factors have also been identified. These findings have implications for both VHA and non-VHA systems in the treatment of SGM veterans. However, more research on the unique needs of SGM veterans is needed to fully understand their health risks and resiliencies in addition to health-care utilization patterns.

<http://www.sciencedirect.com/science/article/pii/S1064748113001607>

Loneliness Among Older Veterans in the United States: Results from the National Health and Resilience in Veterans Study.

Philipp Kuwert, M.D., Christine Knaevelsrud, Ph.D., Robert H. Pietrzak, Ph.D., M.P.H.

The American Journal of Geriatric Psychiatry, Available online 25 June 2013

Objectives

This study examined the current prevalence, and demographic, military, health, and psychosocial correlates of loneliness in a contemporary nationally representative sample of older U.S. veterans.

Methods

Two thousand twenty-five veterans aged 60 years and older participated in the National Health and Resilience in Veterans Study. Loneliness was assessed using a questionnaire adapted from the Revised UCLA Loneliness Scale. A broad range of demographic, military, health, and psychosocial variables was also assessed.

Results

44% of veterans reported feeling lonely at least some of the time (10.4% reported often feeling lonely). Greater age, disability in activities of daily living, lifetime traumas, perceived stress, and current depressive and post-traumatic stress disorder symptoms were positively associated with loneliness, and being married/cohabitating, higher income, greater subjective cognitive functioning, social support, secure attachment, dispositional gratitude, and frequency of attending religious services were negatively associated with loneliness. The largest magnitude associations were observed for perceived social support, secure attachment style, and depressive symptoms.

Conclusions

Loneliness is prevalent among older veterans in the United States, and associated with several health

and psychosocial variables. These results suggest that multifactorial interventions that emphasize bolstering of social support and reduction of depressive symptoms may help mitigate loneliness in the rapidly growing population of older veterans.

<http://onlinelibrary.wiley.com/doi/10.1111/bjc.12022/abstract>

Social defeat and PTSD symptoms following trauma.

Troop, N. A. and Hiskey, S.

British Journal of Clinical Psychology

Article first published online: 25 JUN 2013

Objectives

Research indicates that constructs relevant to social rank predict a diagnosis of post-traumatic stress disorder (PTSD), including mental defeat, alienation, and shame. However, no studies have yet explored a social rank view explicitly.

Design

This was a community-based study carried out online. Analyses were both cross-sectional and longitudinal over 6 months.

Methods

Participants were recruited online for a cross-sectional study (Study 1, n = 194) and a 6-month longitudinal study (Study 2, n = 81). Measures included self-report measures of PTSD symptoms (the Post-Traumatic Diagnostic Scale) and social rank (including measures of unfavourable social comparison, social defeat, and internal/external entrapment).

Results

Cross-sectional analysis showed that social defeat, but not other aspects of social rank, was independently predictive of a diagnosis of PTSD. Longitudinal analysis showed that greater social defeat at baseline predicted less improvement in PTSD symptoms, whereas greater reduction in social defeat over the 6-month follow-up predicted greater improvement in PTSD symptoms.

Conclusions

In addition to the implications for understanding the role of social (rather than individual mental) defeat in the aetiology of PTSD, interventions could usefully incorporate methods that either increase social status or else minimize the impact of low status (e.g., through the use of compassion-focused approaches).

Practitioner points

Clinical implications

Post-traumatic stress disorder (PTSD) status is related to social defeat independently of demographic characteristics and features of the trauma.

Reduction in PTSD symptoms over 6 months is predicted by reduction in social defeat.

The evidence supports the use of interventions that increase self-perceived status or minimize the impact of low status (such as compassion-focused approaches).

Cautions or limitations

Participants were recruited online and may not be representative of clinical samples.

Measures, including diagnostic tools, were self-report rather than interview- or observation based.

With only two time points in the longitudinal study, direction of causality cannot be determined.

<http://www.sciencedirect.com/science/article/pii/S0005796713001010>

A Randomized Pilot Study of Anger Treatment for Iraq and Afghanistan Veterans.

M. Tracie Shea, Jennifer Lambert, Madhavi K. Reddy

Behaviour Research and Therapy, Available online 22 June 2013

Objective

Anger and aggression are serious problems for a significant proportion of veterans who have served in combat. While prior research has suggested that cognitive behavioral treatments may be effective for anger problems, there are few controlled studies of anger treatment in veterans and no studies of anger treatment focusing exclusively on veterans from the Iraq and Afghanistan wars. This randomized pilot study compare an adapted cognitive behavioral intervention (CBI) to a supportive intervention (SI) control condition for the treatment of anger problems in veterans returning from deployment in Iraq or Afghanistan.

Methods

25 veterans with warzone trauma, problems with anger, and one or more additional hyperarousal symptoms were randomized and 23 started treatment (CBI, n = 12; SI, n = 11). Outcome measures were administered at pre- and post- treatment and at 3 months post-treatment.

Results

CBI was associated with significantly more improvement than SI on measures of anger and interpersonal functioning. Gains were maintained at follow-up.

Conclusions:

Findings suggest that CBI may be more effective than an active control providing psychoeducation,

relaxation, and supportive therapy for treating anger problems in returning veterans. The findings need to be replicated in an adequately powered and more diverse sample.

<http://link.springer.com/article/10.1007/s11606-013-2341-4>

Military Sexual Trauma Among Homeless Veterans.

Joanne Pavao MPH, Jessica A. Turchik PhD, Jenny K. Hyun PhD, MPH, Julie Karpenko MSW, Meghan Saweikis MS, Susan McCutcheon EdD, RN, Vincent Kane MSS, Rachel Kimerling PhD

Journal of General Internal Medicine

July 2013, Volume 28, Issue 2 Supplement, pp 536-541

BACKGROUND

Military sexual trauma (MST) is the Veteran Health Administration's (VHA) term for sexual assault and/or sexual harassment that occurs during military service. The experience of MST is associated with a variety of mental health conditions. Preliminary research suggests that MST may be associated with homelessness among female Veterans, although to date MST has not been examined in a national study of both female and male homeless Veterans.

OBJECTIVE

To estimate the prevalence of MST, examine the association between MST and mental health conditions, and describe mental health utilization among homeless women and men.

DESIGN AND PARTICIPANTS

National, cross-sectional study of 126,598 homeless Veterans who used VHA outpatient care in fiscal year 2010.

MAIN MEASURES

All variables were obtained from VHA administrative databases, including MST screening status, ICD-9-CM codes to determine mental health diagnoses, and VHA utilization.

KEY RESULTS

Of homeless Veterans in VHA, 39.7 % of females and 3.3 % of males experienced MST. Homeless Veterans who experienced MST demonstrated a significantly higher likelihood of almost all mental health conditions examined as compared to other homeless women and men, including depression, posttraumatic stress disorder, other anxiety disorders, substance use disorders, bipolar disorders, personality disorders, suicide, and, among men only, schizophrenia and psychotic disorders. Nearly all homeless Veterans had at least one mental health visit and Veterans who experienced MST utilized significantly more mental health visits compared to Veterans who did not experience MST.

CONCLUSIONS

A substantial proportion of homeless Veterans using VHA services have experienced MST, and those

who experienced MST had increased odds of mental health diagnoses. Homeless Veterans who had experienced MST had higher intensity of mental health care utilization and high rates of MST-related mental health care. This study highlights the importance of trauma-informed care among homeless Veterans and the success of VHA homeless programs in providing mental health care to homeless Veterans.

<http://link.springer.com/article/10.1007/s11606-012-2323-y>

Women Veterans' Healthcare Delivery Preferences and Use by Military Service Era: Findings from the National Survey of Women Veterans.

Donna L. Washington MD, MPH, Bevanne Bean-Mayberry MD, MHS, Alison B. Hamilton PhD, MPH, Kristina M. Cordasco MD, MPH, MSHS, Elizabeth M. Yano PhD, MSPH

Journal of General Internal Medicine

July 2013, Volume 28, Issue 2 Supplement, pp 571-576

BACKGROUND

The number of women Veterans (WVs) utilizing the Veterans Health Administration (VA) has doubled over the past decade, heightening the importance of understanding their healthcare delivery preferences and utilization patterns. Other studies have identified healthcare issues and behaviors of WVs in specific military service eras (e.g., Vietnam), but delivery preferences and utilization have not been examined within and across eras on a population basis.

OBJECTIVE

To identify healthcare delivery preferences and healthcare use of WVs by military service era to inform program design and patient-centeredness.

DESIGN AND PARTICIPANTS

Cross-sectional 2008–2009 survey of a nationally representative sample of 3,611 WVs, weighted to the population.

MAIN MEASURES

Healthcare delivery preferences measured as importance of selected healthcare features; types of healthcare services and number of visits used; use of VA or non-VA; all by military service era.

KEY RESULTS

Military service era differences were present in types of healthcare used, with World War II and Korea era WVs using more specialty care, and Vietnam era-to-present WVs using more women's health and mental health care. Operations Enduring Freedom, Iraqi Freedom, New Dawn (OEF/OIF/OND) WVs made more healthcare visits than WVs of earlier military eras. The greatest healthcare delivery concerns were location convenience for Vietnam and earlier WVs, and cost for Gulf War 1 and OEF/OIF/OND

WVs. Co-located gynecology with general healthcare was also rated important by a sizable proportion of WVs from all military service eras.

CONCLUSIONS

Our findings point to the importance of ensuring access to specialty services closer to home for WVs, which may require technology-supported care. Younger WVs' higher mental health care use reinforces the need for integration and coordination of primary care, reproductive health and mental health care.

<http://onlinelibrary.wiley.com/doi/10.1111/head.12155/abstract>

Prescription Headache Medication in OEF/OIF Veterans: Results From the Women Veterans Cohort Study.

Seng, E. K., Driscoll, M. A., Brandt, C. A., Bathulapalli, H., Goulet, J., Silliker, N., Kerns, R. D. and Haskell, S. G.

Headache: The Journal of Head and Face Pain

Article first published online: 28 JUN 2013

Objective

To examine differences in male and female veterans of Operations Enduring Freedom/Iraqi Freedom (OEF/OIF) period of service in taking prescription headache medication, and associations between taking prescription headache medication and mental health status, psychiatric symptoms, and rates of traumatic events.

Background

Headaches are common among active service members and are associated with impairment in quality of life. Little is known about headaches in OEF/OIF veterans.

Methods

Veterans participating in the Women Veterans Cohort Study responded to a cross-sectional survey to assess taking prescription headache medication, mental health status (Post Deployment Health Assessment), psychiatric symptoms (portions of the Brief Patient Health Questionnaire and the Posttraumatic Stress Disorder Checklist), and traumatic events (the Traumatic Life Events Questionnaire and queries regarding military trauma). Gender differences among taking prescription headache medication, health status, psychiatric symptoms, and traumatic events were examined. Regression analyses were used to examine the influence of gender on the associations between taking prescription headache medication and health status, psychiatric symptoms, and traumatic events.

Results

139/551 (25.2%) participants reported taking prescription headache medication in the past year. A higher proportion of women veterans (29.1%) reported taking prescription medication for headache in

the last year compared with men (19.7%). Taking prescription headache medication was associated with poorer perceived mental health status, higher anxiety and posttraumatic stress disorder symptoms, and higher rates of traumatic events. The association between prescription headache medication use and perceived mental health status, and with the association between prescription headache medication use and posttraumatic stress disorder symptoms, was stronger for men than for women.

Conclusions

Among OEF/OIF veterans, the prevalence of clinically relevant headache is high, particularly among women veterans. Taking prescription headache medication is associated with poor mental health status, higher rates of psychiatric symptoms, and higher rates of traumatic events; however, these variables did not appear to meaningfully account for gender differences in prevalence of taking prescription headache medication. Future research should endeavor to identify factors that might account for the observed differences.

<http://link.springer.com/article/10.1007/s11606-013-2374-8>

The Relationship between Body Mass Index and Mental Health Among Iraq and Afghanistan Veterans.

Shira Maguen PhD, Erin Madden MPH, Beth Cohen MD, MAS, Daniel Bertenthal MPH, Thomas Neylan MD, Lisa Talbot PhD, Carl Grunfeld MD, Karen Seal MD, MPH

Journal of General Internal Medicine

July 2013, Volume 28, Issue 2 Supplement, pp 563-570

BACKGROUND

Obesity is a growing public health concern and is becoming an epidemic among veterans in the post-deployment period.

OBJECTIVE

To explore the relationship between body mass index (BMI) and posttraumatic stress disorder (PTSD) in a large cohort of Iraq and Afghanistan veterans, and to evaluate trajectories of change in BMI over 3 years.

DESIGN

Retrospective, longitudinal cohort analysis of veterans' health records

PARTICIPANTS

A total of 496,722 veterans (59,790 female and 436,932 male veterans) whose height and weight were recorded at the Department of Veterans Affairs (VA) healthcare system at least once after the end of their last deployment and whose first post-deployment outpatient encounter at the VA was at least 1 year prior to the end of the study period (December 31, 2011).

MAIN MEASURES

BMI, mental health diagnoses.

KEY RESULTS

Seventy-five percent of Iraq and Afghanistan veterans were either overweight or obese at baseline. Four trajectories were observed: “stable overweight” represented the largest class; followed by “stable obese;” “overweight/obese gaining;” and “obese losing.” During the 3-year ascertainment period, those with PTSD and depression in particular were at the greatest risk of being either obese without weight loss or overweight or obese and continuing to gain weight. Adjustment for demographics and antipsychotic medication attenuated the relationship between BMI and certain mental health diagnoses. Although BMI trajectories were similar in men and women, some gender differences were observed. For example, the risk of being in the persistently obese class in men was highest for those with PTSD, whereas for women, the risk was highest among those with depression.

CONCLUSIONS

The growing number of overweight or obese returning veterans is a concerning problem for clinicians who work with these patients. Successful intervention to reduce the prevalence of obesity will require integrated efforts from primary care and mental health to treat underlying mental health causes and assist with engagement in weight loss programs.

<http://www.archives-pmr.org/article/S0003-9993%2813%2900459-0/abstract>

Descriptive Characteristics and Rehabilitation Outcomes in Active Duty Military Personnel and Veterans with Disorders of Consciousness With Combat and Non-Combat Related Brain Injury.

Risa Nakase-Richardson, Shane McNamee, Laura L.S. Howe, Jill Massengale, Michelle Peterson, Scott D. Barnett, Odette Harris, Marissa McCarthy, Johanna Tran, Steven Scott, David X. Cifu

Archives of Physical Medicine and Rehabilitation - 27 June 2013

Objective

To report the injury and demographic characteristics, medical course, and rehabilitation outcome for a consecutive series of veterans and active duty military personnel with combat and non-combat related brain injury and disorder of consciousness at time of rehabilitation admission.

Design

Retrospective Study.

Setting

VHA Polytrauma Rehabilitation Center’s Emerging Consciousness Program (ECP).

Participants

From January of 2004 to October of 2009, N=1654 persons were admitted to the Polytrauma

Rehabilitation System of Care. This study focused on the N=122 persons admitted with a disorder of consciousness (DOC). Participants with DOC were primarily male (96%), active duty (82%), with ≥ 12 years of education, and a median age of 25. Brain injury etiologies included mixed blast trauma (24%), penetrating (8%), other trauma (56%), and nontrauma (13%). Median initial GCS was 3 and rehabilitation admission GCS was 8. Individuals were admitted for acute neurorehabilitation approximately 51 days post injury with a median rehabilitation length of stay of 132 days.

Intervention

None

Main Outcome Measures

Recovery of consciousness. Functional Independence Measure.

Results

A majority of participants emerged to regain consciousness during neurorehabilitation (64%). Average gains on the Functional Independence Measure Cognitive and Motor subscales were 19 (SD 25) and 7 (SD 8) respectively. Common medical complications included spasticity (70%), dysautonomia (34%), seizure occurrence (30%), and intracranial infection (22%). Differential outcomes were observed across etiologies particularly for those with blast-related brain-injury etiology.

Conclusion

Despite complex comorbidities, optimistic outcomes were observed. Individuals with severe head injury due to blast-related etiologies have different outcomes and comorbidities observed. Health-services research with a focus on prevention of comorbidities is needed to inform optimal models of care particularly for combat-injured soldiers with blast-related injuries.

<http://www.ncte.org/library/NCTEFiles/Groups/CCCC/AnEthicalObligation.pdf>

“An Ethical Obligation”: Promising Practices for Student Veterans in College Writing Classrooms

D. Alexis Hart and Roger Thompson

National Council of Teachers of English

June 2013

Promising Practices for Veterans in College Writing Classrooms D. Alexis Hart and Roger Thompson , June 2013 3 B ACKGROUND This white paper reports on the findings from a 2011 CCCC Research Grant that funded a two year study of military veterans in college writing classrooms . The findings are drawn from a national survey of writing instructors and a series of site visits and interviews with writing faculty, staff, administrators, students, and Veterans Resource Center (VRC) staff at more than fifty colleges and universities.

Veteran enrollments at colleges and universities continue to climb. The U.S. Department of Veterans Affairs (VA), reports that “ between August 1, 2009 and January 23, 2013, approximately 1,143,105 veterans attended institutions of higher education in the United States, and the number of veterans, spouses, and dependents using Post 9/11 GI Bill benefits grew 84 percent from the first to the second year of the benefit” (APSCU 3). Because of the nature of the Post 9/11 GI Bill, those enrollments promise to continue to increase or, at the very least, remain close to current levels for the coming decade as more veterans return from deployments and more veterans’ family members use the transferable GI Bill benefits. In addition, since at least one semester of first year writing is almost universally required at U.S. colleges and universities, the first year writing classroom (which typically requires close peer to peer interaction and conferencing with faculty) is likely to be a place where veteran status is disclosed. Marilyn Valentino made this point clear in her 2010 CCCC’s Chair’s address, reminding those present that teachers of writing are often the first point of contact for veteran students and calling upon writing instructors to consider how they might “help ease the transition from combat to the classroom.” In response to Valentino’s call to action, our study aimed to understand the ethical obligations that faculty and administrators face whether veteran students and military family members disclose their status or not, and what obligations writing programs may have to help better serve their veteran populations.

http://www.rand.org/pubs/research_briefs/RB9712.html

Improving Coordination and Efficiency of Care for Veterans

David I. Auerbach, William B. Weeks

RAND Corporation

2013

The Veterans Health Administration can improve allocation of its scarce resources by better coordinating with the private sector to reduce potential redundancies, provide access to high-quality care, and meet rapidly changing needs.

http://www.rand.org/pubs/research_reports/RR285.html

Health Care Spending and Efficiency in the U.S. Department of Veterans Affairs

David I. Auerbach, William B. Weeks, Ian Brantley

RAND Corporation

2013

In its 2013 budget request, the Obama administration sought \$140 billion for the U.S. Department of Veterans Affairs (VA), 54 percent of which would provide mandatory benefits, such as direct compensation and pensions, and 40 percent of which is discretionary spending, earmarked for medical benefits under the Veterans Health Administration (VHA). Unlike Medicare, which provides financing for care when its beneficiaries use providers throughout the U.S. health care system, the VHA is a government-run, parallel system that is primarily intended for care provision of veterans. The VHA hires its own doctors and has its own hospital network infrastructure. Although the VHA provides quality services to veterans, it does not preclude veterans from utilizing other forms of care outside of the VHA network — in fact, the majority of veterans' care is received external to the VHA because of location and other system limitations. Veterans typically use other private and public health insurance coverage (for example, Medicare, Medicaid) for external care, and many use both systems in a given year (dual use). Overlapping system use creates the potential for duplicative, uncoordinated, and inefficient use. The authors find some suggestive evidence of such inefficient use, particularly in the area of inpatient care. Coordination management and quality of care received by veterans across both VHA and private sector systems can be optimized (for example, in the area of mental illness, which benefits from an integrated approach across multiple providers and sectors), capitalizing on the best that each system has to offer, without increasing costs.

<http://www.ncbi.nlm.nih.gov/pubmed/23815424>

J Addict Dis. 2013 April-June;32(2):168-179.

Comorbid Posttraumatic Stress Disorder and Opiate Addiction: A Literature Review.

Fareed A, Eilender P, Haber M, Bremner J, Whitfield N, Drexler K.

Source: Department of Psychiatry and Behavioral Sciences , Emory University School of Medicine , Atlanta , Georgia , USA.

Treatment of comorbid posttraumatic stress disorder (PTSD) and opioid dependence has been a challenge for many clinicians. There are limited evidence-based guidelines for treatment of this comorbidity. Symptoms of PTSD and opiate dependence may converge, and it is sometimes difficult to differentiate between both conditions. For example, opioid withdrawal symptoms may mimic the hypervigilance and exacerbated startle response of patients with PTSD. A common neurobiologic circuit is suggested for the pathophysiologic mechanism of this comorbidity. There is evidence that opioid substitution therapy may improve treatment outcomes for opioid addiction in patients with comorbid PTSD and opioid dependence. Evidence-based psychotherapeutic intervention is recommended for this population to improve the psychological outcome as well. Combining opioid substitution therapy with evidence-based cognitive behavioral therapy designed for individuals with comorbid PTSD and substance abuse (e.g., Seeking Safety) may improve treatment outcomes in this population. More research is needed to understand the underlying mechanisms for this comorbidity and to improve treatment response.

<http://www.ncbi.nlm.nih.gov/pubmed/23819047>

Pain Res Treat. 2013;2013:174728. doi: 10.1155/2013/174728. Epub 2013 Jun 2.

Conceptualizing and Treating Comorbid Chronic Pain and PTSD.

Bosco MA, Gallinati JL, Clark ME.

Source: James A. Haley Veterans Affairs Hospital, University of South Florida, 13000 Bruce B. Downs Boulevard (116B), Tampa, FL 33612, USA.

The purpose of this paper is to review the rationale for concurrent, evidence-based treatment of chronic pain and posttraumatic stress disorder (PTSD). To meet this end, we review pertinent definitions and extant theories related to the two conditions and their correlations with each other. We then synthesize theoretical components into a proposal of a comprehensive conceptual framework for understanding the relationship and clinical complexity of overlapping chronic pain and PTSD. We conclude with an example of an integrated treatment model designed specifically to address a fundamental factor associated with pain and PTSD: avoidance.

<http://www.ncbi.nlm.nih.gov/pubmed/23816189>

Psychiatry Res. 2013 Jun 28. pii: S0925-4927(13)00079-6. doi: 10.1016/j.psychres.2013.03.002. [Epub ahead of print]

Regional cerebral volumes in veterans with current versus remitted posttraumatic stress disorder.

Chao L, Weiner M, Neylan T.

Source: Departments of Radiology and Biomedical Imaging, University of California, San Francisco, USA; Departments of Psychiatry, University of California, San Francisco, USA; Center for Imaging of Neurodegenerative Diseases, San Francisco, California, USA. Electronic address: linda.chao@ucsf.edu.

We previously reported that hippocampal volume was associated with current, but not lifetime posttraumatic stress disorder (PTSD) symptom severity. In the present study, we test the hypothesis that like the hippocampus, the volumes of other brain regions previously implicated in PTSD, are also negatively related to current, but not lifetime PTSD symptom severity. One hundred ninety-one veterans underwent structural magnetic resonance imaging (MRI) on a 4T scanner. Seventy-five veterans were trauma unexposed, 43 were trauma exposed without PTSD, 39 were trauma exposed with current PTSD, and 34 were trauma exposed veterans with remitted PTSD. Hippocampal, amygdala, rostral and caudal anterior cingulate, insula, and corpus callosum volumes, quantified with Freesurfer version 4.5, were analyzed by group using multivariate analysis of covariance. Veterans with PTSD had smaller hippocampal, caudal anterior cingulate, insula, and corpus callosum volumes than the unexposed

controls ($p \leq 0.009$); smaller hippocampal, caudal anterior cingulate, insula ($p \leq 0.009$) and marginally smaller corpus callosum ($p = 0.06$) than veterans with remitted PTSD; and smaller hippocampal and caudal anterior cingulate volumes than veterans without PTSD ($p \leq 0.04$). In contrast, there was no significant volume differences between veterans with remitted PTSD compared to those without PTSD or unexposed controls. The finding that current but not lifetime PTSD accounts for the volumes of multiple brain regions suggests that either smaller brain volume is a vulnerability factor that impedes recovery from PTSD or that recovery from PTSD is accompanied by a wide-spread restoration of brain tissue.

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<http://www.ncbi.nlm.nih.gov/pubmed/23815305>

Rehabil Psychol. 2013 Jul 1. [Epub ahead of print]

Mild Traumatic Brain Injury, Meaning Made of Trauma, and Posttraumatic Stress: A Preliminary Test of a Novel Hypothesis.

Holland JM, Lisman R, Currier JM.

Objective:

Research has demonstrated that a substantial number of veterans returning from Iraq and Afghanistan with mild traumatic brain injury (mTBI) also contend with symptoms of posttraumatic stress disorder (PTSD). One possible contributing factor for the development and/or exacerbation of PTSD symptoms among individuals with mTBI could involve challenges processing trauma and integrating their memories into existing global meaning systems. The goal of this study was to provide a preliminary examination of whether meaning made of trauma could account for the association between mTBI and PTSD (i.e., reexperiencing, avoidance, and hyperarousal symptoms).

Method:

The sample was comprised of 162 Iraq and/or Afghanistan veterans who presented for health care services at a Department of Veterans Affairs hospital. These veterans completed a two-level evaluation for mTBI as well as a self-report questionnaire assessing demographic and military background factors, meaning made of trauma, and PTSD symptomatology.

Results:

Drawing on structural equation modeling, results indicated that probable mTBI was indirectly associated with the three domains of PTSD symptomatology via veterans' meaning made of trauma.

Conclusions:

Although the cross-sectional nature of this study limits the conclusions that can be drawn, these results offer support for difficulties with meaning-making as a contributing factor for risk of PTSD among veterans with mTBI. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23815110>

Psychol Assess. 2013 Jul 1. [Epub ahead of print]

Psychophysiological Assessment of PTSD: A Potential Research Domain Criteria Construct.

Bauer MR, Ruef AM, Pineles SL, Japuntich SJ, Macklin ML, Lasko NB, Orr SP.

Most research on posttraumatic stress disorder (PTSD) relies on clinician-administered interview and self-report measures to establish the presence/absence and severity of the disorder. Accurate diagnosis of PTSD is made challenging by the presence of symptoms shared with other psychopathologies and the subjective nature of patients' descriptions of their symptoms. A physiological assessment capable of reliably "diagnosing" PTSD could provide adjunctive information that might mitigate these diagnostic limitations. In the present study, we examined the construct validity of a potential psychophysiological measure of PTSD, that is, psychophysiological reactivity to script-driven imagery (SDI-PR), as measured against the current diagnostic "gold-standard" for PTSD, the Clinician-Administered PTSD Scale (CAPS). Convergent and predictive validity and stability were examined. Thirty-six individuals completed an SDI-PR procedure, the CAPS, and self-report measures of mental and physical health at their initial visit and approximately 6 months later. SDI-PR and the CAPS demonstrated excellent stability across measurement occasions. SDI-PR showed moderately strong convergent validity with the CAPS. After adjusting for self-reported depression, predictive validity for the CAPS, with regard to health sequelae, was reduced, whereas it remained mostly unchanged for SDI-PR. Findings support SDI-PR as a valid and stable measure of PTSD that captures a pathophysiologic process in individuals with PTSD. Results are discussed with regard to the research domain criteria framework. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23807065>

J Gen Intern Med. 2013 Jul;28 Suppl 2:556-62. doi: 10.1007/s11606-013-2333-4.

Gender differences among veterans deployed in support of the wars in Afghanistan and Iraq.

Street AE, Gradus JL, Giasson HL, Vogt D, Resick PA.

Source: National Center for PTSD, VA Boston Healthcare System, 150 South Huntington Avenue (116B-3), Boston, MA, 02130, USA, amy.street@va.gov.

BACKGROUND:

The changing scope of women's roles in combat operations has led to growing interest in women's deployment experiences and post-deployment adjustment.

OBJECTIVES:

To quantify the gender-specific frequency of deployment stressors, including sexual and non-sexual harassment, lack of social support and combat exposure. To quantify gender-specific post-deployment mental health conditions and associations between deployment stressors and posttraumatic stress disorder (PTSD), to inform the care of Veterans returning from the current conflicts.

DESIGN:

National mail survey of OEF/OIF Veterans randomly sampled within gender, with women oversampled.

SETTING:

The community.

PARTICIPANTS:

In total, 1,207 female and 1,137 male Veterans from a roster of all Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans. Response rate was 48.6 %.

MAIN MEASURES:

Deployment stressors (including combat and harassment stress), PTSD, depression, anxiety and alcohol use, all measured via self-report.

KEY RESULTS:

Women were more likely to report sexual harassment (OR = 8.7, 95% CI: 6.9, 11) but less likely to report combat (OR = 0.62, 95 % CI: 0.50, 0.76). Women and men were equally likely to report symptoms consistent with probable PTSD (OR = 0.87, 95 % CI: 0.70, 1.1) and symptomatic anxiety (OR = 1.1, 95% CI: 0.86, 1.3). Women were more likely to report probable depression (OR = 1.3, 95 % CI: 1.1, 1.6) and less likely to report problematic alcohol use (OR = 0.59, 95 % CI: 0.47, 0.72). With a five-point change in harassment stress, adjusted odds ratios for PTSD were 1.36 (95 % CI: 1.23, 1.52) for women and 1.38 (95 % CI: 1.19, 1.61) for men. The analogous associations between combat stress and PTSD were 1.31 (95 % CI: 1.24, 1.39) and 1.31 (95 % CI: 1.26, 1.36), respectively.

CONCLUSIONS:

Although there are important gender differences in deployment stressors-including women's increased risk of interpersonal stressors-and post-deployment adjustment, there are also significant similarities. The post-deployment adjustment of our nation's growing population of female Veterans seems comparable to that of our nation's male Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23807063>

J Gen Intern Med. 2013 Jul;28 Suppl 2:542-8. doi: 10.1007/s11606-012-2260-9.

Gender differences in prescribing among veterans diagnosed with posttraumatic stress disorder.

Bernardy NC, Lund BC, Alexander B, Jenkyn AB, Schnurr PP, Friedman MJ.

Source: National Center for PTSD, White River Junction VA Medical Center, 215 North Main, White River Junction, VT, 05001, USA, Nancy.Bernardy@va.gov.

OBJECTIVE:

The Department of Veterans Affairs (VA) and Department of Defense (DoD) issued a revised posttraumatic stress disorder (PTSD) Clinical Practice Guideline (CPG) in 2010 with specific pharmacotherapy recommendations for evidence-based quality care. The authors examined prescribing frequencies over an 11-year period prior to the release of the new guideline to determine gender differences in pharmacotherapy treatment in veterans with PTSD.

METHOD:

National administrative VA data from 1999 to 2009 were used to identify veterans with PTSD using ICD-9 codes extracted from inpatient discharges and outpatient clinic visits. Prescribing of antidepressants, antipsychotics and hypnotics was determined for each year using prescription drug files.

RESULTS:

Women were more likely than men to receive medication across all classes except prazosin where men had higher prescribing frequency. The proportion of women receiving either of the first-line pharmacotherapy treatments for PTSD, selective serotonin reuptake inhibitors (SSRI) and serotonin-norepinephrine reuptake inhibitors (SNRI), increased from 56.4 % in 1999 to 65.7 % in 2009, higher rates than seen in men (49.2 % to 58.3 %). Atypical antipsychotic prescriptions increased from 14.6 % to 26.3 % and nonbenzodiazepine hypnotics increased from 3.8 % to 16.9 % for women, higher frequencies than seen in men for both medications (OR = 1.31, 1.43 respectively). The most notable gender discrepancy was observed for benzodiazepines where prescriptions decreased for men (36.7 % in 1999 to 29.8 % in 2009) but steadily increased for women from 33.4 % to 38.3 %.

CONCLUSION:

A consistent pattern of increased prescribing of psychotropic medications among women with PTSD was seen compared to men. Prescribing frequency for benzodiazepines showed a marked gender difference with a steady increase for women despite guideline recommendations against use and a decrease for men. Common co-occurring disorders and sleep symptom management are important factors of PTSD pharmacotherapy and may contribute to gender differences seen in prescribing benzodiazepines in women but do not fully explain the apparent disparity.

<http://www.ncbi.nlm.nih.gov/pubmed/23815304>

Rehabil Psychol. 2013 Jul 1. [Epub ahead of print]

Pilot of a Novel Intervention for Postconcussive Symptoms in Active Duty, Veterans, and Civilians.

King EG, Kretzmer TS, Vanderploeg RD, Asmussen SB, Clement VL, Belanger HG.

Purpose/Objective:

The authors present a study aimed at pilot testing a novel delivery method, namely a computer intervention, for postconcussive symptom reduction in active duty, veteran, and civilian patients with acute and chronic complaints. Following a concussion/mild traumatic brain injury (MTBI), most individuals recover completely, but a significant proportion report postconcussive symptoms months to years following the injury. Psychoeducational intervention has shown to be effective in reducing postconcussive symptoms in studies done with acute civilian samples, but the efficacy of psychoeducational interventions with individuals who served in combat or have chronic complaints remains unclear.

Research Method/Design:

Twenty-five active duty, veteran, and civilian participants took part in this study. At baseline, each participant completed a self-run psychoeducational computer-based treatment. Participants were reassessed 1-month postintervention via phone to evaluate postconconcussive symptom severity. Results: Participants reported significantly fewer postconcussive symptoms at follow-up than baseline ($d = .99$). Intervention satisfaction was reported, with feedback related to ease of use and quality.

Conclusions/Implications:

Extending previous studies, current findings demonstrated that psychoeducational intervention following MTBI was associated with postconcussive symptom complaint reduction in both acute and chronic patients. These data also confirm the feasibility of using computerized psychoeducation and speak to the importance of providing education to both acute and chronic patients across settings. Feedback from participants was generally positive. Further investigation with a control group is warranted. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23814343>

Sleep. 2013 Jul 1;36(7):1059-1068.

A Systematic Review Assessing Bidirectionality between Sleep Disturbances, Anxiety, and Depression.

Alvaro PK, Roberts RM, Harris JK.

Source: School of Psychology, University of Adelaide, South Australia.

STUDY OBJECTIVES:

To investigate whether sleep disturbances are bidirectionally related to anxiety and depression, and thus identify potential risk factors for each problem.

DESIGN:

A systematic review was conducted on 9 studies (8 longitudinal, 1 retrospective) that assessed bidirectionality between a sleep disturbance, and anxiety or depression. Treatment studies were excluded, along with those solely based on clinical samples or cohorts at high risk of suffering from a

sleep disturbance, anxiety and depression. Eligible studies were identified by searching PubMed, PsychINFO, Embase, and Scopus databases, and reference lists of eligible studies. Publication dates ranged from the beginning of each database to December 2011.

MEASUREMENTS AND RESULTS:

Syntheses of longitudinal studies suggested insomnia and sleep quality were bidirectionally related to anxiety and depression, and depression/anxiety, respectively. Childhood sleep problems significantly predicted higher levels of depression and a combined depression/anxiety variable, but not vice-versa. A one-way relationship was found where anxiety predicted excessive daytime sleepiness, but excessive daytime sleepiness was not associated with depression.

CONCLUSIONS:

Definitive conclusions regarding bidirectionality cannot be made for most sleep disturbances due to the small number and heterogeneity of cohort samples used across studies. Nevertheless, best available evidence suggests insomnia is bidirectionally related to anxiety and depression. Clinical and theoretical implications are discussed.

CITATION:

Alvaro PK; Roberts RM; Harris JK. A systematic review assessing bidirectionality between sleep disturbances, anxiety, and depression. *SLEEP* 2013;36(7):1059-1068.

<http://www.ncbi.nlm.nih.gov/pubmed/23809904>

Sleep Med Rev. 2013 Jun 25. pii: S1087-0792(13)00045-2. doi: 10.1016/j.smr.2013.04.001. [Epub ahead of print]

Sleep changes in the disorder of insomnia: A meta-analysis of polysomnographic studies.

Baglioni C, Regen W, Teghen A, Spiegelhalder K, Feige B, Nissen C, Riemann D.

Source: Department of Psychiatry and Psychotherapy, University of Freiburg Medical Center, Hauptstraße 5, 79104 Freiburg, Germany. Electronic address: chiara.baglioni@uniklinik-freiburg.de.

Insomnia is a highly prevalent health problem worldwide. Primary insomnia (PI), i.e., insomnia not due to another disorder or substance use, represents a model to elucidate the pathophysiology of sleep. However, prior research in patients with PI has failed to demonstrate consistent abnormalities in the state-of-the-art assessment of sleep (polysomnography). The aim of this meta-analysis was to clarify whether there are identifiable polysomnographic sleep changes that correspond to the subjective complaints of patients with PI. Medline and PsycInfo databases were searched from 1994 to 2012. Effects were calculated as standardized mean differences. Studies were pooled with the random-effects meta-analytic model. Twenty-three studies met inclusion criteria. In total, 582 patients with PI and 485 good sleeper controls (GSC) were evaluated. The results showed that patients with PI present a disruption of sleep continuity and a significant reduction of slow wave sleep (SWS) and rapid eye

movement (REM) sleep compared to GSC. The observed changes in sleep architecture, i.e., reductions in SWS and REM sleep, hitherto did not count among the typical polysomnographic findings in patients with PI. An advanced knowledge of the polysomnographic changes in PI may add to foster the understanding of the pathophysiology of sleep and its bi-directional relationships with somatic and mental disorders.

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<http://www.ncbi.nlm.nih.gov/pubmed/23827972>

Prog Neurobiol. 2013 Jul 1. pii: S0301-0082(13)00052-X. doi: 10.1016/j.pneurobio.2013.06.003. [Epub ahead of print]

Pain and Suicidality: Insights from Reward and Addiction Neuroscience.

Elman I, Borsook D, Volkow ND.

Source: Providence VA Medical Center and Cambridge Health Alliance, Harvard Medical School.
Electronic address: ielman@cha.harvard.edu.

Suicidality is exceedingly prevalent in pain patients. Although the pathophysiology of this link remains unclear, it may be potentially related to the partial congruence of physical and emotional pain systems. The latter system's role in suicide is also conspicuous during setbacks and losses sustained in the context of social attachments. Here we propose a model based on the neural pathways mediating reward and anti-reward (i.e., allostatic adjustment to recurrent activation of the reward circuitry); both are relevant etiologic factors in pain, suicide and social attachments. A comprehensive literature search on neurobiology of pain and suicidality was performed. The collected articles were critically reviewed and relevant data were extracted and summarized within four key areas: (1) physical and emotional pain, (2) emotional pain and social attachments, (3) pain- and suicide-related alterations of the reward and anti-reward circuits as compared to addiction, which is the premier probe for dysfunction of these circuits and (4) mechanistically informed treatments of co-occurring pain and suicidality. Pain-, stress- and analgesic drugs-induced opponent and proponent states of the mesolimbic dopaminergic pathways may render reward and anti-reward systems vulnerable to sensitization, cross-sensitization and aberrant learning of contents and contexts associated with suicidal acts and behaviors. These findings suggest that pain patients exhibit alterations in the brain circuits mediating reward (depressed function) and anti-reward (sensitized function) that may affect their proclivity for suicide and support pain and suicidality classification among other "reward deficiency syndromes" and a new proposal for "enhanced anti-reward syndromes". We suggest that interventions aimed at restoring the balance between the reward and anti-reward networks in patients with chronic pain may help decreasing their suicide risk.

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<http://www.ncbi.nlm.nih.gov/pubmed/23823533>

J Int Neuropsychol Soc. 2013 Jul 3:1-10. [Epub ahead of print]

PTSD Modifies Performance on a Task of Affective Executive Control among Deployed OEF/OIF Veterans with Mild Traumatic Brain Injury.

Amick MM, Clark A, Fortier CB, Esterman M, Rasmussen AM, Kenna A, Milberg WP, McGlinchey R.

Source: Translational Research Center for Traumatic Brain Injury and Stress Disorders, VA Boston Healthcare System, Boston, Massachusetts.

Individuals with post-traumatic stress disorder (PTSD) show a cognitive bias for threatening information, reflecting dysregulated executive control for affective stimuli. This study examined whether comorbid mild Traumatic Brain Injury (mTBI) with PTSD exacerbates this bias. A computer-administered Affective Go/No-Go task measured reaction times (RTs) and errors of omission and commission to words with a non-combat-related positive or negative valence in 72 deployed United States service members from the wars in Iraq and Afghanistan. Incidents of military-related mTBI were measured with the Boston Assessment of Traumatic Brain Injury-Lifetime. PTSD symptoms were measured with the Clinician-Administered PTSD Scale. Participants were divided into those with (mTBI+, n = 34) and without a history of military-related mTBI (mTBI-, n = 38). Valence of the target stimuli differentially impacted errors of commission and decision bias (criterion) in the mTBI+ and mTBI- groups. Specifically, within the mTBI+ group, increasing severity of PTSD symptoms was associated with an increasingly liberal response pattern (defined as more commission errors to negative distractors and greater hit rate for positive stimuli) in the positive compared to the negative blocks. This association was not observed in the mTBI- group. This study underscores the importance of considering the impact of a military-related mTBI and PTSD severity upon affective executive control. (JINS, 2013, 19, 1-10).

<http://www.ncbi.nlm.nih.gov/pubmed/23824907>

J Gen Intern Med. 2013 Jul 4. [Epub ahead of print]

Clinical Utility of an Intimate Partner Violence Screening Tool for Female VHA Patients.

Iverson KM, King MW, Resick PA, Gerber MR, Kimerling R, Vogt D.

Source: Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System, 150 South Huntington Avenue (116B-3), Boston, MA, 02130, USA, Katherine.Iverson@va.gov.

OBJECTIVES:

Female Veterans are at high risk for physical, sexual, and psychological forms of intimate partner violence (IPV) victimization. This study evaluated the accuracy of a brief IPV victimization screening tool for use with female Veterans Health Administration (VHA) patients.

DESIGN:

Participants completed a paper-and-pencil mail survey that included the four-item Hurt/Insult/Threaten/Scream (HITS) and the 39-item Revised Conflict Tactics Scales (CTS-2). Operating characteristics, including sensitivity and specificity, were calculated using the CTS-2 as the reference standard for past-year IPV.

PARTICIPANTS:

Female veterans from a roster of randomly selected female patients of the New England VA Healthcare System. Women must have reported being in an intimate relationship in the past year to be included.

MAIN MEASURES:

Primary measures included the HITS (index test) and the CTS-2 (reference standard).

KEY RESULTS:

This study included 160 women. The percentage of women who reported past-year IPV, as measured by any physical assault, sexual coercion, and/or severe psychological aggression on the CTS-2, was 28.8 %. The receiver-operator characteristic curve demonstrated that the HITS cutoff score of 6 maximizes the true positives while minimizing the false positives in this sample. The sensitivity of the optimal HITS cutoff score of 6 was 78 % (95 % CI 64 % to 88 %), specificity 80 % (95 % CI 71 % to 87 %), positive likelihood ratio 3.9 (95 % CI 2.61 to 5.76), negative likelihood ratio 0.27 (95 % CI 0.16 to 0.47), positive predictive value 0.61 (95 % CI 0.47, 0.73), and negative predictive value 0.90 (95 % CI 0.82, 0.95).

CONCLUSIONS:

For a low-burden screen, the HITS demonstrated good accuracy in detecting past-year IPV relative to the CTS-2 in a sample of female VHA patients with an optimal cutpoint of 6. The HITS may help VHA and other health-care providers detect past-year IPV and deliver appropriate care for female Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23820361>

Mil Med. 2013 Jul;178(7):e836-40. doi: 10.7205/MILMED-D-12-00426.

Clinical Case Series: Treatment of PTSD With Transcendental Meditation in Active Duty Military Personnel.

Barnes VA, Rigg JL, Williams JJ.

Source: Georgia Prevention Center, HS-1640, Georgia Regents University, Augusta, GA 30912.

Active duty U.S. Army Service Members previously diagnosed with post-traumatic stress disorder (PTSD) were selected from review of patient records in the Traumatic Brain Injury Clinic at the Department of Defense Eisenhower Army Medical Center at Fort Gordon in Augusta, Georgia. Patients agreed to practice the Transcendental Meditation (TM) technique for 20 minutes twice a day for the duration of a 2-month follow-up period. Three cases are presented with results that show the feasibility of providing

TM training to active duty soldiers with PTSD in a Department of Defense medical facility. Further investigation is suggested to determine if a TM program could be used as an adjunct for treatment of PTSD. Impact of this report is expected to expand the complementary and alternative evidence base for clinical care of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23819665>

Perspect Psychiatr Care. 2013 Jul;49(3):152-161. doi: 10.1111/j.1744-6163.2012.00344.x. Epub 2012 Jun 13.

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

Williams RA, Gatien G, Hagerty BM, Kane M, Otto L, Wilson C, Throop M.

Source: Reg Arthur Williams, PhD, RN, BC, FAAN, is Professor, School of Nursing and Psychiatry, Medical School, University of Michigan, Ann Arbor, MI, USA; Gary Gatien, MA, is Project Manager, School of Nursing, University of Michigan, Ann Arbor, MI, USA; Bonnie M. Hagerty, PhD, RN, is Associate Professor and Associate Dean of Undergraduate Studies, School of Nursing, University of Michigan, Ann Arbor, MI, USA; Michele Kane, PhD, RN, is Commander, NC, USN, Walter Reed National Military Medical Center, Bethesda, MD, USA; Laureen Otto, PhD, RN, is Major, Army Nurse Corps, Brooke Army Medical Center, San Antonio, TX, USA; Candy Wilson, PhD, APRN, is Lieutenant Colonel, Air Force Nurse Corps, Wilford Hall Medical Center, San Antonio, TX, USA; and Meryia Throop, PhD, RN, is MAJ, Army Nurse Corps, Walter Reed National Military Medical Center, Bethesda, MD, USA.

PURPOSE:

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

DESIGN AND METHODS:

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

FINDINGS:

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

PRACTICE IMPLICATIONS:

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

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

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<http://www.ncbi.nlm.nih.gov/pubmed/23820342>

Mil Med. 2013 Jul;178(7):708-14. doi: 10.7205/MILMED-D-12-00542.

Military occupation and deployment: descriptive epidemiology of active duty u.s. Army men evaluated for a disability discharge.

Gubata ME, Piccirillo AL, Packnett ER, Cowan DN.

Source: Division of Preventive Medicine, Walter Reed Army Institute of Research, 503 Robert Grant Avenue, Silver Spring, MD 20910.

OBJECTIVE:

Physically demanding jobs and history of deployment put Soldiers at increased risk for injury, hospitalizations, and disability. Characterizing differences in disability outcomes by occupation and deployment history may identify specific military populations for targeted prevention and intervention programs as well as potential areas of future research.

METHODS:

A cross-sectional analysis was conducted on U.S. Army enlisted men evaluated in the Department of Defense's Disability Evaluation System (DES) between fiscal years 2005 and 2011, comparing those assigned a Combat Arms military occupational specialty (MOS) to individuals with any other MOS (Other).

RESULTS:

Among deployed Soldiers, those with Combat Arms MOS were substantially and significantly more likely to receive medical disability retirement than Other MOS and were more likely to be evaluated for conditions compatible with combat exposures, including post-traumatic stress disorder, residuals of traumatic brain injury, and paralysis. Among nondeployed Soldiers, Combat Arms MOS were only slightly more likely to receive medical disability than Other MOS, and no substantial differences in medical conditions were noted between the two MOS groups.

CONCLUSIONS:

Combat Arms MOS is a significant risk factor for disability retirement primarily among deployed men. Further research is needed to identify specific military occupations most at risk for disability retirement.

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<http://annals.org/article.aspx?articleid=1700950>

In the Clinic: Care of Returning Military Personnel.

Laura L. Sessums, JD, MD; and Jeffrey L. Jackson, MD, MPH

Annals of Internal Medicine

2 July 2013

Large numbers of Americans have deployed in combat operations in the past decade and may seek health care in civilian, Veterans Affairs (VA), or military settings on return from deployment. The U.S. military currently has nearly 1.5 million active-duty members, with another 850 000 in the Reserves or National Guard. (1) Unless exempted for family or medical reasons, all military, Reserve, and National Guard (Selected Reserves) members are eligible for deployment. As of December 2011, approximately 102 000 were deployed to Afghanistan in Operation Enduring Freedom (OEF) and approximately 50 000 to Iraq in Operation New Dawn (previously known as Operation Iraqi Freedom [OIF]) (2). More than 2.6 million service members have deployed to Iraq or Afghanistan since 2001, and nearly a million have deployed more than once (3).

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000007/art00035>

Case Report: Military Subcultural Competency.

Author: Meyer, Eric

Source: Military Medicine, Volume 178, Number 7, July 2013 , pp. e848-e850(3)

The military is comprised of numerous subcultures. These subcultures can dramatically impact perceptions of illness and care. Although efforts are currently underway to improve the military cultural competence of all health care providers, efforts to improve the subcultural competence of military providers require attention. Military providers, although part of the military culture, may not appreciate their patients' military subculture or be aware of the impact their own subculture plays on the encounter. To illustrate potential difficulties, a case is described where limited military subcultural competence disrupted care. As the military medical corps continues to integrate across service lines, this case underscores the importance of training military physicians to assess the influence of a service member's specific military subculture.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000007/art00021>

NATO Survey of Mental Health Training in Army Recruits.

Authors: Adler, Amy B.; Delahaij, Roos; Bailey, Suzanne M.; Van den Berge, Carlo; Parmak, Merle; van Tussenbroek, Barend; Puente, José M.; Landratova, Sandra; Kral, Pavel; Kreim, Guenter; Rietdijk, Deirdre; McGurk, Dennis; Castro, Carl Andrew

Source: Military Medicine, Volume 178, Number 7, July 2013 , pp. 760-766(7)

To-date, there has been no international review of mental health resilience training during Basic Training nor an assessment of what service members perceive as useful from their perspective. In response to this knowledge gap, the North Atlantic Treaty Organization (NATO) Human Factors & Medicine Research & Technology Task Group “Mental Health Training” initiated a survey and interview with seven to twenty recruits from nine nations to inform the development of such training (N = 121). All nations provided data from soldiers joining the military as volunteers, whereas two nations also provided data from conscripts. Results from the volunteer data showed relatively consistent ranking in terms of perceived demands, coping strategies, and preferences for resilience skill training across the nations. Analysis of data from conscripts identified a select number of differences compared to volunteers. Subjects also provided examples of coping with stress during Basic Training that can be used in future training; themes are presented here. Results are designed to show the kinds of demands facing new recruits and coping methods used to overcome these demands to develop relevant resilience training for NATO nations.

<http://www.ncbi.nlm.nih.gov/pubmed/23831496>

Behav Res Ther. 2013 Jun 14;51(9):540-546. doi: 10.1016/j.brat.2013.05.014. [Epub ahead of print]

Sleep disturbance and emotion dysregulation as transdiagnostic processes in a comorbid sample.

Fairholme CP, Nosen EL, Nillni YI, Schumacher JA, Tull MT, Coffey SF.

Source: University of Mississippi Medical Center, USA; G.V. (Sonny) Montgomery VA Medical Center, USA; Stanford University, USA. Electronic address: cfairholme@stanford.edu.

Sleep disturbance and emotion dysregulation have been identified as etiologic and maintaining factors for a range of psychopathology and separate literatures support their relationships to anxiety, depression, PTSD, and alcohol dependence (AD) symptom severity. Previous studies have examined these relationships in isolation, failing to account for the high rates of comorbidity among disorders. It is not yet known whether these processes uniquely predict symptom severity in each of these domains. Participants were 220 patients in residential substance abuse treatment, who had experienced a potentially traumatic event and exceeded screening cutoffs for probable PTSD and problematic alcohol use. Controlling for emotion dysregulation and the interrelationships among the outcome variables, insomnia was uniquely associated with anxiety ($B = .27, p < .001$), depression ($B = .25, p < .001$), PTSD ($B = .22, p < .001$), and AD ($B = .17, p = .01$) symptom severity. Similarly, controlling for insomnia, emotion dysregulation was uniquely associated with anxiety ($B = .40, p < .001$), depression ($B = .47, p < .001$), PTSD ($B = .38, p < .001$), and AD ($B = .26, p < .001$) symptom severity. Insomnia and emotion

dysregulation appear to be transdiagnostic processes uniquely associated with symptom severity across a number of different domains and might be important treatment targets for individuals with PTSD and AD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23830527>

Addict Behav. 2013 Jun 18. pii: S0306-4603(13)00160-3. doi: 10.1016/j.addbeh.2013.06.001. [Epub ahead of print]

Co-occurring mental health and alcohol misuse: Dual disorder symptoms in combat injured veterans.

Heltemes KJ, Clouser MC, Macgregor AJ, Norman SB, Galarneau MR.

Source: Department of Medical Modeling, Simulation, and Mission Support, Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106-3521, USA. Electronic address: heltemesk@gmail.com.

OBJECTIVE:

Service members face difficulties during military deployment potentially resulting in morbidities such as posttraumatic stress disorder (PTSD), depression, and alcohol misuse. The co-occurrence of alcohol misuse and mental health disorders is termed dual disorder and has been associated with adverse outcomes.

METHODS:

The study included 812 high-risk (i.e., endorsing combat exposure with documented combat injury) male U.S. veterans of Operation Iraqi Freedom, injured between October 2004 and November 2007, identified from the Expeditionary Medical Encounter Database.

RESULTS:

PTSD and depression symptoms were significant correlates of alcohol misuse. Veterans with dual disorder symptoms reported a significantly higher mean number of health complaints on the Post-Deployment Health Reassessment compared with those endorsing only mental health symptoms.

CONCLUSIONS:

These results highlight how mental health disorders among injured service members increases the odds of problem drinking and those with dual disorder have elevated health complaints.

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<http://www.ncbi.nlm.nih.gov/pubmed/23829657>

Suicide Life Threat Behav. 2013 Jul 8. doi: 10.1111/sltb.12040. [Epub ahead of print]

Predictors of Suicidal Ideation in a Gender-Stratified Sample of OEF/OIF Veterans.

Gradus JL, Street AE, Suvak MK, Resick PA.

Source: National Center for PTSD, VA Boston Healthcare System, Boston, MA, USA; Department of Psychiatry, Boston University School of Medicine, Boston, MA, USA; Department of Epidemiology, Boston University School of Public Health, Boston, MA, USA.

Abstract

There is a growing concern about suicide among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. We examined the role of postdeployment mental health in associations between deployment stressors and postdeployment suicidal ideation (SI) in a national sample of 2,321 female and male OEF/OIF veterans. Data were obtained via survey, and path analysis was used. For women and men, mental health symptoms largely accounted for associations between deployment stressors and SI; however, they only partly accounted for the sexual harassment and SI association among women. These findings enhance the understanding of the mental health profile of OEF/OIF veterans.

Published 2013. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/23834587>

Acta Psychiatr Scand. 2013 Jul 3. doi: 10.1111/acps.12169. [Epub ahead of print]

Cost-effectiveness of CBT, SSRI, and CBT+SSRI in the treatment for panic disorder.

van Apeldoorn FJ, Stant AD, van Hout WJ, Mersch PP, den Boer JA.

Source: University Medical Center Groningen, Groningen, the Netherlands.

OBJECTIVE:

The objective of this study was to assess the cost-effectiveness of three empirically supported treatments for panic disorder with or without agoraphobia: cognitive behavioral therapy (CBT), pharmacotherapy using a selective serotonin reuptake inhibitor (SSRI), or the combination of both (CBT+SSRI).

METHOD:

Cost-effectiveness was examined based on the data from a multicenter randomized controlled trial. The Hamilton Anxiety Rating Scale was selected as a primary health outcome measure. Data on costs from a societal perspective (i.e., direct medical, direct non-medical, and indirect non-medical costs) were

collected in the study sample (N = 150) throughout a 24-month period in which patients received active treatment during the first twelve months and were seen twice for follow-up in the next twelve months.

RESULTS:

Total costs were largely influenced by costs of the interventions and productivity losses. The mean total societal costs were lower for CBT as compared to SSRI and CBT+SSRI. Costs of medication use were substantial for both SSRI and CBT+SSRI. When examining the balance between costs and health outcomes, both CBT and CBT+SSRI led to more positive outcomes than SSRI.

CONCLUSION:

Cognitive behavioral therapy is associated with the lowest societal costs. Cognitive behavioral therapy and CBT+SSRI are more cost-effective treatments for panic disorder with or without agoraphobia as compared to SSRI only.

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<http://www.ncbi.nlm.nih.gov/pubmed/23836998>

Clinicoecon Outcomes Res. 2013 Jun 26;5:281-7. doi: 10.2147/CEOR.S44625. Print 2013.

The costs of traumatic brain injury: a literature review.

Humphreys I, Wood RL, Phillips CJ, Macey S.

Source: Swansea Centre for Health Economics, College of Human and Health Sciences, Swansea University, Wales, UK.

OBJECTIVE:

The purpose of this study was to review the literature relating to the psychosocial costs associated with traumatic brain injury (TBI).

METHODS:

Nine online journal databases, including MEDLINE, CINAHL, PsychINFO, and PUBMED, were queried for studies between July 2010 and May 2012 pertaining to the economic burden of head injuries. Additional studies were identified through searching bibliographies of related publications and using Google internet search engine.

RESULTS:

One hundred and eight potentially relevant abstracts were identified from the journal databases. Ten papers were chosen for discussion in this review. All but two of the chosen papers were US studies. The studies included a cost-benefit analysis of the implementation of treatment guidelines from the US brain trauma foundation and a cost-effectiveness analysis of post-acute traumatic brain injury rehabilitation.

CONCLUSION:

Very little research has been published on the economic burden that mild and moderate traumatic brain injury patients pose to their families, careers, and society as a whole. Further research is needed to estimate the economic burden of these patients on healthcare providers and social services and how this can impact current health policies and practices.

<http://www.ncbi.nlm.nih.gov/pubmed/23835878>

J Head Trauma Rehabil. 2013 Jul 3. [Epub ahead of print]

Exploring the Role of Insomnia in the Relation Between PTSD and Pain in Veterans With Polytrauma Injuries.

Lang KP, Veazey-Morris K, Andrasik F.

Source: Department of Psychology, The University of Memphis (Ms Lang and Drs Veazey-Morris and Andrasik), and Memphis VA Medical Center, Memphis, Tennessee (Dr Veazey-Morris).

BACKGROUND:

Soldiers returning from Operation Enduring Freedom/Operation Iraqi Freedom experience polytrauma injuries including traumatic brain injury. Traumatic brain injury is often complicated by symptoms of insomnia, posttraumatic stress disorder (PTSD), and pain that can impact treatment and rehabilitation.

METHODS:

The medical records of 137 veterans seen at a Veterans Affairs Medical Center Polytrauma clinic who sustained traumatic brain injury in combat were reviewed for this study. Demographic variables include age, sex, ethnicity, military branch, and service connection. Outcome measures include PTSD, pain, and insomnia.

RESULTS:

Analyses revealed a high prevalence of PTSD, insomnia, and pain co-occurring in 51.8% of veterans. Increased PTSD symptomatology was significantly correlated with reports of more pain severity ($r = 0.53$), pain interference ($r = 0.61$), and insomnia ($r = 0.67$). Further analyses, controlling for service connection, indicated that insomnia partially mediated the relation between PTSD and both pain severity and interference.

CONCLUSIONS:

These results highlight the overlap and complexity of presenting complaints in veterans and help identify the role of sleep disturbances in complicating diagnosis and treatment of veterans. As sleep problems reduce pain tolerance and exacerbate other symptoms, such as cognitive deficits and irritability, failure to address sleep disturbances may compromise rehabilitation efforts, suggesting the importance of a multidisciplinary team approach to assessing and treating these veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23835873>

J Head Trauma Rehabil. 2013 Jul 3. [Epub ahead of print]

Changes in Self-Reported Pre- to Postinjury Coping Styles in the First 3 Years After Traumatic Brain Injury and the Effects on Psychosocial and Emotional Functioning and Quality of Life.

Gregório GW, Gould KR, Spitz G, van Heugten CM, Ponsford JL.

Source: Department of Psychiatry and Neuropsychology, Faculty of Health, Medicine, and Life Sciences, Maastricht University, Maastricht, the Netherlands (Drs Wolters Gregório and van Heugten); Monash-Epworth Rehabilitation Research Centre, Epworth Hospital, Richmond, Victoria, Australia (Drs Gould and Ponsford and Mr Spitz); School of Psychology and Psychiatry, Faculty of Medicine, Nursing, and Health Science, Monash University, Clayton, Victoria, Australia (Drs Gould and Ponsford and Mr Spitz); and Centre of Excellence in Traumatic Brain Injury Research, National Trauma Research Institute, Alfred Hospital, Melbourne, Australia (Drs Gould and Ponsford).

OBJECTIVE:

To examine the influence of self-reported preinjury coping on postinjury coping, psychosocial functioning, emotional functioning, and quality of life at 1 year following traumatic brain injury (TBI).

SETTING:

Inpatient hospital and community.

PARTICIPANTS:

One hundred seventy-four participants with TBI.

DESIGN:

Prospective, longitudinal design. Participants were assessed at 5 time points: after emerging from posttraumatic amnesia, and at 6, 12, 24, and 36 months postinjury.

MAIN MEASURES:

Coping Scale for Adults-Short Version; Quality of Life Inventory; Sydney Psychosocial Reintegration Scale; Hospital Anxiety and Depression Scale.

RESULTS:

High preinjury use of nonproductive coping style predicted high use of nonproductive coping, more anxiety, and lower psychosocial functioning at 1 year postinjury. Increased use of nonproductive coping and decreased use of productive coping predicted poorer psychosocial outcome at 1 year post-TBI. Use of both productive and nonproductive coping decreased in the first 6 to 12 months post-TBI relative to preinjury. Unlike productive coping, nonproductive coping reached preinjury levels within 3 years postinjury.

CONCLUSION:

The findings support identification of individuals at risk of relying on nonproductive coping and poorer psychosocial outcome following TBI. In addition, the results emphasize the need to implement timely interventions to facilitate productive coping and reduce the use of nonproductive coping in order to maximize favorable long-term psychosocial outcome.

<http://www.ncbi.nlm.nih.gov/pubmed/23835691>

Diabetes Care. 2013 Jul 8. [Epub ahead of print]

Sleep Characteristics, Mental Health, and Diabetes Risk: A prospective study of U.S. military service members in the Millennium Cohort Study.

Boyko EJ, Seelig AD, Jacobson IG, Hooper TI, Smith B, Smith TC, Crum-Cianflone NF; for the Millennium Cohort Study Team.

Source: Seattle Epidemiologic Research and Information Center, Department of Veterans Affairs Puget Sound Health Care System, Seattle, Washington.

OBJECTIVE

Research has suggested that a higher risk of type 2 diabetes associated with sleep characteristics exists. However, studies have not thoroughly assessed the potential confounding effects of mental health conditions associated with alterations in sleep.

RESEARCH DESIGN AND METHODS

We prospectively assessed the association between sleep characteristics and self-reported incident diabetes among Millennium Cohort Study participants prospectively followed over a 6-year time period. Surveys are administered approximately every 3 years and collect self-reported data on demographics, height, weight, lifestyle, features of military service, sleep, clinician-diagnosed diabetes, and mental health conditions assessed by the PRIME-MD Patient Health Questionnaire and the PTSD Checklist-Civilian Version. Statistical methods for longitudinal data were used for data analysis.

RESULTS

We studied 47,093 participants (mean 34.9 years of age; mean BMI 26.0 kg/m²; 25.6% female). During 6 years of follow-up, 871 incident diabetes cases occurred (annual incidence 3.6/1,000 person-years). In univariate analyses, incident diabetes was significantly more likely among participants with self-reported trouble sleeping, sleep duration <6 h, and sleep apnea. Participants reporting incident diabetes were also significantly older, of nonwhite race, of higher BMI, less likely to have been deployed, and more likely to have reported baseline symptoms of panic, anxiety, posttraumatic stress disorder, and depression. After adjusting for covariates, trouble sleeping (odds ratio 1.21 [95% CI 1.03-1.42]) and sleep apnea (1.78 [1.39-2.28]) were significantly and independently related to incident diabetes.

CONCLUSIONS

Trouble sleeping and sleep apnea predict diabetes risk independent of mental health conditions and other diabetes risk factors.

<http://research.microsoft.com/apps/pubs/default.aspx?id=192721>

Predicting Depression via Social Media.

Munmun De Choudhury, Scott Counts, Eric Horvitz, and Michael Gamon

Microsoft Research

July 2013

Major depression constitutes a serious challenge in personal and public health. Tens of millions of people each year suffer from depression and only a fraction receives adequate treatment. We explore the potential to use social media to detect and diagnose major depressive disorder in individuals. We first employ crowdsourcing to compile a set of Twitter users who report being diagnosed with clinical depression, based on a standard psychometric instrument. Through their social media postings over a year preceding the onset of depression, we measure behavioral attributes relating to social engagement, emotion, language and linguistic styles, ego network, and mentions of antidepressant medications. We leverage these behavioral cues, to build a statistical classifier that provides estimates of the risk of depression, before the reported onset. We find that social media contains useful signals for characterizing the onset of depression in individuals, as measured through decrease in social activity, raised negative affect, highly clustered egonetworks, heightened relational and medicinal concerns, and greater expression of religious involvement. We believe our findings and methods may be useful in developing tools for identifying the onset of major depression, for use by healthcare agencies; or on behalf of individuals, enabling those suffering from depression to be more proactive about their mental health.

<http://www.cbo.gov/sites/default/files/cbofiles/attachments/44393-DefenseHealth.pdf>

Approaches to Reduce Federal Spending on the Defense Health System

Presentation at the Western Economic Association Conference

July 1, 2013

Carla Tighe Murray

Senior Analyst, National Security Division

Congressional Budget Office

Loaded with statistics and dollar figures.

Links of Interest

Who Cares? Part I: Veterans Denied Access to Top PTSD Treatments

http://www.huffingtonpost.com/mark-c-russell-phd-abpp/veterans-denied-access-to_b_1541442.html

Who Cares? Part II: Mortgaging The Future of Veteran's Mental Healthcare

http://www.huffingtonpost.com/mark-c-russell-phd-abpp/who-cares-part-ii-mortgag_b_1588631.html

At Navy Installation, Sexual Assault Prevention Begins at Boot Camp

<http://www.nytimes.com/2013/07/09/us/for-navy-recruits-basic-training-now-targets-sexual-assault.html>

Pre-existing insomnia linked to PTSD and other mental disorders after military deployment

http://www.eurekalert.org/pub_releases/2013-06/uops-pil062713.php

Helping SAD Sufferers Sleep Soundly

<http://www.sciencedaily.com/releases/2013/06/130627142547.htm>

The Suicide Detective

<http://www.nytimes.com/2013/06/30/magazine/the-suicide-detective.html>

Lithium Reduces Risk of Suicide in People With Mood Disorders, Review Finds

<http://www.sciencedaily.com/releases/2013/06/130627190655.htm>

'Beetle Bailey' draws attention to post-traumatic stress

http://www.army.mil/article/106337/Beetle_Bailey_draws_attention_to_post_traumatic_stress/

DOMA is dead but gay vets remain in limbo

<http://tv.msnbc.com/2013/06/28/doma-is-dead-but-for-veterans-doma-lives-on/>

The Military's Porn Problem

<http://www.thedailybeast.com/articles/2013/06/28/morality-in-media-clean-up-the-smut-already.html>

Pre-Existing Insomnia Linked to PTSD and Other Mental Disorders After Military Deployment

<http://www.sciencedaily.com/releases/2013/06/130628160829.htm>

A calculator to estimate the likelihood of antidepressant response

http://www.eurekalert.org/pub_releases/2013-07/e-act070113.php

Link Between Fear and Sound Perception Discovered

<http://www.sciencedaily.com/releases/2013/06/130630145002.htm>

Behavior Therapy – An Overview

<http://www.decodedscience.com/behavior-therapy-an-overview/31704>

VA creating A-Team to tackle complex projects

<http://www.federalnewsradio.com/538/3364246/VA-creating-A-Team-to-tackle-complex-projects>

Repeated TBI Increases Suicide Risk, Study Finds

http://journals.lww.com/neurotodayonline/Fulltext/2013/07040/Repeated_TBI_Increases_Suicide_Risk,_Study_Finds.2.aspx

New Approach to Depression

<http://well.blogs.nytimes.com/2013/07/01/new-approach-to-depression/>

The Half-Trillion-Dollar Depression

<http://www.nytimes.com/2013/07/02/magazine/the-half-trillion-dollar-depression.html>

Most U.S. Health Spending Is Exploding — but Not for Mental Health

<http://economix.blogs.nytimes.com/2013/07/02/most-u-s-health-spending-is-exploding-but-not-for-mental-health/>

Aspen Ideas Festival: Arts, Veterans, and Health Care

<http://www.aspenideas.org/session/arts-veterans-and-health-care>

Why do Individuals Respond, Recover Differently to Same Trauma?

http://www.health.mil/blog/13-07-05/Why_do_Individuals_Respond_Recover_Differently_to_Same_Trauma.aspx

Baseball cards take wounded warrior down memory lane

<http://www.gazette.net/article/20130708/NEWS/130719997/1007/news&source=RSS&template=gazette>

CPAP therapy reduces nightmares in veterans with PTSD and sleep apnea

http://www.eurekalert.org/pub_releases/2013-07/aaos-ctr070813.php

How Faith Can Affect Therapy

<http://well.blogs.nytimes.com/2013/07/10/how-faith-can-affect-therapy/>

Research Tip of the Week: [National Registry of Evidence-based Programs and Practices \(NREPP\)](#)

NREPP, from the HHS Substance Abuse and Mental Health Services Administration (SAMHSA), is “a searchable online registry of more than 290 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.”

NREPP publishes a report called an intervention summary on this Web site for every intervention it reviews. Each intervention summary includes:

- General information about the intervention
- A description of the research outcomes reviewed
- Quality of Research and Readiness for Dissemination ratings
- A list of studies and materials reviewed
- Contact information to obtain more information about implementation or research

Note that NREPP “is a voluntary, self-nominating system in which intervention developers elect to participate. There will always be some interventions that are not submitted to NREPP, and not all that are submitted are reviewed.” SAMHSA suggests its use as “a first step to promoting informed decisionmaking.”

The screenshot shows the NREPP website interface. At the top, the NREPP logo is displayed with the text 'SAMHSA's National Registry of Evidence-based Programs and Practices'. Navigation links include Home, About NREPP, Find an Intervention, Reviews & Submissions, Learning Center, and Contact Us. A sidebar on the left offers a 'PDF This Summary' button with the text 'Create a downloadable, printer-friendly version.' The main content area features a header for 'Intervention Summary' with 'Back to Results' and 'Start New Search' buttons. The title of the intervention is 'Prolonged Exposure Therapy for Posttraumatic Stress Disorders'. Below the title is a detailed description of the therapy, followed by a 'Descriptive Information' section. This section includes a table with 'Areas of Interest' (Mental health treatment) and 'Outcomes' (Review Date: December 2007, 1: Severity of PTSD symptoms, 2: Depression symptoms, 3: Social adjustment, 4: Anxiety symptoms, 5: PTSD diagnostic status). A 'PDF En Español' button and a '[Read FAQ to Learn More]' link are also visible.

Shirl Kennedy
 Web Content Strategist
 Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
 301-816-4749