



CDP Research Update -- July 18, 2013

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- Post-Traumatic Stress and World Assumptions: The Effects of Religious Coping.

- Rates and Predictors of Referral for Individual Psychotherapy, Group Psychotherapy, and Medications among Iraq and Afghanistan Veterans with PTSD.
- Links of Interest
- Research Tip of the Week: Science.gov (index page)

<http://link.springer.com/article/10.1007/s10862-013-9363-4>

Delivery of Evidence-Based Psychotherapy via Video Telehealth.

Daniel F. Gros, Leslie A. Morland, Carolyn J. Greene, Ron Acierno, Martha Strachan, Leonard E. Egede, Peter W. Tuerk, Hugh Myrick, B. Christopher Frueh

Journal of Psychopathology and Behavioral Assessment

July 2013

There has been increasing interest in using video telehealth to deliver evidence-based psychotherapies (EBPs). Telehealth may have numerous advantages over standard in-person care, including decreasing patients' and providers' costs and increasing system coverage area. However, little is known regarding the effectiveness of EBPs via video telehealth. This review had two goals, including a review of the existing literature and ongoing research on using video telehealth technologies to deliver EBPs as well as an informal survey of telehealth experts to discuss the special considerations and challenges present in adapting practices to video telehealth. Together, findings suggest that telehealth practices could represent an important component of the future of psychotherapy and clinical practice, especially in dissemination and implementation of EBPs in traditionally underserved areas and populations.

<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.

<http://www.ingentaconnect.com/content/afap/ajp/2013/00000067/00000002/art00001>

Two War-Torn Soldiers: Combat-Related Trauma through an Intersubjective Lens.

Author: Carr, Russell B.

Source: American Journal of Psychotherapy, Volume 67, Number 2, 2013 , pp. 109-133(25)

The author, himself an Iraq war veteran, presents a contemporary psychodynamic understanding, known as intersubjective therapy, of combat-related Post-traumatic Stress Disorder (PTSD). At the onset of this case example, the patient was highly suicidal and his PTSD symptoms had not responded to a first-line treatment: manualized cognitive processing therapy. Robert Stolorow's intersubjective, psychodynamic approach to traumatic emotional experiences was then selected for treatment, and

illustrates how combat in Afghanistan shattered this soldier's world and self experience. Therapeutic action arises from this intersubjective perspective by providing a relational home so that unendurable emotions can be borne, processed, and integrated to achieve a more constant and individualized sense of self. Being a two-person model of therapy, the author also describes how his work with this traumatized soldier affected him, ultimately contributing to his own sense of authentic existing. The author discusses the need for therapists to recognize and acknowledge to traumatized patients their shared finitude and the ubiquity of trauma. In the Postscript, the patient describes what he felt was therapeutic and contrasts this to his previous experiences with manualized cognitive processing therapy.

<http://www.sciencedirect.com/science/article/pii/S030646031300172X>

The Impact of Perceived Sleep Quality and Sleep Efficiency/Duration on Cannabis Use during a Self-Guided Quit Attempt.

Kimberly A. Babson, Matthew Tyler Boden, Marcel O. Bonn-Miller

Addictive Behaviors, Available online 2 July 2013

Poor sleep quality may play a significant role in observed high rates of sustained cannabis use among veterans attempting to quit. We investigated whether individuals with poorer perceived sleep quality (rather than sleep efficiency/duration), as measured via the Pittsburgh Sleep Quality Index (Buysse et al., 1989), would have less of a reduction in cannabis use (measured via Timeline FollowBack; Sobel et al., 2002) during the first 6 months following a self-guided quit attempt. We expected these effects to remain significant after adjusting for baseline age, posttraumatic stress symptoms, as well as alcohol, tobacco, and opioid use, and cannabis withdrawal severity over the course of 6-months following the cannabis cessation attempt. Generalized linear mixed modeling using a Poisson distribution was employed to test the hypotheses among 102 cannabis dependent, primarily male, military veterans. Results indicated that veterans with poor perceived sleep quality had less of a reduction in mean cannabis use following a self-guided cannabis cessation attempt compared to those with good perceived sleep quality, while efficiency/duration was unrelated to cannabis use outcomes. Conclusions from this study should be considered in light of limitations including the use of self-report measures and generalizability to non-veterans and women.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000007/art00033>

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

Authors: Barnes, Vernon A.; Rigg, John L.; Williams, Jennifer J.

Source: Military Medicine, Volume 178, Number 7, July 2013 , pp. e836-e840(5)

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.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000007/art00016>

Deployment of Military Mothers: Supportive and Nonsupportive Military Programs, Processes, and Policies.

Authors: Goodman, Petra; Turner, Annette; Agazio, Janice; Throop, Meryia; Padden, Diane; Greiner, Shawna; Hillier, Shannon L.

Source: Military Medicine, Volume 178, Number 7, July 2013 , pp. 729-734(6)

Military mothers and their children cope with unique issues when mothers are deployed. In this article, we present mothers' perspectives on how military resources affected them, their children, and their caregivers during deployment. Mothers described beneficial features of military programs such as family readiness groups and behavioral health care, processes such as unit support, and policies on length and timing of deployments. Aspects that were not supportive included inflexibility in family care plans, using personal leave time and funds for transporting children, denial of release to resolve caretaker issues, and limited time for reintegration. We offer recommendations for enhanced support to these families that the military could provide.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000007/art00023>

Gender Differences in Combat Medic Mental Health Services Utilization, Barriers, and Stigma.

Authors: Elnitsky, Christine A.; Chapman, Paula L.; Thurman, Ryan M.; Pitts, Barbara L.; Figley, Charles; Unwin, Brian

Source: Military Medicine, Volume 178, Number 7, July 2013 , pp. 775-784(10)

Military health care providers experience considerable stressors related to their exposure to death and traumatic injuries in others. This study used survey data from 799 active duty U.S. Army Combat Medics deployed to Operation Iraqi Freedom/Operation Enduring Freedom. Military experiences, combat exposures, and mental health care seeking of active duty Combat Medics were explored and compared

across both genders. Barriers to care were also assessed. Male and female Combat Medics reported surprisingly similar experiences, exposures, and health issues. Overall, results indicate no striking differences in barriers for females compared to their male counterparts, suggesting the barriers to utilization of mental health services may be consistent across gender. Although medics endorsed barriers and stigma related to mental health counseling services, they still sought these health services. Female and male medics who endorsed barriers were more likely to report seeking services than those who did not endorse barriers. This study provides an initial description of utilization of mental health counseling services for U.S. Army Combat Medics, the majority of whom were involved in combat operations in Afghanistan or Iraq. Our findings indicate that comprehensive assessment of the military experiences and combat exposures is needed to appreciate their potential influence on military health care providers.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1691782>

Evidence-Based Treatment and Usual Care: Cautions and Qualifications.

Alan E. Kazdin, PhD

JAMA Psychiatry. 2013;70(7):666-667.

Since the pioneering work on meta-analysis of psychotherapy encompassing hundreds of treatment outcome studies,^{1- 2} scores of similar analyses have been published. Meta-analysis represents an important breakthrough by allowing the integration of multiple studies and evaluation of influences on treatment outcome (eg, characteristics of patients and methodological practices) that the individual studies themselves did not or could not address. The meta-analysis by Weisz et al³ addresses the question of whether evidence-based psychotherapies (EBPs) differ from usual clinical care and if so to what extent? This well-conducted analysis with novel data analyses shows that a class of interventions called EBPs is superior to a class of interventions called the usual clinical care for children and adolescents. My comments are directed to what we can and cannot conclude from the main findings and the context in which the key question might be considered.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1688032>

Repetitive Traumatic Brain Injury, Psychological Symptoms, and Suicide Risk in a Clinical Sample of Deployed Military Personnel.

Craig J. Bryan, PsyD, ABPP; Tracy A. Clemans, PsyD

JAMA Psychiatry. 2013;70(7):686-691.

Importance

Traumatic brain injury (TBI) is believed to be one factor contributing to rising suicide rates among

military personnel and veterans. This study investigated the association of cumulative TBIs with suicide risk in a clinical sample of deployed military personnel referred for a TBI evaluation.

Objective

To determine whether suicide risk is more frequent and heightened among military personnel with multiple lifetime TBIs than among those with no TBIs or a single TBI.

Design

Patients completed standardized self-report measures of depression, posttraumatic stress disorder (PTSD), and suicidal thoughts and behaviors; clinical interview; and physical examination. Group comparisons of symptom scores according to number of lifetime TBIs were made, and generalized regression analyses were used to determine the association of cumulative TBIs with suicide risk.

Participants

Patients included 161 military personnel referred for evaluation and treatment of suspected head injury at a military hospital's TBI clinic in Iraq.

Main Outcomes and Measures

Behavioral Health Measure depression subscale, PTSD Checklist–Military Version, concussion symptoms, and Suicide Behaviors Questionnaire–Revised.

Results

Depression, PTSD, and TBI symptom severity significantly increased with the number of TBIs. An increased incidence of lifetime suicidal thoughts or behaviors was associated with the number of TBIs (no TBIs, 0%; single TBI, 6.9%; and multiple TBIs, 21.7%; $P = .009$), as was suicidal ideation within the past year (0%, 3.4%, and 12.0%, respectively; $P = .04$). The number of TBIs was associated with greater suicide risk (β [SE] = .214 [.098]; $P = .03$) when the effects of depression, PTSD, and TBI symptom severity were controlled for. A significant interaction between depression and cumulative TBIs was also found ($\beta = .580$ [.283]; $P = .04$).

Conclusions and Relevance

Suicide risk is higher among military personnel with more lifetime TBIs, even after controlling for clinical symptom severity. Results suggest that multiple TBIs, which are common among military personnel, may contribute to increased risk for suicide.

<http://www.sciencedirect.com/science/article/pii/S1077722913000576>

Intensive Outpatient Prolonged Exposure for Combat-Related PTSD: A Case Study.

Tabatha H. Blount, Jeffrey A. Cigrang, Edna B. Foa, Haley L. Ford, Alan L. Peterson

Cognitive and Behavioral Practice, Available online 1 July 2013

The prevalence rates for combat-related posttraumatic stress disorder (PTSD) in U.S. military personnel returning from deployments to Iraq and Afghanistan indicate a significant demand for efficacious treatments that can be delivered in military-relevant formats. According to research with civilian and veteran populations, prolonged exposure is a first-line treatment for PTSD. However, research examining the generalizability of prolonged exposure to active-duty military service members is scarce. Modifications to the standard prolonged exposure protocol may be required to meet military operational needs and to circumvent unique treatment barriers associated with the military. Intensive outpatient or compressed treatment delivered over a short time period has the potential for significant operational utility for active-duty military populations. Intensive outpatient practice formats have been found to be efficacious for the treatment of other anxiety disorders (i.e., specific phobia, obsessive-compulsive disorder). The present case report is the first to evaluate the use of intensive outpatient prolonged exposure for combat-related PTSD in an active-duty military service member. Treatment consisted of 10 full-day outpatient sessions over a 2-week period. The patient's PTSD, depression, and anxiety were dramatically reduced by the end of treatment, and she no longer met diagnostic criteria for PTSD. She remained in full remission at the 6-month follow-up.

<http://apt.rcpsych.org/content/19/4/284.short>

Suicide prevention: are we doing enough?

Alys Cole-King, Victoria Parker, Helen Williams and Stephen Platt

Advances in Psychiatric Treatment (2013) 19: 284-291

Healthcare professionals require an understanding of how the behaviour and characteristics of both patients and assessors can affect suicide risk identification and response. This article reviews the literature on how we currently assess suicide risk and considers the need for a paradigm shift in how healthcare professionals engage with and assess suicidal patients. It also reviews some of the evidence base for interventions to mitigate the risk of suicide and promotes pragmatic and compassionate interventions.

<http://apt.rcpsych.org/content/19/4/276.short>

Suicide mitigation: a compassionate approach to suicide prevention.

Alys Cole-King, Gill Green, Linda Gask, Kevin Hines and Stephen Platt

Advances in Psychiatric Treatment (2013) 19: 276-283

The death of a patient by suicide can severely affect mental health professionals, particularly if it occurs despite major efforts to intervene. Notwithstanding the difficulties faced by clinicians, suicide prevention remains of paramount importance in order to help save lives. This article seeks to promote a

pragmatic and compassionate biopsychosocial response using evidence-based interventions to reduce suicide. It introduces practical strategies that psychiatrists can use in everyday clinical practice, in particular the paradigm shift of suicide mitigation to help prevent suicide. We believe that every encounter with a suicidal person is an opportunity to intervene to reduce their distress and, potentially, to save a life. We believe that it is no longer acceptable for clinicians to state that if patients wish to kill themselves they can do so, in the absence of any attempt at a compassionate intervention.

<http://www.dsm.psychiatryonline.org/article.aspx?articleid=1668304>

Changes in Suicide Rates and in Mental Health Staffing in the Veterans Health Administration, 2005–2009.

Ira R. Katz, M.D., Ph.D.; Janet E. Kemp, R.N., Ph.D.; Frederic C. Blow, Ph.D.; John F. McCarthy, Ph.D.; Robert M. Bossarte, Ph.D.

Psychiatric Services, VOL. 64, No. 7

Objective

Between 2005 and 2009, the Veterans Health Administration (VHA) enhanced its mental health programs and increased outpatient mental health staffing by 52.8%. However, suicide rates among VHA patients remained the same. This study evaluated this finding by examining variability in staffing increases between VHA's 21 regional networks (Veterans Integrated Service Networks) (VISNs) and associations with suicide rates.

Methods

Suicide rates among VHA patients were derived from the National Death Index and VHA clinical and administrative records for 2005 and 2009. Comparisons across VISNs used measures of proportional change in mental health staffing (overall and in inpatient, residential, intensive case management, and outpatient programs) and comparable measures of mental health staffing per 1,000 mental health patients.

Results

Significant correlations were found between proportional changes from 2005 to 2009 in suicide rates and outpatient mental health staffing ($r=-.453$, $p=.039$) and outpatient mental health staffing per 1,000 patients ($r=-.533$, $p=.013$). The ten VISNs above the median in proportional changes in mental health staffing had average decreases in suicide rates of 12.6% while those below had increases of 11.6% ($p=.005$). For proportional changes in mental health staffing per 1,000 patients, those above the median had decreases of 11.2% and those below had increases of 13.8% ($p=.014$). For the average VISN, it would have required a 27.5%–36.8% increase in outpatient staff over 2005 levels to decrease suicide rates by 10%.

Conclusions

Mental health enhancements in VHA were associated with decreases in suicide rates in VISNs where the increases in mental health outpatient staffing were greatest.

<http://www.sciencedirect.com/science/article/pii/S0165032713004813>

Incidental treatment effects of CBT on suicidal ideation and hopelessness.

Tonelle E. Handley, Frances J. Kay-Lambkin, Amanda L. Baker, Terry J. Lewin, Brian J. Kelly, Kerry J. Inder, John R. Attia, David J. Kavanagh

Journal of Affective Disorders, Available online 29 June 2013

Background

Depression and alcohol misuse are among the most prevalent diagnoses in suicide fatalities. The risk posed by these disorders is exacerbated when they co-occur. Limited research has evaluated the effectiveness of common depression and alcohol treatments for the reduction of suicide vulnerability in individuals experiencing comorbidity.

Methods

Participants with depressive symptoms and hazardous alcohol use were selected from two randomised controlled trials. They had received either a brief (1 session) intervention, or depression-focused cognitive behaviour therapy (CBT), alcohol-focused CBT, therapist-delivered integrated CBT, computer-delivered integrated CBT or person-centred therapy (PCT) over a 10-week period. Suicidal ideation, hopelessness, depression severity and alcohol consumption were assessed at baseline and 12-month follow-up.

Results

Three hundred three participants were assessed at baseline and 12 months. Both suicidal ideation and hopelessness were associated with higher severity of depressive symptoms, but not with alcohol consumption. Suicidal ideation did not improve significantly at follow-up, with no differences between treatment conditions. Improvements in hopelessness differed between treatment conditions; hopelessness improved more in the CBT conditions compared to PCT and in single-focused CBT compared to integrated CBT.

Limitations

Low retention rates may have impacted on the reliability of our findings. Combining data from two studies may have resulted in heterogeneity of samples between conditions.

Conclusions

CBT appears to be associated with reductions in hopelessness in people with co-occurring depression and alcohol misuse, even when it is not the focus of treatment. Less consistent results were observed

for suicidal ideation. Establishing specific procedures or therapeutic content for clinicians to monitor these outcomes may result in better management of individuals with higher vulnerability for suicide.

<http://www.sciencedirect.com/science/article/pii/S0925492713000796>

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

Linda Chao, Michael Weiner, Thomas Neylan

Psychiatry Research: Neuroimaging, Available online 29 June 2013

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 4 T 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.

<http://www.sciencedirect.com/science/article/pii/S1049386713000388>

Combat Deployment Is Associated with Sexual Harassment or Sexual Assault in a Large, Female Military Cohort.

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Women's Health Issues

Volume 23, Issue 4, July–August 2013, Pages e215–e223

Background

Previous studies have examined the prevalence, risk factors, and health correlates of sexual stressors in the military, but have been limited to specific subpopulations. Furthermore, little is known about sexual stressors' occurrence and their correlates in relation to female troops deployed to the current operations in Iraq and Afghanistan.

Methods

Using longitudinal data from Millennium Cohort participants, the associations of recent deployment as well as other individual and environmental factors with sexual harassment and sexual assault were assessed among U.S. female military personnel. Multivariable analyses were used to investigate the associations.

Findings

Of 13,262 eligible participants, 1,362 (10.3%) reported at least one sexual stressor at follow-up. Women who deployed and reported combat experiences were significantly more likely to report sexual harassment (odds ratio [OR], 2.20; 95% confidence interval [CI], 1.84–2.64) or both sexual harassment and sexual assault (OR, 2.47; 95% CI, 1.61–3.78) compared with nondeployers. In addition, significant risk factors for sexual stressors included younger age, recent separation or divorce, service in the Marine Corps, positive screen for a baseline mental health condition, moderate/severe life stress, and prior sexual stressor experiences.

Conclusions

Although deployment itself was not associated with sexual stressors, women who both deployed and reported combat were at a significantly increased odds for sexual stressors than other female service members who did not deploy. Understanding the factors associated with sexual stressors can inform future policy and prevention efforts to eliminate sexual stressors.

<http://www.sciencedirect.com/science/article/pii/S1049386713000339>

Caregiving Experiences and Health Conditions of Women Veteran and Non-Veteran Caregivers.

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Women's Health Issues, Volume 23, Issue 4, July–August 2013, Pages e225–e232

Background

Unique experiences, for example, trauma, of women veteran caregivers may create differences in the caregiving experience and may be associated with health concerns. We examined caregiving factors and health concerns in women veteran caregivers compared to non-veteran women (civilian) caregivers, and identified variables associated with being a woman veteran caregiver.

Methods

We conducted secondary data analyses using data from a multistate survey to examine

sociodemographics, the caregiver experience (relationship to recipient, duration as caregiver, hours of care provided, area help is needed, and greatest difficulty faced as a caregiver); emotional support; life satisfaction; lifestyle behaviors; general, physical, and mental health; and chronic conditions in women informal caregivers.

Findings

Of women caregivers, more veteran caregivers provided activities of daily living (ADL) help (33%) than non-veteran caregivers (21%; $p = .02$). There were no differences in years as a caregiver, hours of care provided, or the relationship to the recipient. Poor sleep and poor mental health were experienced by more women veteran caregivers (vs. non-veteran), but physical health, general health, and chronic condition prevalence did not differ. Women veteran caregivers had twofold greater odds of being Black, never married, college educated, and providing ADL assistance. Odds of obesity were lower for women veteran caregivers relative to other women caregivers.

Conclusions

Women veteran caregivers experience health concerns, including sleeplessness, poor mental health, and some chronic conditions. Our cohort were young women, yet had concerns that may be exacerbated by being a veteran and assuming a caregiver role. Comprehensive services to support their needs as veteran patients and as caregivers are needed.

<http://link.springer.com/article/10.1007/s10862-013-9361-6>

Relation Between Treatment Satisfaction and Treatment Outcome in Veterans with Posttraumatic Stress Disorder.

Daniel F. Gros, Kirstin Stauffacher Gros, Ron Acierno, B. Christopher Frueh, Leslie A. Morland

Journal of Psychopathology and Behavioral Assessment

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Existing measures of patient treatment satisfaction are largely characterized by a lack of psychometric evaluation, varied definitions across studies, and small numbers of items. The present study evaluated a patient treatment satisfaction questionnaire specifically designed for psychiatric outpatient treatment satisfaction, the Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS), to extend previous findings by examining: 1) the psychometric properties of the CPOSS and the common domains within patient treatment satisfaction, and 2) the preliminary relations between the CPOSS and treatment outcome during exposure therapy in patients with posttraumatic stress disorder (PTSD). The present investigation included two studies. The first involved 170 combat veterans with PTSD who completed brief psychotherapy, and whose post-treatment CPOSS scores were used for the factor analytic investigations. The second study involved 63 combat veterans with PTSD who received a course of brief exposure-based psychotherapy and completed pre- and post-treatment assessments to investigate the relations between the CPOSS and treatment outcome. The first study supported the psychometric

properties of the CPOSS, including identifying four psychometrically-sound subscales for: respectful care, appearance of facility, convenience of facility, and recommendation to friends/family. The second study demonstrated that the CPOSS was a significant predictor of post-treatment PTSD symptoms, relative to demographics and pre-treatment symptoms. Together, these findings support the use of the CPOSS as a valuable addition in psychiatric outpatient settings to both assess and potentially improve patient treatment satisfaction.

<http://onlinelibrary.wiley.com/doi/10.1002/oby.20566/abstract>

Obesity and the U.S. Military Family.

Marian Tanofsky-Kraff, Tracy Sbrocco, Kelly R. Theim, L. Adelyn Cohen, Eleanor R. Mackey, Eric Stice, Jennifer L. Henderson, Sarah J. McCreight, Edny J. Bryant, Mark B. Stephens CAPT, MC, USN

Obesity

Accepted manuscript online: 9 JUL 2013 02:00AM EST

Objective:

This review discusses the current knowledge and future directions regarding obesity within the U.S. military family (i.e., active-duty servicemembers, as well as military spouses, children, retirees, and veterans). The increasing rates of overweight and obesity within the U.S. military adversely impact military readiness, limit recruitment, and place a significant financial burden on the Department of Defense.

Design and Methods:

The following topics are reviewed: 1) The prevalence of and the financial, physical, and psychological costs associated with overweight in military communities; 2) military weight regulations, and challenges faced by the military family related to overweight and disordered eating; 3) the continued need for rigorous program evaluations and new intervention development.

Results:

Overweight and its associated sequelae impact the entire military family. Military families share many similarities with their civilian counterparts, but they face unique challenges (e.g., stress related to deployments and relocations). Although the military has weight management resources, there is an urgent need for rigorous program evaluation and the development of enhanced obesity prevention programs across the lifespan of the military family—several of which are proposed herein.

Conclusions:

Interdisciplinary and collaborative research efforts and team-based interventions will continue to inform understanding of obesity treatment and prevention within military and civilian populations.

<http://www.sciencedirect.com/science/article/pii/S088761851300131X>

PTSD Symptoms, Disclosure, and Relationship Distress: Explorations of Mediation and Associations Over Time.

Sarah B. Campbell, Keith D. Renshaw

Journal of Anxiety Disorders, Available online 9 July 2013

Emotional numbing symptoms of posttraumatic stress disorder (PTSD) are negatively associated with relationship satisfaction in combat veterans and their romantic partners. Many speculate that one mechanism of this association may be decreased disclosure by veterans, but previous studies lacked appropriate data to test this hypothesis. In a sample of 224 OIF/OEF-era National Guard service members (SMs) and 214 of their romantic partners, we measured SMs' PTSD symptoms. Four to six months later, we assessed both partners' reports of SMs' emotional disclosure and both partners' relationship satisfaction (83 SMs and 91 partners completed Time 2). In a path analysis, SMs' emotional numbing was negatively associated with their later relationship satisfaction. Furthermore, SMs' emotional numbing was negatively associated with both partners' reports of SMs' emotional disclosure. Finally, SMs' emotional numbing exerted significant or nearly significant indirect effects on both partners' relationship satisfaction via decreased emotional disclosure. The findings demonstrated the importance of accounting for both partners' perceptions when studying couple functioning in the context of PTSD or treating PTSD via conjoint intervention.

<http://www.sciencedirect.com/science/article/pii/S016503271300503X>

Sociodemographic predictors of suicide means in a population-based surveillance system: Findings from the National Violent Death Reporting System.

Richard T. Liu, Morganne A. Kraines, Megan E. Puzia, Maya Massing-Schaffer, Evan M. Kleiman

Journal of Affective Disorders, Available online 8 July 2013

Background

Multivariate studies of specific suicide means are relatively rare, given the logistical challenges associated with the low base rate of suicide in the general population. Thus, information on individual characteristics associated with specific suicide means remains relatively wanting. The current study provided the largest examination to date of sociodemographic characteristics associated with different means of lethality among suicide decedents, using data from a multi-state population-based surveillance system.

Methods

Multivariate logistic regression was used with data for 20,577 suicide decedents in the National Violent Death Reporting System from 2003 to 2005.

Results

Firearm decedents were more likely male, elderly, non-Hispanic white, married, veterans, and born in the U.S. Hanging and suffocation decedents were more likely male, young, racial/ethnic minorities, never married, non-veterans, and foreign-born. Decedents that jumped from heights were more likely female, older, non-Hispanic black, never married, non-veterans, and foreign-born. Decedents who used sharp instruments were more likely older, never married, and foreign-born. Self-poisoned decedents were more likely female, middle-age, non-Hispanic white, and not married. Regarding specific poisons, alcohol was more likely to be used by middle-age decedents; gas by males, elderly, and married individuals; over-the-counter drugs by females, adolescents, and foreign-born decedents; prescription drugs by females, middle-aged, and U.S. born individuals; and street drugs by males and racial/ethnic minorities.

Limitations

The data were drawn from 18 states and so cannot be regarded as nationally representative.

Conclusions

Substantial sociodemographic variability exists across different suicide means. Recognition of this variability may help to tailor prevention efforts involving means restriction.

<http://www.hindawi.com/journals/sd/2013/160374/>

Sleep and military members: Emerging issues and non-pharmacological intervention.

Cary A. Brown, Robyn Berry, and Ashley Schmidt

Sleep Disorders

Volume 2013 (2013), Article ID 160374, 6 pages

Background.

Many individuals who work in the military experience sleep deficiency which presents a significant problem given the nature of their work. The cause of their sleep problems is likely multifactorial, stemming from the interplay between their personal health, habits and lifestyle juxtaposed with the stress of their military work such as emotional and physical trauma experienced in service.

Objective.

To present an overview of sleep deficiency in military members (MMs) and review of nonpharmacological treatment options.

Discussion.

Although there are a number of promising nonpharmacological treatment options available for people working in the military who experience problems sleeping, testing interventions within the context of

the military are still in the early stages. Further research utilizing rigorous design and standardized, context appropriate outcome measures is needed to help treat this burgeoning problem.

<http://www.biomedcentral.com/1471-2288/13/90>

The impact of deployment experience and prior healthcare utilization on enrollment in a large military cohort study.

Horton JL, Jacobson IG, Littman AJ, Alcaraz JE, Smith B, Crum-Cianflone NF

BMC Medical Research Methodology 2013, 13:90

Background

Longitudinal cohort studies are highly valued in epidemiologic research for their ability to establish exposure-disease associations through known temporal sequences. A major challenge in cohort studies is recruiting individuals representative of the targeted sample population to ensure the generalizability of the study's findings.

Methods

We evaluated nearly 350,000 invited subjects (from 2004-2008) of the Millennium Cohort Study, a prospective cohort study of the health of US military personnel, for factors prior to invitation associated with study enrollment. Multivariable logistic regression was utilized, adjusting for demographic and other confounders, to determine the associations between both deployment experience and prior healthcare utilization with enrollment into the study.

Results

Study enrollment was significantly greater among those who deployed prior to and/or during the enrollment cycles or had at least one outpatient visit in the 12 months prior to invitation. Mental disorders and hospitalization for more than two days within the past year were associated with reduced odds of enrollment.

Conclusions

These findings suggest differential enrollment by deployment experience and health status, and may help guide recruitment efforts in future studies.

<http://onlinelibrary.wiley.com/doi/10.1111/head.12172/abstract>

Chronic Pain and Traumatic Brain Injury in OEF/OIF Service Members and Veterans.

Michelle A. Bosco PsyD, Jennifer L. Murphy PhD, Michael E. Clark PhD

Headache: The Journal of Head and Face Pain

Article first published online: 12 JUL 2013

The co-occurrence of chronic pain and traumatic brain injury (TBI) are 2 of the most common concerns among the Operations Enduring Freedom and Iraqi Freedom population and present unique challenges for evaluation and treatment. Previous research suggests that almost half the cohort report clinically significant pain, while up to 1 in 4 experiences some form of TBI. There is limited information regarding how TBI affects the presence and course of pain, and how pain impacts TBI and its symptoms. The present paper provides an overview of the range and degree of TBIs as well as a brief summary of current knowledge regarding the interaction between chronic pain and TBI, particularly in light of the numerous variables impacting it. Information on ways to best assess for and treat pain in the TBI population, including in those with multiple system injuries or associated affective symptoms, is provided. In addition, several innovative approaches for addressing the needs of this complex cohort of patients are described, which may stimulate further research and clinical innovation for this important subgroup.

<http://link.springer.com/article/10.1007/s11414-013-9352-0>

Rates and Predictors of Referral for Individual Psychotherapy, Group Psychotherapy, and Medications among Iraq and Afghanistan Veterans with PTSD.

Juliette M. Mott PhD, Terri L. Barrera MA, Caitlin Hernandez PhD, David P. Graham MD, Ellen J. Teng PhD

The Journal of Behavioral Health Services & Research

July 2013

This study examined rates of referral for medication, individual psychotherapy, and group psychotherapy within a Veterans Affairs (VA) posttraumatic stress disorder (PTSD) specialty mental health clinic. Participants were 388 Iraq and Afghanistan veterans who were referred for PTSD treatment following a mental health evaluation required for all new VA enrollees. The majority of the sample was referred for medication (79 %), with comparatively fewer referrals for individual (39 %) or group psychotherapy (24 %). Forty percent of participants were referred for combined medication and psychotherapy. Patient demographic and clinical characteristics were examined to determine whether these variables predicted referral type. Female veterans and those with lower clinician ratings of overall functioning were more likely to be referred for individual therapy. Group psychotherapy referrals were more common in veterans who were older, unemployed, identified as an ethnic minority, and had a comorbid anxiety disorder. There were no significant predictors of medication referral.

<http://link.springer.com/article/10.1007/s40141-013-0023-0>

Rehabilitation Care of Combat Related TBI: Veterans Health Administration Polytrauma System of Care.

Blessen C. Eapen, Carlos A. Jaramillo, Rebecca N. Tapia, Elizabeth J. Johnson, David X. Cifu

Current Physical Medicine and Rehabilitation Reports

July 2013

The U.S. Veterans Health Administration established the Polytrauma System of Care (PSC) in response to the growing need for Traumatic Brain Injury (TBI) and polytrauma rehabilitation services for our returning war heroes. The unique and complex patterns of injuries sustained during the conflicts in Iraq and Afghanistan have resulted in significant physical, cognitive, and psychological impairments which require an extraordinary level of specialized training and skill provided by the PSC interdisciplinary team. The PSC offers a holistic, coordinated, and comprehensive continuum of polytrauma/brain injury rehabilitation. These services range from intensive inpatient rehabilitation to residential and outpatient programs designed to address all facets of combat injury. These services are available to Veterans and service members across the nation and have been involved in the direct care of tens of thousands of combat injured personnel. This article provides an overview of services and new initiatives created by the PSC to provide the best care for our Veterans and service members.

<http://ajp.psychiatryonline.org/article.aspx?articleID=1712525>

A Trial of Prazosin for Combat Trauma PTSD With Nightmares in Active-Duty Soldiers Returned From Iraq and Afghanistan.

Murray A. Raskind, M.D.; Kris Peterson, M.D.; Tammy Williams, L.C.S.W.; David J. Hoff, PA-C; Kimberly Hart, PA-C; Hollie Holmes, B.A.; Dallas Homas, M.D.; Jeffrey Hill, M.D.; Colin Daniels, M.D.; Jess Calohan, P.M.H.N.P.; Steven P. Millard, Ph.D.; Kirsten Rohde, R.N.; James O'Connell, M.S.W.; Denise Pritzl, L.I.C.S.W.; Kevin Feiszli, B.S.; Eric C. Petrie, M.D.; Christopher Gross, M.D.; Cynthia L. Mayer, D.O.; Michael C. Freed, Ph.D.; Charles Engel, M.D.; Elaine R. Peskind, M.D.

The American Journal of Psychiatry, AJP in Advance

July 12, 2013

Objective

The authors conducted a 15-week randomized controlled trial of the alpha-1 adrenoreceptor antagonist prazosin for combat trauma nightmares, sleep quality, global function, and overall symptoms in active-duty soldiers with posttraumatic stress disorder (PTSD) returned from combat deployments to Iraq and Afghanistan.

Method

Sixty-seven soldiers were randomly assigned to treatment with prazosin or placebo for 15 weeks. Drug was titrated based on nightmare response over 6 weeks to a possible maximum dose of 5 mg midmorning and 20 mg at bedtime for men and 2 mg midmorning and 10 mg at bedtime for women. Mean achieved bedtime doses were 15.6 mg of prazosin (SD=6.0) and 18.8 mg of placebo (SD=3.3) for men and 7.0 mg of prazosin (SD=3.5) and 10.0 mg of placebo (SD=0.0) for women. Mean achieved midmorning doses were 4.0 mg of prazosin (SD=1.4) and 4.8 mg of placebo (SD=0.8) for men and 1.7 mg of prazosin (SD=0.5) and 2.0 mg of placebo (SD=0.0) mg for women. Primary outcome measures were the nightmare item of the Clinician-Administered PTSD Scale (CAPS), the Pittsburgh Sleep Quality Index, and the change item of the Clinical Global Impressions Scale anchored to functioning. Secondary outcome measures were the 17-item CAPS, the Hamilton Depression Rating Scale, the Patient Health Questionnaire–9, and the Quality of Life Index. Maintenance psychotropic medications and supportive psychotherapy were held constant.

Results

Prazosin was effective for trauma nightmares, sleep quality, global function, CAPS score, and the CAPS hyperarousal symptom cluster. Prazosin was well tolerated, and blood pressure changes did not differ between groups.

Conclusions

Prazosin is effective for combat-related PTSD with trauma nightmares in active-duty soldiers, and benefits are clinically meaningful. Substantial residual symptoms suggest that studies combining prazosin with effective psychotherapies might demonstrate further benefit.

<http://www.sciencedirect.com/science/article/pii/S0398762013002885>

Efficient interventions on suicide prevention: A literature review.

E. du Roscoät, F. Beck

Revue d'Épidémiologie et de Santé Publique, Available online 9 July 2013

Aim

This review focuses on interventions to prevent suicide. It excludes psychotherapy evaluations and pharmaceutical clinical trials. The aim of this article is to provide useful input to the reflection on and the development of actions for professionals who may be concerned by suicide prevention.

Method

This research is based on 41 published evaluation studies presenting results on at least one of the three following outcomes: completed suicides, suicide attempts, and suicidal ideations. These studies have been classified into seven categories of preventive action.

Results

According to data from the literature selected for our analysis, the three most efficient categories of intervention seem to be the limitation of access to lethal means, the preservation of contact with the patients hospitalized for a suicide attempt after hospitalization, and the implementation of emergency call centers. The four other categories of intervention examined in this study — the training of general practitioners, the reorganization of care, programs in schools, and information campaigns — have not yet shown sufficient proof of their efficacy. Nevertheless, these interventions, under certain conditions, can also contribute significantly to the prevention of suicide.

Conclusion

The majority of effective interventions minister to people already suffering from psychological disorders, but health promotion initiatives prior to situations of psychological disorders also deserve to be considered, in particular the implementation of services for the isolated elderly.

<http://www.ncbi.nlm.nih.gov/pubmed/23845104>

Trials. 2013 Jul 11;14(1):214. [Epub ahead of print]

The effects of using cognitive behavioural therapy to improve sleep for patients with delusions and hallucinations (the BEST study): study protocol for a randomized controlled trial.

Freeman D, Startup H, Myers E, Harvey A, Geddes J, Yu LM, Zaiwalla Z, Luengo-Fernandez R, Foster R, Lister R.

BACKGROUND:

Patients with psychosis frequently report difficulties getting or staying asleep (insomnia). Dissatisfaction with sleep is high. Insomnia should be treated in this group, but typically it is not even assessed. Importantly, recent evidence indicates that insomnia triggers and exacerbates delusions and hallucinations. The clinical implication is that if the insomnia is treated then the psychotic symptoms will significantly lessen. In a case series with 15 patients with persecutory delusions resistant to previous treatment this is exactly what we found: cognitive behavioural therapy for insomnia (CBT-I) led to large reductions in both the insomnia and delusions. The clear next step is a pilot randomized controlled test. The clinical aim is to test whether CBT-I can reduce both insomnia and psychotic symptoms. The trial will inform decisions for a definitive large-scale evaluation. **Methods/design** We will carry out a randomized controlled trial (the Better Sleep Trial, or the BEST study) with 60 patients with distressing delusions or hallucinations in the context of a schizophrenia spectrum diagnosis. Half of the participants will be randomized to receive CBT-I, in addition to their standard treatment, for up to eight sessions over 12 weeks. The other half will continue with treatment as usual. Blind assessments will take place at 0 weeks, 12 weeks (post-treatment) and 24 weeks (follow-up). The primary outcome hypotheses are that CBT-I added to treatment as usual will improve sleep, delusions and hallucinations compared with only treatment as usual. All main analyses will be carried out at the end of the last follow-up assessments and will be based on the intention-to-treat principle. The trial is funded by the NHS National Institute for

Health Research (NIHR) Research for Patient Benefit Programme. Data collection will be complete by the end of 2014.

DISCUSSION:

This will be the first controlled test of CBT-I for patients with delusions and hallucinations. It will provide significant evidence for an easily administered intervention that is likely to prove very popular with patients experiencing the difficult-to-treat problems of delusions and hallucinations. Trial registration Current Controlled Trials ISRCTN 33695128.

<http://www.ncbi.nlm.nih.gov/pubmed/23847554>

Front Psychiatry. 2013 Jul 10;4:66. doi: 10.3389/fpsy.2013.00066. Print 2013.

Therapeutic Action of Fluoxetine is Associated with a Reduction in Prefrontal Cortical miR-1971 Expression Levels in a Mouse Model of Posttraumatic Stress Disorder.

Schmidt U, Herrmann L, Hagl K, Novak B, Huber C, Holsboer F, Wotjak CT, Buell DR.

Source: RG Molecular Psychotraumatology, Max Planck Institute of Psychiatry, Munich, Germany.

MicroRNAs (miRNA) are a class of small non-coding RNAs that have recently emerged as epigenetic modulators of gene expression in psychiatric diseases like schizophrenia and major depression. So far, miRNAs have neither been studied in patients suffering from posttraumatic stress disorder (PTSD) nor in PTSD animal models. Here, we present the first study exploring the connection between miRNAs and PTSD. Employing our previously established PTSD mouse model, we assessed miRNA profiles in prefrontal cortices (PFCs) dissected from either fluoxetine or control-treated wildtype C57BL/6N mice 74 days after their subjection to either a single traumatic electric footshock or mock-treatment. Fluoxetine is an antidepressant known to be effective both in PTSD patients and in mice suffering from a PTSD-like syndrome. Screening for differences in the relative expression levels of all potential miRNA target sequences of miRBase 18.0 by pairwise comparison of the PFC miRNA profiles of the four mouse groups mentioned resulted in identification of five miRNA candidate molecules. Validation of these miRNA candidates by reverse transcriptase quantitative polymerase chain reaction (RT-qPCR) revealed that the therapeutic action of fluoxetine in shocked mice is associated with a significant reduction in mmu-miR-1971 expression. Furthermore, our findings suggest that traumatic stress and fluoxetine interact to cause distinct alterations in the mouse PFC miRNA signature in the long-term.

<http://www.ncbi.nlm.nih.gov/pubmed/23847551>

Front Psychiatry. 2013 Jul 1;4:62. doi: 10.3389/fpsy.2013.00062. Print 2013.

Exploring epigenetic regulation of fear memory and biomarkers associated with post-traumatic stress disorder.

Maddox SA, Schafe GE, Ressler KJ.

Source: Yerkes National Primate Research Center , Atlanta, GA , USA ; Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine , Atlanta, GA , USA.

This review examines recent work on epigenetic mechanisms underlying animal models of fear learning as well as its translational implications in disorders of fear regulation, such as Post-traumatic Stress Disorder (PTSD). Specifically, we will examine work outlining roles of differential histone acetylation and DNA-methylation associated with consolidation, reconsolidation, and extinction in Pavlovian fear paradigms. We then focus on the numerous studies examining the epigenetic modifications of the Brain-derived neurotrophin factor (BDNF) pathway and the extension of these findings from animal models to recent work in human clinical populations. We will also review recently published data on FKBP5 regulation of glucocorticoid receptor function, and how this is modulated in animal models of PTSD and in human clinical populations via epigenetic mechanisms. As glucocorticoid regulation of memory consolidation is well established in fear models, we examine how these recent data contribute to our broader understanding of fear memory formation. The combined recent progress in epigenetic modulation of memory with the advances in fear neurobiology suggest that this area may be critical to progress in our understanding of fear-related disorders with implications for new approaches to treatment and prevention.

<http://www.ncbi.nlm.nih.gov/pubmed/23845512>

Psychoneuroendocrinology. 2013 Jul 8. pii: S0306-4530(13)00223-0. doi: 10.1016/j.psyneuen.2013.06.006. [Epub ahead of print]

Animal models in translational studies of PTSD.

Daskalakis NP, Yehuda R, Diamond DM.

Source: Traumatic Stress Studies Division & Laboratory of Molecular Neuropsychiatry, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, USA; Mental Health Care Center, PTSD Clinical Research Program & Laboratory of Clinical Neuroendocrinology and Neurochemistry, James J. Peters Veterans Affairs Medical Center, Bronx, USA.

Understanding the neurobiological mechanisms of post-traumatic stress disorder (PTSD) is of vital importance for developing biomarkers and more effective pharmacotherapy for this disorder. The design of bidirectional translational studies addressing all facets of PTSD is needed. Animal models of PTSD are needed not only to capture the complexity of PTSD behavioral characteristics, but also to address experimentally the influence of variety of factors which might determine an individual's vulnerability or resilience to trauma, e.g., genetic predisposition, early-life experience and social support. The current review covers recent translational approaches to bridge the gap between human and animal PTSD research and to create a framework for discovery of biomarkers and novel therapeutics.

<http://www.ncbi.nlm.nih.gov/pubmed/23845453>

J Anxiety Disord. 2013 May 24;27(5):447-455. doi: 10.1016/j.janxdis.2013.05.005. [Epub ahead of print]

Attention to threat images in individuals with clinical and subthreshold symptoms of post-traumatic stress disorder.

Thomas CL, Goegan LD, Newman KR, Arndt JE, Sears CR.

Source: Department of Psychology, University of Calgary, 2500 University Drive NW, Calgary, Alberta, Canada T2N 1N4.

Attention to general and trauma-relevant threat was examined in individuals with clinical and subthreshold symptoms of post-traumatic stress disorder (PTSD). Participants' eye gaze was tracked and recorded while they viewed sets of four images over a 6-s presentation (one negative, positive, and neutral image, and either a general threat image or a trauma-relevant threat image). Two trauma-exposed groups (a clinical and a subthreshold PTSD symptom group) were compared to a non-trauma-exposed group. Both the clinical and subthreshold PTSD symptom groups attended to trauma-relevant threat images more than the no-trauma-exposure group, whereas there were no group differences for general threat images. A time course analysis of attention to trauma-relevant threat images revealed different attentional profiles for the trauma-exposed groups. Participants with clinical PTSD symptoms exhibited immediate heightened attention to the images relative to participants with no-trauma-exposure, whereas participants with subthreshold PTSD symptoms did not. In addition, participants with subthreshold PTSD symptoms attended to trauma-relevant threat images throughout the 6-s presentation, whereas participants with clinical symptoms of PTSD exhibited evidence of avoidance. The theoretical and clinical implications of these distinct attentional profiles are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23839068>

J Relig Health. 2013 Jul 10. [Epub ahead of print]

Post-Traumatic Stress and World Assumptions: The Effects of Religious Coping.

Zukerman G, Korn L.

Source: Department of Communication Disorders, School of Health Sciences, Ariel University, Ariel, Israel, gilzu@ariel.ac.il.

Religiosity has been shown to moderate the negative effects of traumatic event experiences. The current study was designed to examine the relationship between post-traumatic stress (PTS) following traumatic event exposure; world assumptions defined as basic cognitive schemas regarding the world;

and self and religious coping conceptualized as drawing on religious beliefs and practices for understanding and dealing with life stressors. This study examined 777 Israeli undergraduate students who completed several questionnaires which sampled individual world assumptions and religious coping in addition to measuring PTS, as manifested by the PTSD check list. Results indicate that positive religious coping was significantly associated with more positive world assumptions, while negative religious coping was significantly associated with more negative world assumptions. Additionally, negative world assumptions were significantly associated with more avoidance symptoms, while reporting higher rates of traumatic event exposure was significantly associated with more hyperarousal. These findings suggest that religious-related cognitive schemas directly affect world assumptions by creating protective shields that may prevent the negative effects of confronting an extreme negative experience.

<http://www.ncbi.nlm.nih.gov/pubmed/23838747>

J Behav Health Serv Res. 2013 Jul 10. [Epub ahead of print]

Rates and Predictors of Referral for Individual Psychotherapy, Group Psychotherapy, and Medications among Iraq and Afghanistan Veterans with PTSD.

Mott JM, Barrera TL, Hernandez C, Graham DP, Teng EJ.

Source: VA HSR&D Houston Center of Excellence, Houston, TX, USA, juliette.mott@va.gov.

This study examined rates of referral for medication, individual psychotherapy, and group psychotherapy within a Veterans Affairs (VA) posttraumatic stress disorder (PTSD) specialty mental health clinic. Participants were 388 Iraq and Afghanistan veterans who were referred for PTSD treatment following a mental health evaluation required for all new VA enrollees. The majority of the sample was referred for medication (79 %), with comparatively fewer referrals for individual (39 %) or group psychotherapy (24 %). Forty percent of participants were referred for combined medication and psychotherapy. Patient demographic and clinical characteristics were examined to determine whether these variables predicted referral type. Female veterans and those with lower clinician ratings of overall functioning were more likely to be referred for individual therapy. Group psychotherapy referrals were more common in veterans who were older, unemployed, identified as an ethnic minority, and had a comorbid anxiety disorder. There were no significant predictors of medication referral.

Links of Interest

How the Pentagon's payroll quagmire traps soldiers

<http://preview.reuters.com/2013/7/2/wounded-in-battle-stiffed-by-the-pentagon>

Anxiety: Nothing to Do but Embrace the Dread

<http://opinionator.blogs.nytimes.com/2013/07/13/nothing-to-do-but-embrace-the-dread/>

How much does culture matter for PTSD?

<http://www.newyorker.com/online/blogs/elements/2013/07/ptsd-and-its-critics.html>

Sleep Affects Concussion-Testing Results, Study Finds

http://www.nlm.nih.gov/medlineplus/news/fullstory_138697.html

DCoE Talks Military Psychology With Mental Health Professionals

http://www.dcoe.health.mil/MediaCenter/News/details/13-07-12/DCoE_Talks_Military_Psychology_With_Mental_Health_Professionals.aspx

Research Tip of the Week: [Science.gov \(index page\)](#)

Science.gov is a gateway to government science information and research results. Currently in its fifth generation, Science.gov provides a search of over 55 scientific databases and 200 million pages of science information with just one query, and is a gateway to over 2100 scientific Websites.

The index page is a great way to start locating the information you need. It's basically an alphabetical listing of subject links that allows you to quickly drill down to the information you need.



The screenshot shows the Science.gov website interface. At the top left is the Science.gov logo with the tagline "Your Gateway to U.S. Federal Science". To the right of the logo is a "SCIENCE.GOV WIDGET" button and an "ESPAÑOL" button. Below the logo is a navigation menu with links: Home, Mobile, Site Map, Index, Alerts, Help, Contact Us, About, Communications, and Alliance Only. In the center, there is a search bar with the text "Enter Search Terms" and a "Search" button. To the right of the search bar is a link to "Advanced Search". Below the search bar is a note: "Enables you to search 200 million pages in real time". The main content area is titled "Science.gov Index" and features an alphabetical list of subject categories: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. Under the letter "A", the following categories are listed: Advanced Power Reactor Technologies, Agricultural Engineering and Technologies, Agricultural Facilities and Equipment, Agricultural Waste, Agriculture and Food, Air Quality, Aircraft and Flight, Alternative Medicine, Analytical, Animal Husbandry and Veterinary Medicine, Animal Waste, Animals, Plants, and Other Organisms, Applied Science and Technologies, Astronomy, Astronomy and Space, Astrophysics, Atomic and Molecular Physics, and Atomic, Electronic, and Magnetic Structures in Materials.

Enter Search Terms [Advanced Search](#)
Enables you to search 200 million pages in real time

Browse topic: (Science.gov home) > Health and Medicine > **Mental Health, Behavior, and Substance Abuse**
A B C D H L M N R S W

A:
A Parent's Guide to Autism Spectrum Disorder - This guide is intended to help parents understand what autism spectrum disorder (ASD) is, recognize common signs and symptoms, and find the resources they need. [U.S. Department of Health and Human Services (HHS), National Inst. of Health (NIH), National Institute of Mental Health (NIMH)]

Alcohol and Alcohol Problems Science Database (ETOH) - The most comprehensive online resource covering all aspects of alcohol abuse and alcoholism [U.S. Department of Health and Human Services (HHS), National Inst. of Health (NIH), National Institute on Alcohol Abuse and Alcoholism (NIAAA)]

B:
Binge Drinking - The risk and statistics of binge drinking and how it affects those around you. [U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC)]

C:
CDC Tsunamis - This page provides information about public health issues related to Tsunamis [U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC)]

D:
Diets and Dieting: A History of Weight Loss in America - Finding guide from the Library of Congress, Science Reference Service [U.S. Library of Congress (LOC)]

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