



CDP Research Update -- September 12, 2013

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- The Downside of Strong Emotional Memories: How Human Memory-Related Genes Influence the Risk for Posttraumatic Stress Disorder - A Selective Review.

- Endocrine Aspects of Post-traumatic Stress Disorder and Implications for Diagnosis and Treatment.
- Pain and somatic symptoms are sequelae of sexual assault: Results of a prospective longitudinal study.
- Dysregulation in cortical reactivity to emotional faces in PTSD patients with high dissociation symptoms.
- Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults.
- Psychophysiological reactivity, subjective distress, and their associations with PTSD diagnosis.
- Personality Heterogeneity in PTSD: Distinct Temperament and Interpersonal Typologies.
- Links of Interest
- Resource of the Week: Ghostery (browser add-on)

<http://www.ncbi.nlm.nih.gov/pubmed/24005540>

Mil Med. 2013 Sep;178(9):939-44. doi: 10.7205/MILMED-D-13-00072.

Implementation outcomes of military provider training in cognitive processing therapy and prolonged exposure therapy for post-traumatic stress disorder.

Borah EV, Wright EC, Donahue DA, Cedillos EM, **Riggs DS**, Isler WC, Peterson AL.

Source: Department of Psychiatry, The University of Texas Health Science Center at San Antonio, 7550 IH-10 West, Suite 1325, San Antonio, TX 78229.

Between 2006 and 2012, the Department of Defense trained thousands of military mental health providers in the use of evidence-based treatments for post-traumatic stress disorder. Most providers were trained in multiday workshops that focused on the use of Cognitive Processing Therapy and Prolonged Exposure. This study is a follow-up evaluation of the implementation practices of 103 Air Force mental health providers. A survey was administered online to workshop participants; 34.2% of participants responded. Findings on treatment implementation with the providers indicated that a majority of respondents found the trainings valuable and were interested in using the treatments, yet they reported a lack of time in their clinic appointment structure to support their use. Insufficient supervision was also cited as a barrier to treatment use. Results suggest the need to improve strategies for implementing evidence-based practices with providers to enhance clinical outcomes in military settings.

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<http://www.childtrends.org/?publications=home-front-alert-the-risks-facing-young-children-in-military-families-2>

Home Front Alert: The Risks Facing Young Children in Military Families

Child Trends

Publication number: 2013-31

Author(s): David Murphey

Publication date: Jul 2013

When a parent goes to war, families are deeply affected. Young children may be especially vulnerable to adverse outcomes, because of their emotional dependence on adults and their developing brains' susceptibility to high levels of stress. Nearly half-a-million children younger than six have an active-duty parent—and some have two.

<http://www.ncbi.nlm.nih.gov/pubmed/24015860>

Psychol Assess. 2013 Sep;25(3):1032-6. doi: 10.1037/a0033325.

Operating characteristics of the PTSD Checklist in a military primary care setting.

Gore KL, McCutchan PK, Prins A, Freed MC, Liu X, Weil JM, Engel CC.

Source: DoD Deployment Health Clinical Center, Walter Reed National Military Medical Center.

The Department of Defense (DoD) is implementing universal behavioral health screening for all DoD health-care beneficiaries presenting to military primary care clinics. The PTSD Checklist-Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993) is used for the identification of posttraumatic stress disorder (PTSD); however, the operating characteristics of the PCL-C remain unstudied in this population. This study examined the operating characteristics of the PCL-C in a sample of 213 patients from 3 Washington, D.C., area military primary care clinics. Blinded raters independently assessed PTSD using the PTSD Symptom Scale Interview (Foa, Riggs, Dancu, & Rothbaum, 1993) as the diagnostic criterion standard. The receiver operating characteristic curve revealed that PCL-C scores accounted for 92% of the area under the curve. A PCL-C score of 31 optimized sensitivity (0.93) and specificity (0.90), and the multilevel likelihood ratio was 5.50 (95% confidence interval [2.26, 13.37]). Internal consistency (0.97) and test-retest reliability (0.87 after a median 13 days) were strong. Results suggest that a PCL-C score of 31 is the optimal cutoff score for use in a military primary care setting serving active duty service members, dependents, and retirees. These findings offer military primary care providers preliminary data to interpret PCL-C scores and to inform treatment decisions as part of routine clinical practice. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24005883>

Curr Psychiatry Rep. 2013 Oct;15(10):401. doi: 10.1007/s11920-013-0401-4.

Deployment-related insomnia in military personnel and veterans.

Bramoweth AD, Germain A.

Source: VISN 4 Mental Illness Research, Education and Clinical Center (MIRECC), VA Pittsburgh Healthcare System, 7180 Highland Drive, 151R-HD, Pittsburgh, PA, 15206, USA, adam.bramoweth@va.gov.

Insomnia is a prevalent disorder that greatly impacts military personnel, especially those deployed in support of combat efforts. Deployment-related stressors like combat exposure, mild traumatic brain injury (mTBI) irregular sleep-wake schedules, and adjustment to the return home all contribute to insomnia. However, insomnia can also exacerbate the deployment experience and is a risk factor for traumatic stress reactions such as PTSD, depression, and suicide. Military personnel with mTBI are significantly impacted by insomnia; the majority experience sleep disruption and this can impede recovery and rehabilitation. As more service members return home from deployment, treatment is vital to reduce the impact of insomnia. Preliminary outcome data, showing positive results for reduction of sleep disruption, has been found with treatments such as combined cognitive behavioral treatment of insomnia (CBTI) and imagery rehearsal therapy (IRT), preference-based interventions, as well as efforts to broadly disseminate CBTI. The recent literature on the impact and treatment of deployment-related insomnia is reviewed.

<http://www.ncbi.nlm.nih.gov/pubmed/24015857>

Psychol Assess. 2013 Sep 9. [Epub ahead of print]

Assessing Posttraumatic Stress in Military Service Members: Improving Efficiency and Accuracy.

Fissette CL, Snyder DK, Balderrama-Durbin C, Balsis S, Cigrang J, Talcott GW, Tatum J, Baker M, Cassidy D, Sonnek S, Heyman RE, Smith Slep AM.

Posttraumatic stress disorder (PTSD) is assessed across many different populations and assessment contexts. However, measures of PTSD symptomatology often are not tailored to meet the needs and demands of these different populations and settings. In order to develop population- and context-specific measures of PTSD it is useful first to examine the item-level functioning of existing assessment methods. One such assessment measure is the 17-item PTSD Checklist-Military version (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993). Although the PCL-M is widely used in both military and veteran health-care settings, it is limited by interpretations based on aggregate scores that ignore variability in item endorsement rates and relatedness to PTSD. Based on item response theory, this

study conducted 2-parameter logistic analyses of the PCL-M in a sample of 196 service members returning from a yearlong, high-risk deployment to Iraq. Results confirmed substantial variability across items both in terms of their relatedness to PTSD and their likelihood of endorsement at any given level of PTSD. The test information curve for the full 17-item PCL-M peaked sharply at a value of $\theta = 0.71$, reflecting greatest information at approximately the 76th percentile level of underlying PTSD symptom levels in this sample. Implications of findings are discussed as they relate to identifying more efficient, accurate subsets of items tailored to military service members as well as other specific populations and evaluation contexts. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24005542>

Mil Med. 2013 Sep;178(9):951-6. doi: 10.7205/MILMED-D-13-00037.

Subjective sleep disturbance in veterans receiving care in the veterans affairs polytrauma system following blast-related mild traumatic brain injury.

Farrell-Carnahan L, Franke L, Graham C, McNamee S.

Source: Hunter Holmes McGuire Veterans Affairs Medical Center, 1201 Broad Rock Boulevard, Richmond, VA 23249.

OBJECTIVES:

This investigation sought to characterize prevalence and factors associated with subjective sleep disturbance (SSD) in a clinical sample of veterans with blast-related mild traumatic brain injury (mTBI).

METHODS:

Adult veterans with history of blast-related mTBI were enrolled in a cross-sectional study. Data on demographics, injury, and current symptoms, including SSD, were obtained. Descriptive and univariate analyses investigated prevalence of SSD and associated factors.

RESULTS:

Participants were 114 veterans with blast-related mTBI (96% male; mean age = 31 years, SD = 8; mean number of days since injury = 1,044, SD = 538). 78% screened positive for post-traumatic stress disorder and 77% reported SSD. Loss of consciousness at time of injury, current nightmares, depression, headache, fatigue, and positive screen for post-traumatic stress disorder were significantly associated with SSD ($p < 0.05$).

CONCLUSIONS:

SSD was pervasive in this clinical sample and was significantly associated with multiple modifiable emotional symptoms as well as headache and fatigue; this is consistent with previous literature including samples with history of nonblast-related mTBI. Future research incorporating objective measurement of SSD and associated symptoms is needed to inform evidence-based screening, assessment, and treatment efforts for veterans with history of mTBI.

<http://www.ncbi.nlm.nih.gov/pubmed/24005330>

Tohoku J Exp Med. 2013;231(1):37-43.

Anxiety and its related factors at bedtime are associated with difficulty in falling asleep.

Narisawa H.

Source: Graduate School of Humanities, Hosei University.

Insomnia is a sleep disorder that is marked by difficulty in falling asleep, difficulty in maintaining sleep, and/or early morning awakening. Difficulty in falling asleep is particularly common in young adults, and sleep onset is affected by psychological factors. The purpose of the present study was to identify the physical and mental factors related to the subjective evaluation of falling asleep among Japanese university students. The participants were 366 students, including 197 (53.8%) females, with a mean age of 20.6 ± 1.7 years. The questionnaire battery mainly covered items about sleep onset, sleep quality, trait anxiety, and general mental state. Sleep onset was categorized as "easy to achieve" for 121 (33.1%) subjects, "difficult" for 38 (10.4%), and "intermediate" for 207 (56.6%). For example, "difficult" was defined as taking a longer time to fall asleep. The subjects with difficult sleep onset reported significantly higher awareness of the smell and noises in the bedroom, body sensations such as a heavy stomach feeling and frequent rolling over, mental agitation and excitement, unstable mental state, negative state, and strain. The subjects with difficult sleep onset also showed less sleep comfort and less recovery from fatigue. A multinomial logistic regression analysis revealed that each of body sensation, sleep comfort, unstable mental state, and fatigue influenced whether an individual had the difficult type. Anxiety-related factors at bedtime, in particular, may delay the sleep onset. The results of the present study indicate that many university students may be at risk of sleep-onset insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/24006323>

Int J Adolesc Med Health. 2013;25(3):279-82. doi: 10.1515/ijamh-2013-0063.

The underexamined association between posttraumatic stress disorder, medical illness and suicidal behavior.

Dobry Y, Sher L.

Abstract Posttraumatic stress disorder (PTSD) is concerning not only because of the severity and chronicity of its symptoms - including distressing nightmares, flashbacks, anxiety attacks and maladaptive patterns of avoidant and nearly paranoid behavior - but also because of the wide spectrum of clinical and social impairments it is tightly associated with. The most striking example of clinical morbidity associated with PTSD is the well-known increase in the risk of suicidal behavior. Given that PTSD and medical illnesses increase the likelihood of suicide separately and independently, it is

reasonable to suggest that the risk of suicidal behavior differs between patients suffering from PTSD comorbid with medical illnesses and patients having either condition alone. The available data point toward a novel clinical notion, an altered risk of suicidal behavior in patients suffering from comorbid PTSD and medical illnesses. This area of overlap between medicine and psychiatry is still in its infancy, with many unanswered questions about the rate, patterns and psychobiological mechanisms of suicidal behavior in this patient population. The positive association between PTSD, medical illness and suicidal behavior that appears to exist in the adult population, most likely affects the pediatric population as well. Closer investigation into the significance of the association between chronic medical illnesses, PTSD and suicidality in children, adolescents and adults is necessary.

<http://www.ncbi.nlm.nih.gov/pubmed/24006322>

Int J Adolesc Med Health. 2013;25(3):269-74. doi: 10.1515/ijamh-2013-0061.

Military sexual trauma as a determinant in the development of mental and physical illness in male and female veterans.

O'Brien BS, Sher L.

Background:

Military Sexual Trauma (MST) is defined as sexual harassment and or sexual assault experienced by a military service member. It is much more widespread and common than reported. It is associated with pre-combat traumatic experiences and pathologic sequelae including mental and medical illness.

Methods:

An electronic search of the major behavioral science databases was conducted to retrieve studies detailing the social, epidemiological and clinical characteristics of MST and its relationship to psychiatric and medical illness.

Results:

Studies indicate that military sexual trauma is related to an increase in psychiatric pathology, including posttraumatic stress disorder (PTSD), substance abuse and dependence, depression, anxiety, eating disorders and suicidal behavior. MST is also related to an increase in medical illness, primarily pain-related symptoms involving multiple organ systems, including gastrointestinal, neurological, genitourinary and musculoskeletal.

Conclusion:

MST is associated with an increased prevalence of mental and physical illness. Although there are some gender differences in the reported rates of MST and there may be some variables, such as prior traumatic experiences, that may make an individual more vulnerable to the psychiatric and medical sequela of MST, it is clear that MST is a major healthcare issue that affects both sexes and warrants further attention and an increase in clinical resources devoted to it. Some preventive measures for decreasing the prevalence of MST may include increasing education and legal prosecution of

perpetrators in the military, and increasing access to mental health services for individuals who have suffered from MST.

<http://www.ncbi.nlm.nih.gov/pubmed/24005546>

Mil Med. 2013 Sep;178(9):974-80. doi: 10.7205/MILMED-D-13-00097.

Alcohol use biomarkers predicting cognitive performance: a secondary analysis in veterans with alcohol dependence and posttraumatic stress disorder.

Kalapatapu RK, Delucchi KL, Lasher BA, Vinogradov S, Batki SL.

Source: Department of Psychiatry, University of California, 401 Parnassus Avenue, San Francisco, CA 94143.

OBJECTIVE:

We conducted a secondary analysis of baseline data from a recently completed pharmacological pilot clinical trial among 30 veterans with alcohol dependence and posttraumatic stress disorder (PTSD). This trial included baseline measures of alcohol use biomarkers, both indirect (carbohydrate-deficient transferrin, GGT [γ -glutamyltransferase], mean corpuscular volume, AST [aspartate aminotransferase], alanine aminotransferase) and direct (ethyl glucuronide, ethyl sulfate), as well as neurocognitive measures (Trail Making Test parts A and B, Hopkins Verbal Learning Test-Revised, Balloon Analogue Risk Task, Delay Discounting Task).

METHODS:

Two regression models were estimated and tested for each neurocognitive measure (dependent measure). The first model included the alcohol use biomarker alone as the predictor. The second model included the alcohol use biomarker along with the following 3 additional predictors: Beck Depression Inventory, Clinician-Administered PTSD Scale, and receiving medications.

RESULTS:

In both models, the indirect biomarkers, such as GGT and AST, significantly predicted performance on the Hopkins Verbal Learning Test-Revised %Retention. GGT alone significantly predicted performance on the Trail Making Test part A.

CONCLUSIONS:

Indirect alcohol use biomarkers may have a specific role in identifying those veterans with alcohol dependence and PTSD who have impaired cognitive performance. However, direct alcohol use biomarkers may not share such a role.

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<http://www.ncbi.nlm.nih.gov/pubmed/24005545>

Mil Med. 2013 Sep;178(9):970-3. doi: 10.7205/MILMED-D-13-00080.

Traumatic stressor exposure and post-traumatic symptoms in homeless veterans.

Carlson EB, Garvert DW, Macia KS, Ruzek JI, Burling TA.

Source: National Center for Posttraumatic Stress Disorder and VA Palo Alto Health Care System, 795 Willow Road (334-PTSD), Menlo Park, CA 94025.

OBJECTIVES:

To better understand potential risk factors for post-traumatic stress disorder (PTSD) and homelessness in veterans, we studied trauma exposure and responses in archival data on 115 homeless veterans.

METHODS:

Rates of exposure to military and a variety of civilian high magnitude stressor (HMS) and persistent post-traumatic distress (PPD) events and symptoms of post-traumatic stress were assessed. The relationships between frequency of different trauma types and symptoms of post-traumatic stress were examined.

RESULTS:

Exposure to both HMS and PPD events were extremely high in this sample, with particularly high exposure to adult (82%) and childhood (62%) interpersonal violence HMS events and HMS events during military service (53%). Exposure to both military and civilian PPD events was associated with significantly higher levels of PTSD symptoms than exposure to no PPD events or only civilian PPD events, and almost all HMS event types were significantly correlated with both PTSD and dissociation symptoms.

CONCLUSIONS:

Post-traumatic symptoms and military and civilian traumatic stressors of all types should be assessed in homeless veterans because they may be contributing to poor social and occupational functioning.

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<http://www.ncbi.nlm.nih.gov/pubmed/24005541>

Mil Med. 2013 Sep;178(9):945-50. doi: 10.7205/MILMED-D-12-00527.

Role of occupation on new-onset post-traumatic stress disorder and depression among deployed military personnel.

Mayo JA, Macgregor AJ, Dougherty AL, Galarnau MR.

Source: Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106.

The purpose of this study was to examine the role of military occupation on new-onset post-traumatic stress disorder (PTSD) and depression among U.S. combat veterans recently returned from deployment to Iraq. Enlisted, active duty Navy and Marine Corps personnel without a history of mental disorder were identified from deployment records and linked to medical databases (n = 40,600). Multivariate logistic regression was used to examine the association between occupation and postdeployment PTSD and depression diagnoses by branch of service. Navy health care specialists had higher odds of new-onset PTSD (odds ratio [OR] 4.53, 95% confidence interval [CI] 2.58-7.94) and depression (OR 2.58, 95% CI 1.53-4.34) compared with Navy functional support/other personnel. In addition, Marine combat specialists had higher odds of new-onset PTSD (OR 1.91, 95% CI 1.48-2.47) and depression (OR 1.36, 95% CI 1.10-1.68) compared with Marine functional support/other personnel. Occupation is associated with the development of new-onset PTSD and depression. The high rates of PTSD and depression among health care specialists warrant further investigation into the potential effects of caregiver stress on mental health.

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<http://www.ncbi.nlm.nih.gov/pubmed/24005063>

Biol Psychol. 2013 Sep 1. pii: S0301-0511(13)00189-0. doi: 10.1016/j.biopsycho.2013.08.007. [Epub ahead of print]

Differential impact of the first and second wave of a stress response on subsequent fear conditioning in healthy men.

Antov MI, Wölk C, Stockhorst U.

Source: University of Osnabrueck, Institute of Psychology, Experimental Psychology II and Biological Psychology, Seminarstrasse 20, D-49074 Osnabrück, Germany. Electronic address: mantov@uni-osnabrueck.de.

Stress is a process of multiple neuroendocrine changes over time. We examined effects of the first-wave and second-wave stress response on acquisition and immediate extinction of differential fear conditioning, assessed by skin conductance responses. In Experiment 1, we placed acquisition either close to the (second-wave) salivary cortisol peak, induced by a psychosocial stressor (experimental group, EG), or after non-stressful pretreatment (control group, CG). Contrary to predictions, groups did not differ in differential responding. In the EG only, mean differential responding was negatively correlated with cortisol increases. In Experiment 2, we placed conditioning near the first-wave stress response, induced by a cold pressor test (CPT), or after a warm-water condition (CG). CPT-stress increased extinction resistance. Moreover, acquisition performance after CPT was positively correlated with first-wave blood pressure increases. Data suggest that mediators of the first-wave stress response enhance fear maintenance whereas second-wave cortisol responsivity to stress might attenuate fear learning.

<http://www.ncbi.nlm.nih.gov/pubmed/23132954>

J Med Screen. 2012;19(4):206-11. doi: 10.1258/jms.2012.012054. Epub 2012 Nov 6.

Contrasting beliefs about screening for mental disorders among UK military personnel returning from deployment to Afghanistan.

Keeling M, Knight T, Sharp D, Fertout M, Greenberg N, Chesnokov M, Rona RJ.

Source: mary.keeling@kcl.ac.uk

OBJECTIVE:

The objective of the study was to elicit beliefs and experiences of the value of a screening programme for mental illness among UK military personnel.

METHOD:

Three months after returning from Afghanistan 21 army personnel participated in a qualitative study about mental health screening. One-to-one interviews were conducted and recorded. Data-driven thematic analysis was used. Researchers identified master themes represented by extracts of text from the 21 complete transcripts.

RESULTS:

Participants made positive remarks on the advantages of screening. Noted barriers to seeking help included: unwillingness to receive advice, a wish to deal with any problems themselves and a belief that military personnel should be strong enough to cope with any difficulties. Participants believed that overcoming barriers to participating in screening and seeking help would be best achieved by making screening compulsory.

CONCLUSIONS:

Although respondents were positive about a screening programme for mental illness, the barriers to seeking help for mental illness appear deep rooted and reinforced by the value ascribed to hardiness.

<http://www.ncbi.nlm.nih.gov/pubmed/24002310>

J Rehabil Med. 2013 Sep 3;45(8):749-57. doi: 10.2340/16501977-1215.

Sex-differences in symptoms, disability, and life satisfaction three years after mild traumatic brain injury: A population-based cohort study.

Styrke J, Sojka P, Björnstig U, Bylund PO, Stålnacke BM.

Source: Division of Surgery, Department of Surgical and Perioperative Sciences, Umeå University, SE-901 85 Umeå, Sweden. E-mail: johan.styrke@surgery.umu.se.

Objective:

To investigate sex differences in symptoms, structure of symptoms, disability and life satisfaction 3 years after mild traumatic brain injury. Secondary aims were to find risk factors for adverse outcome. Design: Population-based cohort study.

Patients:

The cohort comprised 137,000 inhabitants at risk in a defined population served by a single hospital in northern Sweden. Patients attending the emergency department following a mild traumatic brain injury in 2001 were included.

Methods:

Of 214 patients aged 18-64 years, 163 answered a questionnaire on symptoms, disability, and life-satisfaction 3 years post-injury. The instruments were analysed with descriptive statistics. A principal component analysis of the Rivermead Post-Concussion Symptoms Questionnaire was conducted. Risk factors were identified using logistic regression.

Results:

Post-concussion syndrome was found in 50% of the women and 30% of the men. Disability was found in 52% of the women and 37% of the men, and 57% of the women and 56% of the men were satisfied with their lives. For both genders, high frequency of symptoms was a risk factor for disability and low life satisfaction. Back pain was a risk factor for disability. Living alone was a risk factor for low levels of life satisfaction. The principal component analysis revealed differences between the sexes.

Conclusion:

There are sex differences in outcome 3 years after mild traumatic brain injury. Women and men should be analysed separately.

<http://www.rti.org/publications/rtipress.cfm?pubid=21378>

Preventing and treating PTSD and related conditions in adults: A research agenda

Fornieris, C.A., Gartlehner, G., Jonas, D.E., Lohr, K.N.

RTI International

September 2013

The prevalence of traumatic events in both civilian and military populations and the emotional, financial, physical, and psychosocial burdens of PTSD are high. We conducted two rigorous, protocol-based systematic reviews of the published literature assessing the benefits and harms of psychological and pharmacological interventions to prevent or treat symptoms of post-traumatic stress disorder (PTSD) in adults exposed to trauma. We did not find reliable evidence supporting efficacy for most interventions to prevent PTSD. Evidence does support the effectiveness of several psychological and pharmacological interventions to treat patients with PTSD. Although some psychological interventions produced

significant decreases in traumatic stress symptoms and related psychopathology, limitations in the study methods precluded definitive guidelines for preventing PTSD in those exposed to trauma. Lack of definitive evidence on interventions to prevent PTSD in adults makes clinical and policy decision making challenging. Several psychological and pharmacological interventions can reduce symptoms of PTSD in adults, but what treatment to select for individual patients remains uncertain. Practical considerations such as access to care may dictate many clinical choices. Numerous interventions warrant additional investigation, especially in comparative trials. Subgroups require more attention to clarify which interventions are efficacious for different patient populations, and research methods must be strengthened.

<http://pediatrics.aappublications.org/content/early/2013/08/28/peds.2013-0168.abstract>

Infant Abusive Head Trauma in a Military Cohort.

Gia R. Gumbs, Heather T. Keenan, Carter J. Sevick, Ava Marie S. Conlin, David W. Lloyd, Desmond K. Runyan, Margaret A. K. Ryan, and Tyler C. Smith

Pediatrics

Published online September 2, 2013

OBJECTIVE:

Evaluate the rate of, and risk factors for, abusive head trauma (AHT) among infants born to military families and compare with civilian population rates.

METHODS:

Electronic International Classification of Diseases data from the US Department of Defense (DoD) Birth and Infant Health Registry were used to identify infants born to military families from 1998 through 2005 (N = 676 827) who met the study definition for AHT. DoD Family Advocacy Program data were used to identify infants with substantiated reports of abuse. Rates within the military were compared with civilian population rates by applying an alternate AHT case definition used in a civilian study.

RESULTS:

Applying the study definition, the estimated rate of substantiated military AHT was 34.0 cases in the first year of life per 100 000 live births. Using the alternate case definition, the estimated AHT rate was 25.6 cases per 100 000 live births. Infant risk factors for AHT included male sex, premature birth, and a diagnosed major birth defect. Parental risk factors included young maternal age (<21 years), lower sponsor rank or pay grade, and current maternal military service.

CONCLUSIONS:

This is the first large database study of AHT with the ability to link investigative results to cases. Overall rates of AHT were consistent with civilian populations when using the same case definition codes. Infants most at risk, warranting special attention from military family support programs, include infants

with parents in lower military pay grades, infants with military mothers, and infants born premature or with birth defects.

<http://www.esciencecentral.org/journals/a-pilot-study-of-clinical-measures-to-assess-mind-body-intervention-effects-for-those-with-and-without-ptsd-2327-5162.1000116.pdf>

A Pilot Study of Clinical Measures to Assess Mind-Body Intervention Effects for those with and without PTSD.

Wahbeh H and Oken BS

Altern Integ Med 2: 116.

Objective:

Assess measures for future mind-body interventions in those with and without PTSD.

Methods:

Psychological and immune measures were assessed at baseline in three age and gender-matched groups: 1) 15 combat veterans with PTSD, 2) 15 combat veterans without PTSD, and 3) 15 non-combat veterans without PTSD. Physiological measures were assessed at baseline, during relaxation and stress conditions.

Results:

The PTSD group had increased PTSD and depression severity, anxiety, and mood disturbance, and decreased quality of life scores. Respiration, heart rate variability, heart rate, and blood pressure differed significantly between conditions but not between groups.

Conclusions:

Respiration and heart rate variability may be useful measures for future mind-body intervention trials.

<http://www.sciencedirect.com/science/article/pii/S0306460313002475>

Alcohol Misuse and Psychological Resilience among U.S. Iraq and Afghanistan Era Veterans.

Kimberly T. Green, Jean C. Beckham, Nagy Youssef, Eric B. Elbogen

Addictive Behaviors, Available online 31 August 2013

Objective

The present study sought to investigate the longitudinal effects of psychological resilience against alcohol misuse adjusting for socio-demographic factors, trauma-related variables, and self-reported history of alcohol abuse.

Methodology

Data were from National Post-Deployment Adjustment Study (NPDAS) participants who completed both a baseline and one-year follow-up survey (N = 1090). Survey questionnaires measured combat exposure, probable posttraumatic stress disorder (PTSD), psychological resilience, and alcohol misuse, all of which were measured at two discrete time periods (baseline and one-year follow-up). Baseline resilience and change in resilience (increased or decreased) were utilized as independent variables in separate models evaluating alcohol misuse at the one-year follow-up.

Results

Multiple linear regression analyses controlled for age, gender, level of educational attainment, combat exposure, PTSD symptom severity, and self-reported alcohol abuse. Accounting for these covariates, findings revealed that lower baseline resilience, younger age, male gender, and self-reported alcohol abuse were related to alcohol misuse at the one-year follow-up. A separate regression analysis, adjusting for the same covariates, revealed a relationship between change in resilience (from baseline to the one-year follow-up) and alcohol misuse at the one-year follow-up. The regression model evaluating these variables in a subset of the sample in which all the participants had been deployed to Iraq and/or Afghanistan was consistent with findings involving the overall era sample. Finally, logistic regression analyses of the one-year follow-up data yielded similar results to the baseline and resilience change models.

Conclusions

These findings suggest that increased psychological resilience is inversely related to alcohol misuse and is protective against alcohol misuse over time. Additionally, it supports the conceptualization of resilience as a process which evolves over time. Moreover, our results underscore the importance of assessing resilience as part of alcohol use screening for preventing alcohol misuse in Iraq and Afghanistan era military veterans.

<http://www.sciencedirect.com/science/article/pii/S0022399913003292>

Posttraumatic Stress Disorder and Odds of Major Invasive Procedures among U.S. Veterans Affairs Patients.

David Sloan Greenawalt, Laurel Anne Copeland, Andrea A. MacCarthy, Fangfang F. Sun, John Edward Zeber

Journal of Psychosomatic Research, Available online 26 August 2013

Objectives

Although individuals with posttraumatic stress disorder (PTSD) are at heightened risk for several serious health conditions, research has not examined how having PTSD impacts receipt of invasive procedures that may alleviate these problems. We examined whether PTSD, after controlling for major depression,

was associated with odds of receiving common types of major invasive procedures, and whether race, ethnicity, and gender was associated with odds of procedures.

Methods

Veterans Health Administration patients with PTSD and/or depression were age-matched with patients without these disorders. The odds of invasive hip/knee, digestive system, coronary artery bypass graft/percutaneous coronary intervention (CABG/PCI), and vascular procedures during FYs 2006-2009 were modeled for the full sample of 501,489 patients and for at-risk subsamples with medical conditions alleviated by the procedures examined.

Results

Adjusting for demographic covariates and medical comorbidity, PTSD without depression was associated with decreased odds of all types of procedures (odds ratios [OR] range 0.74 – 0.82), as was depression without PTSD (OR range 0.59 – 0.77). In analyses of at-risk patients, those with PTSD only were less likely to undergo hip/knee (OR = 0.78) and vascular procedures (OR = 0.73) but not CABG/PCI. African-Americans and women at-risk patients were less likely to undergo hip/knee, vascular, and CABG/PCI procedures (OR range 0.31–0.84).

Conclusion

With the exception of CABG/PCI among at-risk patients, Veterans with PTSD and/or depression were less likely to undergo all types of procedures examined. Future studies should examine the reasons for this disparity and whether it is associated with subsequent adverse outcomes.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000009/art00016>

Subjective Sleep Disturbance in Veterans Receiving Care in the Veterans Affairs Polytrauma System Following Blast-Related Mild Traumatic Brain Injury.

Authors: Farrell-Carnahan, Leah; Franke, Laura; Graham, Carolyn; McNamee, Shane

Source: Military Medicine, Volume 178, Number 9, September 2013 , pp. 951-956(6).

Objectives:

This investigation sought to characterize prevalence and factors associated with subjective sleep disturbance (SSD) in a clinical sample of veterans with blast-related mild traumatic brain injury (mTBI).

Methods:

Adult veterans with history of blast-related mTBI were enrolled in a cross-sectional study. Data on demographics, injury, and current symptoms, including SSD, were obtained. Descriptive and univariate analyses investigated prevalence of SSD and associated factors.

Results:

Participants were 114 veterans with blast-related mTBI (96% male; mean age = 31 years, SD = 8; mean

number of days since injury =1,044, SD = 538). 78% screened positive for post-traumatic stress disorder and 77% reported SSD. Loss of consciousness at time of injury, current nightmares, depression, headache, fatigue, and positive screen for post-traumatic stress disorder were significantly associated with SSD ($p < 0.05$).

Conclusions:

SSD was pervasive in this clinical sample and was significantly associated with multiple modifiable emotional symptoms as well as headache and fatigue; this is consistent with previous literature including samples with history of nonblast-related mTBI. Future research incorporating objective measurement of SSD and associated symptoms is needed to inform evidence-based screening, assessment, and treatment efforts for veterans with history of mTBI.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000009/art00017>

Attitudes to Mental Illness in the U.K. Military: A Comparison With the General Population.

Authors: Forbes, Harriet J.; Boyd, Caroline F. S.; Jones, Norman; Greenberg, Neil; Jones, Edgar; Wessely, Simon; Iversen, Amy C.; Fear, Nicola T.

Source: Military Medicine, Volume 178, Number 9, September 2013 , pp. 957-965(9)

Objectives:

To compare attitudes to mental illness in the U.K. military and in the general population in England.

Methods:

Using data from a cross-sectional survey of 821 U.K. military personnel and a separate cross-sectional survey of 1,729 members of the general population in England, levels of agreement with five statements about mental illness were compared in the military and the general population.

Results:

The majority of respondents from both populations showed positive attitudes toward mental illness. The general population showed slightly more positive attitudes toward integrating people with mental illness into the community (68.0% [65.7%-70.1%] agreed that "People with mental illness have the same rights to a job as everyone else," vs. 56.7% [51.5%-61.7%] of the military). However, the general population showed more negative attitudes about the causes of mental illness (62.4% [60.1%-64.6%] disagreed that "One of the main causes of mental illness is a lack of self-discipline and willpower," vs. 81.3% [77.0%-84.9%] of the military).

Conclusions:

Overall, attitudes toward mental illness are comparable in the general population in England and the U.K. military. Differences included the military holding more positive attitudes about the causes of mental illness, but more negative attitudes about job rights of those with mental illness. Strategies

aiming to improve attitudes toward mental illness could focus particularly on personnel's concerns around mental illness impacting on their career.

<http://psycnet.apa.org/journals/pst/50/3/268/>

Core principles in treating suicidal patients.

Fowler, James Christopher

Psychotherapy, Vol 50(3), Sep 2013, 268-272.

The treatment of suicidal individuals requires special attention to therapist interventions that promote a viable treatment alliance in the context of shared responsibilities for patient safety. Three core principles in the treatment process (alliance building, enhancing curiosity about the function of suicidal thoughts and urges, as well as enhancing experience and expression of intense emotions) are articulated and brief case vignettes are used to illuminate the principles. Results from open trails and randomized control trials involving suicidal patients are examined to support the evidence-based practice of these principles. The overarching principle undergirding the utility of the principles is a collaborative joining with the patient to decrease isolation and alienation when facing intense and overwhelming emotions. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0165032713006356>

Development and Preliminary Validation of the Male Depression Risk Scale: Furthering the Assessment of Depression in Men.

Simon M. Rice, Barry J. Fallon, Helen Aucote, Anna-Maria Möller-Leimkühler

Development and Preliminary Validation of the Male Depression Risk Scale: Furthering the Assessment of Depression in Men

Journal of Affective Disorders, Available online 27 August 2013

Background

The last decade has seen the burgeoning publication of male-specific depression rating scales designed to assess externalising depression symptoms (e.g., substance use, risk-taking, aggression). These symptoms are theorised to reflect the behavioural manifestation of depression amongst men who rigidly conform to masculine norms. To date, research findings from these scales have been mixed, and each scale is limited by psychometric shortcomings or constrained assessment of symptom sub-domains.

Methods

The Male Depression Risk Scale (MDRS-22) was developed from online, non-clinical, community

samples. Following best-practice recommendations, initial scale items were subject to expert review. Study 1 (male n=386) reduced the item pool via exploratory factor analysis while Study 2 (male n=499, female n=291) refined and validated the factor structure using confirmatory factor analysis. Sex and masculinity comparisons were evaluated.

Results

Goodness of fit indices validated the six factor solution with subscales assessing: emotional suppression, drug use, alcohol use, anger and aggression, somatic symptoms and risk-taking. Between-groups analyses indicated higher MDRS-22 scores for males reporting higher conformity to masculine norms.

Limitations

Data were drawn from an online community sample without use of diagnostic interview. Test-retest correlations were not evaluated. Future research should look to examine longitudinal typical-externalising symptom trajectories across a range of clinical and non-clinical settings.

Conclusions

The MDRS-22 reports satisfactory preliminary psychometric properties with validated subscales enabling multidimensional assessment of theorised externalising symptom sub-domains. MDRS-22 scale brevity may facilitate use in primary care settings enabling better identification of at-risk males.

<http://bjp.rcpsych.org/content/203/3/165.short>

Social ecology interventions for post-traumatic stress disorder: what can we learn from child soldiers?

Brandon Kohrt

The British Journal of Psychiatry (2013) 203: 165-167

Research with child soldiers is crucial to improving mental health services after war. This research also can illuminate innovative approaches to treating post-traumatic stress disorder (PTSD) among adult soldiers, veterans and other trauma survivors in high-income countries. A key contribution is the role of social ecology for trauma-healing interventions.

<http://psycnet.apa.org/journals/pst/50/3/454/>

The observation of essential clinical strategies during an individual session of dialectical behavior therapy.

Bedics, Jamie D.; Korslund, Kathryn E.; Sayrs, Jennifer H. R.; McFarr, Lynn M.

Psychotherapy, Vol 50(3), Sep 2013, 454-457.

Dialectical behavior therapy (DBT; Linehan, 1993) is a comprehensive and principle-based cognitive-behavioral intervention initially developed for the treatment of suicidal behavior and later expanded to the treatment of borderline personality disorder and additional psychiatric disorders associated with emotion dysregulation. As a comprehensive treatment, DBT consists of multiple modalities of intervention that include individual therapy, skills training, telephone consultation, team consultation, and the structuring of ancillary treatments. In the present article, we review three essential strategies expected to occur during an individual session of DBT. The three strategies reviewed include structuring the content of the session, core strategies of problem solving and validation, and dialectical strategies and worldview. Associated research data and clinical examples are provided for each strategy. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://psycnet.apa.org/journals/pst/50/3/279/>

Working with clients by incorporating their preferences.

Tompkins, Kelley A.; Swift, Joshua K.; Callahan, Jennifer L.

Psychotherapy, Vol 50(3), Sep 2013, 279-283.

Working with clients by integrating their therapy preferences into the treatment decision-making process has been identified as an important part of evidence-based practice in psychology. Accommodating client preferences has also been demonstrated to lead to fewer treatment dropouts and improved therapy outcomes. In this article, we present a number of clinical interventions or techniques for addressing client preferences in psychotherapy. Clinical examples demonstrating the techniques are also provided. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/24007653>

Epidemiol Psychiatr Sci. 2013 Sep 5:1-8. [Epub ahead of print]

The use of second generation antipsychotics for post-traumatic stress disorder in a US Veterans Health Administration Medical Center.

Hermes E, Sernyak M, Rosenheck R.

Source: Department of Psychiatry, Yale School of Medicine, New Haven, Connecticut, USA.

Background

Prior studies of antipsychotic use in individuals with post-traumatic stress disorder (PTSD) are limited because administrative data lacks information on why providers choose particular medications.

Methods

This study examined 2613 provider surveys completed at the time any second generation antipsychotic

(SGA) was prescribed over a 20-month period at a single Veterans Affairs medical center. Clinical correlates and reasons for SGA selection among individuals with PTSD compared to those with other psychiatric disorders were identified using chi-square.

Results

PTSD was the sole diagnosis in n = 339 (13%) and one of several psychiatric diagnoses in n = 236 (9%) surveys. 'Efficacy' was the most common reason given for the prescriptions of SGAs in all surveys (51%) and among individuals with PTSD (46%). 'Sleep/sedation' was the only reason cited, significantly more frequently among those with PTSD (39% with PTSD only, 35% with PTSD plus another diagnosis, and 31% without PTSD [$\chi^2 = 12.86, p < 0.0016$]). The proportion identifying 'efficacy' as a reason for SGA use was smaller in patients with PTSD (44% with PTSD only, 49% with PTSD and another diagnosis, and 53% without PTSD [$\chi^2 = 8.78, p < 0.0125$]). Quetiapine was the most frequently prescribed SGA in the entire sample and among veterans with PTSD (47%).

Conclusions

Clinician use of SGAs is often driven by efficacy, for which there is limited evidence, and distinctly driven by the goal of sedation among patients with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24015116>

Sleep Med Clin. 2013 Sep 1;8(3):333-350.

Optimizing the Pharmacologic Treatment of Insomnia: Current Status and Future Horizons.

Minkel J, Krystal AD.

A number of medications are available for treating patients with insomnia. These medications include agents approved as insomnia therapies by the U.S. Food and Drug Administration (FDA), agents approved by the FDA for another condition that are used "off-label" to treat insomnia, and agents available "over-the-counter" that are taken by individuals with insomnia. These agents differ in their properties, their safety and efficacy when used for different insomnia patient subtypes, and the available data on their efficacy and safety in these subtypes. As a result, optimizing the medication treatment of insomnia for a given patient requires that the clinician select an agent for use which has characteristics that make it most likely to effectively and safely address the type of sleep difficulty experienced by that individual. This article is intended to assist clinicians and researchers in carrying out this optimization. It begins by reviewing the basic characteristics of the medications used to treat insomnia. This is followed by a review of the fundamental ways that individuals with insomnia may differ and affect the choice of medication therapy. This review includes discussions that illustrate how to best choose a medication based on the characteristics of the available medications, the key differences among insomnia patients, and the available research literature. Lastly, we discuss future directions for the optimizing pharmacologic management of insomnia. It is hoped that the treatment tailoring

methods discussed herein serve as a means of improving the clinical management of insomnia and, thus, improve the lives of the many patients who suffer from this common and impairing condition.

<http://www.ncbi.nlm.nih.gov/pubmed/24013914>

J Rehabil Res Dev. 2013 Aug;50(5):663-70.

Veterans Health Administration vocational services for Operation Iraqi Freedom/Operation Enduring Freedom Veterans with mental health conditions.

Twamley EW, Baker DG, Norman SB, Pittman JO, Lohr JB, Resnick SG.

Source: Center of Excellence for Stress and Mental Health, VA San Diego Healthcare System, 3350 La Jolla Village Dr (116A), San Diego, CA 92161. elizabeth.twamley@va.gov.

High rates of mental health conditions and unemployment are significant problems facing Veterans of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). We examined two national Veterans Health Administration (VHA) databases from fiscal years 2008-2009: a larger database (n = 75,607) of OIF/OEF Veterans with posttraumatic stress disorder, depression, substance use disorder, or traumatic brain injury (TBI) and a smaller subset (n = 1,010) of those Veterans whose employment was tracked during their participation in VHA vocational services. Only 8.4% of Veterans in the larger database accessed any vocational services and retention was low, with most Veterans attending one or two appointments. Veterans with TBI and with more mental health conditions overall were more likely to access vocational services. Only 2.2% of Veterans received evidence-based supported employment. However, supported employment was effective, with 51% of those Veterans receiving it obtaining competitive work. Effect sizes quantifying the effect of supported employment provision on competitive work attainment, number of jobs, job tenure, and retention in vocational services were large. Given the high success rate of supported employment for these Veterans, additional supported employment specialists for this population would be expected to improve work outcomes for post-9/11 Veterans who want assistance returning to work.

<http://www.ncbi.nlm.nih.gov/pubmed/24015254>

PLoS One. 2013 Aug 27;8(8):e72508.

Learning to Obtain Reward, but Not Avoid Punishment, Is Affected by Presence of PTSD Symptoms in Male Veterans: Empirical Data and Computational Model.

Myers CE, Moustafa AA, Sheynin J, Vanmeenen KM, Gilbertson MW, Orr SP, Beck KD, Pang KC, Servatius RJ.

Source: Department of Veterans Affairs, VA New Jersey Health Care System, East Orange, New Jersey, United States of America ; Stress & Motivated Behavior Institute, Department of Neurology and Neurosciences, New Jersey Medical School, Rutgers, The State University of New Jersey, Newark, New Jersey, United States of America ; Department of Psychology, Rutgers, The State University of New Jersey, Newark, New Jersey, United States of America ; Graduate School of Biomedical Sciences, Rutgers, The State University of New Jersey, Newark, New Jersey, United States of America.

Post-traumatic stress disorder (PTSD) symptoms include behavioral avoidance which is acquired and tends to increase with time. This avoidance may represent a general learning bias; indeed, individuals with PTSD are often faster than controls on acquiring conditioned responses based on physiologically-aversive feedback. However, it is not clear whether this learning bias extends to cognitive feedback, or to learning from both reward and punishment. Here, male veterans with self-reported current, severe PTSD symptoms (PTSS group) or with few or no PTSD symptoms (control group) completed a probabilistic classification task that included both reward-based and punishment-based trials, where feedback could take the form of reward, punishment, or an ambiguous "no-feedback" outcome that could signal either successful avoidance of punishment or failure to obtain reward. The PTSS group outperformed the control group in total points obtained; the PTSS group specifically performed better than the control group on reward-based trials, with no difference on punishment-based trials. To better understand possible mechanisms underlying observed performance, we used a reinforcement learning model of the task, and applied maximum likelihood estimation techniques to derive estimated parameters describing individual participants' behavior. Estimations of the reinforcement value of the no-feedback outcome were significantly greater in the control group than the PTSS group, suggesting that the control group was more likely to value this outcome as positively reinforcing (i.e., signaling successful avoidance of punishment). This is consistent with the control group's generally poorer performance on reward trials, where reward feedback was to be obtained in preference to the no-feedback outcome. Differences in the interpretation of ambiguous feedback may contribute to the facilitated reinforcement learning often observed in PTSD patients, and may in turn provide new insight into how pathological behaviors are acquired and maintained in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24013012>

Behav Brain Res. 2013 Sep 5. pii: S0166-4328(13)00545-7. doi: 10.1016/j.bbr.2013.08.048. [Epub ahead of print]

FGF2 blocks PTSD symptoms via an astrocyte-based mechanism.

Xia L, Zhai M, Wang L, Miao D, Zhu X, Wang W.

Source: Department of Psychology, School of Aerospace Medicine, The Fourth Military Medical University, No. 169 West Chang'le Road, Xi'an 710032, Shanxi Province, PR China; Department of Neurology, No.422 Hospital of PLA, No. 3 Hai Bing Road, Zhanjiang 524000, Guangdong Province, PR China.

Although posttraumatic stress disorder (PTSD) is characterized by traumatic memories or experiences and increased arousal, which can be partly alleviated by antidepressants, the underlying cellular mechanisms are not fully understood. As emerging studies have focused on the critical role of astrocytes in pathological mood disorders, we hypothesized that several 'astrocyte-related' mechanisms underlying PTSD exist. In the present study, using the single prolonged stress (SPS) model, we investigated the effects of intraperitoneal FGF2 on SPS-induced PTSD behavior response as well as the astrocytic activation after FGF2 administration in SPS rats. Behavioral data showed that intraperitoneal FGF2 inhibited SPS-induced hyperarousal and anxiety behavior; however, immunohistochemistry showed that SPS-induced astrocytic inhibition was activated by intraperitoneal FGF2. Quantitative Western blotting showed that intraperitoneal FGF2 up-regulated glial fibrillary acidic protein (GFAP), but not NeuN, expression in the hippocampus. We suggest that intraperitoneal FGF2 could block the SPS-induced fear response and anxiety behavior in PTSD via astrocyte-based but not neuron-based mechanisms.

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<http://www.ncbi.nlm.nih.gov/pubmed/24012801>

Neurobiol Learn Mem. 2013 Sep 4. pii: S1074-7427(13)00174-3. doi: 10.1016/j.nlm.2013.08.015. [Epub ahead of print]

The Downside of Strong Emotional Memories: How Human Memory-Related Genes Influence the Risk for Posttraumatic Stress Disorder - A Selective Review.

Wilker S, Elbert T, Kolassa IT.

Source: Clinical & Biological Psychology, Institute of Psychology & Education, University of Ulm, Albert-Einstein-Allee 47, 89069 Ulm, Germany. Electronic address: sarah.wilker@uni-ulm.de.

A good memory for emotionally arousing experiences may be intrinsically adaptive, as it helps the organisms to predict safety and danger and to choose appropriate responses to prevent potential harm. However, under conditions of repeated exposure to traumatic stressors, strong emotional memories of these experiences can lead to the development of trauma-related disorders such as posttraumatic stress disorder (PTSD). This syndrome is characterized by distressing intrusive memories that can be so intense that the survivor is unable to discriminate past from present experiences. This selective review on the role of memory-related genes in PTSD etiology is divided in three sections. First, we summarize studies indicating that the likelihood to develop PTSD depends on the cumulative exposure to traumatic stressors and on individual predisposing risk factors, including a substantial genetic contribution to PTSD risk. Second, we focus on memory processes supposed to be involved in PTSD etiology and present evidence for PTSD-associated alterations in both implicit (fear conditioning, fear extinction) and explicit memory for emotional material. This is supplemented by a brief description of structural and functional alterations in memory-relevant brain regions in PTSD. Finally, we summarize a selection of studies indicating that genetic variations found to be associated with enhanced fear conditioning, reduced fear

extinction or better episodic memory in human experimental studies can have clinical implications in the case of trauma exposure and influence the risk of PTSD development. Here, we focus on genes involved in noradrenergic (ADRA2B), serotonergic (SLC6A4), and dopaminergic signaling (COMT) as well as in the molecular cascades of memory formation (PRKCA and WWC1). This is supplemented by initial evidence that such memory-related genes might also influence the response rates of exposure-based psychotherapy or pharmacological treatment of PTSD, which underscores the relevance of basic memory research for disorders of altered memory functioning such as PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24011883>

Endocrinol Metab Clin North Am. 2013 Sep;42(3):503-513. doi: 10.1016/j.ecl.2013.05.004.

Endocrine Aspects of Post-traumatic Stress Disorder and Implications for Diagnosis and Treatment.

Daskalakis NP, Lehrner A, Yehuda R.

Source: Traumatic Stress Studies Division, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, One Gustave L. Levy Place, New York, NY 10029-6574, USA; Laboratory of Molecular Neuropsychiatry, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, One Gustave L. Levy Place, New York, NY 10029-6574, USA; Mental Health Care Center, PTSD Program and Laboratory of Clinical Neuroendocrinology and Neurochemistry, James J. Peters Veterans Affairs Medical Center, 130 West Kingsbridge Road, 526 OOMH 116/A, Bronx, NY 10468, USA. Electronic address: nikolaos.daskalakis@mssm.edu.

Post-traumatic stress disorder (PTSD) is a serious, multisystem disorder with multiple medical comorbidities. This article reviews the current literature on the endocrine aspects of PTSD, specifically hypothalamic-pituitary-adrenal axis alterations indicative of low cortisol and increased glucocorticoid sensitivity, and the proposed mechanisms whereby these alterations increase risk or reflect pathophysiology. Discussion includes novel treatment innovations and directions for future research.

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<http://www.ncbi.nlm.nih.gov/pubmed/24019249>

Eur J Pain. 2013 Sep 10. doi: 10.1002/j.1532-2149.2013.00395.x. [Epub ahead of print]

Pain and somatic symptoms are sequelae of sexual assault: Results of a prospective longitudinal study.

Ulirsch JC, Ballina LE, Soward AC, Rossi C, Hauda W, Holbrook D, Wheeler R, Foley KA, Batts J, Collette R, Goodman E, McLean SA.

Source: TRYUMPH Research Program, University of North Carolina, Chapel Hill, USA.

BACKGROUND:

Cross-sectional studies have shown that chronic musculoskeletal pain and somatic symptoms are frequently reported by sexual assault (SA) survivors; however, prospective studies examining pain and somatic symptoms in the months after SA have not been performed.

METHODS:

Women SA survivors 18 years of age or older who presented for care within 48 h of SA were recruited. Pain in eight body regions (head and face, neck, breast, arms, abdomen, back, genital and pelvic, and legs) and 21 common somatic symptoms (e.g., headache, nausea, insomnia, persistent fatigue) were assessed (0-10 numeric rating scale in each body region) at the time of presentation, 1-week, 6-week and 3-month interview. Post-traumatic stress disorder (PTSD) symptoms were assessed at the 6-week and 3-month interview.

RESULTS:

Clinically significant new or worsening pain (CSNWP) symptoms were common among study participants 6 weeks after SA [43/74, 58% (95% CI, 47-69%)] and 3 months after SA [40/67, 60% (95% CI, 48-71%)] and generally occurred in regions not experiencing trauma. Women SA survivors also experienced an increased burden of many common somatic symptoms: 8/21 (38%) and 11/21 (52%) common somatic symptoms showed a significant increase in severity 6 weeks and 3 months after SA, respectively. Correlations between PTSD, CSNWP and somatic symptoms were only low to moderate, suggesting that these outcomes are distinct.

CONCLUSIONS:

New and/or clinically worsening pain and somatic symptoms, lasting at least 3 months, are sequelae of SA. Further studies investigating pain and somatic symptoms after SA are needed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24020010>

Eur J Psychotraumatol. 2013 Sep 4;4. doi: 10.3402/ejpt.v4i0.20430.

Dysregulation in cortical reactivity to emotional faces in PTSD patients with high dissociation symptoms.

Klimova A, Bryant RA, Williams LM, Felmingham KL.

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

BACKGROUND:

Predominant dissociation in posttraumatic stress disorder (PTSD) is characterized by restricted affective

responses to positive stimuli. To date, no studies have examined neural responses to a range of emotional expressions in PTSD with high dissociative symptoms.

OBJECTIVE:

This study tested the hypothesis that PTSD patients with high dissociative symptoms will display increased event-related potential (ERP) amplitudes in early components (N1, P1) to threatening faces (angry, fearful), and reduced later ERP amplitudes (Vertex Positive Potential (VPP), P3) to happy faces compared to PTSD patients with low dissociative symptoms.

METHODS:

Thirty-nine civilians with PTSD were classified as high dissociative (n=16) or low dissociative (n=23) according to their responses on the Clinician Administered Dissociative States Scale. ERPs were recorded, whilst participants viewed emotional (happy, angry, fear) and neutral facial expressions in a passive viewing task.

RESULTS:

High dissociative PTSD patients displayed significantly increased N120 amplitude to the majority of facial expressions (neutral, happy, and angry) compared to low dissociative PTSD patients under conscious and preconscious conditions. The high dissociative PTSD group had significantly reduced VPP amplitude to happy faces in the conscious condition.

CONCLUSION:

High dissociative PTSD patients displayed increased early (preconscious) cortical responses to emotional stimuli, and specific reductions to happy facial expressions in later (conscious), face-specific components compared to low dissociative PTSD patients. Dissociation in PTSD may act to increase initial pre-attentive processing of affective stimuli, and specifically reduce cortical reactivity to happy faces when consciously processing these stimuli.

<http://www.ncbi.nlm.nih.gov/pubmed/24018460>

Cochrane Database Syst Rev. 2013 Sep 9;9:CD005330. [Epub ahead of print]

Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults.

Mayo-Wilson E, Montgomery P.

Source: Research Department of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London, UK, WC1E 7HB.

BACKGROUND:

Anxiety disorders are the most common mental health problems. They are chronic and unremitting. Effective treatments are available, but access to services is limited. Media-delivered behavioural and

cognitive behavioural interventions (self-help) aim to deliver treatment with less input from professionals compared with traditional therapies.

OBJECTIVES:

To assess the effects of media-delivered behavioural and cognitive behavioural therapies for anxiety disorders in adults.

SEARCH METHODS:

Published and unpublished studies were considered without restriction by language or date. The Cochrane Depression, Anxiety and Neurosis Review Group's Specialized Register (CCDANCTR) was searched all years to 1 January 2013. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: The Cochrane Library (all years), EMBASE (1974 to date), MEDLINE (1950 to date) and PsycINFO (1967 to date). Complementary searches were carried out on Ovid MEDLINE (1950 to 23 February 2013) and PsycINFO (1987 to February, Week 2, 2013), together with International trial registries (the trials portal of the World Health Organization (ICTRP) and ClinicalTrials.gov). Reference lists from previous meta-analyses and reports of randomised controlled trials were checked, and authors were contacted for unpublished data.

SELECTION CRITERIA:

Randomised controlled trials of media-delivered behavioural or cognitive behavioural therapy in adults with anxiety disorders (other than post-traumatic stress disorder) compared with no intervention (including attention/relaxation controls) or compared with face-to-face therapy.

DATA COLLECTION AND ANALYSIS:

Both review authors independently screened titles and abstracts. Study characteristics and outcomes were extracted in duplicate. Outcomes were combined using random-effects models, and tests for heterogeneity and for small study bias were conducted. We examined subgroup differences by type of disorder, type of intervention provided, type of media, and recruitment methods used.

MAIN RESULTS:

One hundred and one studies with 8403 participants were included; 92 studies were included in the quantitative synthesis. These trials compared several types of media-delivered interventions (with varying levels of support) with no treatment and with face-to-face interventions. Inconsistency and risk of bias reduced our confidence in the overall results. For the primary outcome of symptoms of anxiety, moderate-quality evidence showed medium effects compared with no intervention (standardised mean difference (SMD) 0.67, 95% confidence interval (CI) 0.55 to 0.80; 72 studies, 4537 participants), and low-quality evidence of small effects favoured face-to-face therapy (SMD -0.23, 95% CI -0.36 to -0.09; 24 studies, 1360 participants). The intervention was associated with greater response than was seen with no treatment (risk ratio (RR) 2.34, 95% CI 1.81 to 3.03; 21 studies, 1547 participants) and was not significantly inferior to face-to-face therapy in these studies (RR 0.78, 95% CI 0.56 to 1.09; 10 studies, 575 participants), but the latter comparison included versions of therapies that were not as comprehensive as those provided in routine clinical practice. Evidence suggested benefit for secondary

outcome measures (depression, mental-health related disability, quality of life and dropout), but this evidence was of low to moderate quality. Evidence regarding harm was lacking.

AUTHORS' CONCLUSIONS:

Self-help may be useful for people who are not able or are not willing to use other services for people with anxiety disorders; for people who can access it, face-to-face cognitive behavioural therapy is probably clinically superior. Economic analyses were beyond the scope of this review. Important heterogeneity was noted across trials. Recent interventions for specific problems that incorporate clinician support may be more effective than transdiagnostic interventions (i.e. interventions for multiple disorders) provided with no guidance, but these issues are confounded in the available trials. Although many small trials have been conducted, the generalisability of their findings is limited. Most interventions tested are not available to consumers. Self-help has been recommended as the first step in the treatment of some anxiety disorders, but the short-term and long-term effectiveness of media-delivered interventions has not been established. Large, pragmatic trials are needed to evaluate and to maximise the benefits of self-help interventions.

<http://www.ncbi.nlm.nih.gov/pubmed/24016006>

J Abnorm Psychol. 2013 Aug;122(3):635-44. doi: 10.1037/a0033942.

Psychophysiologic reactivity, subjective distress, and their associations with PTSD diagnosis.

Pineles SL, Suvak MK, Liverant GI, Gregor K, Wisco BE, Pitman RK, Orr SP.

Source: National Center for PTSD, VA Boston Healthcare System.

Intense subjective distress and physiologic reactivity upon exposure to reminders of the traumatic event are each diagnostic features of posttraumatic stress disorder (PTSD). However, subjective reports and psychophysiological data often suggest different conclusions. For the present study, we combined data from five previous studies to assess the contributions of these two types of measures in predicting PTSD diagnosis. One hundred fifty trauma-exposed participants who were classified into PTSD or non-PTSD groups based on structured diagnostic interviews completed the same script-driven imagery procedure, which quantified measures of psychophysiologic reactivity and self-reported emotional responses. We derived four discriminant functions (DiscFxs) that each maximally separated the PTSD from the non-PTSD group using (1) psychophysiologic measures recorded during personal mental imagery of the traumatic event; (2) self-report ratings in response to the trauma imagery; (3) psychophysiologic measures recorded during personal mental imagery of another highly stressful experience unrelated to the index traumatic event; and (4) self-report ratings in response to this other stressor. When PTSD status was simultaneously regressed on all four DiscFxs, trauma-related psychophysiological reactivity was a significant predictor, but physiological reactivity resulting from the highly stressful, but not traumatic script, was not. Self-reported distress to the traumatic experience and the other stressful event were both predictive of PTSD diagnosis. Trauma-related psychophysiologic reactivity was the best

predictor of PTSD diagnosis, but self-reported distress contributed additional variance. These results are discussed in relation to the Research Domain Criteria framework. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24015858>

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Personality Heterogeneity in PTSD: Distinct Temperament and Interpersonal Typologies.

Thomas KM, Hopwood CJ, Donnellan MB, Wright AG, Sanislow CA, McDevitt-Murphy ME, Ansell EB, Grilo CM, McGlashan TH, Shea MT, Markowitz JC, Skodol AE, Zanarini MC, Morey LC.

Researchers examining personality typologies of posttraumatic stress disorder (PTSD) have consistently identified 3 groups: low pathology, internalizing, and externalizing. These groups have been found to predict functional severity and psychiatric comorbidity. In this study, we employed Latent Profile Analysis to compare this previously established typology, grounded in temperament traits (negative emotionality; positive emotionality; constraint), to a novel typology rooted in interpersonal traits (dominance; warmth) in a sample of individuals with PTSD (n = 155). Using Schedule for Nonadaptive and Adaptive Personality (SNAP) traits to create latent profiles, the 3-group temperament model was replicated. Using Interpersonal Circumplex (IPC) traits to create latent profiles, we identified a 4-group solution with groups varying in interpersonal style. These models were nonredundant, indicating that the depiction of personality variability in PTSD depends on how personality is assessed. Whereas the temperament model was more effective for distinguishing individuals based on distress and comorbid disorders, the interpersonal model was more effective for predicting the chronicity of PTSD over the 10 year course of the study. We discuss the potential for integrating these complementary temperament and interpersonal typologies in the clinical assessment of PTSD. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

Links of Interest

A Soldier's Wife: Her husband came home, and the war came with him

<http://www.latimes.com/local/la-me-soldiers-wife-20130908-dto,0,3886158.htmlstory>

Electronic Medical Records Hold Clues to Suicide Risk

<http://www.va.gov/health/NewsFeatures/2013/September/Electronic-Medical-Records-Hold-Clues-to-Suicide-Risk.asp>

Stanford research helps people with social phobia face their fears

<http://news.stanford.edu/news/2013/september/anxiety-disorder-therapy-090413.html>

Can You Prevent Depression Before It Arrives?

<http://www.dailyrx.com/some-teen-depression-potentially-prevented-use-cognitive-behavior-therapy>

University Welcomes Future Military Clinicians, Scientists

http://www.health.mil/News_And_Multimedia/News/detail/13-09-05/University_Welcomes_Future_Military_Clinicians_Scientists.aspx

Sports Concussion vs. Military Concussion

<http://www.dvbic.org/sports-concussion-vs-military-concussion>

Medical students no longer train on live animals at Bethesda-based military school

<http://www.gazette.net/article/20130905/NEWS/130909490/1007/news&source=RSS&template=gazette>

Horses as healers for veterans

http://www.cmaj.ca/site/earlyreleases/3sept13_horses-as-healers-for-veterans.xhtml

New Initiatives To Address Pain and Other Symptoms in Military and Veteran Communities

<https://nccam.nih.gov/research/blog/nonpharmacologicalapproaches>

Short Sleep on Work Nights Common: Poll

http://www.nlm.nih.gov/medlineplus/news/fullstory_140434.html

AfterDeployment.org Expands Resources

http://www.health.mil/blog/13-09-06/AfterDeployment_org_Expands_Resources.aspx

Guns & Suicide: The Hidden Toll

<http://www.hsph.harvard.edu/news/magazine/guns-suicide-the-hidden-toll/>

Blacks in U.S. may be at higher risk for health problems from insufficient sleep

http://www.eurekalert.org/pub_releases/2013-09/hsop-biu090513.php

Possibility of Selectively Erasing Unwanted Memories

<http://www.sciencedaily.com/releases/2013/09/130910140941.htm>

Veterans return to farming

http://www.pccnaturalmarkets.com/sc/1309/veterans_farming.html

Resource of the Week: [Ghostery](#)

A Facebook friend recently complained that after searching for “an obscure hair care product” on the web, she started seeing ads for that product on her Facebook page and other places she was going online.

Yes, you're being tracked...and not just by the NSA. Marketers are extremely interested in where you go and what you do online. And many of us find this to be creepy.

You can, however, take control of the situation by installing the [Ghostery browser add-on](#), available for all the major web browsers. There's also an IOS/mobile version.

Ghostery is your window into the invisible web – tags, web bugs, pixels and beacons that are included on web pages in order to get an idea of your online behavior.

Ghostery tracks over 1,600 trackers and gives you a roll-call of the ad networks, behavioral data providers, web publishers, and other companies interested in your activity.

...

Choose to block - or not. You get control at a company level - are there some marketers you trust, but others you'd rather turn away? Ghostery lets you open the valve of your web behavior as wide or as narrow as you'd prefer.

Highly recommended.



Ghostery™

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Detect

Ghostery™ sees the invisible web - tags, web bugs, pixels and beacons. Ghostery tracks the trackers and gives you a roll-call of the ad networks, behavioral data providers, web publishers, and other companies interested in your activity.



Learn

After showing you who's tracking you, Ghostery™ also gives you a chance to learn more about each company it identifies. How they describe themselves, a link to their privacy policies, and a sampling of pages where we've found them are just a click away.



Control

Ghostery™ allows you to block scripts from companies that you don't trust, delete local shared objects, and even block images and iframes. Ghostery puts your web privacy back in your hands.

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