



CDP Research Update -- October 17, 2013

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<http://www.sciencedirect.com/science/article/pii/S0306460313002761>

Substance Use Disorders and PTSD: An Exploratory Study of Treatment Preferences among Military Veterans.

Sudie E. Back, Therese K. Killeen, Andrew P. Teer, Emily E. Hartwell, Amanda Federline, Frank Beylotte, Elizabeth Cox

Addictive Behaviors, Available online 5 October 2013

Background

Substance use disorders (SUDs) and Post Traumatic Stress Disorder (PTSD) frequently co-occur among Veterans and are associated with poor treatment outcomes. Historically, treatments for SUDs and PTSD have been delivered sequentially and independently. More recently, however, integrated treatments have shown promise. This study investigated Veterans' perceptions of the interrelationship between SUDs and PTSD, as well as treatment preferences.

Methods

Participants were 35 Veterans of recent military conflicts in Iraq and Afghanistan, and prior operations, who completed the Treatment Preferences Questionnaire as well as an in-depth interview.

Results

The majority (94.3%) perceived a relationship between their SUD and PTSD symptoms. Veterans reported that PTSD symptom exacerbation was typically (85.3%) associated with an increase in substance use, and PTSD symptom improvement was typically (61.8%) followed by a decrease in substance use ($p < .01$). Approximately 66% preferred an integrated treatment approach.

Conclusions

Although preliminary, the findings provide clinically-relevant information that can be used to enhance the development and provision of care for Veterans with SUDs and PTSD.

<http://crjournals.org/CRJMMS/Abstract/2013/September/Wimalawansa.htm>

Post-Traumatic Stress Disorder: An Under-Diagnosed and Under-Treated Entity.

Sunil Wimalawansa, MD, PhD, MBA, FACE, FRCP, DSc.

Comprehensive Research Journal of Medicine and Medical Science (CRJMMS)

September 2013 Vol. 1(1), pp. 001-012

Post-traumatic stress disorder (PTSD) is a serious behavioural and psychological abnormality that occurs after perceived or actual exposure to unusual, severe, acute stressful events. In addition to returning

soldiers from war front, PTSD is also occur in civilian victims of wars, terrorist attacks, serious accidents, sexual abuse/rape, or other violent episodes, and following school and workplace bullying or harassments. However, early diagnosis, individualized effective therapies and appropriate follow-up programs could effectively lead to cure. In addition, to psychotherapy and pharmacotherapy, out of the box approaches need to be explored including meditation, music therapy, and relaxation methods. Not only is PTSD under-diagnosed, but it also misdiagnosed or mislabelled, including as depression or adjustment disorders. Treatment of PTSD needs to be well-coordinated with all stakeholders taking active part, synergistically, maximizing utilization of resources to prevent recurrences. However, mislabelling PTSD as a diagnosis, prevents patients getting effective therapy and thereby may harm them and their families. The provision of timely, effective therapeutic plans not only alleviates the PTSD symptoms, but also prevents recurrences; thus facilitating their return to normal productive lives. Several novel neurohormonal and structural brain abnormalities have been identified in patients with PTSD, allowing further understanding, and identifying new medications and management options to help PTSD victims.

<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-1882.2013.00041.x/abstract>

Treatment Utilization on College Campuses: Who Seeks Help for What?

Nordberg, S. S., Hayes, J. A., McAleavey, A. A., Castonguay, L. G. and Locke, B. D.

Journal of College Counseling

Volume 16, Issue 3, pages 258–274, October 2013

The purpose of this study was to develop a better understanding of why college students seek psychological treatment by examining indicators of psychological distress. A secondary goal was to assess the utility of screening for treatment need via a brief self-report measure of distress. Two samples (1 clinical, 1 nonclinical; N= 8,380) were examined via logistic regression analyses to identify meaningful predictors of treatment-seeking behavior. Clinical applications are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24116878>

J Gerontol Soc Work. 2013 Aug 27. [Epub ahead of print]

Clinically Significant Effects of Group Cognitive Behavioral Therapy on Spouse Caregivers' Mental Health and Cognitive Functioning: A Pilot Study.

Mackenzie CS, Wiprzycka UJ, Khatri N, Cheng J.

Source: Department of Psychology , University of Manitoba , Winnipeg , Canada.

The objective of this pilot study was to investigate whether group cognitive behavioral therapy (CBT) resulted in clinically meaningful improvements in caregiver mood, burden, and cognition. We screened 97 caregivers in Toronto, Canada, of whom 25 with DSM-IV disorders began the 13-week CBT intervention, and 12 completed therapy and the 3-month follow-up. Each caregiver experienced clinically significant improvement on at least 2 of the following outcomes: diagnostic criteria, mood, attention, memory, and caregiver burden. Despite effectiveness, the challenges of recruiting distressed caregivers for therapy suggest that CBT might be most useful as part of a stepped care model of treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/24121097>

Behav Res Ther. 2013 Sep 25;51(12):797-805. doi: 10.1016/j.brat.2013.09.004. [Epub ahead of print]

Motivational support provided via email improves the effectiveness of internet-delivered self-help treatment for insomnia: A randomized trial.

Lancee J, van den Bout J, Sorbi MJ, van Straten A.

Source: Department of Clinical Psychology, University of Amsterdam, Weesperplein 4, 1018 XA Amsterdam, The Netherlands. Electronic address: j.lancee@uva.nl.

Internet-delivered treatment is effective for insomnia, but little is known about the beneficial effects of support. The aim of the current study was to investigate the additional effects of low-intensity support to an internet-delivered treatment for insomnia. Two hundred and sixty-two participants were randomized to an internet-delivered intervention for insomnia with ($n = 129$) or without support ($n = 133$). All participants received an internet-delivered cognitive behavioral treatment for insomnia. In addition, the participants in the support condition received weekly emails. Assessments were at baseline, post-treatment, and 6-month follow-up. Both groups effectively ameliorated insomnia complaints. Adding support led to significantly higher effects on most sleep measures ($d = 0.3-0.5$; $p < 0.05$), self-reported insomnia severity ($d = 0.4$; $p < 0.001$), anxiety, and depressive symptoms ($d = 0.4$; $p < 0.01$). At the 6-month follow-up, these effects remained significant for sleep efficiency, sleep onset latency, insomnia symptoms, and depressive symptoms ($d = 0.3-0.5$; $p < 0.05$). Providing support significantly enhances the benefits of internet-delivered treatment for insomnia on several variables. It appears that motivational feedback increases the effect of the intervention and encourages more participants to complete the intervention, which in turn improves its effectiveness.

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<http://www.ncbi.nlm.nih.gov/pubmed/24123262>

J Trauma Stress. 2013 Oct 7. doi: 10.1002/jts.21841. [Epub ahead of print]

Presenting Concerns of Veterans Entering Treatment for Posttraumatic Stress Disorder.

Rosen C, Adler E, Tiet Q.

Source: National Center for PTSD, Dissemination & Training Division, VA Palo Alto Health Care System, Menlo Park, California, USA; Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Palo Alto, California, USA.

Patient-centered care involves engaging patients as partners in establishing treatment priorities. No prior studies have examined what specific problems veterans hope to address when they enter posttraumatic stress disorder (PTSD) treatment. Veterans starting outpatient (n = 216) and residential (n = 812) PTSD treatment in 2 multisite care management trials specified (open-ended) the 2 or 3 problems that they most wanted to improve through treatment. Over 80% mentioned PTSD-symptom-related concerns including PTSD or trauma (19.2% to 19.9% of patients), anger (31.0% to 36.7%), sleep problems (14.3% to 27.3%), nightmares (12.3% to 19.4%), and estrangement/isolation (7.9% to 20.8%). Other common problems involved depression (23.1% to 36.5%), anxiety not specific to PTSD (23.9% to 27.8%), relationships (20.4% to 24.5%), and improving coping or functioning (19.2% to 20.4%). Veterans' treatment goals varied significantly by outpatient versus residential setting, gender, and period of military service. Our findings confirm the importance of educating patients about how available efficacious treatments relate to clients' personal goals. Our results also suggest that clinicians should be prepared to offer interventions or provide referrals for common problems such as anger, nightmares, sleep, depression, or relationship difficulties if these problems do not remit with trauma-focused psychotherapy or if patients are unwilling to undergo trauma-focused treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24119948>

J Psychosom Res. 2013 Oct;75(4):386-393. doi: 10.1016/j.jpsychores.2013.08.012. Epub 2013 Aug 26.

Posttraumatic stress disorder and odds of major invasive procedures among U.S. Veterans Affairs patients.

Greenawalt DS, Copeland LA, Maccarthy AA, Sun FF, Zeber JE.

Source: VISN 17 Center of Excellence for Research on Returning War Veterans, 4800 Memorial Drive, Waco, TX 76711, USA. Electronic address: mycapemaypoint@yahoo.com.

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 FY2006-2009 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 0.31-0.82).

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.

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<http://www.ncbi.nlm.nih.gov/pubmed/24114860>

J Trauma Stress. 2013 Sep 30. doi: 10.1002/jts.21853. [Epub ahead of print]

Patterns of Multiple Victimization Among Maltreated Children in Navy Families.

Grasso DJ, Saunders BE, Williams LM, Hanson R, Smith DW, Fitzgerald MM.

Source: Department of Psychiatry, University of Connecticut School of Medicine, Farmington, Connecticut, USA.

The current study examined the cumulative risk associated with children's exposure to multiple types of parent-inflicted victimization. The sample was comprised of 195 children who were 7 to 17 years old (64.1% female and 48.2% non-White) at the time of referral to the United States Navy's Family Advocacy Program due to allegations of sexual abuse, physical abuse, or parental intimate partner violence. We conducted an exploratory latent class analysis to identify distinct subgroups of children based on lifetime victimization. We hypothesized that at least 2 classes or subgroups would be identified, with 1 characterized by greater victimization and poorer outcomes. Results indicated that 3 classes of children

best fit the data: (a) high victimization across all 3 categories, (b) high rates of physical abuse and witnessing intimate partner violence, and (c) high rates of physical abuse only. Findings indicated that the high victimization class was at greatest risk for alcohol and substance use, delinquent behavior, and meeting criteria for posttraumatic stress disorder (PTSD) and/or depression 1 year later (odds ratio = 4.53). These findings highlight the serious mental health needs of a small but significantly high-risk portion of multiply victimized children entering the child welfare system.

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<http://www.ncbi.nlm.nih.gov/pubmed/24107763>

J Clin Psychiatry. 2013 Sep;74(9):895-901.

Inhibitory neural activity predicts response to cognitive-behavioral therapy for posttraumatic stress disorder.

Falconer E, Allen A, Felmingham KL, Williams LM, Bryant RA.

Source: School of Psychology, University of New South Wales Brain Dynamics Centre, University of Sydney.

OBJECTIVE:

Despite cognitive-behavioral therapy (CBT) being an effective treatment for posttraumatic stress disorder (PTSD), many patients do not respond to CBT. Understanding the neural bases of treatment response may inform treatment refinement, thereby improving treatment response rates. Adequate working memory function is proposed to enable engagement in CBT.

METHOD:

This study employed a Go/No-Go task to examine inhibitory function and its functional brain correlates as predictors of response to CBT in PTSD. Participants were recruited between October 2003 and May 2005. Thirteen treatment-seeking patients who met DSM-IV criteria for PTSD completed the Go/No-Go task while undergoing functional magnetic resonance imaging (fMRI), after which they entered 8 once-weekly sessions of CBT. PTSD severity was measured before treatment and again at 6 months following treatment completion using the Clinician-Administered PTSD Scale (primary outcome measure).

RESULTS:

After controlling for initial PTSD severity and ongoing depressive symptoms, greater activity in left dorsal striatal ($Z = 3.19$, $P = .001$) and frontal ($Z = 3.03$, $P = .001$) networks during inhibitory control was associated with lower PTSD symptom severity after treatment, suggesting better treatment response.

CONCLUSIONS:

These results suggest that neural circuitry underpinning inhibitory control plays a role in the outcome of CBT for patients with PTSD.

TRIAL REGISTRATION: anzctr.org Identifier: ACTRN12610000017022.

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<http://www.ncbi.nlm.nih.gov/pubmed/24108489>

Depress Anxiety. 2013 Oct;30(10):947-954. doi: 10.1002/da.22203.

Anxiety disorders are independently associated with suicide ideation and attempts: propensity score matching in two epidemiological samples.

Thibodeau MA, Welch PG, Sareen J, Asmundson GJ.

Source: Department of Psychology, University of Regina, Regina, Canada.

BACKGROUND:

Research suggests that suicidal behavior in individuals with anxiety disorders is attributable to cooccurring risk factors, such as depression. We argue that these conclusions are founded primarily in statistical adjustments that may obscure independent associations. We explored independent associations between specific anxiety disorders and suicide attempts and ideation by means of propensity score matching, a process that simulates a case-control study by creating matched groups that differ in group status (e.g., diagnosis of a specific anxiety disorder) but that are statistically equivalent on observed covariates.

METHODS:

We made use of the National Comorbidity Survey Replication (NCS-R) and the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), which include a total of 43,935 adults. Diagnoses included agoraphobia without panic disorder, generalized anxiety disorder, panic disorder with or without agoraphobia, posttraumatic stress disorder, social anxiety disorder, and specific phobia.

RESULTS:

Each anxiety disorder was (95% confidence intervals) associated with increased odds of lifetime suicide attempts (odds ratios 3.57-6.64 [NCS-R], 3.03-7.00 [NESARC]) and suicidal ideation (odds ratios 2.62-4.87 [NCS-R], 3.34-10.57 [NESARC]). Odds ratios for each disorder remained statistically significant after matching on diagnostic status of dysthymia, major depressive disorder, alcohol abuse/dependence, substance abuse/dependence, bipolar disorder I, bipolar disorder II, all other anxiety disorders, and on sociodemographic variables.

CONCLUSIONS:

This is the first report to present evidence that each anxiety disorder is associated with suicide ideation and suicide attempts beyond the effects of cooccurring mental disorders. These findings warrant consideration in assessment, intervention, and related policies.

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<http://www.ncbi.nlm.nih.gov/pubmed/24108479>

J Clin Psychol. 2013 Sep 24. doi: 10.1002/jclp.22051. [Epub ahead of print]

Virtual Reality Exposure Therapy for the Treatment of Posttraumatic Stress Disorder: A Methodological Review Using CONSORT Guidelines.

Motraghi TE, Seim RW, Meyer EC, Morissette SB.

Source: VA VISN 17 Center of Excellence for Research on Returning War Veterans; Fulbright New Zealand, U.S. Department of State.

CONTEXT:

Virtual reality exposure therapy (VRET) is an extension of traditional exposure therapy and has been used to treat a variety of anxiety disorders. VRET utilizes a computer-generated virtual environment to present fear-relevant stimuli. Recent studies have evaluated the use of VRET for treatment of PTSD; however, a systematic evaluation of the methodological quality of these studies has yet to be conducted.

OBJECTIVES:

This review aims to (a) identify treatment outcome studies examining the use of VRET for the treatment of PTSD and (b) appraise the methodological quality of each study using the 2010 Consolidating Standards of Reporting Trials (CONSORT) Statement and its 2008 extension for nonpharmacologic interventions.

METHODS:

Two independent assessors conducted a database search (PsycINFO, Medline, CINAHL, Google Scholar) of studies published between January 1990 and June 2013 that reported outcome data comparing VRET with another type of treatment or a control condition. Next, a CONSORT quality appraisal of each study was completed.

RESULTS:

The search yielded nine unique studies. The CONSORT appraisal revealed that the methodological quality of studies examining VRET as a treatment for PTSD was variable.

CONCLUSION:

Although preliminary findings suggest some positive results for VRET as a form of exposure treatment for PTSD, additional research using well-specified randomization procedures, assessor blinding, and monitoring of treatment adherence is warranted. Movement toward greater standardization of treatment manuals, virtual environments, and equipment would further facilitate interpretation and consolidation of this literature.

<http://www.ncbi.nlm.nih.gov/pubmed/24111148>

Conf Proc IEEE Eng Med Biol Soc. 2013 Jul;2013:6167-6170.

Insomnia types and sleep microstructure dynamics.

Chouvarda I, Grassi A, Mendez MO, Bianchi AM, Parrino L, Milioli G, Terzano M, Maglaveras N, Cerutti S.

This work aims to investigate sleep microstructure as expressed by Cyclic Alternating Pattern (CAP), and its possible alterations in pathological sleep. Three groups, of 10 subjects each, are considered: a) normal sleep, b) psychophysiological insomnia, and c) sleep misperception. One night sleep PSG and sleep macro- micro structure annotations were available per subject. The statistical properties and the dynamics of CAP events are in focus. Multiscale and non-linear methods are presented for the analysis of the microstructure event time series, applied for each type of CAP events, and their combination. The results suggest that a) both types of insomnia present CAP differences from normal sleep related to hyperarousal, b) sleep misperception presents more extensive differences from normal, potentially reflecting multiple sleep mechanisms, c) there are differences between the two types of insomnia as regard to the intertwining of events of different subtypes. The analysis constitutes a contribution towards new markers for the quantitative characterization of insomnia, and its subtypes.

<http://www.ncbi.nlm.nih.gov/pubmed/24127157>

J Clin Sleep Med. 2013 Oct 15;9(10):1093-1096.

Master's-Level Practitioners as Cognitive Behavioral Therapy for Insomnia Providers: An Underutilized Resource.

Fields BG, Schutte-Rodin S, Perlis ML, Myers M.

Source: Center for Sleep and Circadian Neurobiology, University of Pennsylvania Medical Center, Philadelphia, PA ; Division of Sleep Medicine, University of Pennsylvania Medical Center, Philadelphia, PA.

Despite the efficacy of cognitive behavioral therapy for insomnia (CBT-I) in treating chronic insomnia, it remains underutilized. Lack of appropriately-trained CBT-I providers is a major reason. Master's-level practitioners (MLPs) may, in addition to doctoral-level psychologists, be uniquely positioned to fill this role, based not only on "goodness of professional fit" but also given a handful of studies showing these individuals' care outcomes meet or exceed standard outcomes. However, the ability of MLPs to provide CBT-I will be significantly restricted until a clear pathway is established that extends from training opportunities to credentialing. Further questions remain about how to attract and incorporate MLPs into established practices.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22203/abstract>

Anxiety disorders are independently associated with suicide ideation and attempts: propensity score matching in two epidemiological samples.

Thibodeau, M. A., Welch, P. G., Sareen, J. and Asmundson, G. J. G.

Background

Research suggests that suicidal behavior in individuals with anxiety disorders is attributable to cooccurring risk factors, such as depression. We argue that these conclusions are founded primarily in statistical adjustments that may obscure independent associations. We explored independent associations between specific anxiety disorders and suicide attempts and ideation by means of propensity score matching, a process that simulates a case-control study by creating matched groups that differ in group status (e.g., diagnosis of a specific anxiety disorder) but that are statistically equivalent on observed covariates.

Methods

We made use of the National Comorbidity Survey Replication (NCS-R) and the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), which include a total of 43,935 adults. Diagnoses included agoraphobia without panic disorder, generalized anxiety disorder, panic disorder with or without agoraphobia, posttraumatic stress disorder, social anxiety disorder, and specific phobia.

Results

Each anxiety disorder was (95% confidence intervals) associated with increased odds of lifetime suicide attempts (odds ratios 3.57–6.64 [NCS-R], 3.03–7.00 [NESARC]) and suicidal ideation (odds ratios 2.62–4.87 [NCS-R], 3.34–10.57 [NESARC]). Odds ratios for each disorder remained statistically significant after matching on diagnostic status of dysthymia, major depressive disorder, alcohol abuse/dependence, substance abuse/dependence, bipolar disorder I, bipolar disorder II, all other anxiety disorders, and on sociodemographic variables.

Conclusions

This is the first report to present evidence that each anxiety disorder is associated with suicide ideation and suicide attempts beyond the effects of cooccurring mental disorders. These findings warrant consideration in assessment, intervention, and related policies.

<http://www.psychcontent.com/content/334k5x21l0436430/>

Tracking Suicide Risk Factors Through Twitter in the US.

Background:

Suicide is a leading cause of death in the United States. Social media such as Twitter is an emerging

surveillance tool that may assist researchers in tracking suicide risk factors in real time. Aims: To identify suicide-related risk factors through Twitter conversations by matching on geographic suicide rates from vital statistics data.

Method:

At-risk tweets were filtered from the Twitter stream using keywords and phrases created from suicide risk factors. Tweets were grouped by state and departures from expectation were calculated. The values for suicide tweeters were compared against national data of actual suicide rates from the Centers for Disease Control and Prevention.

Results:

A total of 1,659,274 tweets were analyzed over a 3-month period with 37,717 identified as at-risk for suicide. Midwestern and western states had a higher proportion of suicide-related tweeters than expected, while the reverse was true for southern and eastern states. A strong correlation was observed between state Twitter-derived data and actual state age-adjusted suicide data.

Conclusion:

Twitter may be a viable tool for real-time monitoring of suicide risk factors on a large scale. This study demonstrates that individuals who are at risk for suicide may be detected through social media.

<http://www.ncbi.nlm.nih.gov/pubmed/24096393>

Actas Esp Psiquiatr. 2013 Sep;41(5):279-286. Epub 2013 Sep 1.

Evaluation of an Intensive Intervention Program in Suicidal Behaviour.

Reijas T, Ferrer E, González A, Iglesias F.

Source: Psicóloga clínica. Servicio de Psiquiatría, Complejo Hospitalario Universitario de Ourense.

Introduction:

Suicide is a public health problem. Consumed suicides reach 1 million cases per year worldwide and it is estimated that the number of suicide attempts is 10 to 20 times higher. The aim of this study was to evaluate the effectiveness in reducing repeat suicide attempts in a program for the prevention of suicidal behavior: Intensive Intervention Program (IIP).

Methods:

We performed a study that compared a cohort of patients exposed to IIP intervention with another cohort of patients exposed to conventional therapy. The sample was made up of 191 patients, 89 in the treatment group and 102 patients in conventional treatment group, with a 12-month follow-up.

Results:

Relapse occurred in 20.6% of patients receiving conventional treatment relapse compared with 10% in the treatment group ($p=0.047$). Patients treated in the program had a 2.88 times lower risk of relapse

($p=0.015$), this being independent of the number of previous attempts, age, gender, need for admission after the index attempt and aggregated diagnosis.

Conclusions:

The results show that subjects who are treated in the IIP relapse less, need fewer admissions and the time elapsed between the treatment and the first repeat suicide attempt is greater.

<http://www.cabdirect.org/abstracts/20133339648.html>

Text message intervention to reduce repeat self-harm in patients presenting to the Emergency Department - a study protocol.

Agyapong, V. I. O.; Buckmaster, R.; McKeever, P.; O'Raghallaigh, J. W.; Houlihan, P.; MacHale, S.

British Journal of Medicine and Medical Research 2013 Vol. 3 No. 4 pp. 2222-2233

Aims:

To assess the feasibility of using supportive interactive text messages to reduce repeat self-harm, and to reduce the frequency and intensity of suicidal ideation and suicidal behaviour in patients discharged from an Emergency Department (ED) after an episode of self-harm.

Study Design:

Prospective rater blinded randomised trial. Place and Duration of Study: Sample: ED of Beaumont Hospital, Dublin, Ireland.

Methodology:

100 patients presenting with self-harm to the ED will be randomised to receive treatment as usual plus supportive and interactive text messages for three months or to receive treatment as usual. Patients in both groups will be followed up at 1, 3 and 6 months to ascertain frequency and intensity of thoughts of self-harm and self-harming behaviour. Data will be analysed on an intention-to-treat basis using SPSS version 20 for Windows with descriptive statistics, student's t-test, ANOVA analysis and chi-square tests.

Results:

We hypothesize that supportive, informative and interactive text messages delivered to patients discharged from an ED after an episode of self-harm will significantly reduce the frequency and intensity of thoughts of self-harm and self-harming behaviour in patients compared with those receiving only follow-up treatment as usual. A secondary hypothesis is that patients receiving the text messages will report an overall satisfaction with the text messaging system.

Conclusion: This is a low cost, simple strategy which, if shown to have a significant impact on reducing rates of self-harming thoughts and behaviours in patients who have self-harmed, will allow progress in an area of great clinical importance. Further larger studies could then progress to clarify the potential impact on suicide rates.

<http://onlinelibrary.wiley.com/doi/10.1002/da.2013.30.issue-10/issuetoc>

Depression and Anxiety

Volume 30, Issue 10, October 2013

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<http://www.bmj.com/content/347/bmj.f5704>

Smoking cessation treatment and risk of depression, suicide, and self harm in the Clinical Practice Research Datalink: prospective cohort study.

Thomas KH ,Martin RM ,Davies NM ,Metcalf C ,Windmeijer F ,Gunnell D.

BMJ 2013;347:f5704

Objective

To compare the risk of suicide, self harm, and depression in patients prescribed varenicline or bupropion with those prescribed nicotine replacement therapy.

Design

Prospective cohort study within the Clinical Practice Research Datalink.

Setting

349 general practices in England.

Participants

119 546 men and women aged 18 years and over who used a smoking cessation product between 1 September 2006 and 31 October 2011. There were 81 545 users of nicotine replacement products (68.2% of all users of smoking cessation medicines), 6741 bupropion (5.6%), and 31 260 varenicline (26.2%) users.

Main outcome measures

Outcomes were treated depression and fatal and non-fatal self harm within three months of the first smoking cessation prescription, determined from linkage with mortality data from the Office for National Statistics (for suicide) and Hospital Episode Statistics data (for hospital admissions relating to non-fatal self harm). Hazard ratios or risk differences were estimated using Cox multivariable regression models, propensity score matching, and instrumental variable analysis using physicians' prescribing preferences as an instrument. Sensitivity analyses were performed for outcomes at six and nine months.

Results

We detected 92 cases of fatal and non-fatal self harm (326.5 events per 100 000 person years) and 1094 primary care records of treated depression (6963.3 per 100 000 person years). Cox regression analyses showed no evidence that patients prescribed varenicline had higher risks of fatal or non-fatal self harm

(hazard ratio 0.88, 95% confidence interval 0.52 to 1.49) or treated depression (0.75, 0.65 to 0.87) compared with those prescribed nicotine replacement therapy. There was no evidence that patients prescribed bupropion had a higher risk of fatal or non-fatal self harm (0.83, 0.30 to 2.31) or of treated depression (0.63, 0.46 to 0.87) compared with patients prescribed nicotine replacement therapy. Similar findings were obtained using propensity score methods and instrumental variable analyses.

Conclusions

There is no evidence of an increased risk of suicidal behaviour in patients prescribed varenicline or bupropion compared with those prescribed nicotine replacement therapy. These findings should be reassuring for users and prescribers of smoking cessation medicines.

<http://link.springer.com/article/10.1007/s11013-013-9335-x>

Toward a Social Theory of Sexual Risk Behavior Among Men in the Armed Services: Understanding the Military Occupational Habitus.

Michael P. Anastario, Rachel Hallum-Montes, Elfryn Reyes, Russell Manzanero, Helen Chun

Culture, Medicine, and Psychiatry

October 2013

Worldwide, military personnel have been recognized as a population at elevated risk for sexually transmitted infections (STIs) and HIV; however, it is not well understood how the military occupation itself is implicated in the production of sexual risk behavior. Using qualitative and quantitative data collected from the Belize Defense Force (BDF), we employed a grounded theoretical framework and the Bourdieusian concept of the field and habitus to clarify how the military occupation is implicated in structuring aspects of sexual risk behaviors among personnel. We focus results on in-depth qualitative interviews conducted with 15 male-identified BDF personnel. We identify and describe how two field elements, namely operational tempo and ongoing exposure to occupational hazards, are occupationally specific field elements implicated in the production of sexual risk behavior through the mediating matrix of the military class habitus. Our findings demonstrate a conceptual clarity regarding the institutional field and habitus through which military personnel make sense of and act on the risk of bodily harm with regard to their own sexual behaviors. We conclude by outlining our theoretical concept so that it can be directly applied in public health efforts in order to leverage military occupational field elements for the purpose of HIV and STI prevention.

<http://www.sciencedirect.com/science/article/pii/S0883941713001179>

Compassion Fatigue in Military Healthcare Teams.

Regina Peterson Owen, DNP,APRN,PMHNP-BC, Linda Wanzer, DNP,RN,CNOR

Archives of Psychiatric Nursing, Available online 10 October 2013

Since the onset of the Iraq war and Afghanistan conflicts, military healthcare teams have had increasing exposure to the traumatic effects of caring for wounded warriors, leading to a phenomenon termed compassion fatigue. The purpose of this integrative review was to develop a proposed definition for compassion fatigue in support of these teams. There is no current standardized formal definition, and this lack of clarity can inhibit intervention. Seven main themes evolved from the literature review and were integrated with the core elements of the Bandura Social Cognitive Theory Model as the first step in developing a uniformed definition.

<http://www.sciencedirect.com/science/article/pii/S0925492713002631>

Comparing Neural Correlates of REM Sleep in Posttraumatic Stress Disorder and Depression: A Neuroimaging Study.

Sommer Ebdlahad, Eric A. Nofzinger, Jeffrey A. James, Daniel J. Buysse, Julie C. Price, Anne Germain

Psychiatry Research: Neuroimaging, Available online 11 October 2013

Rapid eye movement (REM) sleep disturbances predict poor clinical outcomes in posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). In MDD, REM sleep is characterized by activation of limbic and paralimbic brain regions compared to wakefulness. The neural correlates of PTSD during REM sleep remain scarcely explored, and comparisons of PTSD and MDD have not been conducted. The present study sought to compare brain activity patterns during wakefulness and REM sleep in 13 adults with PTSD and 12 adults with MDD using [18F]-fluoro-2-deoxy-D-glucose positron emission tomography (PET). PTSD was associated with greater increases in relative regional cerebral metabolic rate of glucose (rCMRglc) in limbic and paralimbic structures in REM sleep compared to wakefulness. Post-hoc comparisons indicated that MDD was associated with greater limbic and paralimbic rCMRglc during wakefulness but not REM sleep compared to PTSD. Our findings suggest that PTSD is associated with increased REM sleep limbic and paralimbic metabolism, whereas MDD is associated with wake and REM hypermetabolism in these areas. These observations suggest that PTSD and MDD disrupt REM sleep through different neurobiological processes. Optimal sleep treatments between the two disorders may differ: REM-specific therapy may be more effective in PTSD.

<http://drum.lib.umd.edu/handle/1903/14590>

Military Fathers and Families: Experiences Across Contexts, Space, and Time

Jones, Nicolle Buckmiller

Dissertation – Family Studies, University of Maryland

There are approximately 1.8 million U.S. children with at least one parent in the military (Department of Defense, 2010). Maintaining an all-volunteer military force has led to an increase in older, career military members that are more likely to have children (RAND, 2010). Due to extended military commitments and recent deployments to Iraq and Afghanistan, the need to understand the impact of deployment and military work commitments on children and family relationships has come to the forefront. While a number of studies have explored the influence of deployment and a military lifestyle on children and families, few have explored the impact of military employment and deployment on father-child relationships from the perspective of fathers. This study explored the experiences of fathers as they negotiated the contexts of family and military life, created relationships with their children across physical spaces and over time, and strategized how to foster nurturant father-child relationships. Qualitative interviews with 23 Active Duty, National Guard, and Reserve Army fathers were used to address these exploratory areas. Among these fathers, 15 were from the enlisted ranks and 8 were officers. Fathers varied in terms of age, race, and socio-economic status but in order to better capture strategies, challenges, and fathering experiences, military fathers had at least one child during at least one deployment, had been deployed at least once, and were married or had been in a committed relationship. Approximately 90-minute interviews were used to capture and explore father's experiences, as well as field notes of observations detailing site visits and interactions with staff serving military fathers and families. The discussion of the resulting themes explores the relationship between work and family roles and identity and fathering, expands the view of how Army fathers manage mental health needs through compartmentalization and decompression and personal intervention as well as by being attentive to family needs, and emphasizes how Army fathers may be doing more than simply "making up for" implications related to their deployment but deliberately designing fathering to address the needs of their children in response to deployment and occupational demands. The theoretical lenses of situated fathering and symbolic interactionism are used to frame and interpret the recorded experiences of military fathers as they navigated the fields of fatherhood and military. The theoretical concepts of ambiguous loss, ambiguous presence, and ambiguous absence are also used to connect the theories of situated fathering and symbolic interactionism, and enhance the exploration of military men's fathering.

<http://psycnet.apa.org/psycinfo/2013-35322-001/>

Deployment-Related Sequelae and Treatment Utilization in Rural and Urban War Veterans in Hawaii.

Whealin, Julia M.; Stotzer, Rebecca L.; Pietrzak, Robert H.; Vogt, Dawne; Shore, Jay; Morland, Leslie; Southwick, Steven M.

Psychological Services, Oct 7 , 2013

This study compared common deployment-related health issues and correlates of mental health service utilization among rural and urban veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) living in Hawaii. Frequency of utilization of a broad range of mental health resources, including clergy/spiritual leaders, videoconference/online programs,

and traditional/alternative healers, was also characterized. A random sample of 116 rural and 117 urban ethnographically diverse veterans completed a mail survey. Rural veterans were more likely than urban veterans to meet screening criteria for posttraumatic stress disorder (PTSD), deployment-related concussion with persistent postconcussive symptoms, and alcohol use problems. Over one third of veterans who desired help for a mental health problem reported no current use of any services. Rural veterans were more likely than urban veterans to have accessed Veteran Readjustment Centers, but they did not differ with respect to utilization of other services. Correlates of mental health service utilization included higher education, PTSD, and lower mental-health-related quality of life. Results of this study underscore the need for dissemination efforts to enable OEF/OIF/OND veterans to access mental health resources. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0376871613004031>

Substance use and substance use disorders in recently deployed and never deployed soldiers.

S. Trautmann, S. Schönfeld, S. Behrendt, M. Höfler, P. Zimmermann, H.U. Wittchen

Drug and Alcohol Dependence, Available online 10 October 2013

Military studies investigating the prevalence of substance use (SU) and substance use disorders (SUD) and the relation between SU and mental disorders often lack a comprehensive assessment of SU, SUD and mental disorders and comparable groups of deployed and non-deployed personnel. There is also limited data regarding SU and SUD in the German military to date. Methods: Cross-sectional examination of n = 1,483 soldiers recently deployed in Afghanistan and 889 never deployed soldiers using a fully-standardized diagnostic interview (MI-CIDI) including a comprehensive substance section. Results: Across both groups, 12-months prevalence of DSM-IV alcohol use disorders was 3.1%, 36.9% reported binge drinking, 13.9% heavy drinking, 1.3% illegal drug use. 55.1% were regular smokers, 10.9% nicotine dependent. Although recently deployed soldiers revealed slightly higher rates in some measures, there were no significant differences to the never deployed regarding SU and SUD except that recently deployed soldiers smoked more cigarettes per day. The association of SU with mental disorders was substantially different though, revealing significant associations between SU and mental disorders only among recently deployed soldiers. Conclusions: We do not find remarkable differences in the prevalence of SU and SUD between recently deployed and never deployed soldiers. Especially binge drinking and regular smoking were prevalent across both samples indicating needs for improved interventions. The finding that SU and mental disorders are only associated in recently deployed soldiers might have implications for improved screening and prevention and suggests that deployment might promote different pathways and mechanisms involved in the evolution of SU and mental disorders.

<http://www.sciencedirect.com/science/article/pii/S0306460313002761>

Substance Use Disorders and PTSD: An Exploratory Study of Treatment Preferences among Military Veterans.

Sudie E. Back, Therese K. Killeen, Andrew P. Teer, Emily E. Hartwell, Amanda Federline, Frank Beylotte, Elizabeth Cox

Addictive Behaviors, Available online 5 October 2013

Background

Substance use disorders (SUDs) and Post Traumatic Stress Disorder (PTSD) frequently co-occur among Veterans and are associated with poor treatment outcomes. Historically, treatments for SUDs and PTSD have been delivered sequentially and independently. More recently, however, integrated treatments have shown promise. This study investigated Veterans' perceptions of the interrelationship between SUDs and PTSD, as well as treatment preferences.

Methods

Participants were 35 Veterans of recent military conflicts in Iraq and Afghanistan, and prior operations, who completed the Treatment Preferences Questionnaire as well as an in-depth interview.

Results

The majority (94.3%) perceived a relationship between their SUD and PTSD symptoms. Veterans reported that PTSD symptom exacerbation was typically (85.3%) associated with an increase in substance use, and PTSD symptom improvement was typically (61.8%) followed by a decrease in substance use ($p < .01$). Approximately 66% preferred an integrated treatment approach.

Conclusions

Although preliminary, the findings provide clinically-relevant information that can be used to enhance the development and provision of care for Veterans with SUDs and PTSD.

<http://www.scitechnol.com/treatment-sleep-disturbances-military-personnel-potential-to-improve-other-servicerelated-illnesses-qgF9.php>

Treatment of Sleep Disturbances in Military Personnel: The Potential to Improve Other Service-Related Illnesses.

Vincent Mysliwicz and Bernard J Roth

Journal of Sleep Disorders

Received: May 31, 2013 Accepted: August 19, 2013 Published: August 22, 2013

Recent studies demonstrate the integral nature of disturbed sleep in the symptoms and disorders of military personnel [1,2]. Sleep disturbances are not only an associated symptom of the servicerelated

disorders of traumatic brain injury (TBI), depression and post-traumatic stress disorder (PTSD) but an inherent part of the military life-style [3]. Short, irregular sleep occurs in non-deployed military personnel and even more so in deployed military personnel [4,5]. For the most part, “sleep disturbances” are considered a result of deployment or service-related disorders, such as depression, pain, PTSD and TBI. Only recently are the sleep disorders of military personnel recognized as distinct diagnoses [6,7].

Is the severe disturbed sleep that deployed military personnel endure a chronic non-traumatic brain injury that predisposes them to depression, mild TBI and PTSD? Previous studies have reported that disturbed sleep prior to a traumatic event is a predictor of anxiety, depression and PTSD [8]. The findings of Macera et al. further substantiate the importance of sleep disturbances in the development of PTSD and depression [1]. Despite the association of sleep disturbances and these disorders, the nature and direction of causality is not known. Understanding this complex relationship is imperative to determine optimal treatment and prevention, especially regarding TBI.

The diagnosis of mild TBI is based on screening questionnaires with an absence of objective findings [9]. It is currently unknown if a concussion results in mild TBI or post-concussive symptoms (PCS) [10]. It is possible that the symptoms of mild TBI/PCS: headache, sleep disturbance, irritability, dizziness, imbalance, fatigue, inattention, and problems with concentration or memory are from chronic sleep deprivation which occurred before or after the concussion. Sleep deprivation can be behaviorally induced, mandated by the mission/ superiors or secondary to sleep disorders such as insomnia and obstructive sleep apnea (OSA) or more often a combination of these. Yet, many military personnel do not undergo sleep evaluations until they are evaluated and treated for mild TBI, depression or PTSD and have failed to respond to therapies. Collen et al. showed that nearly all Soldiers with TBI were on medications with sedative properties prior to their formal sleep evaluation with over 1/3 diagnosed with OSA. It is unknown how this delay in diagnosis affected their outcomes [6].

Treatment of OSA with continuous positive airway pressure or insomnia with cognitive behavioral therapy can improve sleep without significant side effects. The result is not only decreased symptoms related to these sleep disorders but potentially improved treatment of the associated illnesses of depression, PTSD and TBI. To date, sleep diagnoses have not received the attention of a signature illness of the war. Is this due to the fact that sleep is disturbed in every war? Our hope is that with better understanding and recognition of this complex problem we can develop evidence based treatments and diagnostic strategies to improve the management of sleep disorders and their associated illnesses in our military personnel and veterans.

<http://nrs.harvard.edu/urn-3:HUL.InstRepos:11156671>

Posttraumatic Growth and Disability: On Happiness, Positivity, and Meaning

HAYWARD, HSIEN

Dissertation, Harvard University

Doctor of Philosophy in the subject of Social Psychology

February 2013

The field of psychology has traditionally focused on the deleterious effects of adversity to the exclusion of positive effects. However, a literature on positive sequelae of traumatic events has burgeoned over the past decade. The issue of whether individual's reports of positive changes are merely illusory self-enhancing biases or are reflective of objective, quantifiable change is perhaps the most contentious in the posttraumatic growth research at this time. This dissertation begins with a broad overview of the extant research on posttraumatic growth, then presents the evidence supporting each side of the validity debate. As the population studied in this dissertation is adults with traumatic-onset spinal cord injuries, a presentation of research that ties disability to the posttraumatic growth literature follows. Finally, the introductory chapter concludes with an argument for the importance of including a disability perspective in psychological science. Three papers follow, each taking up aspects of this relatively new focus on positive aspects of disability.

<http://www.ncbi.nlm.nih.gov/pubmed/24130079>

Behav Sci Law. 2013 Oct 15. doi: 10.1002/bsl.2092. [Epub ahead of print]

Concussive Brain Injury in the Military: September 2001 to the Present.

Logan BW, Goldman S, Zola M, Mackey A.

Source: Executive Director, Intrepid Spirit III NICOE Satellite at Ft Campbell, 650 Joel Drive, BLDG 2543, Ft Campbell, KY, 42223.

Since the terrorist attacks of September 11, 2001, 1,348,405 citizens have been deployed to combat in Operation Iraqi Freedom (OIF), Operation New Dawn in Iraq, and Operation Enduring Freedom in Afghanistan (OEF). During this same period 266,810 (20%) of these individuals have been diagnosed with a traumatic brain injury (TBI). The majority of these were Army soldiers, with 155,282 (58%) receiving the diagnosis. Mild TBI comprised 82% of the total, with the remainder being moderate to severe. Over this same period the Department of Defense (DoD) has invested \$374.9 million to enhance access and quality of care services, including 57 TBI treatment centers in the combat theater and throughout the U.S. The Army's medical research division, the Medical Research and Materiel Command (MRMC), has invested an additional \$700 million to TBI research during this time. The effort has faced a number of challenges, including limited human subject basic and translational research, limited epidemiological data on combat-related injuries, limited capacity and standards for data acquisition, and a lack of standardized evidenced-based protocols for treatment. All these areas have undergone significant growth and development, leading to the comprehensive system of care present today. A further challenge in this patient population has been the clinical co-morbidity of TBI, post-traumatic stress

disorder, and chronic pain syndrome. The Army and the DoD have created treatment programs that are interdisciplinary in clinical approach, targeting particular neuropsychological domains of dysfunction rather than diagnostic category or etiology of injury. This article presents the history of this effort, the challenges to accurate and adequate diagnosis and care that remain, and the future of brain injury clinical and research efforts in the military. Copyright © 2013 John Wiley & Sons, Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24128300>

Behav Sleep Med. 2013 Oct 15. [Epub ahead of print]

Understanding Mental and Physical Fatigue Complaints in Those With Depression and Insomnia.

Carney CE, Moss TG, Lachowski AM, Atwood ME.

Source: Department of Psychology , Ryerson University , Toronto , Ontario , Canada.

Fatigue is a concern for both people with insomnia and with depression, yet it remains poorly understood. Participants (N = 62) included those meeting Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision) criteria for insomnia and major depressive disorder (MDD). Multiple regression examined sleep, mood, activity, and cognitive factors as predictors of mental and physical fatigue. Only the cognitive factors (i.e., unhelpful beliefs about sleep and symptom-focused rumination) were predictive of both physical and mental fatigue. Beliefs about not being able to function and needing to avoid activities after a poor night of sleep were related to both types of fatigue. Targeting these beliefs via cognitive therapy and encouraging patients to test maladaptive beliefs about sleep may enhance fatigue response in those with MDD and insomnia.

<http://ebmh.bmj.com/content/early/2013/10/14/eb-2013-101527.extract>

Review: psychotherapy, somatic therapy and pharmacotherapy are all more effective than control for the treatment of PTSD.

Evid Based Mental Health doi:10.1136/eb-2013-101527

Question:

What is the efficacy of different treatments for post-traumatic stress disorder (PTSD)?

Outcomes:

Change in PTSD symptoms as measured by the individual trials. When available, preference was given to assessments made using the clinician-administered PTSD Scale or PTSD Symptom Scale-Interview version; if this was not available, participant self-report measures were used.

<http://www.ncbi.nlm.nih.gov/pubmed/24116964>

Headache. 2013 Oct 10. doi: 10.1111/head.12223. [Epub ahead of print]

Clinical Aspects of Medication Overuse Headaches.

Da Silva AN, Lake AE 3rd.

Source: MHNI, 3120 Professional Drive, Ann Arbor, MI, 48104, USA.

Medication overuse headache (MOH) is a subset of chronic daily headache, occurring from overuse of 1 or more classes of migraine abortive medication. Acetaminophen, combination analgesics (caffeine combinations), opioids, barbiturates (butalbital), non-steroidal anti-inflammatory drugs, and triptans are the main classes of drugs implicated in the genesis of MOH. Migraine seems to be the most common diagnosis leading to MOH. The development of MOH is associated with both frequency of use of medication and behavioral predispositions. MOH is not a unitary concept. The distinction between simple (type 1) vs complex (type 2) forms is based on both the class of overused medication and behavioral factors, including psychopathology and psychological drug dependence. MOH is a challenging disorder causing decline in the quality of life and causing physical symptoms, such as daily and incapacitating headaches, insomnia, and non-restorative sleep, as well as psychological distress and reduced functioning. MOH is associated with biochemical, structural, and functional brain changes. Relapse after detoxification is a challenge, but can be addressed if the patient is followed over a prolonged period of time with a combination of prophylactic pharmacotherapy, use of abortive medication with minimal risk of MOH, withholding previously overused medication, and providing psychological (cognitive-behavioral) therapy.

© 2013 American Headache Society.

<http://www.ncbi.nlm.nih.gov/pubmed/24123226>

Behav Sci Law. 2013 Sep 30. doi: 10.1002/bsl.2084. [Epub ahead of print]

A Comparison of Insufficient Effort Rates, Neuropsychological Functioning, and Neuropsychiatric Symptom Reporting in Military Veterans and Civilians with Chronic Traumatic Brain Injury.

Gfeller JD, Roskos PT.

Source: Department of Psychology and Department of Neurosurgery, Saint Louis University.

Neuropsychological evaluation of persons with chronic traumatic brain injury (TBI) symptoms is complicated by multiple factors. The authors explored the impact of mechanism of injury, effort testing performance, and neuropsychiatric status in a sample of military veterans (V-TBI) and civilians (C-TBI) with chronic TBI. V-TBI (n = 74), C-TBI (n = 67), and healthy civilian control (C-HC) participants (n = 66), completed a battery of neuropsychological, effort, and self-report neuropsychiatric measures. Results

indicated that C-HC and C-TBI participants exhibited comparably low failure rates on effort tests (6% and 3%, respectively). V-TBI participants exhibited significantly higher rates of failure (18%). Subgroups (n = 20) of effort-screened participants matched for demographics and disability level were compared regarding neuropsychological performance and neuropsychiatric self-report. Both TBI groups exhibited limited neuropsychological impairment, relative to the C-HC participants. The V-TBI group exhibited pronounced neuropsychiatric symptomology compared with the other participant groups. The implications of these findings are discussed for evaluation in the context of disability and litigation. Copyright © 2013 John Wiley & Sons, Ltd.

Links of Interest

Boston University Researchers Test Effectiveness of Behavioral and Medication Treatments for Patients with Alcoholism and Anxiety

<http://www.healthcanal.com/substance-abuse/43748-boston-university-researchers-test-effectiveness-of-behavioral-and-medication-treatments-for-patients-with-alcoholism-and-anxiety.html>

You Can Manage Your Chronic Pain To Live a Good Life: A Guide for People in Recovery from Mental Illness or Addiction

<http://store.samhsa.gov//product/SMA13-4783>

A Silent Epidemic: Minor Traumatic Brain Injury

<http://www.sciencedaily.com/releases/2013/10/131010124740.htm>

How to Write a Research Statement

<http://www.psychologicalscience.org/index.php/publications/observer/2013/october-13/how-to-write-a-research-statement.html>

Stress Control Training Mandatory for Deploying Sailors

http://www.navy.mil/submit/display.asp?story_id=77005

Army seeks to overcome depression stigma

http://www.army.mil/article/113024/Army_seeks_to_overcome_depression_stigma/

The Decline of the Military He Loved

Tom Clancy, 1947-2013

http://www.weeklystandard.com/articles/decline-military-he-loved_759173.html

Veterans with Gulf War Illness show brain changes linked to memory deficits

http://www.eurekalert.org/pub_releases/2013-10/afps-vwg101513.php

Resource of the Week: [MakeUseOf Guides and Cheat Sheets](#)

MakeUseOf is a venerable UK-based blog, founded in 2006, that focuses on technology. [The home page can be kind of overwhelming](#), but you'll find some truly useful stuff here, especially if you're looking for tech help. Highly recommended is the ever-growing and continually updated library of guides and cheat sheets for useful/popular web services, operating systems, hardware, software and mobile applications, etc. These are freely downloadable as PDFs, which print out nicely for offline reading. Some examples:

- [MakeUseOf Tablet Buying Guide: Summer 2013](#)
- [Cut That Cord! How To Ditch Cable](#)
- [Online Meeting Guide: Software And Strategy](#)
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