CDP Research Update -- January 2, 2014

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- Zolpidem-induced suicide attempt: a case report.
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http://www.sciencedirect.com/science/article/pii/S0010027713002254

Tainting the soul: Purity concerns predict moral judgments of suicide.

Joshua Rottman, Deborah Kelemen, Liane Young

Cognition, Volume 130, Issue 2, February 2014, Pages 217–226

Moral violations are typically defined as actions that harm others. However, suicide is considered immoral even though the perpetrator is also the victim. To determine whether concerns about purity rather than harm predict moral condemnation of suicide, we presented American adults with obituaries describing suicide or homicide victims. While harm was the only variable predicting moral judgments of homicide, perceived harm (toward others, the self, or God) did not significantly account for variance in moral judgments of suicide. Instead, regardless of political and religious views and contrary to explicit beliefs about their own moral judgments, participants were more likely to morally condemn suicide if they (i) believed suicide tainted the victims' souls, (ii) reported greater concerns about purity in an independent questionnaire, (iii) experienced more disgust in response to the obituaries, or (iv) reported greater trait disgust. Thus, suicide is deemed immoral to the extent that it is considered impure.

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http://www.ncbi.nlm.nih.gov/pubmed/24345733

J Clin Psychiatry. 2013 Nov 26. [Epub ahead of print]

Sleep duration, but not insomnia, predicts the 2-year course of depressive and anxiety disorders.

van Mill JG, Vogelzangs N, van Someren EJ, Hoogendijk WJ, Penninx BW.

OBJECTIVE:
To examine the predictive role of insomnia and sleep duration on the 2-year course of depressive and anxiety disorders.

METHOD:
This study is a secondary data analysis based on data from the baseline (2004-2007) and 2-year assessment of the Netherlands Study of Depression and Anxiety. Participants were 1,069 individuals with DSM-IV-based depressive and/or anxiety disorders at baseline. Sleep measures included insomnia (Women's Health Initiative Insomnia Rating Scale score ≥ 9) and sleep duration (categorized as short [≤ 6 hours], normal [7-9 hours], or long [≥ 10 hours]). Outcome measures were persistence of DSM-IV depressive and anxiety disorders (current diagnosis at 2-year follow-up), time to remission, and clinical course trajectory of symptoms (early sustained remission, late remission/recurrence, and chronic course). Logistic regression analyses were adjusted for sociodemographic characteristics and chronic medical disorders, psychotropic medications, and severity of depressive and anxiety symptoms.

RESULTS:
The effect of insomnia on persistence of depressive and/or anxiety disorders (OR = 1.50; 95% CI, 1.16-1.94) was explained by severity of baseline depressive/anxiety symptoms (adjusted OR with severity = 1.04; 95% CI, 0.79-1.37). Long sleep duration was independently associated with persistence of depression/anxiety even after adjusting for severity of psychiatric symptoms (OR = 2.52; 95% CI, 1.27-4.99). For short sleep duration, the independent association with persistence of combined depression/anxiety showed a trend toward significance (OR = 1.32; 95% CI, 0.98-1.78), and a significant association for the persistence of depressive disorders (OR = 1.49; 95% CI, 1.11-2.00). Both short and long sleep duration were independently associated with a chronic course trajectory (short sleep: OR = 1.50; 95% CI, 1.04-2.16; long sleep: OR = 2.91, 95% CI, 1.22-6.93).

DISCUSSION:
Both short and long sleep duration-but not insomnia-are important predictors of a chronic course, independent of symptom severity. It is to be determined whether treating these sleep conditions results in more favorable outcomes of depression and anxiety.

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http://www.ncbi.nlm.nih.gov/pubmed/24354360

Behav Sleep Med. 2013 Dec 19. [Epub ahead of print]

The Relationship Between Beliefs About Sleep and Adherence to Behavioral Treatment Combined With Meditation for Insomnia.

Cvengros JA, Crawford MR, Manber R, Ong JC.

This study examined beliefs about sleep, as measured by the Dysfunctional Beliefs and Attitudes about Sleep (DBAS) scale, as predictors of adherence to 3 specific insomnia treatment recommendations: restriction of time spent in bed, maintenance of a consistent rise time, and completion of daily meditation practice. Higher DBAS scores predicted poorer adherence to restriction of time spent in bed and to maintenance of a prescribed rise time. DBAS scores were not associated with completion of daily meditation. These preliminary findings suggest that pre-treatment beliefs about sleep may impact patient engagement with behavioral recommendations regarding time in bed and consistent rise time during treatment for insomnia.

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http://jama.jamanetwork.com/article.aspx?articleid=1793800

Prolonged Exposure vs Supportive Counseling for Sexual Abuse–Related PTSD in Adolescent Girls: A Randomized Clinical Trial.

Foa EB, McLean CP, Capaldi S, Rosenfield

JAMA. 2013;310(24):2650-2657

Importance
Evidence-based treatments for posttraumatic stress disorder (PTSD) have not been established for adolescents despite high prevalence of PTSD in this population.

Objective
To examine the effects of counselor-delivered prolonged exposure therapy compared with supportive counseling for adolescents with PTSD.

Design, Setting, and Participants
A single-blind, randomized clinical trial of 61 adolescent girls with PTSD using a permuted block design. Counselors previously naive to prolonged exposure therapy provided the treatments in a community mental health clinic. Data collection lasted from February 2006 through March 2012.

Interventions
Participants received fourteen 60- to 90-minute sessions of prolonged exposure therapy (n = 31) or supportive counseling (n = 30).

Main Outcomes and Measures
All outcomes were assessed before treatment, at mid-treatment, and after treatment and at 3-, 6-, and 12-month follow-up. The primary outcome, PTSD symptom severity, was assessed by the Child PTSD Symptom Scale–Interview (range, 0-51; higher scores indicate greater severity). Secondary outcomes were presence or absence of PTSD diagnosis assessed by the DSM-IV Schedule for Affective Disorders and Schizophrenia for School-Age Children and functioning assessed by the Children's Global Assessment Scale (range, 1-100; higher scores indicate better functioning). Additional secondary measures, PTSD severity assessed by the Child PTSD Symptom Scale–Self-Report (range, 0-51; higher scores indicate greater severity) and depression severity assessed by the Children's Depression Inventory (range, 0-54; higher scores indicate greater severity), were also assessed weekly during treatment.

Results
Data were analyzed as intent to treat. During treatment, participants receiving prolonged exposure demonstrated greater improvement on the PTSD symptom severity scale (difference between treatments in improvement, 7.5; 95% CI, 2.5-12.5; P < .001) and on all secondary outcomes (loss of PTSD diagnosis: difference, 29.3%, 95% CI, 20.2%-41.2%; P = .01; self-reported PTSD severity: difference, 6.2; 95% CI, 1.2-11.2; P = .02; depression: difference, 4.9; 95% CI, 1.6-8.2; P = .008; global functioning: difference, 10.1; 95% CI, 3.4-16.8; P = .008). These treatment differences were maintained through the 12-month follow-up: for interviewer-assessed PTSD (difference, 6.0; 95% CI, 1.6-10.4; P = .02), loss of PTSD diagnosis (difference, 31.1; 95% CI, 14.7-34.8; P = .01), self-reported PTSD (difference, 9.3; 95% CI, 1.2-16.5; P = .02), depression (difference, 7.2; 95% CI, 1.4-13.0; P = .02), and global functioning (difference, 11.2; 95% CI, 4.5-17.9; P = .01).

Conclusion and Relevance
Adolescents girls with sexual abuse–related PTSD experienced greater benefit from prolonged exposure therapy than from supportive counseling even when delivered by counselors who typically provide supportive counseling.

See also (editorial): Prolonged Exposure Therapy for PTSD in Sexually Abused Adolescents

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http://www.ingentaconnect.com/content/asma/asem/2014/00000085/00000001/art00008

Risk of Incident Mental Health Conditions Among Critical Care Air Transport Team Members.

Authors: Tvaryanas, Anthony P.; Maupin, Genny M.

Source: Aviation, Space, and Environmental Medicine, Volume 85, Number 1, January 2014 , pp. 30-38(9)

Publisher: Aerospace Medical Association

Background:
This study investigated whether Critical Care Air Transport Team (CCATT) members are at increased risk for incident post-deployment mental health conditions.

Methods:
We conducted a retrospective cohort study of 604 U.S. Air Force medical personnel without preexisting mental health conditions who had at least one deployment as a CCATT member during 2003-2012 as compared to a control group of 604 medical personnel, frequency matched based on job role, with at least one deployment during the same period, but without CCATT experience. Electronic health record data were used to ascertain the diagnosis of a mental health condition.

Results:
The incidence of post-deployment mental health conditions was 2.1 per 1000 mo for the CCATT group versus 2.2 per 1000 mo for the control group. The six most frequent diagnoses were the same in both groups: adjustment reaction not including posttraumatic stress disorder (PTSD), anxiety, major depressive disorder, specific disorders of sleep of nonorganic origin, PTSD, and depressive disorder not elsewhere classified. Women were at marginally increased risk and nurses and technicians were at twice the risk of physicians. The distribution of the time interval from end of the most recent deployment to diagnosis of incident mental health condition was positively skewed with a median greater than 6 mo.

Conclusions:
CCATT members were at no increased risk for incident post-deployment mental health conditions as compared to non-CCATT medical service members. Nearly two-thirds of incident post-deployment mental health conditions were diagnosed outside the standard 6-mo medical surveillance period, a finding warranting further study.

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http://onlinelibrary.wiley.com/doi/10.1111/pme.12321/abstract

Increased Polysedative Use in Veterans with Posttraumatic Stress Disorder.

Bernardy, N. C., Lund, B. C., Alexander, B. and Friedman, M. J.

Pain Medicine

Article first published online: 16 DEC 2013

Background
Posttraumatic stress disorder (PTSD) treatment is often complicated in veterans by co-occurring conditions including pain, insomnia, brain injury, and other mental disorders. Pharmacologic approaches to these conditions can produce an accumulation of sedating medications with potential for safety concerns.

Objective
The objective of this study was to characterize polysedative prescribing among veterans with PTSD over an 8-year period.

Design
National Department of Veterans Affairs (VA) data were used to identify veterans with PTSD using International Classification of Diseases, Ninth Revision codes among regular medication users. Prescribing of benzodiazepines, hypnotics, atypical antipsychotics, opioids, and muscle relaxants was determined annually. Prevalence and incidence rates were determined for each medication class from 2004 through 2011. Polysedative use was determined from longitudinal refill patterns that indicated concurrent use across sedative classes.

Results
In 2004, 9.8% of veterans with PTSD concurrently received medications from three or more sedative classes. By 2011, the prevalence of concurrent use involving three or more classes increased to 12.1%. Polysedative use varied across demographic subgroups, with higher rates observed among women, rural residents, younger adults, Native Americans and Whites. The most common combination was an opioid plus a benzodiazepine, taken concurrently by 15.9% of veterans with PTSD.

Conclusions
Important trends in polysedative use among veterans with PTSD illustrate the complexity of treating an intersecting cluster of symptoms managed by sedative medications. As the VA seeks to improve care by focusing on non-pharmacologic options, our findings emphasize the need for a comprehensive approach that encompasses overlapping conditions of relevance to veterans with PTSD.

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http://www.sciencedirect.com/science/article/pii/S1049386713000856

National Comparison of Literally Homeless Male and Female VA Service Users: Entry Characteristics, Clinical Needs, and Service Patterns.

Jack Tsai, PhD, Wesley J. Kasprow, PhD, Vincent Kane, MSW, Robert A. Rosenheck, MD

Women's Health Issues

Available online 14 December 2013

Background
Although there are growing numbers of homeless female U.S. veterans, the U.S. Department of Veterans Affairs (VA) has traditionally served a predominantly male population; thus, it is important to examine differences between homeless female and male veterans in their service needs and the current provision of VA homeless services.

Methods
A national registry of 119,947 users of VA homeless services from 2011 to 2012 was used to 1) estimate the proportion of female veterans among VA homeless service users, 2) examine the proportion of VA homeless service users who are literally homeless by gender, and 3) report differences between female and male VA homeless service users who are literally homeless on sociodemographic and clinical characteristics, as well as on outreach, referral, and admission patterns for an array of specialized VA services.

Findings
Of VA homeless service users, 8% were female compared with 7% among all homeless veterans, 6% among all VA service users, and 7% among all veterans. Of female VA homeless service users, 54% were literally homeless, slightly fewer than the 59% of male VA homeless service users. Comparing literally homeless VA service users, females were younger, 21% more had dependent children, 8% more were diagnosed with non–military-related posttraumatic stress disorder, and 19% to 20% more were referred and admitted to VA's supported housing program than males.

Conclusions
Female veterans use VA homeless services at a rate similar to their use of general VA services and they have unique needs, especially for child care, which may require additional specialized resources.

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http://www.sciencedirect.com/science/article/pii/S0163834313003691

Embedding integrated mental health assessment and management in general hospital settings: feasibility, acceptability and the prevalence of common mental disorder.

L. Rayner, F. Matcham, J. Hutton, C. Stringer, J. Dobson, S. Steer, M. Hotopf

General Hospital Psychiatry

Available online 16 December 2013

Objective
To assess the feasibility and acceptability of routine web-based screening in general hospital settings, and describe the level of common mental disorder.

Method
A service development platform to integrate mental and physical healthcare was implemented in 6 specialties (rheumatology, limb reconstruction, hepatitis C, psoriasis, adult congenital heart disease (ACHD), chronic pain) across 3 general hospitals in London, UK. Under service conditions, patients completed a web-based questionnaire comprising mental and physical patient-reported outcome measures, whilst waiting for their appointment. Feasibility was quantified as the proportion of patients who completed the questionnaire. Acceptability was quantified as the proportion of patients declining screening, and the proportion requiring assistance completing the questionnaire. The prevalence of probable depression and anxiety was expressed as the percentage of cases determined by the PHQ-9 and GAD-7.

Results
The proportion of patients screened varied widely across specialties (40.1-98.2%). The decline rate was low (0.6-9.7%) and the minority required assistance (11.7%-40.4%). The prevalence of probable depression ranged from 60.9% in chronic pain to 6.6% in ACHD. The prevalence of probable anxiety ranged from 25.1% in rheumatology to 11.4% in ACHD.

Conclusion
Web-based screening is acceptable to patients and can be effectively embedded in routine practice. General hospital patients are at increased risk of common mental disorder, and routine screening may help identify need, inform care and monitor outcomes.

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http://cmajopen.ca/content/1/4/E159.abstract

Screening for depression: a systematic review and meta-analysis.

Homa Keshavarz, Donna Fitzpatrick-Lewis, David L. Streiner, Rice Maureen, Usman Ali, Harry S. Shannon, and Parminder Raina

Canadian Medical Association Journal

December 17, 2013 vol. 1 no. 4 E159-E167

Background
The Canadian Task Force on Preventive Health Care has a guideline on screening for depression among adults 18 years of age or older at average or high risk for depression. To provide evidence for an update of this guideline, we evaluated the literature on the effectiveness of screening for depression in adults.

Methods
For the period 1994 to May 23, 2012, we searched the following electronic databases: MEDLINE, Embase, PsycINFO, the Cochrane Central Register of Controlled Trials and the Cochrane Database of Systematic Reviews. Randomized controlled trials, observational studies and systematic reviews with evidence for the benefits or harms of screening for depression were eligible for inclusion. We performed screening for relevance, extraction of data, analysis of risk of bias and quality assessments in duplicate. We used the generic inverse variance method to conduct a meta-analysis. To determine confidence in

the effect, we analyzed the results according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.

Results
Five quasi-experimental studies (before–after design with a nonrandomized control group) met the inclusion criteria for this review. These studies reported on the effect of community-based screening for depression, with follow-up on the risk of suicide completion, for older residents in regions of rural Japan with high suicide rates. Meta-analysis showed that the screening program had a protective effect on the overall incidence of suicide completion (ratio of rate ratios [RRR] 0.50, 95% confidence interval [CI], 0.32–0.78). When sex was considered, the RRR indicated a significantly lower rate of suicide among women (RRR 0.37, 95% CI 0.21–0.66) but not among men (RRR 0.67, 95% CI 0.35–1.27). The overall GRADE rating applied to this evidence indicated very low quality. No studies addressing the harms of screening for depression met the inclusion criteria for the review.

Interpretation
There is very limited research evidence allowing conclusions about the effectiveness of screening for depression in either average-risk or high-risk populations.

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http://www.tandfonline.com/doi/abs/10.1080/10615806.2013.876010

Gender differences in adolescent coping behaviors and suicidal ideation: findings from a sample of 73,238 adolescents.

Kim SM, Han DH, Trksak GH, Lee YS.

Anxiety, Stress & Coping: An International Journal

Published online: 17 Dec 2013

Suicide among adolescents is an emerging global public health problem as well as a socioeconomic problem. Stress-coping strategies have been shown to be associated with suicidal ideation. We examined coping behaviors related to suicidal ideation and gender differences in adolescents using the data from the 2010 Korea Youth Risk Behavior Survey (ages 12–19 years; N = 73,238). Logistic regression analysis was used to evaluate associations between suicidal ideation and specific coping behaviors while controlling for potentially confounding variables. In both male and female groups, the coping behavior “drinking alcoholic beverages” and “smoking cigarettes” were positively associated with suicidal ideation. “Watching TV,” “playing online/mobile games,” and “sleeping” were negatively associated with suicidal ideation in both groups. In males, “engaging in sports” was negatively related to suicidal ideation. In females, “venting by talking to others” and “eating” were negatively related to suicidal ideation. The results indicate that there are gender differences in the effects of coping behaviors on adolescent suicidal ideation, and that developing adaptive coping strategies may function to reduce suicidality. Future studies are needed to examine whether improving coping skills can reduce suicidal ideation in a gender-specific manner.

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http://tva.sagepub.com/content/early/2013/12/13/1524838013515759.abstract

A Comparison of the Types of Screening Tool Administration Methods Used for the Detection of Intimate Partner Violence: A Systematic Review and Meta-Analysis.

Nasir Hussain, Sheila Sprague, Kim Madden, Farrah Naz Hussain, Bharadwaj Pindiprolu, and Mohit Bhandari

Trauma Violence Abuse

December 15, 2013

Intimate partner violence (IPV) is associated with significant health consequences for victims, including acute/chronic pain, depression, trauma, suicide, death, as well as physical, emotional, and mental harms for families and children. The objective of this systematic review and meta-analysis was to assess the rate of IPV disclosure in adult women (>18 years of age) with the use of three different screening tool administration methods: computer-assisted self-administered screen, self-administered written screen, and face-to-face interview screen. A comprehensive literature search was conducted in the MEDLINE, EMBASE, PsycINFO, CINAHL, Database of Abstracts of Reviews of Effectiveness, and the Cochrane library databases. We identified 746 potentially relevant articles; however, only 6 were randomized controlled trials (RCTs) and included for analysis. No significant differences were observed when women were screened in face-to-face interviews or with a self-administered written screen (Odds of disclosing: 1.02, 95% confidence interval [CI]: [0.77, 1.35]); however, a computer-assisted self-administered screen was found to increase the odds of IPV disclosure by 37% in comparison to a face-to-face interview screen (odds ratio: 0.63, 95% CI: [0.31, 1.30]). Disclosure of IPV was also 23% higher for computer-assisted self-administered screen in comparison to self-administered written screen (Odds of disclosure: 1.23, 95% CI: [0.0.92, 1.64]). The results of this review suggest that computer-assisted self-administered screens leads to higher rates of IPV disclosure in comparison to both face-to-face interview and self-administered written screens.

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http://www.tandfonline.com/doi/abs/10.1080/07481187.2013.809035

Effects of Contingent Self-Esteem on Depressive Symptoms and Suicidal Behavior.

Chad E. Lakey, Jameson K. Hirsch, Lyndsay A. Nelson, Sheri A. Nsamenang

Death Studies

Published online: 19 Dec 2013

Contingent self-esteem, or self-worth hinged upon successfully meeting standards or attaining goals, requires continual maintenance and validation. Despite the inherent instability that accompanies contingent self-esteem, relatively little is known about how it relates to markers of mental health. Our sample of 371 college students completed measures of self-esteem, contingent self-esteem, suicidal behaviors, and depression. Individuals with fragile low self-esteem, described as highly contingent, reported greater depressive symptoms and suicidal behavior. Among those with secure high self-

esteem, or high yet non-contingent, depression and suicide risk were markedly lower. Therapeutically promoting positive but non-contingent self-worth may reduce poor mental health outcomes.

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http://www.sciencedirect.com/science/article/pii/S0165032713008392

Risk factors for Suicide among 34,671 Patients with Psychotic and Non-psychotic Severe Depression.

Anne Katrine K. Leadholm, Anthony J. Rothschild, Jimmi Nielsen, Per Bech, Søren D. Østergaard

Journal of Affective Disorders, Available online 18 December 2013

Background
Severe unipolar depression is associated with increased risk of suicide, but it remains unknown whether the same risk factors are present in the non-psychotic (non-PD) and psychotic (PD) subtypes respectively. Therefore, this study aimed to identify risk factors for suicide in non-PD and PD separately, and to investigate if the presence of psychotic symptoms is an independent risk factor for suicide in severe depression.

Methods
This register-based, nationwide, historical prospective cohort study used logistic regression analyses to ascertain risk factors for suicide among all adults diagnosed with severe depression at Danish psychiatric hospitals between January 1, 1994 and December 31, 2010. The risk for suicide was expressed as adjusted odds ratios (AOR).

Results
A total of 34,671 individuals with severe depression (non-PD: n=26,106 and PD: n=12,101) were included in the study. Of these, 755 completed suicide during follow up. PD was not found to be an independent risk factor for suicide in severe depression (AOR=0.97 [0.83–1.15]). Older age (non-PD AOR=1.05 [per year], PD AOR =1.04 [per year]), male sex (non-PD AOR=1.89, PD AOR=1.98), and a previous incident of self-harm (non-PD AOR=5.02, PD AOR=5.17) were significant risk factors for both groups.

Limitations
As the study population was comprised only of patients with contact to psychiatric hospitals, the results cannot be extrapolated to the primary care setting.

Conclusion
The following risk factors for non-PD and PD were identified: older age, male gender and previous incidents of self-harm. In suicide prevention efforts, equal attention should be paid to non-PD and PD patients.

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http://www.sciencedirect.com/science/article/pii/S0005796713002039

Impact of Dialectical Behavior Therapy versus Community Treatment by Experts on Emotional Experience, Expression, and Acceptance in Borderline Personality Disorder.

Andrada D. Neacsiu, Anita Lungu, Melanie S. Harned, Shireen L. Rizvi, Marsha M. Linehan

Behaviour Research and Therapy, Available online 19 December 2013

Evidence suggests that heightened negative affectivity is a prominent feature of Borderline Personality Disorder (BPD) that often leads to maladaptive behaviors. Nevertheless, there is little research examining treatment effects on the experience and expression of specific negative emotions. Dialectical Behavior Therapy (DBT) is an effective treatment for BPD, hypothesized to reduce negative affectivity (Linehan, 1993a). The present study analyzes secondary data from a randomized controlled trial with the aim to assess the unique effectiveness of DBT when compared to Community Treatment by Experts (CTBE) in changing the experience, expression, and acceptance of negative emotions. Suicidal and/or self-injuring women with BPD (n = 101) were randomly assigned to DBT or CTBE for one year of treatment and one year of follow-up. Several indices of emotional experience and expression were assessed. Results indicate that DBT decreased experiential avoidance and expressed anger significantly more than CTBE. No differences between DBT and CTBE were found in improving guilt, shame, anxiety, or anger suppression, trait, and control. These results suggest that DBT has unique effects on improving the expression of anger and experiential avoidance, whereas changes in the experience of specific negative emotions may be accounted for by general factors associated with expert therapy. Implications of the findings are discussed.

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http://www.sciencedirect.com/science/article/pii/S0272735813001700

Etiology of Depression and Substance Comorbidity in Combat-Related PTSD: A Review of the Literature.

Valerie A. Stander, Cynthia J. Thomsen, Robyn Highfill-McRoy

Clinical Psychology Review, Available online 19 December 2013

Posttraumatic stress disorder is often diagnosed with other mental health problems, particularly depression. Although PTSD comorbidity has been associated with more severe and chronic symptomology, relationships among commonly co-occurring disorders are not well understood. The purpose of this study was to review the literature regarding the development of depression comorbid with combat-related PTSD among military personnel. We summarize results of commonly tested hypotheses about the etiology of PTSD and depression comorbidity, including (1) causal hypotheses, (2) common factors hypotheses, and (3) potential confounds. Evidence suggests that PTSD may be a causal risk factor for subsequent depression; however, associations are likely complex, involving bidirectional causality, common risk factors, and common vulnerabilities. The unique nature of PTSD-depression comorbidity in the context of military deployment and combat exposure is emphasized. Implications of our results for clinical practice and future research are discussed.

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http://alx.sagepub.com/content/25/1/11.short

When Service Members With Traumatic Brain Injury Become Students: Methods to Advance Learning.

Kimberly Turner Helms and Daniel Libertz

Adult Learning February 2014 25: 11-19

The purpose of this paper is to explain which evidence-based interventions in study strategies have been successful in helping soldiers and veterans with traumatic brain injury (TBI) return to the classroom. Military leaders have specifically identified TBI as one of the signature injuries of the wars in Afghanistan and Iraq with over a quarter of a million service members diagnosed with a TBI from 2000 to 2012. From the perspective of developmental education practitioners, this narrative examination reviews available research and government documentation to offer an understanding of TBI, effects of TBI on learning, and recommended approaches to provide these students the most beneficial learning experiences. The incorporation of effective learning strategies and appropriate instructional methods are critical in maximizing the learning outcomes of students with this kind of injury. Despite the attention that must be paid to each individual case, it may be beneficial to incorporate methods that have been proven successful, such as the use of graphic organizers and direct instruction.

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http://jmh.sagepub.com/content/early/2013/12/19/1557988313516357.abstract

Impact of Psychological Distress on Prostate Cancer Screening in U.S. Military Veterans.

Amy K. Silberbogen, Andrea K. Busby, and Erin W. Ulloa

Am J Mens Health 1557988313516357, first published on December 20, 2013

The benefit of routine prostate cancer screening is currently under debate; however, many experts recommend that men with elevated risk for the disease discuss the potential risks and benefits of screening with their health care team. Psychological factors have been negatively associated with preventive health behaviors such as cancer screenings. The purpose of this study was to investigate the impact of depressive and trauma-related symptoms on prostate cancer screening behaviors and relevant health care perceptions among a sample of U.S. military veterans, as veterans are at higher risk for prostate cancer, depression, and posttraumatic stress disorder than the general population. Participants (n = 350) were a national sample of predominantly Caucasian (84.6%) male U.S. military veterans (60.5 years ± 8.9) who completed an online questionnaire regarding past prostate cancer screening engagement, as well as validated measures of depression, posttraumatic stress disorder, and perceived barriers and benefits to prostate cancer screening. Results indicate that greater depressive symptoms, trauma-related symptoms, and perceived barriers were associated with lower rates of past prostate cancer screening among this veteran sample and that greater depressive and trauma-related symptoms were associated with greater perceived barriers to prostate cancer screening. As prostate cancer screening recommendations continue to evolve, it is important for health care providers not only to discuss pros and cons of screening with high risk men but also to consider the impact of psychological distress on the decision-making process.

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http://www.sciencedirect.com/science/article/pii/S030439591300688X

Pain-related musculoskeletal disorders, psychological comorbidity and the relationship with physical and mental wellbeing in Gulf War veterans.

Helen Louise Kelsall, Dean Philip McKenzie, Andrew Benjamin Forbes, Minainyo Helen Roberts, Donna Michelle Urquhart, Malcolm Ross Sim

PAIN®, Available online 19 December 2013

Military veterans are at high risk of pain-related musculoskeletal disorders (MSD); Occupational activities such as lifting loads, working in constrained spaces, and training exertion in trainingincrease the risk of pain-related musculoskeletal disorders (MSD) in military veterans. Few studies have investigated MSD and psychological disorder in veterans; and previous studies had limitations. This cross-sectional study compared pain-related MSD and psychological disorder comorbidity and wellbeing between 1381456 male Australian 1990-1991 Gulf War veterans (veterans) and a military comparison group (n=1377588, of whom 39.6% were serving and 32.7% had previously deployed). At a medical assessment, 2000-20023, reported doctor diagnosed arthritis or rheumatism, back or neck problems, joint problems, and soft tissue disorders were rated by medical practitioners as non-medical, unlikely, possible or probable diagnoses. Only probable MSD were analysed. PPsychological disorders in the past 12 months were measured using the Composite International Diagnostic Interview. The Short-Form Health Survey (SF-12) assessed four-week physical and mental wellbeing. Almost one-quarter of veterans (24.5%) and comparison group (22.4%) reported a MSD. Having any or specific MSD were associated with depression and posttraumatic stress disorder (PTSD), but not alcohol disorders. Physical and mental wellbeing was poorer in those with a MSD compared to those without in both study groups (e.g. veterans with any MSD, difference in SF-12 PCS medians= -10.49: 95% CI -12.40,-8.57), and in those with MSD and psychological comorbidity compared with MSD alone(e.g. veterans with any MSD and depression or PTSD, difference in SF-12 MCS medians= -20.74: -24.3,-17.18). Patterns were similar in the comparison group. Comorbidity of any MSD and psychological disorder was more common in veterans, but MSD were associated with depression, PTSD and poorer wellbeing in both groups. Psychological comorbidity needs consideration in MSD management. Longitudinal studies are needed to assess directionality and causality.

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http://www.ajhpcontents.org/doi/abs/10.4278/Ajhp.121009-QUAL-491

Mediatory Myths in the U.S. Military: Tobacco Use as “Stress Relief”.

Elizabeth A. Smith , PhD; Ruth E. Malone , RN, PhD, FAAN

American Journal of Health Promotion In-Press

Purpose.
To examine perceptions of military personnel about tobacco use.

Design. Secondary analysis of (1) focus group and (2) interview data.

Setting.
U.S. military.

Subjects.
Total participants (n = 241): Enlisted personnel, supervisors (n = 189 individuals participating in 23 focus groups), tobacco control managers, and policy leaders (n = 52 interview participants).

Intervention.
Not applicable.

Measures.
Not applicable.

Analysis.
Inductive, iterative coding for salient themes using an interpretive approach. Application of the concept of mediatory myths, used by institutions to cover over internal contradictions.

Results.
All types of participants endorsed the idea that tobacco was needed in the military for stress relief. Types of stress identified included fitting in, (relationships with coworkers and superiors) and control of workflow (taking breaks). Participants also discussed beliefs about the impact of tobacco on the military mission, and institutional sanction of tobacco use.

Conclusion.
Despite tobacco's well-documented negative effects on fitness, the myth that tobacco relieves stress serves several institutional functions in the military. It serves to minimize perceptions of stress on the fitness of personnel, suggests that stress can be managed solely by individuals, and institutionalizes tobacco use. Growing recognition among military leadership that countering stress is essential to fitness offers an opportunity to challenge this myth.

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http://informahealthcare.com/doi/abs/10.3109/14659891.2013.868935

Associations between alcohol-related concerns, normative perceptions of peer alcohol use, and veterans' drinking behavior over six months.

Michael A. Cucciare, Daniel M. Blonigen, and Alexander Sox-Harris

Journal of Substance Use

Posted online on December 17, 2013

The Veterans Health Administration (VHA) has implemented initiatives to increase rates of brief alcohol counseling (BAC). Half of eligible veterans do not receive such care. Understanding patient

characteristics associated with drinking behavior may identify patients for whom BAC may be acceptable. Data collected from veterans between January 2010 and September 2011 (N = 167) were examined. Results find that alcohol-related concerns and perceptions of peer alcohol consumption are associated with reduced drinking behavior. These findings suggests that assessing drinking concerns and perceptions of peer alcohol use may help to identify patients interested in changing drinking behavior, receiving care, and assist providers in delivering appropriate counseling.

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http://www.tandfonline.com/doi/abs/10.1080/13854046.2013.863977

PTSD and Cognitive Functioning: Importance of Including Performance Validity Testing.

Nick M. Wisdom, Nicholas J. Pastorek, Brian I. Miller, Jane E. Booth, Jennifer M. Romesser, John F. Linck, Anita H. Sim

The Clinical Neuropsychologist

Published online: 19 Dec 2013

Many studies have observed an association between post-traumatic stress disorder (PTSD) and cognitive deficits across several domains including memory, attention, and executive functioning. The inclusion of response bias measures in these studies, however, remains largely unaddressed. The purpose of this study was to identify possible cognitive impairments correlated with PTSD in returning OEF/OIF/OND veterans after excluding individuals failing a well-validated performance validity test. Participants included 126 men and 8 women with a history of mild traumatic brain injury (TBI) referred for a comprehensive neuropsychological evaluation as part of a consortium of five Veterans Affairs hospitals. The PTSD CheckList (PCL) and Word Memory Test (WMT) were used to establish symptoms of PTSD and invalid performance, respectively. Groups were categorized as follows: Control (PCL < 50, pass WMT), PTSD-pass (PCL ≥ 50, pass WMT), and PTSD-fail (PCL ≥ 50, fail WMT). As hypothesized, failure on the WMT was associated with significantly poorer performance on almost all cognitive tests administered; however, no significant differences were detected between individuals with and without PTSD symptoms after separating out veterans failing the WMT. These findings highlight the importance of assessing respondent validity in future research examining cognitive functioning in psychiatric illness and warrant further consideration of prior studies reporting PTSD-associated cognitive deficits.

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http://www.ncbi.nlm.nih.gov/pubmed/24367137

Psychiatry Res. 2013 Dec 30;214(3). doi: 10.1016/j.pscychresns.2013.09.007.

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

Ebdlahad S, Nofzinger EA, James JA, Buysse DJ2, Price JC, Germain A.

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.

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http://www.ncbi.nlm.nih.gov/pubmed/24365805

J Addict Med. 2013 Dec 20. [Epub ahead of print]

Cannabis Use Expectancies Mediate the Relation Between Depressive Symptoms and Cannabis Use Among Cannabis-Dependent Veterans.

Farris SG, Zvolensky MJ, Boden MT, Bonn-Miller MO.

OBJECTIVES:
The current study examined the cross-sectional associations between depressive symptoms and cannabis use, and the mediating role of positive and negative expectancies of cannabis use.

METHODS:
Participants (n = 100) were cannabis-dependent veterans recruited as part of a larger self-guided cannabis quit study. Baseline (prequit) data were used. Depressive symptoms were assessed using the General Depression subscale of the Inventory of Depression and Anxiety Symptoms (IDAS), and cannabis use expectancies were assessed using the Marijuana Effect Expectancies Questionnaire. Quantity of cannabis use in the past 90 days was assessed with the Timeline Follow-Back.

RESULTS:
A parallel multiple mediation path analysis was conducted to simultaneously examine the effects of positive and negative expectancies as mediators of the relation between IDAS-Depression and prequit cannabis use. Results indicated that depressive symptoms were indirectly related to cannabis use through positive, but not negative, expectancies. This effect was unique to IDAS-Dysphoria symptoms.

CONCLUSIONS:
Depressive symptoms, particularly cognitive-affective symptom features, may be important to consider in better understanding positive cannabis effect expectancies among veterans in regard to cannabis use.

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http://www.ncbi.nlm.nih.gov/pubmed/24364793

J Consult Clin Psychol. 2013 Dec 23. [Epub ahead of print]

Depression Sudden Gains and Transient Depression Spikes During Treatment for PTSD.

Keller SM, Feeny NC, Zoellner LA.

Objective:
We know little about how change unfolds in depression symptoms during posttraumatic stress disorder (PTSD) treatment or how patient characteristics predict depression symptom change. This study examined critical transition points in depression symptoms during PTSD treatment, namely, depression sudden gains, which are rapid symptom improvements and transient depression spikes, which are transient depression worsenings. Social support, one of the strongest predictors of PTSD development, was examined as a predictor of depression symptom discontinuities.

Method:
At pretreatment, 200 participants (76.6% female; 64.9% Caucasian; age M = 37.1, SD = 11.3 years) completed measures of PTSD severity (PTSD Symptom Scale-Self-Report), depression severity (Beck Depression Inventory), general social support (Inventory of Socially Supportive Behaviors; Social Support Questionnaire), and trauma-related social support (Social Reactions Questionnaire). During 10 weeks of prolonged exposure (PE) or sertraline, depression was assessed weekly.

Results:
Overall, 18.0% of participants experienced a depression sudden gain, and 22.5% experienced a transient depression spike. The presence of a depression sudden gain predicted better treatment outcome, $\beta = -4.82$, SE = 1.17, $p = .001$, 95% CI [-6.79, -2.90]. Higher perceptions of negative trauma-related reactions, albeit modestly, were associated with experiencing a transient depression spike ($r = .18$, $p = .01$). There were no differences in rates of depression sudden gains or transient depression spikes between treatments.

Conclusions:
Encouragingly, rapid improvements in depression symptoms are beneficial for PTSD treatment outcome, but transient spikes in depressive symptoms do not strongly influence outcome. Understanding symptom discontinuities may help us to personalize current PTSD treatment options. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/24364595

Psychol Serv. 2013 Dec 23. [Epub ahead of print]

Web-Based PTSD Training for Primary Care Providers: A Pilot Study.

Samuelson KW, Koenig CJ, McCamish N, Choucroun G, Tarasovsky G, Bertenthal D, Seal KH.

Veterans with posttraumatic stress disorder (PTSD) symptoms frequently present to primary care providers (PCPs) and are reluctant to seek out or accept referrals to specialty mental health care. Most PCPs have not been trained to assess for and manage symptoms of PTSD. Web-based programs are increasingly used for medical education, but there are no published evaluations of online PTSD trainings for PCPs. We developed a 70-min Web-based training that focused on military-related PTSD for PCPs practicing in Veterans Affairs (VA) hospitals, but was applicable to PCPs treating veterans and other trauma-exposed patients outside VA settings. The training consisted of four modules: (1) Detection and Assessment; (2) Comorbid Conditions and Related Problems; (3) Pharmacological Interventions; and (4) Psychotherapeutic Interventions. Clinical vignettes dramatized key training concepts. Seventy-three PCPs completed the training and assessments pre- and posttraining and 30 days later. Paired t tests compared change in PTSD-related knowledge and comfort with PTSD-related skills, and qualitative methods were used to summarize participant feedback. After the training, mean knowledge score improved from 46% to 75% items correct, with sustained improvement at 30 days. Thirty days posttraining, PCPs reported significantly greater comfort regarding PTSD-related skills assessed; 47% reported using training content in their clinical practice. Qualitatively, PCPs appreciated the flexibility of asynchronous, self-paced online modules, but suggested more interactive content. Given the numerous barriers to specialty mental health treatment, coupled with a preference among veterans with PTSD for accessing treatment through primary care, improving PTSD competency among PCPs may help better serve veterans' mental health needs.

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http://www.ncbi.nlm.nih.gov/pubmed/24364593

Psychol Serv. 2013 Dec 23. [Epub ahead of print]

Perceived Organizational Support, Posttraumatic Stress Disorder Symptoms, and Stigma in Soldiers Returning From Combat.

Kelley CL, Britt TW, Adler AB, Bliese PD.

Research has shown that perceived organizational support (POS), or how much employees believe their organizations value their contributions and well-being, is an important predictor of employee mental health outcomes. To support employee mental health in high-risk occupations, organizations may want to identify variables that explain the relationship between POS and posttraumatic stress disorder (PTSD). Using a longitudinal design and a military sample, the present study found a relationship between POS and stigma as well as PTSD symptoms. Stigma partially mediated the relationship between POS at Time 1 and PTSD symptoms at Time 2. The partial mediation indicates that a supportive environment may also create a climate of reduced stigma in which soldiers may be comfortable addressing PTSD symptoms. Both results suggest positive actions that organizations can take to support employee mental health.

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http://www.ncbi.nlm.nih.gov/pubmed/24364592

Psychol Serv. 2013 Dec 23. [Epub ahead of print]

Treatment Utilization Among OEF/OIF Veterans Referred for Psychotherapy for PTSD.

Deviva JC.

Despite high levels of positive screening for mental health complaints, research indicates that veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) seek mental health care at low rates. The purpose of this study was to examine treatment utilization in 200 consecutive OEF/OIF referrals to a PTSD specialist for psychotherapy. This study also examined the relationships between treatment engagement/completion and numerous demographic and clinical variables. This chart-review study identified whether referrals were seen at all and whether they completed psychotherapy (as defined by documented mutual agreement between therapist and referral). Chi-square analyses and t tests were performed to determine whether engagement and completion were related to gender, age, marital status, race, employment, school enrollment, branch of service, time since most recent deployment, number of deployments, service-connection rating, medication prescription, substance use and depressive disorder comorbidity, referral source, TBI screening results, and presence of pain problems and legal issues. Of 200 consecutively referred OEF/OIF veterans, 75 were never seen, 86 were seen at least once without completing, and 24 completed psychotherapy. Being married and employed and older age were associated with higher likelihood of completing therapy. Completers received significantly more sessions of psychotherapy than those who were seen without completing, but the 2 groups did not differ in the types of therapy received. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/24364547

Am Fam Physician. 2013 Dec 15;88(12):827-34.

Identifying and managing posttraumatic stress disorder.

Warner CH, Warner CM, Appenzeller GN, Hoge CW.

Posttraumatic stress disorder (PTSD) occurs in an estimated 8% of men and 20% of women who are exposed to traumatic events. PTSD is a trauma- and stress-related disorder associated with significant psychosocial morbidity, substance abuse, and other negative physical health outcomes. The hallmarks of PTSD include exposure to a traumatic event; reexperiencing the event or intrusion symptoms; avoidance of people, places, or things that serve as a reminder of the trauma; negative mood and thoughts associated with the trauma; and chronic hyperarousal symptoms. Self-report questionnaires can assist clinicians in identifying anxiety problems associated with traumatic events. For patients who meet criteria for PTSD, trauma-focused psychotherapy and pharmacotherapy improve symptoms. Benzodiazepines and atypical antipsychotics are not recommended because studies have shown that adverse effects outweigh potential health benefits. Primary care physicians should monitor patients with PTSD for comorbid conditions such as substance abuse, mood disorders, and suicidality, and should refer patients to behavioral health specialists and support groups when appropriate.

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http://www.ncbi.nlm.nih.gov/pubmed/24364123

Violence Vict. 2013;28(5):790-803.

Emotional intimacy mediates the relationship between posttraumatic stress disorder and intimate partner violence perpetration in OEF/OIF/OND veterans.

Kar HL, O'Leary KD.

Veterans with posttraumatic stress disorder (PTSD) are at elevated risk for perpetrating intimate partner violence (IPV). Little research exists on the link between PTSD and physical IPV in Operational Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans. A sample of 110 male participants was recruited from the Northport Veterans Affairs Medical Center (VAMC). Three separate models were compared to determine which best explained the relationships between PTSD, IPV, emotional intimacy, and relationship satisfaction. Constructs were assessed via a battery of standardized, self-report instruments. Thirty-three percent of veterans had clinically elevated PTSD scores, and 31% of the men reported that they engaged in physical IPV in the past year. Poor emotional intimacy mediated the association between PTSD symptoms and perpetration of physical IPV. Past predeployment IPV perpetration was shown to be a predictor for current postdeployment physical IPV perpetration.

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http://www.ncbi.nlm.nih.gov/pubmed/24362360

Behav Res Ther. 2013 Dec 10;53C:10-19. doi: 10.1016/j.brat.2013.12.001. [Epub ahead of print]

Developing a systematic evaluation approach for training programs within a train-the-trainer model for youth cognitive behavior therapy.

Nakamura BJ, Selbo-Bruns A, Okamura K, Chang J, Slavin L, Shimabukuro S.

The purpose of this small pilot study was three-fold: (a) to begin development of a coding scheme for supervisor and therapist skill acquisition, (b) to preliminarily investigate a pilot train-the-trainer paradigm for skill development, and (c) to evaluate self-reported versus observed indicators of skill mastery in that pilot program. Participants included four supervisor-therapist dyads (N = 8) working with public mental health sector youth. Master trainers taught cognitive-behavioral therapy techniques to supervisors, who in turn trained therapists on these techniques. Supervisor and therapist skill acquisition and supervisor use of teaching strategies were repeatedly assessed through coding of scripted role-plays with a multiple-baseline across participants and behaviors design. The coding system, the Practice Element Train the Trainer - Supervisor/Therapist Versions of the Therapy Process Observational Coding System for Child Psychotherapy, was developed and evaluated though the course of the investigation. The coding scheme demonstrated excellent reliability (ICCs [1,2] = 0.81-0.91) across 168 video recordings. As calculated through within-subject effect sizes, supervisor and therapist participants, respectively, evidenced skill improvements related to teaching and performing therapy techniques. Self-reported indicators of skill mastery were inflated in comparison to observed skill mastery. Findings lend initial support for further developing an evaluative approach for a train-the-trainer effort focused on disseminating evidence-based practices.

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http://www.ncbi.nlm.nih.gov/pubmed/24359886

Daru. 2013 Dec 20;21(1):77. [Epub ahead of print]

Zolpidem-induced suicide attempt: a case report.

Mortaz Hejri S, Faizi M, Babaeian M.

Zolpidem is a popular drug indicated for the short-term treatment of insomnia. Side effects are not uncommon with zolpidem. Herein we describe an Iranian 27-year-old man with no known mood disorder or neuropsychological disease who attempted suicide upon taking zolpidem. There are two interesting facts about this case: Firstly, the patient had not history of suicide attempt or thinking. Secondly, this case had experienced suicide ideation after taking 20 mg of zolpidem, suggesting a possible correlation between zolpidem psychological effects and dangerous psychological behaviors.

Links of Interest

Military's Mental Illness Stigma Pushes Navy Captain to Edge
http://rockville.patch.com/groups/around-town/p/militarys-mental-illness-stigma-pushes-navy-captain-to-edge_56578022-rockville

Military Mental Health's Wins and Losses Since the Iraq Invasion
http://nation.time.com/2013/03/19/military-mental-healths-wins-and-losses-since-the-iraq-invasion/#ixzz2Ol0iSrT7

Experts Debate Link Between Deployment And Suicide Risk
http://www.forbes.com/sites/rebeccaruiz/2013/12/19/experts-debate-link-between-combat-deployment-and-suicide-risk/

Defense Centers of Excellence Webinar Series for 2014
http://www.dcoe.mil/Libraries/Documents/DCoE-Monthly-Webinar-Series-Flyer-2014.pdf

Death rate unusually high for young veterans
http://www.latimes.com/local/la-me-veteran-deaths-20131217-dto,0,382875.htmlstory

Winning Veterans' Trust, and Profiting From It
http://www.nytimes.com/2013/12/24/business/winning-veterans-trust-and-profiting-from-it.html

A New Focus on Depression
http://well.blogs.nytimes.com/2013/12/23/a-new-focus-on-depression/

E.R. Costs for Mentally Ill Soar, and Hospitals Seek Better Way
http://www.nytimes.com/2013/12/26/health/er-costs-for-mentally-ill-soar-and-hospitals-seek-better-way.html

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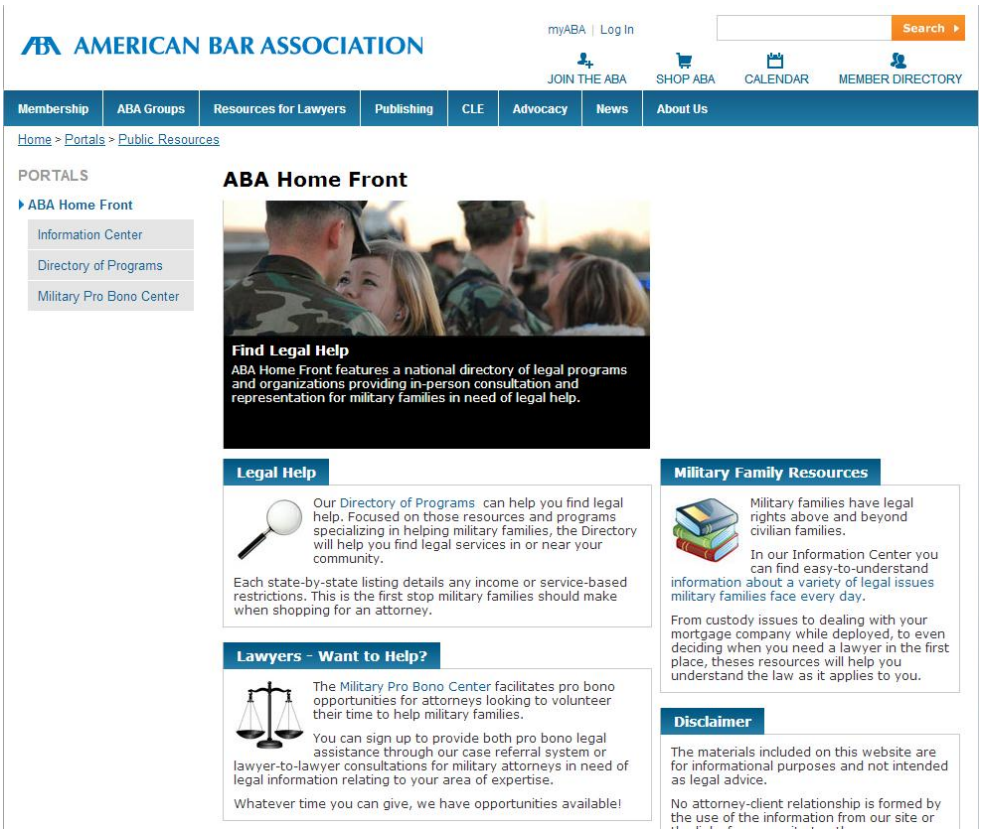
Resource of the Week: ABA Homefront

To assist with the often-unique legal needs of service members and military families, the American Bar Association offers a special resource.

> ABA Home Front features a national directory of legal programs and organizations providing in-person consultation and representation for military families in need of legal help.

In addition to the Directory of Programs, the site also includes an Information Center ("easy-to-understand information about a variety of legal issues military family face everyday") and a Military Pro Bono Center ("brings together military and civilian attorneys to help military families").



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