CDP Research Update -- January 29, 2015

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- Sleep disturbances and post-traumatic stress disorder in women.
- A controlled examination of two coping skills for daily alcohol use and PTSD symptom severity among dually diagnosed individuals.
- Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans.
- Baseline prevalence of Axis I diagnosis in the Ohio Army National Guard.
- Family support, family stress and suicidal ideation in a combat-exposed sample of OEF/OIF Veterans.
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- Replication of a cognitive behavioral therapy for chronic pain group protocol by therapists in training.
- Post-Traumatic Stress Disorder, Physical Activity, and Eating Behaviors.
- REM sleep as a potential indicator of hyperarousal in psychophysiological and paradoxical insomnia sufferers.
- The Importance of Unresolved Fatigue in Depression: Costs and Comorbidities.
- Prolonged Exposure for PTSD in a Veteran group: A pilot effectiveness study.
- Effectiveness of Psychological Treatments for Depressive Disorders in Primary Care: Systematic Review and Meta-Analysis.
- Links of Interest
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http://content.govdelivery.com/accounts/USVHA/bulletins/ec6ae0

PTSD Monthly Update -- January 2015: This New Year, Resolve to Get Help

National Center for PTSD
U.S. Department of Veterans Affairs

Many people make resolutions this time of year. If you are struggling after a recent trauma or one that happened a long time ago, resolve to get help.

- Getting PTSD treatment may also help you follow-through with healthy lifestyle changes or other resolutions. Treatment can make 2015 better.
- Not sure it's PTSD? Take a brief screen and learn why you shouldn't wait to seek help.
- Hesitating to get help? Learn about overcoming barriers to care.
- Don't know what to say to your doctor? Learn how to talk to your doctor about trauma and PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/25622860

Suicide Life Threat Behav. 2015 Jan 26. doi: 10.1111/sltb.12153. [Epub ahead of print]

Mental Disorders, Comorbidity, and Pre-enlistment Suicidal Behavior Among New Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Nock MK, Ursano RJ, Heeringa SG, Stein MB, Jain S, Raman R, Sun X, Chiu WT, Colpe LJ, Fullerton CS, Gilman SE, Hwang I, Naifeh JA, Rosellini AJ, Sampson NA, Schoenbaum M, Zaslavsky AM, Kessler RC; the Army STARRS Collaborators

We examined the associations between mental disorders and suicidal behavior (ideation, plans, and attempts) among new soldiers using data from the New Soldier Study (NSS) component of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS; N = 38,507). Most new soldiers with a pre-enlistment history of suicide attempt reported a prior mental disorder (59.0%). Each disorder examined was associated with increased odds of suicidal behavior (ORs = 2.6-8.6). Only PTSD and disorders characterized by irritability and impulsive/aggressive behavior (i.e., bipolar disorder, conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder) predicted unplanned attempts among ideators. Mental disorders are important predictors of pre-enlistment suicidal behavior among new soldiers and should figure prominently in suicide screening and prevention efforts.

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http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu007.abstract

Mental Health Among Reserve Component Military Service Members and Veterans.

Gregory H. Cohen, David S. Fink, Laura Sampson and Sandro Galea

Epidemiol Rev (2015)
doi: 10.1093/epirev/mxu007
First published online: January 16, 2015

Since 2001, the US military has increasingly relied on National Guard and reserve component forces to meet operational demands. Differences in preparation and military engagement experiences between active component and reserve component forces have long suggested that the psychiatric consequences of military engagement differ by component. We conducted a systematic review of prevalence and new onset of psychiatric disorders among reserve component forces and a meta-analysis of prevalence estimates comparing reserve component and active component forces, and we documented stage-sequential drivers of psychiatric burden among reserve component forces. We identified 27 reports from 19 unique samples published between 1985 and 2012: 9 studies reporting on the reserve component alone and 10 reporting on both the reserve component and the active component. The pooled prevalence for alcohol use disorders of 14.5% (95% confidence interval: 12.7, 15.2) among the reserve component was higher than that of 11.7% (95% confidence interval: 10.9, 12.6) among the active component, while there were no component differences for depression or post-traumatic stress disorder. We observed substantial heterogeneity in prevalence estimates reported by the reserve component. Published studies suggest that stage-sequential risk factors throughout the deployment cycle predicted alcohol use disorders, post-traumatic stress disorder and, to a lesser degree, depression. Improved and more standardized documentation of the mental health burden, as well as study of explanatory factors within a life-course framework, is necessary to inform mitigating strategies and to reduce psychiatric burden among reserve component forces.

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http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu012.abstract

Stigma as a Barrier to Seeking Health Care Among Military Personnel With Mental Health Problems.

Marie-Louise Sharp, Nicola T. Fear, Roberto J. Rona, Simon Wessely, Neil Greenberg, Norman Jones, and Laura Goodwin

Epidemiol Rev (2015)
doi: 10.1093/epirev/mxu012
First published online: January 16, 2015

Approximately 60% of military personnel who experience mental health problems do not seek help, yet many of them could benefit from professional treatment. Across military studies, one of the most frequently reported barriers to help-seeking for mental health problems is concerns about stigma. It is, however, less clear how stigma influences mental health service utilization. This review will synthesize existing research on stigma, focusing on those in the military with mental health problems. We conducted a systematic review and meta-analysis of studies between 2001 and 2014 to examine the prevalence of stigma for seeking help for a mental health problem and its association with help-seeking intentions/mental health service utilization. Twenty papers met the search criteria. Weighted prevalence estimates for the 2 most endorsed stigma concerns were 44.2% (95% confidence interval: 37.1, 51.4) for “My unit leadership might treat me differently” and 42.9% (95% confidence interval: 36.8, 49.0) for “I would be seen as weak.” Nine studies found no association between anticipated stigma and help-seeking intentions/mental health service use and 4 studies found a positive association. One study found a negative association between self-stigma and intentions to seek help. Counterintuitively, those that endorsed high anticipated stigma still utilized mental health services or were interested in seeking help. We propose that these findings may be related to intention-behavior gaps or methodological issues in the measurement of stigma. Positive associations may be influenced by modified labeling theory. Additionally, other factors such as self-stigma and negative attitudes toward mental health care may be worth further attention in future investigation.

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http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu011.abstract

Post-Traumatic Stress Disorder, Physical Activity, and Eating Behaviors.

Katherine S. Hall, Katherine D. Hoerster, and William S. Yancy, Jr.

Epidemiol Rev (2015)
doi: 10.1093/epirev/mxu011
First published online: January 16, 2015

Post-traumatic stress disorder (PTSD), a prevalent and costly psychiatric disorder, is associated with high rates of obesity and cardiometabolic diseases. Many studies have examined PTSD and risky behaviors (e.g., smoking, alcohol/substance abuse); far fewer have examined the relationship between PTSD and health-promoting behaviors. Physical activity and eating behaviors are 2 lifestyle factors that impact cardiometabolic risk and long-term health. This comprehensive review of the literature (1980–2014) examined studies that reported physical activity and eating behaviors in adults with PTSD or PTSD symptoms. A systematic search of

electronic databases identified 15 articles on PTSD–physical activity and 10 articles on PTSD–eating behaviors in adults. These studies suggest that there may be a negative association among PTSD, physical activity, and eating behaviors. Preliminary evidence from 3 pilot intervention studies suggests that changes in physical activity or diet may have beneficial effects on PTSD symptoms. There was considerable heterogeneity in the study designs and sample populations, and many of the studies had methodological and reporting limitations. More evidence in representative samples, using multivariable analytical techniques, is needed to identify a definitive relationship between PTSD and these health behaviors. Intervention studies for PTSD that examine secondary effects on physical activity/eating behaviors, as well as interventions to change physical activity/eating behaviors that examine change in PTSD, are also of interest.

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http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu008.abstract

Associations Between Cigarette Smoking and Pain Among Veterans.

Shawna L. Carroll Chapman and Li-Tzy Wu

Epidemiol Rev (2015)
doi: 10.1093/epirev/mxu008
First published online: January 16, 2015

Individuals with chronic pain often report using cigarettes to cope, and smoking and chronic pain appear prevalent among US veterans. Pain may be a barrier to cigarette cessation and abstinence in this population. Because of physiological effects, smoking cigarettes may also interfere with pain management. A better understanding of how cigarette use relates to pain may assist in veteran cigarette cessation and pain management efforts. To assist these efforts, we searched the literature using keywords, such as “pain,” “smoking,” and “veteran,” to identify 23 journal articles published from 1993 to 2013 that reported on studies examining pain and smoking variables among military or veteran populations. Studies found that veterans reported using cigarettes to cope with pain, there was greater occurrence of pain and disability among smokers in the military, and smoking increased the odds of veterans receiving an opioid prescription for pain and misusing opioids. Studies also found increased odds of pain and smoking among Veterans Health Administration patients with post-traumatic stress disorder when compared with those without post-traumatic stress disorder. Studies support an interaction between pain and smoking among veterans. However, the mechanisms underlying this relationship remain unclear. Future studies focused on this interaction would benefit veteran populations.

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http://epirev.oxfordjournals.org/content/early/2015/01/15/epirev.mxu004.abstract

Risk Factors for Homelessness Among US Veterans.

Jack Tsai and Robert A. Rosenheck

Epidemiol Rev (2015)
doi: 10.1093/epirev/mxu004
First published online: January 16, 2015

Homelessness among US veterans has been a focus of research for over 3 decades. Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, this is the first systematic review to summarize research on risk factors for homelessness among US veterans and to evaluate the evidence for these risk factors. Thirty-one studies published from 1987 to 2014 were divided into 3 categories: more rigorous studies, less rigorous studies, and studies comparing homeless veterans with homeless nonveterans. The strongest and most consistent risk factors were substance use disorders and mental illness, followed by low income and other income-related factors. There was some evidence that social isolation, adverse childhood experiences, and past incarceration were also important risk factors. Veterans, especially those who served since the advent of the all-volunteer force, were at greater risk for homelessness than other adults. Homeless veterans were generally older, better educated, and more likely to be male, married/have been married, and to have health insurance coverage than other homeless adults. More studies simultaneously addressing premilitary, military, and postmilitary risk factors for veteran homelessness are needed. This review identifies substance use disorders, mental illness, and low income as targets for policies and programs in efforts to end homelessness among veterans.

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http://jfi.sagepub.com/content/early/2015/01/13/0192513X14567956.abstract

Spousal Communication During Military Deployments: A Review.

Sarah P. Carter and Keith D. Renshaw

Journal of Family Issues
first published on January 14, 2015
doi:10.1177/0192513X14567956

Military deployments are stressful for service members and partners. Communication is an important factor in trying to maintain a relationship during these separations. This article presents a brief overview of communication in long-distance relationships for context, then reviews articles on communication during military deployments. This review reveals that emerging technology has resulted in an increase in the ability to communicate during

deployment, although some studies suggest that access to such technology may vary. The few empirical studies that examine new communication technologies have found that different media (e.g., video calling vs. letters) may serve different functions in communication during deployment (e.g., facilitating problem discussion vs. providing tangible reminders of the partner). Military specific concerns, such as restrictions on communication and the potential for communication to distract service members from their mission, also appear to be important factors. The article concludes with clinical and research recommendations.

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http://www.sciencedirect.com/science/article/pii/S2212962614000480

The integrative management of PTSD: A review of conventional and CAM approaches used to prevent and treat PTSD with emphasis on military personnel.

James Lake

Advances in Integrative Medicine

Available online 20 January 2015
doi:10.1016/j.aimed.2014.10.002

Post-traumatic stress disorder (PTSD) may be the most urgent problem the U.S. military is facing today. Pharmacological and psychological interventions reduce the severity of some PTSD symptoms however these conventional approaches have limited efficacy. This issue is compounded by the high rate of co-morbid traumatic brain injury (TBI) and other medical and psychiatric disorders in veterans diagnosed with PTSD and unresolved system-level problems within the Veterans Administration and Department of Defense healthcare services that interfere with adequate and prompt care for veterans and active duty military personnel. This paper is offered as a framework for interdisciplinary dialogue and collaboration between experts in biomedicine and CAM addressing three primary areas of need: resiliency training in high risk military populations, prevention of PTSD following exposure to combat-related trauma, and treatment of established cases of PTSD.

The evidence for widely used conventional pharmacological and psychological interventions used in the VA/DOD healthcare systems to treat PTSD is reviewed. Challenges and barriers to adequate assessment and treatment of PTSD in military personnel are discussed. A narrative review of promising CAM modalities used to prevent or treat PTSD emphasizes interventions that are not widely used in VA/DOD clinics and programmes. Interventions reviewed include virtual reality graded exposure therapy (VRGET), brain–computer interface (BCI), EEG biofeedback, cardiac coherence training, EMDR, acupuncture, omega-3 fatty acids and other natural products, lucid dreaming training, and energy therapies. As meditation and mind-body practices are widely offered within VA/DOD programmes and services addressing PTSD the evidence for these modalities is only briefly reviewed. Sources included mainstream medical

databases and journals not currently indexed in the mainstream medical databases. Although most interventions discussed are applicable to both civilian and military populations the emphasis is on military personnel. Provisional integrative guidelines are offered with the goal of providing a flexible and open framework when planning interventions aimed at preventing or treating PTSD based on the best available evidence for both conventional and CAM approaches. The paper concludes with recommendations on research and policy within the VA and DOD healthcare systems addressing urgent unmet needs associated with PTSD.

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http://www.rand.org/pubs/research_reports/RR784.html

Advancing the Careers of Military Spouses

Esther M. Friedman, Laura L. Miller, Sarah Evans

RAND Corporation, 2015

Since the move to an all-volunteer force, the U.S. military has increasingly provided an array of programs, services, and facilities to support military families, including programs to assist spouses in pursuing their educational and employment goals. These programs are particularly important, given that military spouses face challenges related to military life that can make it difficult for them to maintain and develop careers. One program designed to help spouses of junior military personnel meet their educational and employment objectives is the My Career Advancement Account (MyCAA) scholarship. This report analyzes data collected from November 2012 to March 2013 on the 2012 Active Duty Spouse Survey to examine MyCAA scholarship use in the previous year and educational and employment goals and barriers faced by recent MyCAA users and nonusers. The survey showed that nearly one in five eligible spouses used MyCAA in the previous year, and more than half of nonusers were unaware of the scholarship. Key reasons for not using the scholarship among those who were aware of it include perceived program ineligibility and lack of time for education. Reported barriers to achieving educational and employment goals were remarkably similar for recent MyCAA users and nonusers. Cost was the key reason spouses reported for not pursuing higher education. Barriers to both education and employment among interested spouses included competing family responsibilities and difficulties with child care. The authors conclude with recommendations for improving and complementing the existing MyCAA scholarship to help military spouses achieve their educational and career objectives.

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http://onlinelibrary.wiley.com/doi/10.1111/jrh.12105/abstract

Variation in Utilization of Health Care Services for Rural VA Enrollees With Mental Health-Related Diagnoses.

Johnson, C. E., Bush, R. L., Harman, J., Bolin, J., Evans Hudnall, G. and Nguyen, A. M.

The Journal of Rural Health
Article first published online: 19 JAN 2015
DOI: 10.1111/jrh.12105

Purpose
Rural-dwelling Department of Veterans Affairs (VA) enrollees are at high risk for a wide variety of mental health-related disorders. The objective of this study is to examine the variation in the types of mental and nonmental health services received by rural VA enrollees who have a mental health-related diagnosis.

Methods
The Andersen and Aday behavioral model of health services use and the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) data were used to examine how VA enrollees with mental health-related diagnoses accessed places of care from 1999 to 2009. Population survey weights were applied to the MEPS data, and logit regression was conducted to model how predisposing, enabling, and need factors influence rural veteran health services use (measured by visits to different places of care). Analyses were performed on the subpopulations: rural VA, rural non-VA, urban VA, and urban non-VA enrollees.

Findings
For all types of care, both rural and urban VA enrollees received care from inpatient, outpatient, office-based, and emergency room settings at higher odds than urban non-VA enrollees. Rural VA enrollees also received all types of care from inpatient, office-based, and emergency room settings at higher odds than urban VA enrollees. Rural VA enrollees had higher odds of a mental health visit of any kind compared to urban VA and non-VA enrollees.

Conclusions
Based on these variations, the VA may want to develop strategies to increase screening efforts in inpatient settings and emergency rooms to further capture rural VA enrollees who have undiagnosed mental health conditions.

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http://www.ncbi.nlm.nih.gov/pubmed/25613235

J Anxiety Disord. 2015 Jan 13;30C:81-87. doi: 10.1016/j.janxdis.2015.01.002. [Epub ahead of print]

Between-session and within-session habituation in Prolonged Exposure Therapy for posttraumatic stress disorder: A hierarchical linear modeling approach.

Sripada RK, Rauch SA

Prolonged Exposure Therapy is a frontline intervention for posttraumatic stress disorder, but the mechanisms underlying its efficacy are not fully understood. Previous research demonstrates that between- and within-session habituation of fear during exposure is associated with treatment outcome, but these calculations are historically performed with summary statistics such as mean subjective units of distress (SUDS). This question could be better assessed with an analytic technique that uses all SUDS measurements available within sessions. Hierarchical linear modeling was used to investigate the impact of treatment response on SUDS nested within therapy sessions nested within 14 patients. Symptom change (t=-2.43, p=.03) and responder status (t=-2.68, p=.02) predicted slope of SUDS across sessions, but did not reliably predict slope of SUDS within-session, indicating that high responders demonstrated differential between- but not within-session habituation. Thus, individuals who show greater habituation between treatment sessions may be more likely to respond to treatment. Published by Elsevier Ltd.

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http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12183/full

Male combat veterans' narratives of PTSD, masculinity, and health.

Caddick, N., Smith, B. and Phoenix, C.

Sociology of Health & Illness
Volume 37, Issue 1, pages 97–111, January 2015
DOI: 10.1111/1467-9566.12183

This article uniquely examines the ways a group of male combat veterans talk about masculinity and how, following post-traumatic stress disorder (PTSD), they performed masculinities in the context of a surfing group, and what effects this had upon their health and wellbeing. Participant observations and life history interviews were conducted with a group of combat veterans who belonged to a surfing charity for veterans experiencing PTSD. Data were rigorously explored via narrative analysis. Our findings revealed the ways in which veterans enacted masculinities in accordance with the values that were cultivated during military service. These masculine performances in the surfing group had important effects both on and for the veterans' wellbeing.

Significantly, the study highlights how masculine performances can be seen alternately as a danger and as a resource for health and wellbeing in relation to PTSD. The article advances knowledge on combat veterans and mental health with critical implications for the promotion of male veterans' mental health. These include the original suggestion that health-promoting masculine performances might be recognised and supported in PTSD treatment settings. Rather than automatically viewing masculinity as problematic, this article moves the field forward by highlighting how hegemonic masculinities can be reconstructed in positive ways which might improve veterans' health and wellbeing.

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http://www.ncbi.nlm.nih.gov/pubmed/25613589

J Trauma Stress. 2015 Jan 22. doi: 10.1002/jts.21984. [Epub ahead of print]

Menstrual Cycle Effects on Psychological Symptoms in Women With PTSD.

Nillni YI, Pineles SL, Patton SC, Rouse MH, Sawyer AT, Rasmusson AM.

The menstrual cycle has been implicated as a sex-specific biological process influencing psychological symptoms across a variety of disorders. Limited research exists regarding the role of the menstrual cycle in psychological symptoms among women with posttraumatic stress disorder (PTSD). The current study examined the severity of a broad range of psychological symptoms in both the early follicular (Days 2-6) and midluteal (6-10 days postlutenizing hormone surge) phases of the menstrual cycle in a sample of trauma-exposed women with and without PTSD (N = 49). In the sample overall, total psychological symptoms (d = 0.63), as well as depression (d = 0.81) and phobic anxiety (d = 0.81) symptoms, specifically, were increased in the early follicular compared to midluteal phase. The impact of menstrual cycle phase on phobic anxiety was modified by a significant PTSD × Menstrual Phase interaction (d = 0.63). Women with PTSD reported more severe phobic anxiety during the early follicular versus midluteal phase, whereas phobic anxiety did not differ across the menstrual cycle in women without PTSD. Thus, the menstrual cycle appears to impact fear-related symptoms in women with PTSD. The clinical implications of the findings and future research directions are discussed. Published 2015. This article is a US Government work and is in the public domain in the USA.

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http://www.ncbi.nlm.nih.gov/pubmed/25613552

Epidemiol Rev. 2015 Jan 22. pii: mxu006. [Epub ahead of print]

Aggressive and Violent Behavior Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link With Deployment and Combat Exposure.

MacManus D, Rona R, Dickson H, Somaini G, Fear N, Wessely S.

A systematic review and meta-analyses were conducted on studies of the prevalence of aggressive and violent behavior, as well as of violent offenses and convictions, among military personnel following deployment to Iraq and/or Afghanistan; the relationship with deployment and combat exposure; and the role that mental health problems, such as post-traumatic stress disorder (PTSD), have on the pathway between deployment and combat to violence. Seventeen studies published between January 1, 2001, and February 12, 2014, in the United States and the United Kingdom met the inclusion criteria. Despite methodological differences across studies, aggressive behavior was found to be prevalent among serving and formerly serving personnel, with pooled estimates of 10% (95% confidence interval (CI): 1, 20) for physical assault and 29% (95% CI: 25, 36) for all types of physical aggression in the last month, and worthy of further exploration. In both countries, rates were increased among combat-exposed, formerly serving personnel. The majority of studies suggested a small-to-moderate association between combat exposure and postdeployment physical aggression and violence, with a pooled estimate of the weighted odds ratio = 3.24 (95% CI: 2.75, 3.82), with several studies finding that violence increased with intensity and frequency of exposure to combat traumas. The review's findings support the mediating role of PTSD between combat and postdeployment violence and the importance of alcohol, especially if comorbid with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/25614533

Br J Psychiatry. 2015 Jan 22. pii: bjp.bp.114.149096. [Epub ahead of print]

Factors associated with inconsistency in self-reported mild traumatic brain injury over time among military personnel in Iraq.

Nelson NW, Anderson CR, Thuras P, Kehle-Forbes SM, Arbisi PA, Erbes CR, Polusny MA

Background
Estimates of the prevalence of mild traumatic brain injury (mTBI) among military personnel and combat veterans rely almost exclusively on retrospective self-reports; however, reliability of these reports has received little attention.

Aims
To examine the consistency of reporting of mTBI over time and identify factors associated with inconsistent reporting.

Method
A longitudinal cohort of 948 US National Guard Soldiers deployed to Iraq completed self-report

questionnaire screening for mTBI and psychological symptoms while in-theatre 1 month before returning home (time 1, T1) and 1 year later (time 2, T2).

Results
Most respondents (n = 811, 85.5%) were consistent in their reporting of mTBI across time. Among those who were inconsistent in their reports (n = 137, 14.5%), the majority denied mTBI at T1 and affirmed mTBI at T2 (n = 123, 89.8%). Respondents rarely endorsed mTBI in-theatre and later denied mTBI (n = 14, 10.2% of those with inconsistent reports). Post-deployment post-traumatic stress symptoms and non-specific physical complaints were significantly associated with inconsistent report of mTBI.

Conclusions
Military service members' self-reports of mTBI are generally consistent over time; however, inconsistency in retrospective self-reporting of mTBI status is associated with current post-traumatic stress symptoms and non-specific physical health complaints.
Royal College of Psychiatrists.

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http://www.ncbi.nlm.nih.gov/pubmed/25610763

Neuroimage Clin. 2014 Nov 18;7:19-27. doi: 10.1016/j.nicl.2014.11.012. eCollection 2015.

PTSD symptom severity is associated with increased recruitment of top-down attentional control in a trauma-exposed sample.

White SF, Costanzo ME, Blair JR, Roy MJ.

BACKGROUND:
Recent neuroimaging work suggests that increased amygdala responses to emotional stimuli and dysfunction within regions mediating top down attentional control (dorsomedial frontal, lateral frontal and parietal cortices) may be associated with the emergence of anxiety disorders, including posttraumatic stress disorder (PTSD). This report examines amygdala responsiveness to emotional stimuli and the recruitment of top down attention systems as a function of task demands in a population of U.S. military service members who had recently returned from combat deployment in Afghanistan/Iraq. Given current interest in dimensional aspects of pathophysiology, it is worthwhile examining patients who, while not meeting full PTSD criteria, show clinically significant functional impairment.

METHODS:
Fifty-seven participants with sub-threshold levels of PTSD symptoms completed the affective Stroop task while undergoing fMRI. Participants with PTSD or depression at baseline were excluded.

RESULTS:
Greater PTSD symptom severity scores were associated with increased amygdala activation to emotional, particularly positive, stimuli relative to neutral stimuli. Furthermore, greater PTSD symptom severity was associated with increased superior/middle frontal cortex response during task conditions relative to passive viewing conditions. In addition, greater PTSD symptom severity scores were associated with: (i) increased activation in the dorsolateral prefrontal, lateral frontal, inferior parietal cortices and dorsomedial frontal cortex/dorsal anterior cingulate cortex (dmFC/dACC) in response to emotional relative to neutral stimuli; and (ii) increased functional connectivity during emotional trials, particularly positive trials, relative to neutral trials between the right amygdala and dmFC/dACC, left caudate/anterior insula cortex, right lentiform nucleus/caudate, bilateral inferior parietal cortex and left middle temporal cortex.

CONCLUSIONS:
We suggest that these data may reflect two phenomena associated with increased PTSD symptomatology in combat-exposed, but PTSD negative, armed services members. First, these data indicate increased emotional responsiveness by: (i) the positive relationship between PTSD symptom severity and amygdala responsiveness to emotional relative to neutral stimuli; (ii) greater BOLD response as a function of PTSD symptom severity in regions implicated in emotion (striatum) and representation (occipital and temporal cortices) during emotional relative to neutral conditions; and (iii) increased connectivity between the amygdala and regions implicated in emotion (insula/caudate) and representation (middle temporal cortex) as a function of PTSD symptom severity during emotional relative to neutral trials. Second, these data indicate a greater need for the recruitment of regions implicated in top down attention as indicated by (i) greater BOLD response in superior/middle frontal gyrus as a function of PTSD symptom severity in task relative to view conditions; (ii) greater BOLD response in dmFC/dACC, lateral frontal and inferior parietal cortices as a function of PTSD symptom severity in emotional relative to neutral conditions and (iii) greater functional connectivity between the amygdala and inferior parietal cortex as a function of PTSD symptom severity during emotional relative to neutral conditions.

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http://www.ncbi.nlm.nih.gov/pubmed/25610407

Front Psychol. 2015 Jan 6;5:1474. doi: 10.3389/fpsyg.2014.01474. eCollection 2014.

Depression, not PTSD, is associated with attentional biases for emotional visual cues in early traumatized individuals with PTSD.

Wittekind CE, Muhtz C, Jelinek L, Moritz S

Using variants of the emotional Stroop task (EST), a large number of studies demonstrated attentional biases in individuals with PTSD across different types of trauma. However, the specificity and robustness of the emotional Stroop effect in PTSD have been questioned

recently. In particular, the paradigm cannot disentangle underlying cognitive mechanisms. Transgenerational studies provide evidence that consequences of trauma are not limited to the traumatized people, but extend to close relatives, especially the children. To further investigate attentional biases in PTSD and to shed light on the underlying cognitive mechanism(s), a spatial-cueing paradigm with pictures of different emotional valence (neutral, anxiety, depression, trauma) was administered to individuals displaced as children during World War II (WWII) with (n = 22) and without PTSD (n = 26) as well as to non-traumatized controls (n = 22). To assess whether parental PTSD is associated with biased information processing in children, each one adult offspring was also included in the study. PTSD was not associated with attentional biases for trauma-related stimuli. There was no evidence for a transgenerational transmission of biased information processing. However, when samples were regrouped based on current depression, a reduced inhibition of return (IOR) effect emerged for depression-related cues. IOR refers to the phenomenon that with longer intervals between cue and target the validity effect is reversed: uncued locations are associated with shorter and cued locations with longer RTs. The results diverge from EST studies and demonstrate that findings on attentional biases yield equivocal results across different paradigms. Attentional biases for trauma-related material may only appear for verbal but not for visual stimuli in an elderly population with childhood trauma with PTSD. Future studies should more closely investigate whether findings from younger trauma populations also manifest in older trauma survivors.

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http://www.ncbi.nlm.nih.gov/pubmed/25607833

JAMA Psychiatry. 2015 Jan 21. doi: 10.1001/jamapsychiatry.2014.2637. [Epub ahead of print]

Prolonged Exposure vs Eye Movement Desensitization and Reprocessing vs Waiting List for Posttraumatic Stress Disorder in Patients With a Psychotic Disorder: A Randomized Clinical Trial.

van den Berg DP, de Bont PA, van der Vleugel BM, de Roos C, de Jongh A, Van Minnen A, van der Gaag M

Importance:
The efficacy of posttraumatic stress disorder (PTSD) treatments in psychosis has not been examined in a randomized clinical trial to our knowledge. Psychosis is an exclusion criterion in most PTSD trials.

Objective:
To examine the efficacy and safety of prolonged exposure (PE) therapy and eye movement desensitization and reprocessing (EMDR) therapy in patients with psychotic disorders and comorbid PTSD.

Design, Setting, and Participants:
A single-blind randomized clinical trial with 3 arms (N = 155), including PE therapy, EMDR therapy, and waiting list (WL) of 13 outpatient mental health services among patients with a lifetime psychotic disorder and current chronic PTSD. Baseline, posttreatment, and 6-month follow-up assessments were made.

Interventions:
Participants were randomized to receive 8 weekly 90-minute sessions of PE (n = 53), EMDR (n = 55), or WL (n = 47). Standard protocols were used, and treatment was not preceded by stabilizing psychotherapeutic interventions.

Main Outcomes and Measures:
Clinician-rated severity of PTSD symptoms, PTSD diagnosis, and full remission (on the Clinician-Administered PTSD Scale) were primary outcomes. Self-reported PTSD symptoms and posttraumatic cognitions were secondary outcomes.

Results:
Data were analyzed as intent to treat with linear mixed models and generalized estimating equations. Participants in the PE and EMDR conditions showed a greater reduction of PTSD symptoms than those in the WL condition. Between-group effect sizes were 0.78 (P < .001) in PE and 0.65 (P = .001) in EMDR. Participants in the PE condition (56.6%; odds ratio [OR], 3.41; P = .006) or the EMDR condition (60.0%; OR, 3.92; P < .001) were significantly more likely to achieve loss of diagnosis during treatment than those in the WL condition (27.7%). Participants in the PE condition (28.3%; OR, 5.79; P = .01), but not those in the EMDR condition (16.4%; OR, 2.87; P = .10), were more likely to gain full remission than those in the WL condition (6.4%). Treatment effects were maintained at the 6-month follow-up in PE and EMDR. Similar results were obtained regarding secondary outcomes. There were no differences in severe adverse events between conditions (2 in PE, 1 in EMDR, and 4 in WL). The PE therapy and EMDR therapy showed no difference in any of the outcomes and no difference in participant dropout (24.5% in PE and 20.0% in EMDR, P = .57).

Conclusions and Relevance:
Standard PE and EMDR protocols are effective, safe, and feasible in patients with PTSD and severe psychotic disorders, including current symptoms. A priori exclusion of individuals with psychosis from evidence-based PTSD treatments may not be justifiable.

Trial Registration:
isrctn.com Identifier: ISRCTN79584912.

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http://www.ncbi.nlm.nih.gov/pubmed/25622199

J Consult Clin Psychol. 2015 Jan 26. [Epub ahead of print]

Combining Seeking Safety With Sertraline for PTSD and Alcohol Use Disorders: A Randomized Controlled Trial.

Hien DA, Levin FR, Ruglass LM, López-Castro T, Papini S, Hu MC, Cohen LR, Herron A.

Objective:
The current study marks the first randomized controlled trial to test the benefit of combining Seeking Safety (SS), a present-focused cognitive-behavioral therapy for co-occurring posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD), with sertraline, a front-line medication for PTSD shown to also impact drinking outcomes.

Method:
Sixty-nine participants (81% female; 59% African American) with primarily childhood sexual (46%) and physical (39%) trauma exposure, and drug dependence in addition to AUD were randomized to receive a partial-dose (12 sessions) of SS with either sertraline (n = 32; M = 7 sessions) or placebo (n = 37; M = 6 sessions). Assessments conducted at baseline, end-of-treatment, 6- and 12-months posttreatment measured PTSD and AUD symptom severity.

Results:
Both groups demonstrated significant improvement in PTSD symptoms. The SS plus sertraline group exhibited a significantly greater reduction in PTSD symptoms than the SS plus placebo group at end-of-treatment (M difference = -16.15, p = .04, d = 0.83), which was sustained at 6- and 12-month follow-up (M difference = -13.81, p = .04, d = 0.71, and M difference = -12.72, p = .05, d = 0.65, respectively). Both SS groups improved significantly on AUD severity at all posttreatment time points with no significant differences between SS plus sertraline and SS plus placebo.

Conclusion:
Results support the combining of a cognitive-behavioral therapy and sertraline for PTSD/AUD. Clinically significant reductions in both PTSD and AUD severity were achieved and sustained through 12-months follow-up, Moreover, greater mean improvement in PTSD symptoms was observed across all follow-up assessments in the SS plus sertraline group. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/25617878

Neuro Endocrinol Lett. 2014 Dec 24;35(7):560-566. [Epub ahead of print]

Sleep disturbances and post-traumatic stress disorder in women.

Brown B, Jones EC, Clark KP, Jefferson F

Sleep disturbances are found in a majority of individuals diagnosed with posttraumatic stress disorder (PTSD). The purpose of this literature review is to provide information about PTSD, in addition to assessing sleep quality. Current research observes that the lifetime prevalence of PTSD diagnosis in women is increasing. Although there are several studies that have been conducted to assess PTSD and sleep, there is a gap in the research that pertains to women, PTSD, and sleep quality. The current study will compile information on the subject to aid in decreasing the gender disparity in PTSD research, which is important for treating the entire PTSD population. Using the PubMed and PsycINFO databases, a comprehensive search was conducted to find relevant research about sleep difficulties and PTSD. Sleep disturbances such as insomnia, re-current nightmares, REM sleep dysfunction, and obstructive sleep apnea (OSA) affect sleep quality in PTSD patients. The implications of this study suggest that more research should be conducted pertaining to women and PTSD with sleep difficulties. This research is needed to decrease both PTSD symptoms and sleep-related disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/25617814

Behav Res Ther. 2014 Dec 27;66C:8-17. doi: 10.1016/j.brat.2014.12.013. [Epub ahead of print]

A controlled examination of two coping skills for daily alcohol use and PTSD symptom severity among dually diagnosed individuals.

Stappenbeck CA, Luterek JA, Kaysen D, Rosenthal CF, Gurrad B, Simpson TL

Investigations of targeted coping skills could help guide initial treatment decisions for individuals with co-occurring posttraumatic stress disorder (PTSD) and alcohol dependence (AD) who often endorse worse coping skills than those with AD but not PTSD. Although improvement in coping skills is associated with enhanced alcohol use outcomes, no study has evaluated the utility of teaching specific coping skills in the context of comorbid PTSD/AD. We compared the effects of teaching two coping skills (cognitive restructuring [CR] and experiential acceptance [EA]) or an attention control condition on drinking and PTSD symptoms among 78 men and women with comorbid PTSD/AD during a 5-week daily follow-up assessment. Both CR and EA skills were associated with decreased drinking compared to control, and that change in drinking over time did not significantly differ between those who received CR and EA. Individuals who received CR skills, however, consumed less alcohol on a given day than those who received EA skills.

Neither CR nor EA was associated with a decrease in PTSD symptom severity. These results provide preliminary support for clinicians to prioritize CR and EA skills during initial treatment sessions when working with individuals with PTSD/AD, and offer ideas for continued investigation and intervention refinement.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.21978/abstract

Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans.

Currier, J. M., Holland, J. M. and Drescher, K. D.

Journal of Traumatic Stress
Article first published online: 26 JAN 2015
DOI: 10.1002/jts.21978

Spirituality is a multifaceted construct that might affect veterans' recovery from posttraumatic stress disorder (PTSD) in adaptive and maladaptive ways. Using a cross-lagged panel design, this study examined longitudinal associations between spirituality and PTSD symptom severity among 532 U.S. veterans in a residential treatment program for combat-related PTSD. Results indicated that spirituality factors at the start of treatment were uniquely predictive of PTSD symptom severity at discharge, when accounting for combat exposure and both synchronous and autoregressive associations between the study variables, βs = .10 to .16. Specifically, veterans who scored higher on adaptive dimensions of spirituality (daily spiritual experiences, forgiveness, spiritual practices, positive religious coping, and organizational religiousness) at intake fared significantly better in this program. In addition, possible spiritual struggles (operationalized as negative religious coping) at baseline were predictive of poorer PTSD outcomes, β = .11. In contrast to these results, PTSD symptomatology at baseline did not predict any of the spirituality variables at posttreatment. In keeping with a spiritually integrative approach to treating combat-related PTSD, these results suggest that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptomatology among those veterans who possess spiritual resources or are somehow struggling in this domain.

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http://www.ncbi.nlm.nih.gov/pubmed/25623021

Psychiatry Res. 2015 Jan 6. pii: S0165-1781(14)01031-2. doi: 10.1016/j.psychres.2014.12.038. [Epub ahead of print]

Baseline prevalence of Axis I diagnosis in the Ohio Army National Guard.

Tamburrino MB, Chan P, Prescott M, Calabrese J, Liberzon I, Slembarski R, Shirley E, Fine T, Goto T, Wilson K, Derus A, Ganocy S, Beth Serrano M, Galea S

The goal of this study is to determine the pre-existing lifetime and current prevalence of DSM-IV Axis I disorders within the Ohio Army National Guard (OHARNG). Data was analyzed from the clinical subsample of the Ohio Army National Guard Mental Health Initiative (OHARNG MHI). Five hundred participants were provided with an in-depth clinical assessment using the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM-IV-TR (SCID). Logistic regression examined the relationship between Axis I disorders and the number of deployments and gender. Prevalence of at least one DSM-IV lifetime disorder was 66.2%; substance use disorders were 52.2%, followed by mood disorders (30.0%) and anxiety disorders (22.0%). Prevalence of at least one current disorder was 24.8%; anxiety disorders (13.2%), mood disorders (7.6%), and substance use disorders (7.0%) were most frequent. Number of deployments was associated with PTSD (OR=8.27, 95% CI 2.10-32.59, p=0.003), alcohol use disorder (OR=1.77, 95% CI 1.07-2.92, p=0.025), and any substance use disorder (OR=1.85, 95% CI 1.12-3.05, p=0.016). Gender (OR=2.02, 95% CI 1.10-3.73, p=0.024) was associated with any mood disorder. The results provide baseline information on the most prevalent mental disorders within the OHARNG.

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http://www.ncbi.nlm.nih.gov/pubmed/25616497

Anxiety Stress Coping. 2015 Jan 23:1-21. [Epub ahead of print]

Family support, family stress and suicidal ideation in a combat-exposed sample of OEF/OIF Veterans.

Gradus JL, Smith BN, Vogt D

Background and Objectives:
Deployment-related risk factors for suicidal ideation among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans have received a great deal of attention. Studies show that mental health symptoms mediate the association between most deployment stressors and suicidal ideation; however, family-related factors during deployment are largely unexplored. We examined posttraumatic stress disorder (PTSD) and depression symptoms as mediators of the associations between deployment family support and stress and post-deployment suicidal ideation in combat-exposed OEF/OIF Veterans. Design: National cross-sectional mail survey.

Methods:
1,046 Veterans responded to the survey. The sample for this study was 978 Veterans who experienced combat. Regression-based path analyses were conducted.

Results:
Family support and stress had direct associations with suicidal ideation. When PTSD and depression symptoms were examined as mediators of these associations results revealed significant indirect paths through these symptoms.

Conclusions:
This study contributes to the literature on suicidal ideation risk factors among OEF/OIF Veterans. Deployment family support and family stress are associated with suicidal ideation; however these associations occur primarily through mental health symptomatology, consistent with findings observed for other deployment factors. This research supports ongoing efforts to treat mental health symptomatology as a means of suicide prevention.

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http://www.ncbi.nlm.nih.gov/pubmed/25604705

Eur J Psychotraumatol. 2015 Jan 19;6:26068. doi: 10.3402/ejpt.v6.26068. eCollection 2015.

Accounting for sex differences in PTSD: A multi-variable mediation model.

Christiansen DM, Hansen M

BACKGROUND:
Approximately twice as many females as males are diagnosed with posttraumatic stress disorder (PTSD). However, little is known about why females report more PTSD symptoms than males. Prior studies have generally focused on few potential mediators at a time and have often used methods that were not ideally suited to test for mediation effects. Prior research has identified a number of individual risk factors that may contribute to sex differences in PTSD severity, although these cannot fully account for the increased symptom levels in females when examined individually.

OBJECTIVE:
The present study is the first to systematically test the hypothesis that a combination of pre-, peri-, and posttraumatic risk factors more prevalent in females can account for sex differences in PTSD severity.

METHOD:
The study was a quasi-prospective questionnaire survey assessing PTSD and related variables in 73.3% of all Danish bank employees exposed to bank robbery during the period from April 2010 to April 2011. Participants filled out questionnaires 1 week (T1, N=450) and 6 months after the robbery (T2, N=368; 61.1% females). Mediation was examined using an analysis designed specifically to test a multiple mediator model.

RESULTS:
Females reported more PTSD symptoms than males and higher levels of neuroticism, depression, physical anxiety sensitivity, peritraumatic fear, horror, and helplessness (the A2 criterion), tonic immobility, panic, dissociation, negative posttraumatic cognitions about self and the world, and feeling let down. These variables were included in the model as potential mediators. The combination of risk factors significantly mediated the association between sex and PTSD severity, accounting for 83% of the association.

CONCLUSION:
The findings suggest that females report more PTSD symptoms because they experience higher levels of associated risk factors. The results are relevant to other trauma populations and to other trauma-related psychiatric disorders more prevalent in females, such as depression and anxiety.

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http://www.ncbi.nlm.nih.gov/pubmed/25601826

Cochrane Database Syst Rev. 2015 Jan 20;1:CD007505. [Epub ahead of print]

Pharmacotherapy for anxiety and comorbid alcohol use disorders.

Ipser JC, Wilson D, Akindipe TO, Sager C, Stein DJ

BACKGROUND:
Anxiety disorders are a potentially disabling group of disorders that frequently co-occur with alcohol use disorders. Comorbid anxiety and alcohol use disorders are associated with poorer outcomes, and are difficult to treat with standard psychosocial interventions. In addition, improved understanding of the biological basis of the conditions has contributed to a growing interest in the use of medications for the treatment of people with both diagnoses.
OBJECTIVES: To assess the effects of pharmacotherapy for treating anxiety in people with comorbid alcohol use disorders, specifically: to provide an estimate of the overall effects of medication in improving treatment response and reducing symptom severity in the treatment of anxiety disorders in people with comorbid alcohol use disorders; to determine whether specific medications are more effective and tolerable than other medications in the treatment of particular anxiety disorders; and to identify which factors (clinical, methodological) predict response to pharmacotherapy for anxiety disorders.

SEARCH METHODS:
Review authors searched the specialized registers of The Cochrane Collaboration Depression, Anxiety and Neurosis Review Group (CCDANCTR, to January 2014) and the Cochrane Drugs and Alcohol Group (CDAG, to March 2013) for eligible trials. These registers contain reports of relevant randomized controlled trials (RCT) from: the Cochrane Central Register of Controlled Trials (CENTRAL, all years), MEDLINE (1950 to date), EMBASE (1974 to date) and PsycINFO

(1967 to date). Review authors ran complementary searches on EMBASE, PubMed, PsycINFO and the Alcohol and Alcohol Problems Science Database (ETOH) (to August 2013). We located unpublished trials through the National Institutes of Health (NIH) RePORTER service and the World Health Organization (WHO) International Clinical Trials Registry Platform (to August 2013). We screened reference lists of retrieved articles for additional studies.

SELECTION CRITERIA:
All true RCTs of pharmacotherapy for treating anxiety disorders with comorbid alcohol use disorders. Trials assessing drugs administered for the treatment of drinking behaviour, such as naltrexone, disulfiram and acomprosate were not eligible for inclusion in this systematic review.

DATA COLLECTION AND ANALYSIS:
A systematic review is a standardised evaluation of all research studies that address a particular clinical issue.Two review authors independently assessed RCTs for inclusion in the review, collated trial data and assessed trial quality. We contacted investigators to obtain missing data. We calculated categorical and continuous treatment effect estimates and their 95% confidence intervals (CI) for treatment using a random-effects model with effect-size variability expressed using Chi2 and I2 heterogeneity statistics.

MAIN RESULTS:
We included five placebo-controlled pharmacotherapy RCTs (with 290 participants) in the review. Most of the trials provided little information on how randomization was performed or on whether both participants and study personnel were blinded to the intervention. Two of the three trials reporting superiority of medication compared with placebo on anxiety symptom outcomes were industry funded. We regarded one trial as being at high risk of bias due to selective reporting.Study participants had Diagnostic and Statistical Manual (DSM) III- and DSM IV-diagnosed alcohol use disorders and post-traumatic stress disorder (two studies), social anxiety disorder (SAD; two studies) or generalized anxiety disorder (GAD; one study). Four trials assessed the efficacy of the selective serotonin re-uptake inhibitors (SSRIs: sertraline, paroxetine); one RCT investigated the efficacy of buspirone, a 5-hydroxytryptamine (5-HT) partial agonist. Treatment duration lasted between eight and 24 weeks. Overall, 70% of participants included in the review were male.There was very low quality evidence for an effect of paroxetine on global clinical response to treatment, as assessed by the Clinical Global Impressions - Improvement scale (CGI-I). Global clinical response was observed in more than twice as many participants with paroxetine than with placebo (57.7% with paroxetine versus 25.8% with placebo; risk ratio (RR) 2.23, 95% CI 1.13 to 4.41; 2 trials, 57 participants). However, there was substantial uncertainty regarding the size of the effect of paroxetine due to the small number of studies providing data on clinically diverse patient samples. The second primary outcome measure was reduction of anxiety symptom severity. Although study investigators reported that buspirone (one trial) was superior to placebo in reducing the severity of anxiety symptoms over 12 weeks, no evidence of efficacy was observed for paroxetine (mean difference (MD) -14.70, 95% CI -33.00 to 3.60, 2 trials, 44 participants) and sertraline (one trial). Paroxetine appeared to be equally effective in reducing the severity of post-traumatic stress disorder (PTSD) symptoms as the tricyclic antidepressant desipramine in one RCT. The

maximal reduction in anxiety disorder symptom severity was achieved after six weeks with paroxetine (two RCTs) and 12 weeks with buspirone (one RCT), with maintenance of medication efficacy extending to 16 with paroxetine and 24 weeks with buspirone. There was no evidence of an effect for any of the medications tested on abstinence from alcohol use or depression symptoms. There was very low quality evidence that paroxetine was well tolerated, based on drop-out due to treatment-emergent adverse effects. Nevertheless, levels of treatment discontinuation were high, with 43.1% of the participants in the studies withdrawing from medication treatment. Certain adverse effects, such as sexual problems, were commonly reported after treatment with paroxetine and sertraline.

AUTHORS' CONCLUSIONS:
The evidence-base for the effectiveness of medication in treating anxiety disorders and comorbid alcohol use disorders is currently inconclusive. There was a small amount of evidence for the efficacy of medication, but this was limited and of very low quality. The majority of the data for the efficacy and tolerability of medication were for SSRIs; there were insufficient data to establish differences in treatment efficacy between medication classes or patient subgroups. There was a small amount of very low quality evidence that medication was well tolerated. There was no evidence that alcohol use was responsive to medication.Large, rigorously conducted RCTs would help supplement the small evidence-base for the efficacy and tolerability of pharmacotherapy for anxiety and comorbid alcohol use disorders. Further research on patient subgroups who may benefit from pharmacological treatment, as well as novel pharmacological interventions, is warranted.

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http://www.ncbi.nlm.nih.gov/pubmed/25600416

Epidemiol Rev. 2015 Jan 19. pii: mxu003. [Epub ahead of print]

Prevalence of Mental Health Disorders Among Justice-Involved Veterans.

Blodgett JC, Avoundjian T, Finlay AK, Rosenthal J, Asch SM, Maisel NC, Midboe AM

Justice-involved veterans are a special population with unique mental health needs compared with other veterans or justice-involved adults. Prevalence estimates of mental health concerns of justice-involved veterans across 18 samples of these veterans (1987-2013), including both incarcerated and community samples, were identified through a systematic literature search of published studies supplemented by Department of Veterans Affairs Veterans Justice Programs data. Despite heterogeneity across samples and measures used, the review highlights several prominent mental health concerns among veterans. Many justice-involved veterans have likely experienced at least one traumatic event, and many have post-traumatic stress disorder (prevalence from 4% to 39% across samples). At least half of justice-involved veterans have an alcohol and/or drug use disorder (estimates as high as 71% and 65%, respectively), and other psychiatric disorders, such as depression (14%-51%) and psychotic disorders (4%-14%), are

common. Justice-involved veterans with comorbid substance use and psychiatric disorders are at increased risk of negative outcomes, including homelessness and violent behavior. Overall, comparisons of justice-involved veterans with other justice-involved adults found a slightly higher rate of mental health concerns among justice-involved veterans, with some indication that intravenous drug use is more prevalent. Compared with other veterans, justice-involved veterans have consistently higher rates of mental health concerns, particularly substance use disorders. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health 2015. This work is written by (a) US Government employee(s) and is in the public domain in the US.

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http://www.ncbi.nlm.nih.gov/pubmed/25601512

Sleep Breath. 2015 Jan 20. [Epub ahead of print]

Characterization of obstructive sleep apnea in patients with insomnia across gender and age.

Li Z1, Li Y, Yang L, Li T, Lei F, Vgontzas AN, Tang X

OBJECTIVES:
A large number of clinical observational studies have suggested that women patients with obstructive sleep apnea (OSA) have a higher presence of insomnia symptoms compared to men with OSA. There is no study that has examined the effect of age and gender on the relationship between OSA and chronic insomnia in a large number of patients with insomnia.

METHODS:
We collected data on 860 patients with chronic insomnia and included both sexes and a wide range of ages (mean age 43.0 ± 12.1 (range 18-81) years, 409 men). All participants underwent overnight polysomnography (PSG) in a sleep medicine center.

RESULTS:
The prevalence of OSA based on three different apnea-hypopnea index (AHI) categories (events/h >5, >15, and >30) were 42.5, 21.8, and 8.3 % in men and 19.1, 6.2, and 1.8 % in women, respectively. Across age ranges of <35, 35~<45, 45~<55, and ≥55 years, the prevalence of OSA was remarkably greater in men than in women up to 55 years of age, but not in subjects with ages ≥55 years. AHI was a significant risk factor for hypertension; the odds ratio of hypertension in patients with high AHI (>30) compared to patients in the lowest AHI category (<5) was 3.68 (95 % confidence interval [CI], 1.47-9.21), after adjusting for all other factors.

CONCLUSION:
Similar to the gender differences reported in general population studies, men had a much

greater OSA prevalence than women prior to 55 years of age, but not at ages greater than 55 years.

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http://www.ncbi.nlm.nih.gov/pubmed/25597391

Postgrad Med. 2015 Jan 19:1-9. [Epub ahead of print]

Replication of a cognitive behavioral therapy for chronic pain group protocol by therapists in training.

Cosio D

According to the American Psychological Association (Division 12), there is strong, long-standing research support for cognitive behavioral therapy (CBT) to treat chronic pain. Furthermore, meta-analytic comparisons have shown CBT to be highly efficacious. However, not all researchers agree with this conclusion. The purpose of the current pilot study was to determine whether a CBT outpatient, group-based treatment facilitated by junior therapists benefited veterans who suffer from mixed idiopathic, chronic, noncancer pain, thus replicating results from effective CBT programs from the past. A sample of 46 veterans aged 33 to 81 years with chronic, noncancer pain who participated in an outpatient CBT pain group therapy protocol at a Midwestern Veterans Affairs Medical Center between November 3, 2009, and September 2, 2010 was evaluated. All participants completed a pre- and postintervention assessment. Paired-samples t tests were conducted to evaluate the impact of the program on veterans' scores on assessment measures. No significant difference was found between the pre- and posttest primary outcome measures of pain intensity. A significant difference was established between the pre- and posttest secondary outcome measure of catastrophizing. However, there were no other significant differences found among the remaining pre- and posttest secondary outcome measures of pain interference, disability, and psychological distress. Training junior therapists on how to use CBT protocols may be enhanced by paying greater attention to what mechanisms are responsible for the desired outcomes among veterans with chronic pain.

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http://www.ncbi.nlm.nih.gov/pubmed/25595169

Epidemiol Rev. 2015 Jan 16. pii: mxu011. [Epub ahead of print]

Post-Traumatic Stress Disorder, Physical Activity, and Eating Behaviors.

Hall KS, Hoerster KD, Yancy WS Jr

Post-traumatic stress disorder (PTSD), a prevalent and costly psychiatric disorder, is associated with high rates of obesity and cardiometabolic diseases. Many studies have examined PTSD and risky behaviors (e.g., smoking, alcohol/substance abuse); far fewer have examined the relationship between PTSD and health-promoting behaviors. Physical activity and eating behaviors are 2 lifestyle factors that impact cardiometabolic risk and long-term health. This comprehensive review of the literature (1980-2014) examined studies that reported physical activity and eating behaviors in adults with PTSD or PTSD symptoms. A systematic search of electronic databases identified 15 articles on PTSD-physical activity and 10 articles on PTSD-eating behaviors in adults. These studies suggest that there may be a negative association among PTSD, physical activity, and eating behaviors. Preliminary evidence from 3 pilot intervention studies suggests that changes in physical activity or diet may have beneficial effects on PTSD symptoms. There was considerable heterogeneity in the study designs and sample populations, and many of the studies had methodological and reporting limitations. More evidence in representative samples, using multivariable analytical techniques, is needed to identify a definitive relationship between PTSD and these health behaviors. Intervention studies for PTSD that examine secondary effects on physical activity/eating behaviors, as well as interventions to change physical activity/eating behaviors that examine change in PTSD, are also of interest.

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http://www.ncbi.nlm.nih.gov/pubmed/25596383

Int J Psychophysiol. 2015 Jan 14. pii: S0167-8760(15)00017-3. doi: 10.1016/j.ijpsycho.2015.01.005. [Epub ahead of print]

REM sleep as a potential indicator of hyperarousal in psychophysiological and paradoxical insomnia sufferers.

Pérusse AD, Pedneault-Drolet M, Rancourt C, Turcotte I, St-Jean G, Bastien CH

STUDY OBJECTIVES:
The objective was to study REM sleep macrostructure and microstructure as potential indicators of hyperarousal in insomnia by comparing good sleepers (GS) and insomnia sufferers (INS) (subdivided into psychophysiological "PSY-I" and paradoxical "PARA-I").

DESIGN: Cross-sectional comparisons of GS, PSY-I and PARA-I. SETTING: Participants slept for 4 consecutive nights in the laboratory where PSG was recorded. Nights 2 and 3 were combined to compare REM sleep between groups.

PARTICIPANTS:
Thirty-nine PSY-I, 27 PARA-I and 47 GS completed the study, comprising home questionnaires,

clinical interviews and night PSG recordings. All participants were aged between 25 and 55 and met inclusion criteria for either PSY-I, PARA-I or GS.

INTERVENTIONS:
N/A.

MEASUREMENTS AND RESULTS:
Results showed no between group differences on REM sleep macrostructure. As for REM sleep microstructure, PSY-I had an increased number of wake intrusions compared to PARA-I (p=.03). Subjective SE, TST and TWT were significantly correlated with the duration of REM sleep (REMD; p≤.002) and with the proportion of REM sleep for PARA-I (p≤.06).

CONCLUSIONS:
REM sleep macrostructure does not seem to be an adequate indicator of hyperarousal in insomnia. However, the number of wake intrusions in REM could be used to differentiate PSY-I from PARA-I and could reflect the heightened arousal of the former group. Relationships between REM sleep duration and proportion could be linked to dream imagery activity, especially in PARA-I. Further investigations are needed to identify variables that could reflect hyperarousal and differentiate insomnia types.

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http://www.ncbi.nlm.nih.gov/pubmed/25596022

Psychosomatics. 2014 Aug 20. pii: S0033-3182(14)00145-5. doi: 10.1016/j.psym.2014.08.003. [Epub ahead of print]

The Importance of Unresolved Fatigue in Depression: Costs and Comorbidities.

Robinson R1, Stephenson JJ, Dennehy EB, Grabner M, Faries D4, Palli SR, Swindle RW

OBJECTIVE:
To assess the cost outcomes of patients with a history of depression and clinically significant fatigue.

METHODS:
Adults with ≥2 claims with depression diagnosis codes identified from the HealthCore Integrated Research Database were invited to participate in this study linking survey data with retrospective claims data (12-mo presurvey and postsurvey periods). Patient surveys included measures for depression (Quick Inventory of Depressive Symptomatology), fatigue (Fatigue Associated with Depression Questionnaire), anxiety (7-item Generalized Anxiety Disorder scale), sleep difficulty (Athens Insomnia Scale), and pain (Brief Pain Inventory). After adjusting for demographic and clinical characteristics using propensity scores, postsurvey costs were

compared between patients with and without fatigue using nonparametric bootstrapping methods.

RESULTS:
Of the 1982 patients who had completed the survey and had complete claims data, 653 patients had significant levels of fatigue. Patients with fatigue reported significantly higher scores, indicating greater severity, on measures of depression, pain, sleep difficulty, and anxiety (all $p < 0.05$). These patients also had higher levels of overall medication use and were more likely to have lower measures of socioeconomic status than patients without significant levels of fatigue (all $p < 0.05$). Mean annual total costs were greater for patients with fatigue than those without fatigue ($14,462 vs $9971, respectively, $p < 0.001$). These cost differences remained statistically significant after adjusting for clinical and demographic differences.

CONCLUSIONS:
Clinically significant fatigue appears to add to the economic burden of depression. This reinforces the need for aggressive treatment of all symptoms and further examination of the variability of this relationship as patients approach remission.

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http://www.ncbi.nlm.nih.gov/pubmed/25594370

J Anxiety Disord. 2014 Dec 29;30C:23-27. doi: 10.1016/j.janxdis.2014.12.008. [Epub ahead of print]

Prolonged Exposure for PTSD in a Veteran group: A pilot effectiveness study.

Smith ER, Porter KE, Messina MG, Beyer JA, Defever ME, Foa EB, Rauch SA

Previous research has consistently demonstrated that Prolonged Exposure (PE) therapy is an effective treatment for posttraumatic stress disorder (PTSD). Traditionally, PE has been studied and delivered on an individual basis. However, the growing number of Veterans in need of PTSD treatment has led to increased interest in group therapies as an efficient way to provide access to care. The current study examined a group and individual hybrid treatment that was developed based on PE principles. Treatment was 12 weeks in length and consisted of 12 one-hour group sessions focused on in vivo exposures, and an average of approximately five-hour long individual imaginal exposure sessions. Data for this study were derived from 67 veterans who participated in 12 cohorts of the Group PE. Significant reductions in PTSD and depression symptoms were found in both completers and intent-to-treat sample analyses. The clinical implications of these findings are discussed. Published by Elsevier Ltd.

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http://www.ncbi.nlm.nih.gov/pubmed/25583894

Ann Fam Med. 2015 Jan;13(1):56-68.

Effectiveness of Psychological Treatments for Depressive Disorders in Primary Care: Systematic Review and Meta-Analysis.

Linde K, Sigterman K, Kriston L, Rücker G, Jamil S, Meissner K, Schneider A

PURPOSE:
We performed a systematic review of the currently available evidence on whether psychological treatments are effective for treating depressed primary care patients in comparison with usual care or placebo, taking the type of therapy and its delivery mode into account.

METHODS:
Randomized controlled trials comparing a psychological treatment with a usual care or a placebo control in adult, depressed, primary care patients were identified by searches in MEDLINE, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), and PsycINFO up to December 2013. At least 2 reviewers extracted information from included studies and assessed the risk of bias. Random effects meta-analyses were performed using posttreatment depression scores as outcome.

RESULTS:
A total of 30 studies with 5,159 patients met the inclusion criteria. Compared with control, the effect (standardized mean difference) at completion of treatment was -0.30 (95% CI, -0.48 to -0.13) for face-to-face cognitive behavioral therapy (CBT), -0.14 (-0.40 to 0.12) for face-to-face problem-solving therapy, -0.24 (-0.47 to -0.02) for face-to-face interpersonal psychotherapy, -0.28 (-0.44 to -0.12) for other face-to-face psychological interventions, -0.43 (-0.62 to -0.24) for remote therapist-led CBT, -0.56 (-1.57 to 0.45) for remote therapist-led problem-solving therapy, -0.40 (-0.69 to -0.11) for guided self-help CBT, and -0.27 (-0.44 to -0.10) for no or minimal contact CBT.

CONCLUSIONS:
There is evidence that psychological treatments are effective in depressed primary care patients. For CBT approaches, substantial evidence suggests that interventions that are less resource intensive might have effects similar to more intense treatments.

Links of Interest

Mobile apps help vets cope with stress, mental health issues
http://www.federaltimes.com/story/government/it/health/2015/01/19/mental-health-mobile-app/21398587/

The Suicide Crisis: The number of suicides in America is growing, particularly in the West, but the issue rarely garners attention from most policymakers
http://www.governing.com/topics/health-human-services/gov-suicide-deaths-spike-in-rural-western-states.html

V.A.'s Treatment of Veterans' Trauma (letters to the editor)
http://www.nytimes.com/2015/01/24/opinion/vas-treatment-of-veterans-trauma.html

'Hidden' Brain Damage Seen in Vets With Blast Injuries: Study
http://www.nlm.nih.gov/medlineplus/news/fullstory_150550.html

Parent's Suicide Attempt Makes Child's Much More Likely: Study
http://www.nlm.nih.gov/medlineplus/news/fullstory_150192.html

Mobile apps help vets cope with stress, mental health issues
http://www.federaltimes.com/story/government/it/health/2015/01/19/mental-health-mobile-app/21398587/

Expert Busts Myths on the State of College Students' Mental Health
http://gwtoday.gwu.edu/expert-busts-myths-state-college-students%E2%80%99-mental-health

Army Substance Abuse Program supports Fort Eustis, Story Soldiers
http://www.health.mil/News/Articles/2015/01/21/ASAP-supports-Fort-Eustis-Story-Soldiers

New biological evidence reveals link between brain inflammation and major depression
http://www.sciencedaily.com/releases/2015/01/150128113824.htm

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LRC Subject Guides for Faculty

- Open Access Publishing for USUHS Faculty and Researchers
  by Rhonda J. Allard Last updated Jan 9, 2015
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