



CDP Research Update -- January 28, 2016

What's Here:

- Performance of a Portable Sleep Monitoring Device in Individuals with High Versus Low Sleep Efficiency.
- Effects of Blast Exposure on Subjective and Objective Sleep Measures in Combat Veterans with and without PTSD.
- Retrospective Appraisals Mediate the Effects of Combat Experiences on PTS and Depression Symptoms in U.S. Army Medics.
- Fit to Serve? Exploring Mental and Physical Health and Well-Being Among Transgender Active-Duty Service Members and Veterans in the U.S. Military.
- Association of Pain With Physical Function, Depressive Symptoms, Fatigue, and Sleep Quality Among Veteran and non-Veteran Postmenopausal Women.
- Does Suicidal Ideation as Measured by the PHQ-9 Predict Suicide Among VA Patients?
- Clinical Utility and Psychometric Properties of the Traumatic Brain Injury Quality of Life Scale (TBI-QOL) in US Military Service Members.
- The effects of combat-related mild traumatic brain injury (mTBI): Does blast mTBI history matter?
- Disability After Deployment Injury: Are Women and Men Service Members Different?
- Combat exposure, cigarette consumption, and substance use.
- Integrating Motivational Interviewing Into a Home Telehealth Program for Veterans With Posttraumatic Stress Disorder Who Smoke: A Randomized Controlled Trial.
- Mechanistic Pathways of Mindfulness Meditation in Combat Veterans With Posttraumatic Stress Disorder.
- Combination Treatment of Natural Compounds and Integrative Therapies for Mild Traumatic Brain Injury.
- Who Goes Online for Suicide-Related Reasons? A Comparison of Suicidal People Who Use the Internet for Suicide-Related Reasons and Those Who Do Not.
- Psychological Resilience Provides No Independent Protection From Suicidal Risk.

- Service Delivery Experiences and Intervention Needs of Military Families with Children with ASD.
- Augmenting cognitive processing therapy to improve sleep impairment in PTSD: A randomized controlled trial.
- Cognitive-behavioural therapy for insomnia: effective, long-lasting and safe.
- Somatic syndromes, insomnia, anxiety, and stress among sleep disordered breathing patients.
- Mechanistic Pathways of Mindfulness Meditation in Combat Veterans With Posttraumatic Stress Disorder.
- Veterans' Experiences using Complementary and Alternative Medicine for Posttraumatic Stress: A Qualitative Interpretive Meta-Synthesis.
- The Impact of Deployment on Parental, Family and Child Adjustment in Military Families.
- Metacognitive capacity predicts severity of trauma-related dysfunctional cognitions in adults with posttraumatic stress disorder.
- Differential Treatment Response Trajectories in Individuals with Subclinical and Clinical PTSD.
- Veterans' Experiences using Complementary and Alternative Medicine for Posttraumatic Stress: A Qualitative Interpretive Meta-Synthesis.
- Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection.
- The Effect of Discrimination and Stress on Sexual and Behavioral Health among Sexual Minority Servicemen.
- Links of Interest
- Resource of the Week -- Final Recommendation Statement: Screening for Depression in Adults (U.S. Preventive Services Task Force)

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30425>

Performance of a Portable Sleep Monitoring Device in Individuals with High Versus Low Sleep Efficiency.

Rachel R. Markwald, PhD; Sara C. Bessman, MS; Seth A. Reini, PhD; Sean P.A. Drummond, PhD

Journal of Clinical Sleep Medicine
2016; Volume: 12, Number: 01
<http://dx.doi.org/10.5664/jcsm.5404>

Study Objectives

Portable and automated sleep monitoring technology is becoming widely available to consumers, and one wireless system (WS) has recently surfaced as a research tool for sleep and sleep staging assessment outside the hospital/laboratory; however, previous research findings indicate low sensitivity for wakefulness detection. Because difficulty discriminating between wake and sleep is likely to affect staging performance, we sought to further evaluate the WS by comparing it to the gold-standard polysomnography (PSG) and actigraphy (ACT) for overall sleep/wakefulness detection and sleep staging, within high and low sleep efficiency sleepers.

Methods

Twenty-nine healthy adults (eight females) underwent concurrent WS, PSG, and ACT assessment in an overnight laboratory study. Epoch-by-epoch agreement was determined by comparing sleep/wakefulness decisions between the WS to both PSG and ACT, and for detection of light, deep, and rapid eye movement (REM) sleep stages between the WS & PSG.

Results

Sensitivity for wakefulness was low (40%), and an overestimation of total sleep time and underestimation of wake after sleep onset was observed. Prevalence and bias adjusted kappa statistic indicated moderate-to-high agreement between the WS and PSG for sleep staging. However, upon further inspection, WS performance varied by sleep efficiency, with the best performance during high sleep efficiency.

Conclusions

The benefit of the WS as a sleep monitoring device over ACT is the ability to assess sleep stages, and our findings suggest this benefit is only realized within high sleep efficiency. Care should be taken to collect data under conditions where this is expected.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30416>

Effects of Blast Exposure on Subjective and Objective Sleep Measures in Combat Veterans with and without PTSD.

Stocker RP, Paul BT, Mammen O, Khan H, Cieply MA, Germain A.

Journal of Clinical Sleep Medicine
2016; Volume: 12, Number: 01
<http://dx.doi.org/10.5664/jcsm.5392>

Study Objectives

This study examined the extent to which self-reported exposure to blast during deployment to Iraq and Afghanistan affects subjective and objective sleep measures in service members and veterans with and without posttraumatic stress disorder (PTSD).

Methods

Seventy-one medication-free service members and veterans (mean age = 29.47 ± 5.76 years old; 85% men) completed self-report sleep measures and overnight polysomnographic studies. Four multivariate analyses of variance (MANOVAs) were conducted to examine the impact of blast exposure and PTSD on subjective sleep measures, measures of sleep continuity, non-rapid eye movement (NREM) sleep parameters, and rapid eye movement (REM) sleep parameters.

Results

There was no significant Blast × PTSD interaction on subjective sleep measures. Rather, PTSD had a main effect on insomnia severity, sleep quality, and disruptive nocturnal behaviors. There was no significant Blast × PTSD interaction, nor were there main effects of PTSD or Blast on measures of sleep continuity and NREM sleep. A significant PTSD × Blast interaction effect was found for REM fragmentation.

Conclusions

The results suggest that, although persistent concussive symptoms following blast exposure are associated with sleep disturbances, self-reported blast exposure without concurrent symptoms does not appear to contribute to poor sleep quality, insomnia, and disruptive nocturnal disturbances beyond the effects of PTSD. Reduced REM sleep fragmentation may be a sensitive index of the synergetic effects of both psychological and physical insults.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22067/abstract>

Retrospective Appraisals Mediate the Effects of Combat Experiences on PTS and Depression Symptoms in U.S. Army Medics.

Barbara L. Pitts and Martin A. Safer

Journal of Traumatic Stress

Article first published online: 13 JAN 2016

DOI: 10.1002/jts.22067

A life-threatening traumatic experience can cause physical and psychological distress, but it can also be remembered with pride from having demonstrated one's courage and abilities under severe circumstances. Characteristics of the event, early response, as well as later personal

reflection, together determine the individual's response to a traumatic event. We investigated how traumatic combat experiences and retrospective appraisals of those experiences affected reports of symptoms of posttraumatic stress and depression in 324 U.S. Army medics. Higher levels of combat experiences were associated with both appraisals of threat to life ($r = .40$) and appraisals of personal benefit of the deployment ($r = .15$). Threat appraisals were associated with increases ($r = .33$ and $.29$), whereas benefit appraisals were associated with decreases ($r = -.28$ and $-.30$, respectfully), in symptoms of posttraumatic stress and depression. These opposing mediation pathways led to weak or nonsignificant total effects, which concealed the effects of combat intensity on posttraumatic stress ($R^2 = .28$) and depression ($R^2 = .24$). Acknowledging the beneficial effects that a combat experience had on one's life was associated with less intense behavioral health symptoms and offset the detrimental effects of traumatic combat experiences.

<http://online.liebertpub.com/doi/full/10.1089/trgh.2015.0002>

Fit to Serve? Exploring Mental and Physical Health and Well-Being Among Transgender Active-Duty Service Members and Veterans in the U.S. Military.

Hill Brandon J., Bouris Alida, Barnett Joshua Trey, and Walker Dayna

Transgender Health

January 2016, 1(1): 4-11

doi:10.1089/trgh.2015.0002

Purpose:

Although transgender people are currently excluded from enlistment and discharged from service based on medical and psychological fitness policies, the current mental and physical health of transgender active-duty U.S. military personnel and veterans is poorly understood. The purpose of the current study was to investigate the military histories, lifetime mental and physical health diagnoses, and transgender transition-related health of transgender active-duty service members (ADSM) and veterans.

Methods:

Participants were recruited through private LGBT military and veteran organizational listservs, snowball sampling, and in-person recruitment to complete an anonymous and confidential self-administered online questionnaire.

Results:

A total of 106 transgender ADSM ($n=55$) and veterans ($n=51$) completed the questionnaire. Transgender veterans were significantly older (44 mean years vs. 29.5 mean years, $t=-6.23$, $p<0.001$). A greater percentage of veterans than ADSM reported depression (64.6% vs. 30.9%,

$\chi^2=11.68$, $p=0.001$) and anxiety (41.3% vs. 18.2%, $\chi^2=6.54$, $p=0.011$). In addition, 15.9% of veterans versus 1.8% of ADSM ($\chi^2=6.53$, $p=0.011$) had been diagnosed with a substance abuse disorder. There were no significant differences in lifetime physical health conditions; however, veterans reported a higher body-mass index than ADSM (28.4 vs. 24.9, $t=-3.85$, $p<0.001$). For both groups, mental and physical health problems were positively correlated with age and years of military service ($r=0.37-0.84$, $p<0.01$). There were no significant differences between groups in transgender transition-related health.

Conclusion:

Our data represent the first descriptive statistics of lifetime mental and physical health issues among transgender ADSM and veterans. Data indicate that transgender ADSM report fewer lifetime mental and physical health problems than transgender veterans. Taken together, our findings suggest that more research, specifically among transgender ADSM, is needed to challenge the exclusion of transgender persons from U.S. military service based on the presumption of poor mental or physical health.

http://gerontologist.oxfordjournals.org/content/56/Suppl_1/S91.short

Association of Pain With Physical Function, Depressive Symptoms, Fatigue, and Sleep Quality Among Veteran and non-Veteran Postmenopausal Women.

The Gerontologist
(2016) 56 (Suppl 1): S91-S101.
doi: 10.1093/geront/gnv670

Purpose of Study:

To characterize the prevalence and longitudinal effects of pain in older Veteran and non-Veteran women.

Design and Methods:

Data on 144,956 participants in the Women's Health Initiative were analyzed. At baseline, Veteran status, pain severity, and pain interference with activity were assessed. Outcomes of physical function, depressive symptoms, fatigue, and sleep quality were reported at baseline by all study participants and longitudinally on two follow-up occasions (3 years and 13–18 years after baseline) in the observational study participants ($n = 87,336$).

Results:

At baseline, a total of 3,687 (2.5%) had a history of military service and 22,813 (15.8%) reported that pain limited their activity level moderately to extremely during the past 4 weeks. Prevalence of pain interference did not differ in Veterans and non-Veterans (16.8% and 15.7%, respectively; $p= .09$). At baseline, women with moderate-to-extreme pain interference had substantially worse physical function and greater symptoms of depression, fatigue, and insomnia than those with

less pain ($p < .001$ for all comparisons), adjusting for several social, behavioral, and health related factors. There were no significant military service by pain interference interactions for any of the outcomes ($p > .2$), indicating that the effect of pain interference on outcomes at baseline did not vary between Veterans and non-Veterans. Moderate-to-extreme pain interference was associated with a greater rate of decline in physical function over time ($p < .001$) and higher incidence of limited physical functioning ($p < .001$), but these effects did not vary by Veteran status. Similar results were observed with pain severity as the exposure variable.

Implications:

As the Veteran population ages and the number of women exposed to combat operations grows, there will be an increased need for health care services that address not only pain severity and interference but also other disabling comorbid symptoms.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500149?journalCode=ps>

Does Suicidal Ideation as Measured by the PHQ-9 Predict Suicide Among VA Patients?

Samantha A. Louzon, M.P.H. Robert Bossarte, Ph.D. John F. McCarthy, Ph.D., M.P.H. Ira R. Katz, M.D., Ph.D.

Psychiatric Services

Accepted: August 28, 2015

<http://dx.doi.org/10.1176/appi.ps.201500149>

Objective:

Frequency of suicidal ideation in the past two weeks, assessed by item 9 of the nine-item Patient Health Questionnaire (PHQ-9), has been positively associated with suicide mortality among patients in a setting other than the Veterans Health Administration (VHA). To inform suicide prevention activities at the VHA, it is important to evaluate whether item 9 is associated with suicide risk among patients in the VHA system.

Methods:

PHQ-9 assessments ($N=447,245$) conducted by the VHA between October 1, 2009, and September 30, 2010, were collected. National Death Index data were used to ascertain suicide mortality from the date of PHQ-9 assessment through September 30, 2011. Multivariable proportional hazards regressions were used to evaluate associations between responses to item 9 and suicide mortality.

Results:

After the analyses adjusted for covariates, a response of "several days" for item 9 was associated with a 75% increased risk of suicide (hazard ratio [HR]=1.75, 95% confidence

interval [CI]=1.24–2.46), a response of “more than half the days” was associated with a 115% increased risk of suicide (HR=2.15, CI=1.32–3.51), and a response of “nearly every day” was associated with a 185% increased risk of suicide (HR=2.85, CI=1.81–4.47), compared with a response of “not at all.” However, 71.6% of suicides during the study period occurred among patients who responded “not at all” to item 9 from their most recent PHQ-9.

Conclusions:

Higher levels of suicidal ideation, indicated by item 9 of the PHQ-9, were associated with increased risk of suicide among patients in the VHA system.

<http://www.ncbi.nlm.nih.gov/pubmed/26716697>

Clinical Utility and Psychometric Properties of the Traumatic Brain Injury Quality of Life Scale (TBI-QOL) in US Military Service Members.

J Head Trauma Rehabil. 2016 Jan-Feb;31(1):62-78. doi: 10.1097/HTR.0000000000000149.

Lange RT, Brickell TA, Bailie JM, Tulsy DS, French LM.

OBJECTIVE:

To examine the clinical utility and psychometric properties of the Traumatic Brain Injury Quality of Life (TBI-QOL) scale in a US military population.

PARTICIPANTS:

One hundred fifty-two US military service members (age: M = 34.3, SD = 9.4; 89.5% men) prospectively enrolled from the Walter Reed National Military Medical Center and other nationwide community outreach initiatives. Participants included 99 service members who had sustained a mild traumatic brain injury (TBI) and 53 injured or noninjured controls without TBI (n = 29 and n = 24, respectively).

PROCEDURE:

Participants completed the TBI-QOL scale and 5 other behavioral measures, on average, 33.8 months postinjury (SD = 37.9).

MAIN OUTCOME MEASURES:

Fourteen TBI-QOL subscales; Neurobehavioral Symptom Inventory; Posttraumatic Stress Disorder Checklist-Civilian version; Alcohol Use Disorders Identification Test; Combat Exposure Scale.

RESULTS:

The internal consistency reliability of the TBI-QOL scales ranged from $\alpha = .91$ to $\alpha = .98$. The convergent and discriminant validity of the 14 TBI-QOL subscales was high. The mild TBI group

had significantly worse scores on 10 of the 14 TBI-QOL subscales than the control group (range, $P < .001$ to $P = .043$). Effect sizes ranged from medium to very large ($d = 0.35$ to $d = 1.13$). The largest differences were found on the Cognition-General Concerns ($d = 1.13$), Executive Function ($d = 0.94$), Grief-Loss ($d = 0.88$), Pain Interference ($d = 0.83$), and Headache Pain ($d = 0.83$) subscales.

CONCLUSION:

These results support the use of the TBI-QOL scale as a measure of health-related quality of life in a mild TBI military sample. Additional research is recommended to further evaluate the clinical utility of the TBI-QOL scale in both military and civilian settings.

<http://www.ncbi.nlm.nih.gov/pubmed/26131789>

J Trauma Acute Care Surg. 2015 Oct;79(4 Suppl 2):S146-51. doi:

10.1097/TA.0000000000000667.

The effects of combat-related mild traumatic brain injury (mTBI): Does blast mTBI history matter?

Kontos AP, Elbin RJ, Kotwal RS, Lutz RH, Kane S, Benson PJ, Forsten RD, Collins MW.

BACKGROUND:

The effects of mild traumatic brain injury (mTBI) have received significant attention since the beginning of the conflicts in Afghanistan and Iraq. Surprisingly, little is known about the temporal nature of neurocognitive impairment, mTBI, and posttraumatic stress (PTS) symptoms following combat-related mTBI. It is also unclear as to the role that blast exposure history has on mTBI and PTS impairments and symptoms. The purposes of this study were to examine prospectively the effects of mTBI on neurocognitive performance as well as mTBI and PTS symptoms among US Army Special Operations Command personnel and to study the influence of history of blast mTBI on these effects.

METHODS:

Eighty US Army Special Operations Command personnel with ($n = 19$) and without ($n = 61$) a history of blast-related mTBI completed the military version of the Immediate Post-concussion Assessment Cognitive Test (ImPACT), Post Concussion Symptom Scale (PCSS), and the PTSD Checklist (PCL) at baseline as well as 1 day to 7 days and 8 days to 20 days following a combat-related mTBI.

RESULTS:

Results indicated that verbal memory ($p = 0.002$) and processing speed ($p = 0.003$) scores were significantly lower and mTBI symptoms ($p = 0.001$) were significantly higher at 1 day to 7 days after injury compared with both baseline and 8 days to 20 days after injury. PTS remained

stable across the three periods. Participants with a history of blast mTBI demonstrated lower verbal memory at 1 day to 7 days after mTBI compared with participants without a history of blast mTBI ($p = 0.02$).

CONCLUSION:

Decreases in neurocognitive performance and increased mTBI symptoms are evident in the first 1 day to 7 days following combat-related mTBI, and a history of blast-related mTBI may influence these effects.

<http://www.ncbi.nlm.nih.gov/pubmed/25666145>

Clin Orthop Relat Res. 2015 Aug;473(8):2448-54. doi: 10.1007/s11999-015-4180-6.

Disability After Deployment Injury: Are Women and Men Service Members Different?

Rivera JC, Hylden CM, Johnson AE.

BACKGROUND:

Civilian trauma literature suggests sexual dimorphism in outcomes after trauma. Because women represent an increasing demographic among veterans, the question remains if war trauma outcomes, like civilian trauma outcomes, differ between genders.

QUESTIONS/PURPOSES:

(1) Do women service members develop different conditions resulting in long-term disability compared with men service members after injuries sustained during deployment? (2) Do women service members have more or less severe disability after deployment injury compared with men service members? (3) Are men or women more likely to return to duty after combat injury?

METHODS:

The Department of Defense Trauma Registry was queried for women injured during deployment from 2001 to 2011. The subjects were then queried in the Physical Evaluation Board database to determine each subject's return-to-duty status and what disabling conditions and disability percentages were assigned to those who did not return to duty. Frequency of disabling conditions, disability percentages, and return-to-duty rates for 368 women were compared with a previously published cohort of 450 men service members, 378 of whom had orthopaedic injuries.

RESULTS:

Women who were unable to return to duty had a higher frequency of arthritic conditions (58% [48 of 83] of women versus 35% [133 of 378] of men, $p=0.002$; relative risk [RR], 1.64; 95% confidence interval [CI], 1.307-2.067) and lower frequencies of general chronic pain (1% [one of 83] of women versus 19% [59 of 378] of men, $p<0.001$; RR, 0.08; 95% CI, 0.011-0.549) and

neurogenic pain disorders (1% [one of 83] of women versus 7% [27 of 378] of men, $p=0.0410$; RR, 0.169; 95% CI, 0.023-1.224). Women had more severely rated posttraumatic stress disorder (PTSD) compared with men ($38\% \pm 23\%$ versus $19\% \pm 17\%$). Forty-eight percent (64 of 133) of battle-injured women were unable to return to active duty, resulting in a lower return-to-duty rate compared with men (34% [450 of 1333]; $p=0.003$).

CONCLUSIONS:

After deployment-related injury, women have higher rates of arthritis, lower rates of pain disorders, and more severely rated PTSD compared with men. Women are unable to return to duty more often than men injured in combat. These results suggest some difference between men's and women's outcomes after deployment injury, important information for military and Veterans Administration providers seeking to minimize postdeployment disability.

<http://onlinelibrary.wiley.com/doi/10.1111/ecin.12312/abstract>

Combat exposure, cigarette consumption, and substance use.

Cesur, R., Chesney, A. and Sabia, J. J.

Economic Inquiry

Article first published online: 13 JAN 2016

DOI: 10.1111/ecin.12312

This study estimates the relationship between combat exposure and several risky health behaviors: cigarette consumption, binge drinking, and drug use. We find that the U.S. active duty military personnel deployed to combat zones with enemy fire are more likely to subsequently smoke cigarettes, consume alcohol, and use illicit drugs than their counterparts deployed to noncombat operations. Our results suggest that the mental health effects of combat can explain up to two-thirds of the estimated association between combat exposure and risky health behaviors. (JEL H56, I12)

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22252/abstract>

Integrating Motivational Interviewing Into a Home Telehealth Program for Veterans With Posttraumatic Stress Disorder Who Smoke: A Randomized Controlled Trial.

Battaglia, C., Peterson, J., Whitfield, E., Min, S.-J., Benson, S. L., Maddox, T. M. and Prochazka, A. V.

Journal of Clinical Psychology

Article first published online: 19 JAN 2016

DOI: 10.1002/jclp.22252

Objective

We evaluated integrating a motivational interviewing (MI)-based smoking cessation curricula and MI counseling into a posttraumatic stress disorder (PTSD) home telehealth care management program to determine if smoking behaviors improved.

Method

We randomized 178 Veterans with PTSD to a 90-session MI-based home telehealth program or to usual care. Outcome measures included self-reported 24-hour quit attempts, seven-day point prevalence abstinence, progression along the stages of change, and mental health symptoms.

Results

Favorable smoking cessation rates were observed in both groups. There was no statistical difference in self-reported 24-hour quit attempts, seven-day point prevalence smoking abstinence or progression along the stages of change. The intervention group showed improved depression and PTSD symptoms.

Conclusion

Integrating MI-based smoking cessation treatment into PTSD home telehealth is an effective method to help Veterans with PTSD quit smoking. Further research is needed to understand how to optimize MI integration into home telehealth to achieve sustained smoking cessation rates.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22255/abstract>

Mechanistic Pathways of Mindfulness Meditation in Combat Veterans With Posttraumatic Stress Disorder.

Wahbeh, H., Goodrich, E., Goy, E. and Oken, B. S.

Journal of Clinical Psychology

Article first published online: 21 JAN 2016

DOI: 10.1002/jclp.22255

Objective

This study's objective was to evaluate the effect of two common components of meditation (mindfulness and slow breathing) on potential mechanistic pathways.

Methods

A total of 102 combat veterans with posttraumatic stress disorder (PTSD) were randomized to

(a) the body scan mindfulness meditation (MM), (b) slow breathing (SB) with a biofeedback device, (c) mindful awareness of the breath with an intention to slow the breath (MM+SB), or (d) sitting quietly (SQ). Participants had 6 weekly one-on-one sessions with 20 minutes of daily home practice. The mechanistic pathways and measures were as follows: (a) autonomic nervous system (hyperarousal symptoms, heart rate [HR], and heart rate variability [HRV]); (b) frontal cortex activity (attentional network task [ANT] conflict effect and event-related negativity and intrusive thoughts); and (c) hypothalamic–pituitary–adrenal axis (awakening cortisol). PTSD measures were also evaluated.

Results

Meditation participants had significant but modest within-group improvement in PTSD and related symptoms, although there were no effects between groups. Perceived impression of PTSD symptom improvement was greater in the meditation arms compared with controls. Resting respiration decreased in the meditation arms compared with SQ. For the mechanistic pathways, (a) subjective hyperarousal symptoms improved within-group (but not between groups) for MM, MM+SB, and SQ, while HR and HRV did not; (b) intrusive thoughts decreased in MM compared with MM+SB and SB, while the ANT measures did not change; and (c) MM had lower awakening cortisol within-group (but not between groups).

Conclusion

Treatment effects were mostly specific to self-report rather than physiological measures. Continued research is needed to further evaluate mindfulness meditation's mechanism in people with PTSD.

<http://www.omicsgroup.org/journals/combination-treatment-of-natural-compounds-and-integrative-therapies-for-mild-traumatic-brain-injury-2168-975X-1000198.php?aid=65691>

Combination Treatment of Natural Compounds and Integrative Therapies for Mild Traumatic Brain Injury.

Anlys Olivera, Heather L Rusch, and Jessica M Gill

Brain Disorders & Therapy

4:198

doi:10.4172/2168-975X.1000198

Each year millions of Americans seek acute care for mild traumatic brain injury (mTBI), which is often associated with a range of debilitating sequelae including cognitive, behavioral, emotional, and motor deficits [1]. New evidence indicates that neuroinflammatory responses, excitotoxicity, and oxidative stress may directly contribute to the emergence and maintenance of these chronic postconcussive symptoms (PCS) [2]. In instances of traumatic axonal injury, accumulations of tau and amyloid peptides can form, which may be an early sign of neurodegeneration linked to

dementia and Alzheimer's disease [3]. Given the multiple mechanisms underlying PCS, it is reasonable to suggest that successfully preventing or attenuating PCS cannot be accomplished via pharmacological agents with a single mode of action. Herein, we propose that a combination of natural compounds and integrative therapies with systemic effect may provide a comprehensive treatment strategy for addressing the secondary injury following mTBI.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000366?journalCode=cri>

Who Goes Online for Suicide-Related Reasons? A Comparison of Suicidal People Who Use the Internet for Suicide-Related Reasons and Those Who Do Not.

Katherine Mok, Anthony F. Jorm, Jane Pirkis

Crisis

Published online January 19, 2016

DOI: <http://dx.doi.org/10.1027/0227-5910/a000366>

Background:

Although people who use the Internet for suicide-related reasons have been found to report significantly higher levels of suicidal ideation, little is known about the characteristics of these users.

Aims:

To examine the differences between suicidal people who use the Internet for suicide-related reasons and those who do not.

Method:

Participants were 205 Australian citizens and permanent residents aged 18–24 years who had felt suicidal within the past year. Participants were recruited online through non-mental health-related websites and asked to complete an anonymous online survey.

Results:

In univariate analyses, suicide-related users reported significantly higher levels of social anxiety and lifetime and past year suicidal ideation than non-suicide-related users, as well as a higher likelihood of future suicide and overall higher risk for suicide. There were no differences on depressive symptoms and perceived social support. Both groups were unlikely to anticipate seeking help from any source and generally perceived similar barriers to offline help-seeking. Multivariate analyses showed that past year suicidal ideation and likelihood of future suicide significantly predicted suicide-related Internet use.

Conclusions:

Individuals may choose to go online for alternative methods of coping when their suicidal

feelings become more severe, demonstrating the need for more online suicide prevention efforts.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000364>

Psychological Resilience Provides No Independent Protection From Suicidal Risk.

Danica W. Y. Liu, A. Kate Fairweather-Schmidt, Richard Burns, Rachel M. Roberts, Kaarin J. Anstey

Crisis

Published online January 19, 2016

DOI: <http://dx.doi.org/10.1027/0227-5910/a000364>

Background:

Little is known about the role of resilience in the likelihood of suicidal ideation (SI) over time.

Aims: We examined the association between resilience and SI in a young-adult cohort over 4 years. Our objectives were to determine whether resilience was associated with SI at follow-up or, conversely, whether SI was associated with lowered resilience at follow-up.

Method:

Participants were selected from the Personality and Total Health (PATH) Through Life Project from Canberra and Queanbeyan, Australia, aged 28–32 years at the first time point and 32–36 at the second. Multinomial, linear, and binary regression analyses explored the association between resilience and SI over two time points. Models were adjusted for suicidality risk factors.

Results:

While unadjusted analyses identified associations between resilience and SI, these effects were fully explained by the inclusion of other suicidality risk factors.

Conclusion:

Despite strong cross-sectional associations, resilience and SI appear to be unrelated in a longitudinal context, once risk/resilience factors are controlled for. As independent indicators of psychological well-being, suicidality and resilience are essential if current status is to be captured. However, the addition of other factors (e.g., support, mastery) makes this association tenuous. Consequently, resilience per se may not be protective of SI.

<http://link.springer.com/article/10.1007/s10803-016-2706-8>

Service Delivery Experiences and Intervention Needs of Military Families with Children with ASD.

Jennifer M. Davis, Erinn Finke, Benjamin Hickerson

Journal of Autism and Developmental Disorders

First online: 19 January 2016

DOI 10.1007/s10803-016-2706-8

The purpose of this study was to describe the experiences of military families with children with autism spectrum disorder (ASD) specifically as it relates to relocation. Online survey methodology was used to gather information from military spouses with children with ASD. The finalized dataset included 189 cases. Descriptive statistics and frequency analyses were used to examine participant demographics and service delivery questions. Results indicated the larger sample of military spouses largely confirmed the experiences reported qualitatively in previous studies and contributed information that was previously unknown about variables associated with the access, availability, quality, and frequency of intervention services for military families with children with ASD.

<http://psycnet.apa.org/journals/ccp/84/2/167>

Augmenting cognitive processing therapy to improve sleep impairment in PTSD: A randomized controlled trial.

Galovski, Tara E.; Harik, Juliette M.; Blain, Leah M.; Elwood, Lisa; Gloth, Chelsea; Fletcher, Thomas D.

Journal of Consulting and Clinical Psychology

Vol 84(2), Feb 2016, 167-177

<http://dx.doi.org/10.1037/ccp0000059>

Objective:

Despite the success of empirically supported treatments for posttraumatic stress disorder (PTSD), sleep impairment frequently remains refractory after treatment. This single-site, randomized controlled trial examined the effectiveness of sleep-directed hypnosis as a complement to an empirically supported psychotherapy for PTSD (cognitive processing therapy [CPT]).

Method:

Participants completed either 3 weeks of hypnosis (n = 52) or a symptom monitoring control

condition (n = 56) before beginning standard CPT. Multilevel modeling was used to investigate differential patterns of change to determine whether hypnosis resulted in improvements in sleep, PTSD, and depression. An intervening variable approach was then used to determine whether improvements in sleep achieved during hypnosis augmented change in PTSD and depression during CPT.

Results:

After the initial phase of treatment (hypnosis or symptom monitoring), the hypnosis condition showed significantly greater improvement than the control condition in sleep and depression, but not PTSD. After CPT, both conditions demonstrated significant improvement in sleep and PTSD; however, the hypnosis condition demonstrated greater improvement in depressive symptoms. As sleep improved, there were corresponding improvements in PTSD and depression, with a stronger relationship between sleep and PTSD.

Conclusion:

Hypnosis was effective in improving sleep impairment, but those improvements did not augment gains in PTSD recovery during the trauma-focused intervention. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://ebmh.bmj.com/content/19/1/e2.short>

Cognitive-behavioural therapy for insomnia: effective, long-lasting and safe.

Michael V Vitiello

Evidence-Based Mental Health

2016;19:e2 doi:10.1136/eb-2015-102181

Numerous well-conducted randomised controlled studies of cognitive-behavioural therapy for insomnia (CBT-I) have demonstrated that it is efficacious in both the immediate post-treatment and long terms in a wide variety of patient populations.¹⁻³ This includes individuals with uncomplicated chronic insomnia¹ and those whose chronic insomnia is comorbid with medical or psychiatric disorders.^{2,3} Truær and colleagues have conducted a systematic review and meta-analysis to collect all the relevant evidence about CBT-I and quantify its overall effects.

<http://link.springer.com/article/10.1007/s11325-015-1296-6>

Somatic syndromes, insomnia, anxiety, and stress among sleep disordered breathing patients.

Tshering Amdo, Nadia Hasaneen, Morris S. Gold, Avram R. Gold

Sleep and Breathing

First online: 21 January 2016

DOI 10.1007/s11325-015-1296-6

Objectives

We tested the hypothesis that the prevalence of somatic syndromes, anxiety, and insomnia among sleep disordered breathing (SDB) patients is correlated with their levels of somatic arousal, the symptoms of increased sympathetic nervous system tone under conditions of stress.

Methods

We administered the Body Sensation Questionnaire (BSQ; a 17-item questionnaire with increasing levels of somatic arousal scored 17–85) to 152 consecutive upper airway resistance syndrome (UARS) patients and 150 consecutive obstructive sleep apnea/hypopnea (OSA/H) patients. From medical records, we characterized each patient in terms of the presence of syndromes and symptoms into three categories: somatic syndromes (six syndromes), anxiety (anxiety disorders, nightmares, use of benzodiazepines), and insomnia (sleep onset, sleep maintenance, and use of hypnotics). For the pooled sample of SDB patients, we modeled the correlation of the BSQ score with the presence of each syndrome/symptom parameter within each of the three categories, with adjustment for male vs. female.

Results

Mean BSQ scores in females were significantly higher than those in males (32.5 ± 11.1 vs. 26.9 ± 8.2 ; mean \pm SD). Increasing BSQ scores significantly correlated with increasing prevalence rates of somatic syndromes ($p < 0.0001$), of anxiety ($p < 0.0001$), and of insomnia ($p \leq 0.0001$). In general, females had higher prevalence rates of somatic syndromes and symptoms of anxiety than males at any BSQ score while rates of insomnia were similar.

Conclusions

In patients with SDB, there is a strong association between the level of somatic arousal and the presence of stress-related disorders like somatic syndromes, anxiety, and insomnia.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22255/abstract>

Mechanistic Pathways of Mindfulness Meditation in Combat Veterans With Posttraumatic Stress Disorder.

Wahbeh, H., Goodrich, E., Goy, E. and Oken, B. S.

Journal of Clinical Psychology

Article first published online: 21 JAN 2016

DOI: 10.1002/jclp.22255

Objective

This study's objective was to evaluate the effect of two common components of meditation (mindfulness and slow breathing) on potential mechanistic pathways.

Methods

A total of 102 combat veterans with posttraumatic stress disorder (PTSD) were randomized to (a) the body scan mindfulness meditation (MM), (b) slow breathing (SB) with a biofeedback device, (c) mindful awareness of the breath with an intention to slow the breath (MM+SB), or (d) sitting quietly (SQ). Participants had 6 weekly one-on-one sessions with 20 minutes of daily home practice. The mechanistic pathways and measures were as follows: (a) autonomic nervous system (hyperarousal symptoms, heart rate [HR], and heart rate variability [HRV]); (b) frontal cortex activity (attentional network task [ANT] conflict effect and event-related negativity and intrusive thoughts); and (c) hypothalamic–pituitary–adrenal axis (awakening cortisol). PTSD measures were also evaluated.

Results

Meditation participants had significant but modest within-group improvement in PTSD and related symptoms, although there were no effects between groups. Perceived impression of PTSD symptom improvement was greater in the meditation arms compared with controls. Resting respiration decreased in the meditation arms compared with SQ. For the mechanistic pathways, (a) subjective hyperarousal symptoms improved within-group (but not between groups) for MM, MM+SB, and SQ, while HR and HRV did not; (b) intrusive thoughts decreased in MM compared with MM+SB and SB, while the ANT measures did not change; and (c) MM had lower awakening cortisol within-group (but not between groups).

Conclusion

Treatment effects were mostly specific to self-report rather than physiological measures. Continued research is needed to further evaluate mindfulness meditation's mechanism in people with PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/19371918.2015.1087915>

Veterans' Experiences using Complementary and Alternative Medicine for Posttraumatic Stress: A Qualitative Interpretive Meta-Synthesis.

Donna Schuman

Social Work in Public Health

Published online: 22 Jan 2016

DOI:10.1080/19371918.2015.1087915

Combat Veterans struggling with combat-related post*traumatic stress disorder and subthreshold symptoms often look outside the conventional behavioral health care system for treatment because standard care has not met their needs. This study utilized a qualitative interpretive metasynthesis to describe the lived experience of combat Veterans seeking complementary and alternative health therapies for posttraumatic stress symptoms. This research aimed to understand what attracts these Veterans to complementary and alternative medicine techniques and how they benefit from their experiences with nonconventional therapies. Findings suggest the need for further research into increasing access and eliminating disparities for Veterans seeking more integrative care.

<http://link.springer.com/article/10.1007/s10578-016-0624-9>

The Impact of Deployment on Parental, Family and Child Adjustment in Military Families.

Patricia Lester, Hilary Aralis, Maegan Sinclair, Cara Kiff, Kyung-Hee Lee, Sarah Mustillo, Shelley MacDermid Wadsworth

Child Psychiatry & Human Development

First online: 21 January 2016

DOI 10.1007/s10578-016-0624-9

Since 9/11, military service in the United States has been characterized by wartime deployments and reintegration challenges that contribute to a context of stress for military families. Research indicates the negative impact of wartime deployment on the well being of service members, military spouses, and children. Yet, few studies have considered how parental deployments may affect adjustment in young children and their families. Using deployment records and parent-reported measures from primary caregiving (N = 680) and military (n = 310) parents, we examined the influence of deployment on adjustment in military families with children ages 0–10 years. Greater deployment exposure was related to impaired family functioning and marital instability. Parental depressive and posttraumatic stress symptoms were associated with impairments in social emotional adjustment in young children, increased anxiety in early childhood, and adjustment problems in school-age children. Conversely, parental sensitivity was associated with improved social and emotional outcomes across childhood. These findings provide guidance to developing preventive approaches for military families with young children.

<http://www.sciencedirect.com/science/article/pii/S0165178116301172>

Metacognitive capacity predicts severity of trauma-related dysfunctional cognitions in adults with posttraumatic stress disorder.

Louanne W. Davis, Bethany L. Leonhardt, Alysia Siegel, Beth Brustuen, Brandi Luedtke, Jennifer L. Vohs, Alison V. James, Paul H. Lysaker

Psychiatry Research

Available online 22 January 2016

doi:10.1016/j.psychres.2016.01.045

Deficits in metacognition have been proposed as a barrier to adaptive responding to trauma. However, little is known about how different aspects of metacognitive capacity relate to responses to trauma and whether their potential link to such responses is independent of the overall level of psychopathology. To explore both issues, negative trauma-related cognitions about the self, the world, and self-blame, as measured by the Posttraumatic Cognitions Inventory (PTCI), were correlated with concurrent measures of depression, posttraumatic stress disorder symptoms, and two forms of metacognition; the Metacognitions questionnaire (MCQ-30), which focuses on specific thoughts, and the Metacognition Assessment Scale Abbreviated (MAS-A) which focuses on the degree to which persons can form complex representations of self and other. Participants were 51 veterans of the wars in Iraq and Afghanistan who had a PTSD diagnosis primarily involving a combat-related index trauma. Correlations revealed that being younger and more depressed were linked with greater levels of negative cognitions about self and the world. Lower levels of self-reflectivity on the MAS-A and higher levels of cognitive self-consciousness on the MCQ-30 were uniquely related to greater levels of self-blame even after controlling for age, level of depression, and PTSD. Implications for research and treatment are discussed.

<http://www.sciencedirect.com/science/article/pii/S0887618516300081>

Differential Treatment Response Trajectories in Individuals with Subclinical and Clinical PTSD.

Kristina J. Korte, Nicholas P. Allan, Daniel F. Gros, Ron Acierno

Journal of Anxiety Disorders

Available online 21 January 2016

doi:10.1016/j.janxdis.2016.01.006

Subclinical presentations of posttraumatic stress disorder (PTSD), wherein patients are one or two symptom criteria short of the full disorder, are prevalent and associated with levels of

distress and impaired functioning approximating that of full PTSD. Nonetheless, research examining treatment efficacy for this group is in the nascent stage. The purpose of the present study was to examine whether the subclinical PTSD group would: (1) show a greater reduction in PTSD symptoms at pre and post treatment in response to an exposure based treatment and (2) show a greater rate of change over the course of treatment, when compared to the full criteria PTSD group. We also examined whether differences would emerge when examining PTSD symptom clusters. Consistent with predictions, the subclinical PTSD group demonstrated a greater reduction in PTSD symptoms at post-treatment (29%) than those with a PTSD diagnosis (14%). Further, the groups had different treatment trajectories, with the subclinical PTSD group showing a marginally greater rate of change during the course of treatment. Findings also varied by symptom cluster with the subclinical group showing a greater rate of change in the intrusions, hypervigilance, and avoidance symptom clusters. There was not a significant between group difference in the numbing symptom cluster. This study provides preliminary evidence that treating PTSD symptoms at the subclinical level may result in a larger, and more rapid symptom reduction, and thus has implications supporting treatment earlier in the developmental trajectory of the disorder.

<http://www.tandfonline.com/doi/abs/10.1080/19371918.2015.1087915>

Veterans' Experiences using Complementary and Alternative Medicine for Posttraumatic Stress: A Qualitative Interpretive Meta-Synthesis.

Donna Schuman

Social Work in Public Health

Published online: 22 Jan 2016

DOI:10.1080/19371918.2015.1087915

Combat Veterans struggling with combat-related post-traumatic stress disorder and subthreshold symptoms often look outside the conventional behavioral health care system for treatment because standard care has not met their needs. This study utilized a qualitative interpretive metasynthesis to describe the lived experience of combat Veterans seeking complementary and alternative health therapies for posttraumatic stress symptoms. This research aimed to understand what attracts these Veterans to complementary and alternative medicine techniques and how they benefit from their experiences with nonconventional therapies. Findings suggest the need for further research into increasing access and eliminating disparities for Veterans seeking more integrative care.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302981>

Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection.

John R. Blosnich, PhD, MPH, Mary C. Marsiglio, PhD, Shasha Gao, PhD, Adam J. Gordon, MD, MPH, Jillian C. Shipherd, PhD, Michael Kauth, PhD, George R. Brown, MD, and Michael J. Fine, MD

American Journal of Public Health

Accepted on: Nov 1, 2015

doi: 10.2105/AJPH.2015.302981

Objectives. To examine whether indicators of community- and state-level lesbian, gay, bisexual, and transgender equality are associated with transgender veterans' mental health.

Methods. We extracted Veterans Administration data for patients who were diagnosed with gender identity disorder, had at least 1 visit in 2013, and lived in a zip code with a Municipality Equality Index score ($n = 1640$). We examined the associations of whether a state included transgender status in employment nondiscrimination laws and in hate crimes laws with mood disorders; alcohol, illicit drug, and tobacco use disorders; posttraumatic stress disorder; and suicidal ideation or attempt.

Results. Nearly half (47.3%) of the sample lived in states with employment discrimination protection, and 44.8% lived in states with hate crimes protection. Employment nondiscrimination protection was associated with 26% decreased odds of mood disorders (adjusted odds ratio [AOR] = 0.74; 95% confidence interval [CI] = 0.59, 0.93) and 43% decreased odds of self-directed violence (AOR = 0.57; 95% CI = 0.34, 0.95).

Conclusions. Understanding lesbian, gay, bisexual, and transgender social stressors can inform treatment and care coordination for transgender populations.

<http://www.tandfonline.com/doi/abs/10.1080/19359705.2016.1141344>

The Effect of Discrimination and Stress on Sexual and Behavioral Health among Sexual Minority Servicemen.

Adolph Joseph Delgado , Danielle Gordon , Phillip Schnarrs

Journal of Gay & Lesbian Mental Health

Accepted author version posted online: 20 Jan 2016

DOI:10.1080/19359705.2016.1141344

On September 20, 2011, the repeal of DADT was a defining moment in the United States; however, a gap in research remains regarding the military climate after the repeal of the DADT. Therefore, the purpose of this study is to increase the body of knowledge on the sexual and behavioral health among gay and bisexual servicemen, while methodologically identifying factors, such as discrimination and stress, which negatively impact negative health behaviors and risky sexual behaviors. A convenience sample of 85 male US servicemen were recruited via e-mail blasts and web postings on social media sites. Data showed a statistically significant association between sexual orientation and experiencing discrimination, $\chi^2(1) = 8.292$, $p = .004$, $V = 0.354$. Three separate regression models were used for the three outcome variables. Identifying as either a gay or bisexual service member reduced the likelihood of using tobacco (OR = .059, $p = .002$); alcohol (OR = .064, $p = .040$); and having casual sex (OR = .105, $p = .027$). Results bolster the need for future studies to explore which protective factors are unique for gay and bisexual servicemen, in order to design interventions that dissuade engagement of both negative health behaviors and risky-sexual behaviors.

Links of Interest

<http://www.military.com/daily-news/2016/01/18/rising-use-opioid-painkillers-and-efforts-curb-them-may-lead.html>

Rising Use of Opioid Painkillers May Lead Soldiers, Vets to Heroin

Effect of Stellate Ganglion Block For PTSD Is Real, Immediate And Can Be Startlingly Robust
<http://www.anesthesiologynews.com/PRN-/Article/01-16/Effect-of-Stellate-Ganglion-Block-For-PTSD-Is-Real-Immediate-And-Can-Be-Startlingly-Robust/34623>

Sarah Palin, This Is What PTSD Is Really Like

<http://www.nytimes.com/2016/01/23/opinion/sarah-palin-this-is-what-ptsd-is-really-like.html>

Shine some light on the winter blues with Navy medicine

<https://www.dvidshub.net/news/186016/shine-some-light-winter-blues-with-navy-medicine#.VqZImzY9Tdn>

Soldiers with PTSD more 'tuned' to angry faces because of over-connected brain circuits

<http://www.sciencedaily.com/releases/2016/01/160120091706.htm>

The leading cause of police death: Post-traumatic stress disorder

<http://america.aljazeera.com/watch/shows/america-tonight/articles/2015/11/9/the-leading-cause-of-police-death-post-traumatic-stress-disorder.html>

Military Drone Operators Risk a Serious Injury

http://www.slate.com/articles/technology/future_tense/2016/01/military_drone_operators_risk_moral_injury.html

For wounded Afghan vet, Everest is his goal, happiness is his choice

<http://www.idahostatesman.com/living/liv-columns-blogs/heart-of-treasure-valley/article56334630.html>

Suicide Risk Rises Among Family, Friends of Suicide Victims: Study

https://www.nlm.nih.gov/medlineplus/news/fullstory_156897.html

Resource of the Week -- [Final Recommendation Statement: Screening for Depression in Adults](#) (U.S. Preventive Services Task Force)

Recommendation Summary

The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

U.S. Preventive Services TASK FORCE

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Final Recommendation Statement

Depression in Adults: Screening

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

Table of Contents

- Recommendation Summary
- Preface
- Rationale
- Clinical Considerations
- Other Considerations
- Discussion
- Update of Previous USPSTF Recommendation
- Recommendations of Others
- Members of the U.S. Preventive Services Task Force
- Copyright and Source Information
- References

Recommendation Summary

Population	Recommendation	Grade (What's This?)
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749