CDP Research Update -- February 2, 2017

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https://content.govdelivery.com/accounts/USVHA/bulletins/183da26

PTSD Monthly Update - Managing Stress Reactions after Trauma

National Center for PTSD (VA)
January 2017

People respond to traumatic events in a number of ways. They may feel concern, anger, fear, or helplessness. These are all typical responses to a traumatic event.

Research shows that people who have been through trauma, loss, or hardship in the past may be even more likely than others to be affected by new, potentially traumatic events.

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http://www.jad-journal.com/article/S0165-0327(16)31947-4/abstract

Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial.

Craig J. Bryan, Jim Mintz, Tracy A. Clemans, Bruce Leeson, T. Scott Burch, Sean R. Williams, Emily Maney, M. David Rudd

Journal of Affective Disorders
April 1, 2017; Volume 212, Pages 64–72
DOI: http://dx.doi.org/10.1016/j.jad.2017.01.028

Objective
To evaluate the effectiveness of crisis response planning for the prevention of suicide attempts.

Method
Randomized clinical trial of active duty Army Soldiers (N=97) at Fort Carson, Colorado, presenting for an emergency behavioral health appointment. Participants were randomly assigned to receive a contract for safety, a standard crisis response plan, or an enhanced crisis response plan. Incidence of suicide attempts during follow-up was assessed with the Suicide Attempt Self-Injury Interview. Inclusion criteria were the presence of suicidal ideation during the past week and/or a lifetime history of suicide attempt. Exclusion criteria were the presence of a medical condition that precluded informed consent (e.g., active psychosis, mania). Survival curve analyses were used to determine efficacy on time to first suicide attempt. Longitudinal mixed effects models were used to determine efficacy on severity of suicide ideation and follow-up mental health care utilization.

Results
From baseline to the 6-month follow-up, 3 participants receiving a crisis response plan (estimated proportion: 5%) and 5 participants receiving a contract for safety (estimated proportion: 19%) attempted suicide (log-rank $\chi 2(1)=4.85$, $p=0.028$; hazard ratio=0.24, 95% CI=0.06–0.96), suggesting a 76% reduction in suicide attempts. Crisis response planning was associated with significantly faster decline in suicide ideation ($F(3,195)=18.64$, $p<0.001$) and fewer inpatient hospitalization days ($F(1,82)=7.41$, $p<0.001$). There were no differences between the enhanced and standard crisis response plan conditions.

Conclusion
Crisis response planning was more effective than a contract for safety in preventing suicide attempts, resolving suicide ideation, and reducing inpatient hospitalization among high-risk active duty Soldiers.

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http://ebmh.bmj.com/content/20/1/30.short

Significant methodological flaws limit conclusions drawn by authors of a recent PTSD mindfulness study.

Daniel J Lee, Charles W Hoge

Evidence Based Mental Health
Published Online First: 19 January 2017
doi:10.1136/eb-2016-102308

This study suggests that present-centred psychotherapy may have actually been superior to mindfulness-based psychotherapy, as it delivered identical total PCL and CAPS scores in roughly half the exposure time afforded to mindfulness (13.5 vs 26.5 hours).

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http://journals.sagepub.com/doi/abs/10.1177/1073191116681627

The Utility of the Personality Assessment Inventory in the Assessment of Posttraumatic Stress Disorder in OEF/OIF/OND Veterans.

Benjamin W. Bellet, , Meghan E. McDevitt-Murphy, Danielle H. Thomas, Matthew T. Luciano

Assessment
First published date: January-24-2017
DOI 10.1177/1073191116681627

We examined the use of the Personality Assessment Inventory (PAI) in a small sample of 47 U.S. military veterans of the conflicts in Iraq and Afghanistan. Approximately half of the sample met criteria for posttraumatic stress disorder (PTSD) based on the

Clinician-Administered PTSD Scale. PAI profiles were compared between the PTSD and non-PTSD groups. The PTSD group had clinically significant scores (≥ 70T) on the PAI for 5 clinical scales (anxiety, anxiety-related disorders, depression, paranoia, and schizophrenia) and 10 clinical subscales consistent with the typical symptom picture for PTSD. Effect size correlations (r) between scales and diagnosis group membership were large (r ≥ .5) for several scales that reflect PTSD symptoms and for the PTSD LOGIT function. In a receiver operating characteristics curve analysis, the PTSD LOGIT function and the Traumatic Stress Subscale both demonstrated good diagnostic utility (areas under the curve > .80).

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http://onlinelibrary.wiley.com/doi/10.1111/jrh.12230/full

Usual Care for Rural Veterans With Posttraumatic Stress Disorder.

Grubbs, K. M., Fortney, J. C., Kimbrell, T., Pyne, J. M., Hudson, T., Robinson, D., Moore, W. M., Custer, P., Schneider, R. and Schnurr, P. P.

The Journal of Rural Health
First published: 23 January 2017
DOI: 10.1111/jrh.12230

Purpose
Community-Based Outpatient Clinics (CBOCs) provide primary-care-based mental health services to rural veterans who live long distances from Veterans Affairs (VA) hospitals. Characterizing the composition of usual care will highlight the need and potential strategies to improve access to and engagement in evidence-based psychotherapy for posttraumatic stress disorder (PTSD).

Method
Veterans (N = 132) with PTSD recruited from 5 large- (5,000-10,000 patients) and 6 medium-sized (1,500-4,999) CBOCs were enrolled in the usual care arm of a randomized control trial for a PTSD collaborative care study. Chart review procedures classified all mental health encounters during the 1-year study period into 10 mutually exclusive categories (7 psychotherapy and 3 medication management).

Findings
Seventy-two percent of participants received at least 1 medication management encounter with 30% of encounters being delivered via interactive video. More than half

of veterans (58.3%) received at least 1 session of psychotherapy. Only 12.1% received a session of therapy classified as an evidence-based psychotherapy for PTSD. The vast majority of psychotherapy encounters were delivered in group format and only a small proportion were delivered via interactive video.

Conclusions
Findings suggest that veterans diagnosed with PTSD who receive their mental health treatment in large and medium CBOCs are likely to receive medication management, and very few veterans received evidence-based psychotherapy. There may be ways to increase access to evidence-based psychotherapy by expanding the use of interactive video to connect specialty mental health providers with patients, hosted either in CBOCs or in home-based care, and to offer more group-based therapies.

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http://onlinelibrary.wiley.com/doi/10.1002/jclp.22443/full

Benefits of a Psychodynamic Group Therapy (PGT) Model for Treating Veterans With PTSD.

Levi, O., Shoval-Zuckerman, Y., Fruchter, E., Bibi, A., Bar-Haim, Y. and Wald, I.

Journal of Clinical Psychology
First published: 24 January 2017
DOI: 10.1002/jclp.22443

Objective
To examine the effectiveness of a treatment model of psychodynamic group therapy (PGT) for combat Veterans with posttraumatic stress disorder (PTSD).

Method
A total of 158 male Veterans with PTSD (mean age = 30.09 years) were assigned to 15 treatment groups of 7–13 patients each. PGT was a 1-year therapy, 1.5 hour, once-a-week sessions administered in the following stages: group building activities, differentiation of group members, intimacy building, and termination. Levels of PTSD and depression symptoms, functioning, and hope were assessed at pretreatment baseline, posttreatment, and 12-month follow-up.

Results
Multilevel modeling analyses indicate that our group therapy is associated with reductions in PTSD and depressive symptoms at posttreatment, and that these effects were maintained at 12-month follow-up. The results also showed significantly improved patients' functioning by the end of therapy and at the 12-month follow-up point, and that the patients' hope level had increased.

Conclusion
The findings show that our model of psychodynamic group therapy is associated with mental improvements in Veterans with PTSD. However, further randomized controlled trials are recommended to establish the advantages of our therapeutic method compared to other modes of therapy.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.2068/abstract

Indirect exposure to client trauma and the impact on trainee clinical psychologists: Secondary traumatic stress or vicarious traumatization?

Makadia, R., Sabin-Farrell, R., and Turpin, G.

Clinical Psychology & Psychotherapy
First published: 25 January 2017
DOI: 10.1002/cpp.2068

Objectives
The study investigated the relationship between exposure to trauma work and well-being (general psychological distress, trauma symptoms, and disrupted beliefs) in trainee clinical psychologists. It also assessed the contribution of individual and situational factors to well-being.

Design
A Web-based survey was employed.

Methods
The survey comprised the General Health Questionnaire, Secondary Traumatic Stress Scale, Trauma and Attachment Belief Scale, Trauma Screening Questionnaire, and specific questions about exposure to trauma work and other individual and situational

factors. The link to the online survey was sent via email to trainee clinical psychologists attending courses throughout the UK

Results
Five hundred sixty-four trainee clinical psychologists participated. Most trainees had a caseload of one to two trauma cases in the previous 6 months; the most common trauma being sexual abuse. Exposure to trauma work was not related to general psychological distress or disrupted beliefs but was a significant predictor of trauma symptoms. Situational factors contributed to the variance in trauma symptoms; level of stress of clinical work and quality of trauma training were significant predictors of trauma symptoms. Individual and situational factors were also found to be significant predictors of general psychological distress and disrupted beliefs.

Conclusions
This study provides support for secondary traumatic stress but lacks evidence to support belief changes in vicarious traumatization or a relationship between exposure to trauma work and general psychological distress. The measurement and validity of vicarious traumatization is discussed along with clinical, theoretical implications, and suggestions for future research.

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http://jamanetwork.com/journals/jama/fullarticle/2598778

Screening for Obstructive Sleep Apnea in Adults: US Preventive Services Task Force Recommendation Statement.

JAMA. 2017;317(4):407-414
doi:10.1001/jama.2016.20325

Importance
Based on data from the 1990s, estimated prevalence of obstructive sleep apnea (OSA) in the United States is 10% for mild OSA and 3.8% to 6.5% for moderate to severe OSA; current prevalence may be higher, given the increasing prevalence of obesity. Severe OSA is associated with increased all-cause mortality, cardiovascular disease and cerebrovascular events, diabetes, cognitive impairment, decreased quality of life, and motor vehicle crashes.

Objective
To issue a new US Preventive Services Task Force (USPSTF) recommendation on screening for OSA in asymptomatic adults.

Evidence Review
The USPSTF reviewed the evidence on the accuracy, benefits, and potential harms of screening for OSA in asymptomatic adults seen in primary care, including those with unrecognized symptoms. The USPSTF also evaluated the evidence on the benefits and harms of treatment of OSA on intermediate and final health outcomes.

Findings
The USPSTF found insufficient evidence on screening for or treatment of OSA in asymptomatic adults or adults with unrecognized symptoms. Therefore, the USPSTF was unable to determine the magnitude of the benefits or harms of screening for OSA or whether there is a net benefit or harm to screening.

Conclusions and Recommendation
The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in asymptomatic adults. (I statement)

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http://onlinelibrary.wiley.com/doi/10.1111/ajad.12481/full

Concurrent treatment of PTSD and alcohol use disorder via telehealth in a female Iraq veteran.

Jaconis, M., Santa Ana, E. J., Killeen, T. K., Badour, C. L. and Back, S. E.

The American Journal on Addictions
First published: 24 January 2017
DOI: 10.1111/ajad.12481

Background and Objectives
A growing literature provides evidence for the use of integrated treatments (e.g., Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure; COPE); however, no known studies have applied COPE via telehealth.

Method
COPE was delivered via telehealth to treat one black female veteran with combat trauma and alcohol use disorder.

Results
The patient demonstrated significant reductions in alcohol consumption and PTSD and depressive symptoms.

Conclusions and Scientific Significance
Although preliminary, findings demonstrate that integrated treatment via telehealth is feasible and effective, and may be useful for female veterans reluctant to seek services at male-dominated VAMCs.

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http://journals.sagepub.com/doi/abs/10.1177/1534650116688557

Concurrent Dialectical Behavior Therapy and Prolonged Exposure Reduces Symptoms and Improves Overall Quality of Life for a Veteran With Posttraumatic Stress Disorder and Borderline Personality Disorder.

Emily Scheiderer, Jessica A. Carlile, Allison C. Aosved, Alycia Barlow

Clinical Case Studies
First Published January 23, 2017
DOI 10.1177/1534650116688557

This article presents a case study illustration of integrated, concurrent dialectical behavior therapy (DBT) and prolonged exposure (PE), conducted within a Veterans Affairs health care system. Treatment in this case effectively reduced symptoms and improved overall quality of life. Based on clinical complexities encountered (e.g., substance use, nonsuicidal self-harm, treatment setting constraints), recommendations are provided for concurrent treatment of posttraumatic stress disorder and borderline personality disorder in veterans. Recommendations include consideration of flexibility in duration of pre-PE stabilization, modification of DBT phone coaching protocol, management of structural barriers to treatment access, full use of consultation, and coordination of clinician roles.

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http://www.emeraldinsight.com/doi/abs/10.1108/DAT-08-2016-0022

Self-stigma in military personnel with alcohol dependence: comparison with a civilian sample before qualified withdrawal treatment.

Ulrich Wesemann , Christian Kahn , Peter Lutz Zimmermann , Gerd Dieter Willmund , Georg Schomerus

Drugs and Alcohol Today
VOLUME 17, ISSUE 1

Purpose
The present study aims to highlight the differences in self-stigma between a military and a civilian sample in order to infer military-specific aspects of the stigmatization process.

Design/methodology/approach
Before undergoing a 3-week course of qualified withdrawal treatment, 55 German military personnel were examined in terms of self-stigma, abstinence self-efficacy, duration of alcohol abuse, severity of alcohol dependence, and current mental disorders. Afterwards, the participants were compared with a non-military sample of 173 subjects with alcohol dependence in a civilian psychiatric clinic that had not yet undergone qualified withdrawal treatment.

Findings
While awareness of stigmatization is significantly greater among military personnel than in the civilian comparison group [t(171) = 3.83, p < .01], there is far less agreement with such stigmatization [t(170) = -3.20, p < .01]. More severe mental disorders and low abstinence self-efficacy have a significant influence on self-esteem decrement for the entire group.

Research limitations/implications
Both samples only consisted of male participants who wanted to receive treatment.

Originality/value
Since most studies refer to civilian patients, a comparative study of the influence of stigmatization of alcohol use disorders in the armed forces is of particular interest. The study indicates that military personnel are more aware of stigmatization by colleagues and superiors than is the case among civilian patients. This could be a significant

obstacle when it comes to seeking professional help. Prevention programs need to give greater priority to this subject.

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http://www.sciencedirect.com/science/article/pii/S016517811630508X

PTSD symptom severity and sensitivity to blood, injury, and mutilation in U.S. army special operations soldiers.

James A. Naifeh, Robert J. Ursano, Natasha Benfer, Hongyan Wu, Michelle Herman, David M. Benedek, Dale W. Russell, K. Nikki Benevides, Tzu-Cheg Kao, Tsz Hin H. Ng, Pablo A. Aliaga, Gary H. Wynn, Lei Zhang, Robert D. Forsten, Carol S. Fullerton

Psychiatry Research
Volume 250, April 2017, Pages 78-83
http://dx.doi.org/10.1016/j.psychres.2017.01.058

Sensitivity to blood, injury, and mutilation (SBIM) may increase risk for posttraumatic stress disorder (PTSD), given that traumatic events often involve actual or perceived threat of bodily harm to oneself and/or others, including exposure to blood and other mutilation-related stimuli. A self-report questionnaire was administered to male, active duty, U.S. Army Special Operations Command soldiers who had deployed to Iraq and Afghanistan (n =694 males). We first used exploratory factor analysis to examine whether the 30-item Mutilation Questionnaire (Klorman et al., 1974) comprised a unitary measure of SBIM, finding that 10 of the items form a cohesive SBIM factor. Summed, those 10 SBIM items had a significant bivariate correlation with PTSD symptom severity. In a multiple regression analysis that included demographic characteristics and lifetime trauma exposure, SBIM was positively associated with PTSD symptom severity. Other significant multivariate predictors were high lifetime trauma exposure and junior enlisted rank. When trait neuroticism was added to the model to test the robustness of these findings, the association of SBIM with PTSD symptom severity remained significant. The results suggest that SBIM may be a risk factor for PTSD in male soldiers. Further research is warranted to improve measurement and understanding of SBIM.

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http://www.sciencedirect.com/science/article/pii/S0005796717300220

Pre-treatment predictors of dropout from prolonged exposure therapy in patients with chronic posttraumatic stress disorder and comorbid substance use disorders.

Emily L. Belleau, Eu Gene Chin, Sonya G. Wanklyn, Laura Zambrano-Vazquez, Julie A. Schumacher, Scott F. Coffey

Behaviour Research and Therapy
Volume 91, April 2017, Pages 43-50
http://dx.doi.org/10.1016/j.brat.2017.01.011

Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) are commonly co-occurring disorders associated with more adverse consequences than PTSD alone. Prolonged exposure therapy (PE) is one of the most efficacious treatments for PTSD. However, among individuals with PTSD-SUD, 35–62% of individuals drop out of trauma-focused exposure treatments. Thus, it is important to identify predictors of PTSD treatment dropout among substance abusers with PTSD in order to gain information about adapting treatment strategies to enhance retention and outcomes. The current study explored pre-treatment predictors of early termination from PE treatment in a sample of 85 individuals receiving concurrent treatment for PTSD and a SUD in a residential treatment facility as part of a randomized controlled trial. The results indicated that less education and more anxiety sensitivity uniquely predicted PE treatment dropout. Demographic variables, PTSD severity, SUD severity, mental health comorbidities, and emotion regulation difficulties did not predict treatment dropout. These results suggest that adding pre-treatment interventions that address anxiety sensitivity, and promote social adjustment and cognitive flexibility, could possibly improve PE retention rates in clients with high anxiety or low education.

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http://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.16050100

Traumatic Brain Injury in Iraq and Afghanistan Veterans: New Results From a National Random Sample Study.

Lisa K. Lindquist, M.D., Holly C. Love, M.D., Eric B. Elbogen, Ph.D.

The Journal of Neuropsychiatry and Clinical Neurosciences
Published online: January 25, 2017

This study randomly sampled post-9/11 military veterans and reports on causes, predictors, and frequency of traumatic brain injury (TBI) (N=1,388). A total of 17.3% met criteria for TBI during military service, with about one-half reporting multiple head injuries, which were related to higher rates of posttraumatic stress disorder, depression, back pain, and suicidal ideation. The most common mechanisms of TBI included blasts (33.1%), objects hitting head (31.7%), and fall (13.5%). TBI was associated with enlisted rank, male gender, high combat exposure, and sustaining TBI prior to military service. Clinical and research efforts in veterans should consider TBI mechanism, effects of cumulative TBI, and screening for premilitary TBI.

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http://onlinelibrary.wiley.com/doi/10.1002/wps.20396/full

Suicide risk assessment: tools and challenges.

Maria A. Oquendo, Joel A. Bernanke

World Psychiatry
First published: 26 January 2017
DOI: 10.1002/wps.20396

The World Health Organization estimates that over 800,000 people die by suicide each year, and for each suicide as many as 20 more individuals have attempted suicide[1]. The assessment and management of suicide risk is considered a core competency for psychiatrists, yet guidelines diverge in their recommendations and there is no universally accepted model. Risk assessment and management is best conceptualized as a process − not a single event − that includes structured evaluation, intervention, and re-assessment. Here, we comment on benefits of risk assessment, tool selection, risk assessment in self-injurious patients, and the unique challenge of working with patients who harbor thoughts of suicide that they do not disclose.

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http://journals.sagepub.com/doi/full/10.1177/0095327X16682786

Who Supports U.S. Veterans and Who Exaggerates Their Support?

Meredith Kleykamp, Crosby Hipes, Alair MacLean

Armed Forces & Society
First Published January 27, 2017
DOI 10.1177/0095327X16682786

Support for U.S. military personnel appears high, but does it extend to veterans after service ends? This study evaluates public support for social engagement with veterans and spending on recent military veterans' health care and estimates the extent of socially desirable reporting on these forms of support. It uses a list experiment to identify the extent of socially desirable reporting on topics. Findings demonstrate that the public offers overwhelming support for spending on veterans' health care and social engagement with the group, but they somewhat overstate this support. Support differs by age, race, and political ideology, and social desirability bias varies by race, political ideology, and prior military experience. African Americans express the lowest levels of support for returning veterans and the greatest extent of socially desirable reporting on that support. This is despite generally high rates of service and greater labor market returns to that service among this demographic group.

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http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2592319

Acute and Chronic Posttraumatic Stress Symptoms in the Emergence of Posttraumatic Stress Disorder: A Network Analysis.

Bryant RA, Creamer M, O'Donnell M, Forbes D, McFarlane AC, Silove D, Hadzi-Pavlovic D.

JAMA Psychiatry
2017;74(2):135-142
doi:10.1001/jamapsychiatry.2016.3470

Importance
Little is understood about how the symptoms of posttraumatic stress develop over time into the syndrome of posttraumatic stress disorder (PTSD).

Objective
To use a network analysis approach to identify the nature of the association between PTSD symptoms in the acute phase after trauma and the chronic phase.

Design, Setting, and Participants
A prospective cohort study enrolled 1138 patients recently admitted with traumatic injury to 1 of 4 major trauma hospitals across Australia from March 13, 2004, to February 26, 2006. Participants underwent assessment during hospital admission (n = 1388) and at 12 months after injury (n = 852). Networks of symptom associations were analyzed in the acute and chronic phases using partial correlations, relative importance estimates, and centrality measures of each symptom in terms of its association strengths, closeness to other symptoms, and importance in connecting other symptoms to each other. Data were analyzed from March 3 to September 5, 2016.

Main Outcomes and Measures
Severity of PTSD was assessed at each assessment with the Clinician-Administered PTSD Scale.

Results
Of the 1138 patients undergoing assessment at admission (837 men [73.6%] and 301 women [26.4%]; mean [SD] age, 37.90 [13.62] years), strong connections were found in the acute phase. Reexperiencing symptoms were central to other symptoms in the acute phase, with intrusions and physiological reactivity among the most central symptoms in the networks in terms of the extent to which they occur between other symptoms (mean [SD], 1.2 [0.7] and 1.0 [0.9], respectively), closeness to other symptoms (mean [SD], 0.9 [0.3] and 1.1 [0.9], respectively), and strength of the associations (mean [SD], 1.6 [0.3] and 1.5 [0.3] respectively) among flashbacks, intrusions, and avoidance of thoughts, with moderately strong connections between intrusions and nightmares, being upset by reminders, and physiological reactivity. Intrusions and physiological reactivity were central in the acute phase. Among the 852 patients (73.6%) who completed the 12-month assessment, overall network connectivity was significantly stronger at 12 months than in the acute phase (global strength values, 6.57 vs 7.60; paired difference, 1.03; $P < .001$). The network associations among the reexperiencing symptoms were strengthened at 12 months, and physiological reactivity was strongly associated with the startle response, which was also associated with hypervigilance. Strong connectivity among emotional numbing, detachment from others, and disinterest in activities as well as moderately strong links among irritability (anger), concentration deficits, and sleep disturbance were found.

Conclusions and Relevance
As time elapses after trauma, fear circuitry and dysphoric PTSD symptoms appear to emerge as connected networks. Intrusive memories and reactivity are centrally associated with other symptoms in the acute phase, potentially pointing to the utility of addressing these symptoms in early intervention strategies.

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http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2599177

D-Cycloserine Augmentation of Exposure-Based Cognitive Behavior Therapy for Anxiety, Obsessive-Compulsive, and Posttraumatic Stress Disorders: A Systematic Review and Meta-analysis.

Mataix-Cols D, Fernández de la Cruz L, Monzani B, Rosenfield D, Andersson E, Pérez-Vigil A, Frumento P, de Kleine RA, Difede J, Dunlop BW, Farrell LJ, Geller D, Gerardi M, Guastella AJ, Hofmann SG, Hendriks G, Kushner MG, Lee FS, Lenze EJ, Levinson CA, McConnell H, Otto MW, Plag J, Pollack MH, Ressler KJ, Rodebaugh TL, Rothbaum BO, Scheeringa MS, Siewert-Siegmund A, Smits JAJ, Storch EA, Ströhle A, Tart CD, Tolin DF, van Minnen A, Waters AM, Weems CF, Wilhelm S, Wyka K, Davis M, Rück C, for the DCS Anxiety Consortium.

JAMA Psychiatry
Published online January 25, 2017
doi:10.1001/jamapsychiatry.2016.3955

Importance
Whether and under which conditions D-cycloserine (DCS) augments the effects of exposure-based cognitive behavior therapy for anxiety, obsessive-compulsive, and posttraumatic stress disorders is unclear.

Objective
To clarify whether DCS is superior to placebo in augmenting the effects of cognitive behavior therapy for anxiety, obsessive-compulsive, and posttraumatic stress disorders and to evaluate whether antidepressants interact with DCS and the effect of potential moderating variables.

Data Sources
PubMed, EMBASE, and PsycINFO were searched from inception to February 10, 2016.

Reference lists of previous reviews and meta-analyses and reports of randomized clinical trials were also checked.

Study Selection
Studies were eligible for inclusion if they were (1) double-blind randomized clinical trials of DCS as an augmentation strategy for exposure-based cognitive behavior therapy and (2) conducted in humans diagnosed as having specific phobia, social anxiety disorder, panic disorder with or without agoraphobia, obsessive-compulsive disorder, or posttraumatic stress disorder.

Data Extraction and Synthesis
Raw data were obtained from the authors and quality controlled. Data were ranked to ensure a consistent metric across studies (score range, 0-100). We used a 3-level multilevel model nesting repeated measures of outcomes within participants, who were nested within studies.

Results
Individual participant data were obtained for 21 of 22 eligible trials, representing 1047 of 1073 eligible participants. When controlling for antidepressant use, participants receiving DCS showed greater improvement from pretreatment to posttreatment (mean difference, −3.62; 95% CI, −0.81 to −6.43; P = .01; d = −0.25) but not from pretreatment to midtreatment (mean difference, −1.66; 95% CI, −1.60 to 4.92; P = .32; d = −0.14) or from pretreatment to follow-up (mean difference, −2.98, 95% CI, −0.03 to 5.99; P = .05; d = −0.19). Additional analyses showed that participants assigned to DCS were associated with lower symptom severity than those assigned to placebo at posttreatment and at follow-up. Antidepressants did not moderate the effects of DCS. None of the prespecified patient-level or study-level moderators was associated with outcomes.

Conclusions and Relevance
D-cycloserine is associated with a small augmentation effect on exposure-based therapy. This effect is not moderated by the concurrent use of antidepressants. Further research is needed to identify patient and/or therapy characteristics associated with DCS response.

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http://www.sciencedirect.com/science/article/pii/S1357303916302791

Suicide prevention for physicians: identification, intervention and mitigation of risk.

Alys Cole-King, Stephen Platt

Medicine
Available online 27 January 2017
http://dx.doi.org/10.1016/j.mpmed.2016.12.012

General physicians and general practitioners are at the front line of suicide prevention, and patients are commonly assessed or admitted to emergency department and medical wards following self-harm. The rate of suicide is low, making it hard to determine who is at risk. Traditional suicide risk assessment tools relied mainly on demographic risk factors, despite decades of research failing to find clinically meaningful associations. Reliance upon risk factor identification fails both clinicians and patients. Prediction studies offer no clinical usefulness for individual patients, as even risk factors associated with the highest odds ratio and a significant statistical correlation may not be clinically useful when assessing individuals. Self-harm and suicidal thoughts should be taken seriously and always met with empathy and understanding. Instead of focusing on quantifying and characterising suicide risk so it can be 'managed', the emphasis is on identifying individual risk factors, needs and strengths, instilling hope and empowering individuals to seek and accept support. Suicide is preventable; we need a new narrative away from 'characterising, quantifying and managing risk' and greater focus on 'compassion, safeguarding and safety planning'. We provide an overview of current research and offer clinically useful suggestions and resources to support clinical encounters.

Links of Interest

Southwest's Military Fares Can Save Service Members Big Dollars
http://thepointsguy.com/2017/01/southwest-military-fares/

Combined use of alcohol, cocaine may play a unique role in suicide risk
https://www.sciencedaily.com/releases/2017/01/170127191221.htm

After 43 years, the Army is finally recognizing this paratrooper's PTSD
https://www.armytimes.com/articles/after-43-years-the-army-is-finally-recognizing-this-paratroopers-ptsd

VA is studying gut bacteria in PTSD, TBI patients following success in mice
http://www.militarytimes.com/articles/va-is-studying-gut-bacteria-in-ptsd-tbi-patients-following-success-in-mice

Addicted individuals less responsive to reward-anticipation
https://www.sciencedaily.com/releases/2017/02/170202085857.htm

Posttraumatic stress and alcohol use disorders hit American-Indian, Alaskan-Native men the hardest
https://www.sciencedaily.com/releases/2017/01/170127191218.htm

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Resource of the Week - Military Personnel: DOD and the Coast Guard Need to Screen for Gambling Disorder Addiction and Update Guidance

New report from the Government Accountability Office.

> GAO makes eight recommendations, including that DOD incorporate gambling disorder questions in a systematic screening process and DOD and the CG update guidance to include gambling disorder. DOD concurred with five recommendations focused on updating guidance, but did not concur with incorporating gambling questions into a screening process due to the disorder's low prevalence. GAO maintains that this recommendation is still valid because, among other things, DOD's prevalence data are limited. The CG concurred with the two recommendations focused on updating guidance.

Table 3: Number of DOD and Coast Guard Servicemembers Who Were Seen by the Military Health System for Pathological Gambling, Gambling Disorder, and Problem Gambling (Fiscal Years 2011 through 2015)

Fiscal year	Active-duty component						Reserve Component					
	Air Force	Army	Coast Guard	Marine Corps	Navy	Total	Air Force Reserve and Air National Guard	Army Reserve and Army National Guard	Marine Corps Reserve	Navy Reserve	Coast Guard Reserve	Total
2011	26	63	3	19	26	**137**	1	18	0	1	2	**22**
2012	21	53	4	22	19	**119**	3	15	0	0	2	**20**
2013	32	44	2	18	25	**121**	3	14	0	0	1	**18**
2014	31	55	0	10	32	**128**	1	15	0	0	1	**17**
2015	30	54	0	19	28	**131**	1	11	1	1	4	**18**
Total	**112**	**215**	**7**	**73**	**107**	**514**	**5**	**55**	**1**	**2**	**9**	**72**

Source: DOD Military Health System Data Repository | GAO-17-114

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