

CDP



Research Update -- May 31, 2018

What's Here:

- Association of Continuous Positive Airway Pressure Treatment With Sexual Quality of Life in Patients With Sleep Apnea: Follow-up Study of a Randomized Clinical Trial.
- Antidepressant induced weight gain
- Examining Multiple Rhythms of Military and Veteran Family Life.
- Interventions That Support or Involve Caregivers or Families of Patients with Traumatic Injury: a Systematic Review.
- Association of Mild Traumatic Brain Injury With and Without Loss of Consciousness With Dementia in US Military Veterans.
- Brokering the Evidence-Practice Gap: A Strategy for Moving Evidence Into Clinical Practice.
- Embitterment in War Veterans with Posttraumatic Stress Disorder.
- Zolpidem as a Sleep Aid for Military Aviators.
- Contribution of mental and physical disorders to disability in military personnel.
- Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American nationally representative survey.
- Community Social Organization and Military Families: Theoretical Perspectives on Transitions, Contexts, and Resilience.
- Mental Health and Stress Among Army Civilians, Spouses, and Soldiers in a Closing Military Community.

- Research on Fathers in the Military Context: Current Status and Future Directions.
- A Synergistic Treatment Approach for Insomnia and Nightmares in Veterans with PTSD.
- An Online Peer Educational Campaign to Reduce Stigma and Improve Help Seeking in Veterans with Posttraumatic Stress Disorder.
- Use of crisis management interventions among suicidal patients: Results of a randomized controlled trial.
- Almost Married to the Mission: An Unmarried Couple's Deployment Experience.
- Use of Guideline-Recommended Treatments for PTSD Among Community-Based Providers in Texas and Vermont: Implications for the Veterans Choice Program.
- A systematic review of randomized trials of mind-body interventions for PTSD.
- Brief-Systemic Programs for Promoting Mental Health and Relationship Functioning in Military Couples and Families.
- Rates and correlates of disordered eating among women veterans in primary care.
- Effects of prolonged exposure and virtual reality exposure on suicidal ideation in active duty soldiers: An examination of potential mechanisms.
- Similarities between military and medical service: stigma of seeking mental health assistance.
- The phenomenology of military sexual trauma among male veterans.
- Military Factors Associated with Smoking in Veterans.
- Cognitive Therapy for Soldiers Suffering From Posttraumatic Stress Disorder and Traumatic Brain Injury.
- Sleep Patterns and Problems Among Army National Guard Soldiers.
- Links of Interest
- Resource of the Week: Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder: A Systematic Review Update (AHRQ)

<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2681628>

Association of Continuous Positive Airway Pressure Treatment With Sexual Quality of Life in Patients With Sleep Apnea: Follow-up Study of a Randomized Clinical Trial.

Jara SM, Hopp ML, Weaver EM

JAMA Otolaryngology—Head & Neck Surgery

Published online May 24, 2018

doi:10.1001/jamaoto.2018.0485

Key Points

Question

What is the association of long-term continuous positive airway pressure with sexual quality of life in patients with sleep apnea?

Findings

In a cohort study of 182 patients with sleep apnea, a significant improvement in sexual quality of life measures was observed among patients who used continuous positive airway pressure vs those who did not at long-term follow-up.

Meaning

In patients with sleep apnea, successful continuous positive airway pressure use may be associated with better improvements in sexual quality of life.

Abstract

Importance

Obstructive sleep apnea reduces sexual quality of life (QOL) as a result of reduced libido and intimacy, erectile dysfunction, and several other mechanisms. Treatment for obstructive sleep apnea may improve sexual QOL.

Objective

To test the association of long-term continuous positive airway pressure (CPAP) treatment with sexual QOL for patients with obstructive sleep apnea.

Design, Setting, and Participants

Prospective cohort study at a single, tertiary medical center of patients with newly diagnosed obstructive sleep apnea who were prescribed CPAP treatment from September 1, 2007, through June 30, 2010 (follow-up completed June 30, 2011). The statistical analysis was performed from February 1 through December 31, 2017.

Exposures

Use of CPAP treatment objectively measured by the number of hours per night. Users of CPAP were defined as patients who used CPAP treatment for more than 4 hours per night, and nonusers were defined as patients who used CPAP treatment for fewer than 0.5 hours per night.

Main Outcomes and Measures

Data were collected from eligible patients before CPAP treatment was prescribed and 12 months later by using the validated Symptoms of Nocturnal Obstruction and Related Events–25 (SNORE-25) QOL instrument. The 2 sex-specific items used to create the sexual QOL domain were taken from the SNORE-25. The sexual QOL domain was scored in a range from 0 to 5 (higher score is worse). The difference in sexual QOL between CPAP users and nonusers was analyzed using a paired, 2-tailed t test and multivariable linear regression adjusted for potential confounders.

Results

Of the 182 participants in the cohort, 115 (63.2%) were men (mean [SD] age, 47.2 [12.3] years) with severe OSA (mean [SD] apnea-hypopnea index, 32.5 [23.8] events per hour). At the 12-month follow-up, 72 CPAP users (mean [SD] use, 6.4 [1.2] hours per night) had greater improvement than 110 nonusers (0 [0] hours per night) in sexual QOL scores (0.7 [1.2] vs 0.1 [1.1]; difference, 0.54; 95% CI, 0.18-0.90; effect size, 0.47). A moderate treatment association was observed after adjustment for age, sex, race/ethnicity, marital status, income level, educational level, body mass index, apnea-hypopnea index, and the Functional Comorbidity Index (adjusted difference, 0.49; 95% CI, 0.09-0.89; effect size, 0.43). Subgroup analysis revealed a large treatment association for women (adjusted difference, 1.34; 95% CI, 0.50-2.18; effect size, 0.87) but not for men (adjusted difference, 0.16; 95% CI, -0.26 to 0.58; effect size, 0.19).

Conclusions and Relevance

Successful CPAP use may be associated with improved sexual QOL. Subgroup analysis revealed a large improvement in women but no improvement in men. Further study is warranted to test other measures of sexual QOL and other treatments.

Trial Registration
ClinicalTrials.gov Identifier: NCT00503802

<https://www.bmj.com/content/361/bmj.k2151>

Antidepressant induced weight gain (editorial)

Alessandro Serretti, Stefano Porcelli

BMJ

Published 23 May 2018

doi: <https://doi.org/10.1136/bmj.k2151>

Antidepressant prescriptions (mainly selective serotonin reuptake inhibitors and serotonin-noradrenaline reuptake inhibitors) have increased greatly in recent decades: from 61.9 to 129.9 prescriptions per 1000 person years between 1995 and 2011 in the United Kingdom alone.¹ Similarly, in the United States prescription rates increased from 6.8% to 13% of the population between 1999 and 2011.² Whatever the reasons (including new clinical indications and increased duration of maintenance treatment³) increasing use of antidepressants raises concerns about tolerability and harm. The risk of weight gain associated with antidepressant treatment has received particular attention because of the increased risk of chronic disease and mortality related to being overweight and obese.⁴

While the short term risk of weight gain has been well described,⁵ the longer term risk (>1 year) remains poorly investigated. In a linked article, Gafoor and colleagues (doi:10.1136/bmj.k1951) help fill this gap by investigating the long term population impact of antidepressant prescriptions on weight gain in a large cohort of more than 300 000 people.⁶ The absolute risk of weight gain without antidepressant use was 8.1 per 100 person years, whereas the risk in people prescribed antidepressants was 11.2 per 100 person years. This translates into a number needed to harm of 59—or one extra weight gain episode for every 59 patients treated, assuming that the association is causal.

This level of risk might look modest, but the effect at population level could be substantial. If roughly 13% of the UK population take an antidepressant, many thousands of people will gain weight each year because of their treatment. Clinicians should discuss the possibility of weight gain with patients who need antidepressants,

provide concomitant lifestyle advice on diet and exercise to minimise the risk, and monitor patients' weight and metabolic variables for the duration of treatment. Increasing physical activity may also improve symptoms of depression.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jftr.12275>

Examining Multiple Rhythms of Military and Veteran Family Life.

Christina M. Marini, Christina L. Collins, Shelley M. MacDermid Wadsworth

Journal of Family Theory & Review

First published: 11 May 2018

<https://doi.org/10.1111/jftr.12275>

This review considers existing literature about military and veteran families' deployment-related experiences in relation to three separate, yet related, temporal rhythms. First, we consider military family functioning within a short-term rhythm focused on dynamic family interactions (e.g., communicative exchanges) that occur daily. Next, we consider medium-term rhythms characterized by more temporal stability. Examples of such rhythms include established marital and parenting patterns that likely have bidirectional associations with adjustment to deployments or other experiences connected to military service. The final rhythm focuses on long-term implications of wartime service for military and veteran families. We conclude by considering examples of ways these different rhythms of individual and family functioning may intersect. Our main purpose in highlighting these rhythms is to generate fruitful directions for future research about the conditions under which deployment-induced transitions may produce periods of dysfunction, promote positive growth, or leave individuals and families relatively unchanged.

<https://link.springer.com/article/10.1007/s11606-018-4417-7>

Interventions That Support or Involve Caregivers or Families of Patients with Traumatic Injury: a Systematic Review.

Megan E. Shepherd-Banigan, Abigail Shapiro, Jennifer R. McDuffie, Mira Brancu, Nina R. Sperber, Courtney H. Van Houtven, Andrzej S. Kosinski, Neha N. Mehta, Avishek Nagi, John W. Williams, Jr.

Journal of General Internal Medicine

First Online: 07 May 2018

<https://doi.org/10.1007/s11606-018-4417-7>

Background

Almost 40 million family caregivers care for a loved one with severe physical or cognitive impairments. The purpose of this review is to summarize evidence about the benefits of interventions to support or involve family members/caregivers of patients with trauma-related injury on caregiver, patient, and household outcomes.

Methods

English-language peer-reviewed publications in MEDLINE, CINAHL, and PsycINFO from 1995 through December 2016 were identified. Eligible studies included RCT or quasi-experimental studies evaluating interventions designed to support or involve caregivers or family members of patients with TBI, PTSD, or polytrauma. Abstractions were completed by one reviewer and checked by a second; two reviewers independently assessed risk of bias using the Cochrane Effective Practice and Organization of Care Review Criteria.

Results

Thirteen studies (n = 9 TBI; n = 4 PTSD, n = 0 polytrauma) evaluated psychological or rehabilitation interventions involving caregivers. Interventions did not improve TBI patients' functional status (standardized mean difference [SMD], 0.29 [95% confidence interval [CI], - 0.51 to 1.08]) or psychological symptoms (SMD - 0.25, CI - 0.62 to 0.12). Qualitative analysis shows potential intervention benefit for TBI symptoms. Interventions did not improve TBI caregiver psychological symptoms (SMD - 0.26, CI - 0.57 to 0.05); however, qualitative analysis suggests mixed effects for caregiver burden and quality of life. Positive intervention effects on patients' PTSD symptoms, mental health service use, and PTSD caregivers' psychological symptoms were identified with certain interventions. Strength of evidence ranged from moderate to very low.

Discussion

Studies showed mixed patterns of intervention effects on caregiver and patient outcomes; evidence about intervention impact is inconclusive. This review is the first to identify caregiving interventions for patients with TBI and polytrauma and extends past reviews about patients with PTSD. Limitations include a small evidence base, low study

quality, disparate methods, varied outcome measures, and high heterogeneity.
PROSPERO Registration CRD42017053516.

<https://jamanetwork.com/journals/jamaneurology/article-abstract/2679879>

Association of Mild Traumatic Brain Injury With and Without Loss of Consciousness With Dementia in US Military Veterans.

Barnes DE, Byers AL, Gardner RC, Seal KH, Boscardin WJ, Yaffe K.

JAMA Neurology

Published online May 7, 2018

doi:10.1001/jamaneurol.2018.0815

Key Points

Question

Is mild traumatic brain injury without loss of consciousness associated with an increased risk of dementia diagnosis in veterans?

Findings

In this propensity-matched cohort study of more than 350 000 veterans with and without traumatic brain injuries, mild traumatic brain injury without loss of consciousness was associated with more than a 2-fold increase in the risk of dementia diagnosis, even after adjusting for medical and psychiatric comorbidities.

Meaning

Even mild traumatic brain injuries that do not result in loss of consciousness might have long-term neurodegenerative consequences.

Abstract

Importance

Traumatic brain injury (TBI) is common in both veteran and civilian populations. Prior studies have linked moderate and severe TBI with increased dementia risk, but the association between dementia and mild TBI, particularly mild TBI without loss of consciousness (LOC), remains unclear.

Objective

To examine the association between TBI severity, LOC, and dementia diagnosis in veterans.

Design, Setting, and Participants

This cohort study of all patients diagnosed with a TBI in the Veterans Health Administration health care system from October 1, 2001, to September 30, 2014, and a propensity-matched comparison group. Patients with dementia at baseline were excluded. Researchers identified TBIs through the Comprehensive TBI Evaluation database, which is restricted to Iraq and Afghanistan veterans, and the National Patient Care Database, which includes veterans of all eras. The severity of each TBI was based on the most severe injury recorded and classified as mild without LOC, mild with LOC, mild with LOC status unknown, or moderate or severe using Department of Defense or Defense and Veterans Brain Injury Center criteria. International Classification of Diseases, Ninth Revision codes were used to identify dementia diagnoses during follow-up and medical and psychiatric comorbidities in the 2 years prior to the index date.

Main Outcomes and Measures

Dementia diagnosis in veterans who had experienced TBI with or without LOC and control participants without TBI exposure.

Results

The study included 178 779 patients diagnosed with a TBI in the Veterans Health Administration health care system and 178 779 patients in a propensity-matched comparison group. Veterans had a mean (SD) age of nearly 49.5 (18.2) years at baseline; 33 250 (9.3%) were women, and 259 136 (72.5%) were non-Hispanic white individuals. Differences between veterans with and without TBI were small. A total of 4698 veterans (2.6%) without TBI developed dementia compared with 10 835 (6.1%) of those with TBI. After adjustment for demographics and medical and psychiatric comorbidities, adjusted hazard ratios for dementia were 2.36 (95% CI, 2.10-2.66) for mild TBI without LOC, 2.51 (95% CI, 2.29-2.76) for mild TBI with LOC, 3.19 (95% CI, 3.05-3.33) for mild TBI with LOC status unknown, and 3.77 (95% CI, 3.63-3.91) for moderate to severe TBI.

Conclusions and Relevance

In this cohort study of more than 350 000 veterans, even mild TBI without LOC was associated with more than a 2-fold increase in the risk of dementia diagnosis. Studies of strategies to determine mechanisms, prevention, and treatment of TBI-related dementia in veterans are urgently needed.

Related editorial: [Risk of Dementia Outcomes Associated With Traumatic Brain Injury During Military Service](#)

<https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201700416>

Brokering the Evidence-Practice Gap: A Strategy for Moving Evidence Into Clinical Practice.

Lisa S. Segre, Stephanie Trusty, Renee Gullickson, Rebecca Chuffo Davila, and Michael W. O'Hara

Psychiatric Services

Published Online: 8 May 2018

<https://doi.org/10.1176/appi.ps.201700416>

Moving novel, evidence-based interventions into broad community use is challenging. This column describes how a midlevel public health administrator acted in the role of broker to link university-based researchers with maternal health clinical staff to successfully implement an innovative, evidence-based maternal depression treatment. Program evaluation assessed adoption, implementation, reach, and effectiveness. In reflecting on this partnership, the broker provided critical elements of access, credibility, and accountability. A partnership between service providers and research teams provides one strategy to disseminate evidence-based practices among those served by public-health programs.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5911170/>

Embitterment in War Veterans with Posttraumatic Stress Disorder.

Dzevad Sabic, Adela Sabic, and Olivera Batic-Mujanovic

Medical Archives

2018 Apr; 72(2): 125–130

doi: 10.5455/medarh.2018.72.125-130

Aim

The aim of this study was to analyze frequency of embitterment in war veterans with Posttraumatic stress disorder (PTSD).

Patients and Methods

It was analyzed 174 subjects (from Health Center Zivinice/ Mental Health Center) through a survey conducted in the period from March 2015 to June 2016, of which 87 war veterans with PTSD and control subjects 87 war veterans without PTSD. The primary outcome measure was the Post-Traumatic Embitterment Disorder Self-Rating Scale (PTED Scale) who contains 19 items designed to assess features of embitterment reactions to negative life events. Secondary efficacy measures included the Clinician-Administered PTSD Scale - V (CAPS), the PTSD Checklist (PCL), the Combat Exposure Scale (CES), the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A) and the World Health Organization Quality of Life Scale (WHOQOL-Bref). All subjects were male. The average age of patients in the group war veterans with PTSD was 52.78 ± 5.99 . In the control group average age was 51.42 ± 5.98 . Statistical data were analyzed in SPSS statistical program.

Results

Comparing the results, t tests revealed significant difference between group veterans with PTSD and control group ($t=-21.216$, $p<0.0001$). War veterans group with PTSD ($X= 51.41$ $SD= 8.91$), war veterans without PTSD ($X=14.39$, $SD=13.61$).

Conclusion

Embitterment is frequent in war veterans with PTSD.

<https://www.ncbi.nlm.nih.gov/pubmed/29562972>

Aerosp Med Hum Perform. 2018 Apr 1;89(4):406-408. doi: 10.3357/AMHP.4996.2018.

Zolpidem as a Sleep Aid for Military Aviators.

Sen Kew G, See B.

INTRODUCTION:

Zolpidem is a short-acting nonbenzodiazepine hypnotic that has been approved by the Republic of Singapore Air Force (RSAF) for aircrew sleep management since 2005. Prior to consuming zolpidem for operational reasons, each RSAF aircrew member is

required to undergo a ground test to exclude operationally relevant adverse drug effects. This study describes the RSAF's zolpidem ground testing outcomes over a 12.5-yr period.

METHODS:

This is a retrospective case series of 578 RSAF aircrew members who underwent zolpidem test dosing from 1 January 2005 to 30 June 2017.

RESULTS:

The median age was 29 yr (range, 19-54 yr) and the mean age was 30.1 yr \pm 6.3 yr. Of the aircrew members, 568 (98.3%) were men and all were of Asian origin; 558 (96.5%) were medically cleared for the operational use of zolpidem. Among the 20 (3.5%) who failed zolpidem ground testing, next-day drowsiness (cumulative incidence, 1.04%), headache (cumulative incidence, 0.87%), and dizziness (cumulative incidence, 0.35%) were the most common causes of failure. None of the aircrew members reported abnormal sleep behaviors or major adverse drug events from zolpidem ingestion.

DISCUSSION:

Our results suggest a low occurrence of adverse effects among military aircrew members who undergo zolpidem test dosing prior to using the drug operationally. To our knowledge, this is the single largest published case series of zolpidem ground testing outcomes among Asian military aviators. Kew GS, See B. Zolpidem as a sleep aid for military aviators. *Aerosp Med Hum Perform.* 2018; 89(4):406-408.

PMID: 29562972 DOI: 10.3357/AMHP.4996.2018

<https://www.ncbi.nlm.nih.gov/pubmed/29788489>

Occup Med (Lond). 2018 May 19. doi: 10.1093/occmed/kqy066. [Epub ahead of print]

Contribution of mental and physical disorders to disability in military personnel.

Beliveau PJH, Boulos D, Zamorski MA

BACKGROUND:

Combat operations in Southwest Asia have exposed millions of military personnel to risk of mental disorders and physical injuries, including traumatic brain injury (TBI). The contribution of specific disorders to disability is, however, uncertain.

AIMS:

To estimate the contributions of mental and physical health conditions to disability in military personnel.

METHODS:

The sample consisted of military personnel who participated in the cross-sectional 2013 Canadian Forces Mental Health Survey. Disability was measured using the World Health Organization Disability Assessment. The International Classification of Functioning, Disability, and Health was used to classify participants with moderate/severe disability. Chronic mental disorders and physical conditions were measured by self-reported health professional diagnoses, and their contribution to disability was assessed using logistic regression and resulting population attributable fractions.

RESULTS:

Data were collected from 6696 military members. The prevalence of moderate/severe disability was 10%. Mental disorders accounted for 27% (95% confidence interval [CI] 23-31%) and physical conditions 62% (95% CI 56-67%) of the burden of disability. Chronic musculoskeletal problems 33% (95% CI 26-39%), back problems 29% (95% CI 23-35%), mood disorders 16% (95% CI 11-19%) and post-traumatic stress disorder (PTSD) 9% (95% CI 5-12%) were the leading contributors to disability. After-effects of TBI accounted for only 3% (95% CI 1-4%) of disability. Mental and physical health interacted broadly, such that those with mental disorders experienced disproportionate disability in the presence of physical conditions.

CONCLUSIONS:

Chronic musculoskeletal conditions, back problems, mood disorders and PTSD are primary areas of focus in prevention and control of disability in military personnel.

PMID: 29788489 DOI: 10.1093/occmed/kqy066

[https://www.drugandalcoholdependence.com/article/S0376-8716\(18\)30255-2/fulltext](https://www.drugandalcoholdependence.com/article/S0376-8716(18)30255-2/fulltext)

Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American nationally representative survey.

Elena Bilevicius, Jordana L. Sommer, Gordon J.G. Asmundson, Renée El-Gabalawy

Drug & Alcohol Dependence

2018; Volume 188, 119-125

DOI: <https://doi.org/10.1016/j.drugalcdep.2018.04.005>

Highlights

- Higher prevalence of opioid use disorder (OUD) in posttraumatic stress disorder (PTSD).
- Comorbid PTSD and musculoskeletal pain conditions have additive effect on OUD.
- Patients with this comorbidity should be prescreened to minimize risk of OUD.

Abstract

Background

Chronic pain conditions and posttraumatic stress disorder (PTSD) commonly co-occur and are associated with opioid use disorder (OUD). The aims of this paper were to identify prevalence estimates of OUD among individuals with and without PTSD and assess independent and combined contributions of PTSD and chronic pain conditions on OUD in a nationally representative sample.

Methods

Data were extracted from 36,309 individuals from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions. Past-year PTSD and OUD were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-5 edition. Respondents reported physician-confirmed, past-year chronic pain conditions, categorized into musculoskeletal pain (e.g., arthritis), digestive pain (e.g., pancreatitis), and nerve pain (e.g., reflex sympathetic dystrophy). We examined the weighted prevalence of OUD among those with and without PTSD. Multiple logistic regressions examined the association between PTSD and chronic pain conditions on OUD.

Results

The prevalence of OUD was higher among those with PTSD than those without. Comorbid PTSD/musculoskeletal pain and PTSD/nerve pain conditions were associated with increased odds of OUD, compared to those with neither PTSD nor chronic pain conditions. Digestive pain conditions were not associated with OUD. Comorbid PTSD/musculoskeletal pain conditions demonstrated an additive relationship on OUD compared to musculoskeletal pain conditions and PTSD alone.

Conclusions

Results reveal that musculoskeletal pain and nerve pain conditions are associated with increased odds of OUD, but only musculoskeletal pain conditions display an additive relationship on OUD when combined with PTSD. These findings have implications for opioid management and screening among those with comorbid conditions.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jftr.12271>

Community Social Organization and Military Families: Theoretical Perspectives on Transitions, Contexts, and Resilience.

Jay A. Mancini, Catherine Walker O'Neal, James A. Martin, Gary L. Bowen

Journal of Family Theory & Review

First published: 10 May 2018

<https://doi.org/10.1111/jftr.12271>

The social organization theory of action and change accounts for transitions families face in community contexts. This perspective aligns with family stress and resilience theories, including the contextual model of family stress. Our discussion focuses on transitions of military families, including the continually changing nature of military family life. The military environment provides an opportunity for understanding family vulnerability and resilience from a community perspective, in effect, a perspective centered on contexts. Contexts include matters that families have control over and those they are unable to affect. The roles of shared responsibility and collective competence in moving families and communities forward are discussed, as are pivotal roles of informal networks and formal systems. Findings that align with this theorizing include influence of the military system and culture on families, as well as how sense of community emerges as a pivotal factor for family well-being.

<http://journals.sagepub.com/doi/abs/10.1177/0095327X18771004>

Mental Health and Stress Among Army Civilians, Spouses, and Soldiers in a Closing Military Community.

Jeffrey L. Thomas, Amanda L. Adrian, Michael D. Wood, Coleen L. Crouch, James D. Lee, and Amy B. Adler

Armed Forces & Society

First Published May 9, 2018

<https://doi.org/10.1177/0095327X18771004>

When military community closure occurs, it can be challenging for service members and the surrounding community. Given that services and social networks disappear; this is particularly salient in overseas locations. Few studies have systematically assessed the impact of base closure on military community members. In the present study, 743 soldiers, 114 Army civilian employees, and 54 military spouses living in two closing U.S. military communities in Germany were surveyed about transformation stressors, mental health, and factors associated with better adjustment such as individual coping, leadership behaviors, and community cohesion. While individual coping was associated with fewer sleep problems, and individual coping and leadership were associated with less psychological distress, community cohesion generally overrode these effects in the final step of regression models. Thus, while coping and leadership are important, community connection appears to confer benefits to the affected individuals even in the context of base closure.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jftr.12274>

Research on Fathers in the Military Context: Current Status and Future Directions.

Jennifer K. Karre, Daniel F. Perkins, Keith R. Aronson

Journal of Family Theory & Review

First published: 10 May 2018

<https://doi.org/10.1111/jftr.12274>

Fathering in the military context has been studied for decades. The general approach to this research has mirrored the way in which civilian fathering was studied, with an original emphasis on the deficiencies among fathers as parents, eventually giving way to examining the benefits of father involvement. Largely in the past decade, research has begun to examine the strengths of military fathers and how they can thrive as parents even as they live in a challenging work context. This review examines the

literature on fathering in the military. In addition, the article encourages future research on military fathers to use more of a strengths-based approach. Moreover, virtually nothing is known about civilian fathers who coparent with a service member. Future research should address this gap in understanding the full range of military family formations.

<http://acegonline.org/wp-content/uploads/2018/05/JMGC-Vol-6-Is-1.pdf#page=74>

A Synergistic Treatment Approach for Insomnia and Nightmares in Veterans with PTSD.

M Heher, NE Duchac, T Frye

Journal of Military and Government Counseling 71
2018; Volume 6, Number 1

Sleep disturbances are prevalent among veterans. In particular, insomnia and nightmares are common complaints for this population. Cognitive Behavior Therapy for Insomnia (CBT-I) and Imagery Rehearsal Therapy (IRT) are established treatments for insomnia and nightmares respectively. This paper reviews recent literature on insomnia and nightmares in military personnel. The treatment of insomnia with CBT-I and nightmares with IRT are discussed. Finally, the integration of CBT-I and IRT for sleep disturbances in Veterans with PTSD is presented.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2017.0305>

An Online Peer Educational Campaign to Reduce Stigma and Improve Help Seeking in Veterans with Posttraumatic Stress Disorder.

Hamblen Jessica L., Grubaugh Anouk L., Davidson Tatiana M., Borkman April L., Bunnell Brian E., and Ruggiero Kenneth J.

Telemedicine and e-Health
Online Ahead of Print: May 10, 2018
<http://doi.org/10.1089/tmj.2017.0305>

Background:

Although at least 1 in 10 veterans meet criteria for Posttraumatic Stress Disorder (PTSD) related to their military service, treatment seeking is strikingly low due to perceived stigma and other barriers. The National Center for PTSD produced AboutFace,* a web-based video gallery of veterans with PTSD who share their personal stories about PTSD and how treatment has turned their lives around.

Introduction:

We conducted a two-stage evaluation of AboutFace, which included (1) a usability testing phase and (2) a randomized, controlled trial phase to explore the feasibility of incorporating AboutFace into a specialized outpatient clinic for PTSD. Materials and

Methods:

Twenty veterans participated in the usability testing phase in which they answered moderator posed questions regarding AboutFace, while actively exploring the website. Sixty veterans participated in the study after completing a PTSD clinic evaluation and were randomized to receive an educational booklet about PTSD treatment or AboutFace before starting treatment. Stigma and attitudes about treatment seeking were assessed at baseline and 2 weeks later.

Results:

Veterans had positive attitudes about AboutFace and gave suggestions for improvement. Veterans in both conditions reported improved attitudes toward mental illness and treatment seeking from baseline to the 2-week follow-up.

Discussion:

AboutFace is a promising peer-to-peer approach that can be used to challenge stigma and promote help seeking.

Conclusions:

This use of an online peer approach is innovative, relevant to a wide range of healthcare conditions, and has the potential to increase access to care through trusted narratives that promote hope in recovery.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22753>

Use of crisis management interventions among suicidal patients: Results of a randomized controlled trial.

Craig J. Bryan PsyD, ABPP Alexis M. May, PhD David C. Rozek, PhD Sean R. Williams, LCSW Tracy A. Clemans, PhD Jim Mintz, PhD Bruce Leeson, PhD T. Scott Burch, PsyD

Depression and Anxiety

First published: 10 May 2018

<https://doi.org/10.1002/da.22753>

1 Background

Previous research supports the efficacy of the crisis response plan (CRP) for the reduction of suicidal behaviors as compared to treatment as usual (TAU). Patient perspectives and use of the CRP, and their relationship to later suicidal thoughts, remain unknown.

2 Methods

A secondary analysis of a randomized clinical trial comparing a standard CRP (S-CRP), a CRP enhanced with reasons for living (E-CRP), and TAU in a sample of 97 active-duty U.S. Army personnel was conducted. Participants were asked about their use, perceptions, and recall of each intervention. Generalized estimating equations were used to test the conditional effects of intervention use, perceptions, and recall on severity of suicide ideation during follow-up.

3 Results

Across all treatment groups, over 80% of participants retained their written CRP up to 6 months later, but less than 25% had the written plan in their physical possession at the time of each assessment. Participants in S-CRP and E-CRP were more likely to recall self-management strategies and sources of social support. Participants in TAU were more likely to recall use of professional healthcare services and crisis management services. All three interventions were rated as highly useful. More frequent use of the E-CRP and recall of its components were associated with significantly reduced suicide ideation as compared to TAU.

4 Conclusions

Both CRPs have high acceptability ratings. The effect of both CRPs on reduced suicide ideation is associated with patient recall of components. More frequent use of the E-CRP is associated with larger reductions in suicide ideation.

<http://acegonline.org/wp-content/uploads/2018/05/JMGC-Vol-6-Is-1.pdf#page=23>

Almost Married to the Mission: An Unmarried Couple's Deployment Experience.

Kellie E. Forziat, Nicholas C. Pytel

Journal of Military and Government Counseling
2018; Volume 6, Number 1

Counselors utilize a framework of emotional stages of deployment in order to understand the impacts that different stages of military deployments have on individuals. Emotional stages of deployment have been created and applied to military couples (i.e., the service member and spouse) who are married by comparing their emotions experienced during a deployment cycle. This article explores the differences that this stage approach has when applied to unmarried military couples. Additionally, the article highlights implications for future research and implications for counselors to better understand the unique issues that unmarried military couples face.

<https://link.springer.com/article/10.1007/s11414-018-9613-z>

Use of Guideline-Recommended Treatments for PTSD Among Community-Based Providers in Texas and Vermont: Implications for the Veterans Choice Program.

Erin P. Finley, Michael Mader, Elizabeth K. Haro, Polly H. Noël, Nancy Bernardy, Craig S. Rosen, Mary Bollinger, Hector A. Garcia, Kathleen Sherrieb, Mary Jo V. Pugh

The Journal of Behavioral Health Services & Research
First Online: 10 May 2018
<https://doi.org/10.1007/s11414-018-9613-z>

Implementation of the Veterans Choice Program (VCP) allows Veterans to receive care paid for by the Department of Veterans Affairs (VA) in community settings. However, the quality of that care is unknown, particularly for complex conditions such as posttraumatic stress disorder (PTSD). A cross-sectional survey was conducted of 668 community primary care and mental health providers in Texas and Vermont to describe use of guideline-recommended treatments (GRTs) for PTSD. Relatively, few providers reported using guideline-recommended psychotherapy or prescribing practices. More than half of psychotherapists reported the use of at least one guideline-recommended

psychotherapy for PTSD, but fewer reported the use of core treatment components, prior training in the GRT(s) they use, or adherence to a treatment manual. Suboptimal prescribing for PTSD patients was reported more commonly than optimal prescribing. Findings raise critical questions regarding how to ensure veterans seeking PTSD care in community settings receive psychotherapy and/or prescribing consistent with clinical practice guidelines.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22634>

A systematic review of randomized trials of mind-body interventions for PTSD.

Barbara L. Nilas, DeAnna L. Mori, Craig Polizzi, Anica Pless Kaiser, Elizabeth S. Weinstein, Marina Gershkovich, Chenchen Wang

Journal of Clinical Psychology

First published: 10 May 2018

<https://doi.org/10.1002/jclp.22634>

1 Objective

To systematically review outcomes from randomized controlled trials (RCTs) of mind-body treatments for PTSD.

2 Methods

Inclusion criteria based on guidelines for assessing risk of bias were used to evaluate articles identified through electronic literature searches.

3 Results

Twenty-two RCTs met inclusion standards. In most of the nine mindfulness and six yoga studies, significant between-group effects were found indicating moderate to large effect size advantages for these treatments. In all seven relaxation RCT's, relaxation was used as a control condition and five studies reported significant between-group differences on relevant PTSD outcomes in favor of the target treatments. However, there were large within-group symptom improvements in the relaxation condition for the majority of studies.

4 Conclusions

Although many studies are limited by methodologic weaknesses, recent studies have

increased rigor and, in aggregate, the results for mindfulness, yoga, and relaxation are promising. Recommendations for design of future mind–body trials are offered.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jftr.12280>

Brief-Systemic Programs for Promoting Mental Health and Relationship Functioning in Military Couples and Families.

J. Kale Monk, Lauren M. Ruhlmann, Briana S. Nelson Goff, Brian G. Ogolsky

Journal of Family Theory & Review

First published: 14 May 2018

<https://doi.org/10.1111/jftr.12280>

Military service members and veterans (SMVs) are considered at risk for developing a variety of relational and mental health concerns. Often, their families also face hardships due to stressors associated with deployment and reintegration, as well as the interpersonal effects of distress. However, there are few systems-oriented services available to military couples and families. Similarly, the services that are available often go underutilized. To address these gaps, we review existing brief-systemic programs, which show promise for attracting and helping military families in need. In addition to describing the theoretical underpinnings that support these models and the limited empirical evidence behind them, we also provide recommendations for military scholars and program developers to improve services for SMVs and their families.

<https://www.sciencedirect.com/science/article/pii/S1471015317302659>

Rates and correlates of disordered eating among women veterans in primary care.

Laura J. Buchholz, Paul R. King, Laura O. Wray

Eating Behaviors

Volume 30, August 2018, Pages 28-34

<https://doi.org/10.1016/j.eatbeh.2018.05.002>

Highlights

- Disordered eating is common among women veterans, yet few studies have been done.
- Integrated primary care is an understudied setting to assess disordered eating.
- Objective and subjective binge episodes and shape/weight concerns were common.
- Anxiety and PTSD were most strongly associated with disordered eating.
- Military sexual trauma and alcohol misuse were unrelated to disordered eating.

Abstract

Rates of disordered eating may be higher among women veterans than civilians, and are associated with co-occurring mental health (MH) conditions, such as depression, post-traumatic stress disorder (PTSD), and alcohol misuse. Although evidence suggests that these conditions are common in primary care settings, limited research has examined symptoms of disordered eating among women veterans in primary care. This study used a cross-sectional design to examine rates and MH correlates of disordered eating among women veterans treated in a primary care setting. Participants (N = 176) completed self-report measures of disordered eating attitudes and behaviors, depression, anxiety, PTSD, alcohol misuse, and military sexual trauma. Results indicated that women veterans were likely to report objective (35.8%) and subjective binge episodes (29.5%), as well as shape and weight concerns (36.4% and 23.3%, respectively). While, anxiety and PTSD were strongly associated with disordered eating, restraint, eating concerns, weight concerns, and shape concerns, military sexual trauma was often unrelated to these outcomes. Further study is needed to improve the detection of disordered eating behaviors among women veterans, as well as to identify effective management strategies in primary care. Overall, these findings suggest that integrated primary care (IPC) may be a useful setting to improve the detection and treatment of eating disorders, particularly by targeting binge eating and body dissatisfaction among women veterans within these settings.

<https://www.sciencedirect.com/science/article/pii/S0022395618301845>

Effects of prolonged exposure and virtual reality exposure on suicidal ideation in active duty soldiers: An examination of potential mechanisms.

Aaron M. Norr, Derek J. Smolenski, Greg M. Reger

Highlights

- Exposure therapy had a lower likelihood of suicidal ideation compared to waitlist.
- Changes in suicidal ideation due to treatment preceded changes in PTSD symptoms.
- Baseline suicidal ideation did not affect the efficacy of exposure therapy for PTSD.

Abstract

Objective

The current study sought to investigate the effects of exposure therapy on suicidal ideation (SI), as well as potential mechanistic pathways of SI reduction among active duty military personnel.

Methods

Active duty army soldiers (N = 162) were recruited from a military base in the U.S. and were enrolled in a randomized clinical trial comparing Prolonged Exposure (PE), Virtual Reality Exposure (VRE), and a wait-list control for the treatment of posttraumatic stress disorder (PTSD) stemming from deployments to Iraq or Afghanistan. PTSD diagnosis followed DSM-IV-TR criteria. Outcome measures were assessed via self-report and clinician interview. PTSD symptoms, depressive symptoms, and SI were included in an autoregressive cross-lagged panel model to examine mechanistic pathways.

Results

Analyses revealed that PE/VRE had a lower probability of post-treatment suicidal ideation (OR = 0.23, 95% CI [0.06, 0.86]) compared to the waitlist control. Mediation analyses revealed a significant indirect effect from treatment condition to post-treatment PTSD symptoms through mid-treatment SI (Estimate = -1.420, 95% CI [-3.559, -0.223]). Baseline suicidal ideation did not interact with treatment condition to predict PTSD symptom change at mid-treatment ($p = .231$) or post-treatment ($p = .672$).

Conclusion

PE/VRE successfully reduced SI, and the presence of SI at baseline did not affect PTSD symptom reduction, promoting the utility of using PE/VRE to address suicidality among individuals with PTSD. Mediation analyses suggest that reductions in SI were achieved early in treatment.

<http://jramc.bmj.com/content/early/2018/05/15/jramc-2018-000975>

Similarities between military and medical service: stigma of seeking mental health assistance.

Fergus Gardiner and E C Gardiner

Journal of the Royal Army Medical Corps

Published Online First: 16 May 2018

doi: 10.1136/jramc-2018-000975

Studies have identified that there are many barriers to treatment of mental health illnesses in military populations, including the negative-associated stigma. One such barrier includes perceptions of weakness, leading to concerns about leadership and competency and being seen as malingering. Furthermore, similarities can be seen in civilian health professionals, where concerns of negative perceptions can limit reporting and treatment of mental health illnesses. Despite the frequency of stressful events, military and health professionals do not become immune to stress and are often ill prepared to cope with acute stressors that can often build on each other until emotional exhaustion and/or crisis point. Even with targeted internal programmes, the stigma of seeking mental health assistance in the military and medicine is poor and is believed to contribute to poor outcomes, such as the potential of increased suicide prevalence.

<http://psycnet.apa.org/record/2018-17720-001>

The phenomenology of military sexual trauma among male veterans.

Monteith, L. L., Gerber, H. R., Brownstone, L. M., Soberay, K. A., & Bahraini, N. H.

Psychology of Men & Masculinity

<http://dx.doi.org/10.1037/men0000153>

Military sexual trauma (MST) has been studied extensively in women; however, knowledge regarding the ways in which men are affected by MST remains limited. The present study used a phenomenological approach to describe the lived experiences of men exposed to MST. Participants were 18 male veterans who experienced MST and

completed semistructured qualitative interviews. Thematic analysis (Braun & Clarke, 2006) was used to identify themes. Participants described disruptions to their sense of masculinity and questioned their sexuality following MST. They described altered attitudes, beliefs, and behaviors to prevent revictimization, in addition to avoidant coping (e.g., substance use). Men described secrecy regarding MST, which was perceived to be deleterious over time. Disclosure of MST and the response to disclosure appeared to be pivotal: Negative reactions to disclosure were described as common and harmful; supportive reactions, though rare, seemed to facilitate recovery. Men expressed experiencing a sense of personal and institutional betrayal, in addition to becoming distrustful, hypervigilant, and disillusioned after experiencing MST. Struggles with intimacy, isolation, and relationship difficulties also ensued. These phenomenological findings illuminate the complex and varied ways in which male veterans appear to experience MST and its sequelae. Results highlight several potential avenues for further research and provide guidance for how clinicians and institutions can support male survivors of MST in their recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy115/4999179>

Military Factors Associated with Smoking in Veterans.

Sara E Golden, MPH Sujata Thakurta, MHA Christopher G Slatore, MD Hyeyoung Woo, PhD Donald R Sullivan, MD

Military Medicine

Published: 18 May 2018

<https://doi.org/10.1093/milmed/usy115>

Introduction

Given the high prevalence of smoking among Veterans and the economic, social, and clinical implications, it is important to understand the factors that contribute to smoking in order to focus efforts to mitigate these factors and improve smoking cessation efforts among Veterans. The availability of research on smoking in Veterans compared with civilians is limited given the military-specific differences in their life course. We aimed to identify military-specific factors combined with sociodemographic factors for ever smoking and current smoking among Veterans to inform future interventions.

Materials and Methods

We used data from the 2010 National Survey of Veterans, the most current, to analyze the association of sociodemographic and military-specific factors with ever versus never smoking, and current versus past smoking using multiple variable logistic regression models (IRB#4125).

Results

Among 8,618 respondents, the proportions of current, past, and never smokers were 17%, 48%, and 34%, respectively. Sociodemographic factors associated with ever smoking were female gender, educational attainment of less than a bachelor's degree, and being divorced/separated/widowed. Military-specific factors associated with ever smoking were exposure to dead/dying/wounded soldiers during service, and past, current, and unsure enrollment in Veterans Affairs healthcare. Never smoking was associated with Hispanic ethnicity, income over \$75,000, and reporting fair or poor health. Military factors associated with never smoking were presence of a service-connected disability and military service July 1964 or earlier (i.e., pre-Vietnam).

Among 5,652 ever smokers, sociodemographic factors associated with current smoking were age less than 65, being non-Hispanic black, educational attainment of less than a bachelor's degree, being divorced/separated/widowed, never married, and having no insurance. Factors associated with reduced likelihood of current smoking compared with past smoking included income >\$41,000 and reporting fair or poor health. Military-specific variables associated with reduced likelihood of current smoking were service era of May 1975 or later (i.e., post-Vietnam) and 5 or more years of service.

Conclusion

Military-specific variables are associated with smoking behaviors among Veterans. Findings from this study that exposure to dead/dying/wounded soldiers, service era, duration of service, service-connected disability status, and enrollment in VA care all influence smoking in Veterans, can inform prevention and cessation efforts in part by encouraging alternative healthy habits or cessation techniques in subgroups of Veterans with particular military backgrounds. By assessing risk factors in this unique population future research can leverage these findings to determine mechanisms that help explain these associations. Identifying factors associated with smoking offers insights for smoking cessation and prevention interventions given the military experiences and increased smoking incidence among Veterans.

<http://www.armyupress.army.mil/Portals/7/military-review/Archives/English/Walker-Cognitive-Therapy-for-Soldiers.pdf>

Cognitive Therapy for Soldiers Suffering From Posttraumatic Stress Disorder and Traumatic Brain Injury.

2nd Lt. Noelle Walker, Illinois Army National Guard

Military Review
May-June 2018

A medical professional opines that the Army must implement mandatory, preventative, cognitive therapy for all soldiers in order to increase spiritual fitness, strengthen resilience, and prevent soldier suicides.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy107/4999173>

Sleep Patterns and Problems Among Army National Guard Soldiers.

Lucas P Hansen, MA Caroline Kinskey, BA Erin Koffel, PhD Melissa Polusny, PhD
John Ferguson, PhD Sonja Schmer-Galunder, MS Christopher R Erbes, PhD

Military Medicine
Published: 18 May 2018
<https://doi.org/10.1093/milmed/usy107>

Introduction

Adequate sleep plays an integral role in the physical and mental health of individuals, while simultaneously influencing their cognitive and work performance. Having recognized this, the U.S. Army has focused efforts on improving soldiers' healthy sleep behaviors. This study examines the extent to which mental health, alcohol use, and certain sleep hygiene behaviors predict sleep problems within an Army National Guard sample (N = 438).

Materials and Methods

This manuscript is part of a larger study approved through the Minneapolis Veterans Affairs Medical Center Institutional Review Board. Mailed surveys were sent to Minnesota Army National Guard soldiers collecting data on sleep hygiene behaviors,

mental health symptoms (post-traumatic stress disorder and depression), and alcohol use. Predictors of sleep problems were evaluated with ordinary least squares multiple linear regression analyses, regressing Insomnia Severity Index total scores on demographic variables, post-traumatic stress disorder (PTSD), depression, alcohol use, sleep hygiene factors (routine and consumption activity; both derived from exploratory factor analysis), and technology use (multiple device use and use before bed).

Results

Overall, the majority of participants did not endorse high levels of sleep impairment, while 16.4% screened positive for moderate or even severe levels of clinical insomnia. Bivariate correlations demonstrated that sleep problems were correlated with PTSD symptoms ($r = 0.41$, $p < 0.001$), depression ($r = 0.49$, $p < 0.001$), Sleep Hygiene Routine ($r = -0.34$, $p < 0.001$), and more frequent use of multiple devices before bed ($r = 0.15$, $p = 0.002$). The overall regression model predicting sleep problems was significant ($R^2 = 0.35$, $\text{adj } R^2 = 0.34$, $F[8,408] = 27.58$, $p < 0.001$). Independent predictors of sleep problems included gender ($B = 0.99$, $\beta = 0.09$, $t = 2.10$, $p = 0.036$), PTSD ($B = 0.89$, $\beta = 0.22$, $t = 4.86$, $p < 0.001$), depression ($B = 1.53$, $\beta = 0.20$, $t = 7.56$, $p < 0.001$), and Sleep Hygiene Routine ($B = -0.88$, $\beta = -0.23$, $t = -5.473$, $p < 0.001$). Alcohol use, Sleep Hygiene Consumption, and technology use did not emerge as independent predictors.

Conclusion

Although most soldiers denied sleep problems, a sizeable minority met screening criteria for clinical insomnia. Greater numbers of sleep-related complaints were related to psychological distress including depressive and PTSD symptoms, while adherence to a bedtime routine (Sleep Hygiene Routine) showed an inverse relationship. Alcohol use and sleep hygiene consumption activities were not predictive of sleep problems, suggesting that different sleep hygiene behaviors have differential relationships with sleep problems. Screening and intervention for specific sleep problems may be helpful even very early in Army National Guard service members' careers. Particular focus may be needed for those showing signs of emotional distress, such as PTSD or depression. Future research examining the impact of individual sleep hygiene components is warranted.

Links of Interest

Psychologist who treated service members at Travis Air Force Base accused of rape
<https://www.airforcetimes.com/news/your-air-force/2018/05/15/psychiatrist-who-treated-service-members-at-travis-air-force-base-accused-of-rape/>

Report: Some states, regions buck trend of good economic news for veterans
<https://www.militarytimes.com/pay-benefits/2018/05/15/report-some-states-regions-buck-trend-of-good-economic-news-for-veterans/>

Lawmakers move to make domestic violence a crime under UCMJ
<https://www.militarytimes.com/news/pentagon-congress/2018/05/15/lawmakers-move-to-make-domestic-violence-a-crime-under-ucmj/>

Lyft is coming to Camp Pendleton, Fort Meade — and soon to a base near you
<https://www.militarytimes.com/news/your-military/2018/05/16/lyft-is-coming-to-camp-pendleton-fort-meade-and-soon-to-a-base-near-you/>

Navy Embedding Mental Health Teams with Submarine Squadrons
<https://www.military.com/daily-news/2018/05/17/navy-embedding-mental-health-teams-submarine-squadrons.html>

Mental Health Takeaways from the New VA/DoD Pregnancy Clinical Practice Guideline
<http://www.pdhealth.mil/news/blog/mental-health-takeaways-new-vadod-pregnancy-clinical-practice-guideline>

Assess your mental wellness during Mental Health Awareness Month
<https://health.mil/News/Articles/2018/05/25/Assess-your-mental-wellness-during-Mental-Health-Awareness-Month>

Senate orders Pentagon to review child-on-child sex abuse on military bases
<https://www.militarytimes.com/news/pentagon-congress/2018/05/27/senate-orders-pentagon-to-review-child-on-child-sex-abuse/>

Navy's New Ad Campaign Wants To Overcome Misconceptions About Serving
<http://www.kpbs.org/news/2018/may/28/navys-new-ad-campaign-wants-overcome-misconception/>

Anxiety most diagnosed mental illness in U.S.

https://observer-reporter.com/living/health_wellness/anxiety-most-diagnosed-mental-illness-in-u-s/article_55133b2e-5e8b-11e8-80ee-b3d37ac97677.html

Recruiters and NCOs, pay attention: This is why soldiers are joining the Army today

<https://www.armytimes.com/news/your-army/2018/05/24/recruiters-and-ncos-pay-attention-this-is-why-soldiers-are-joining-the-army-today/>

Sergeant awarded Navy and Marine Corps medal for disarming suicidal Marine

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/05/24/sergeant-awarded-navy-and-marine-corps-medal-for-disarming-suicidal-marine/>

Battling Depression And Suicide Among Female Veterans

<https://www.npr.org/2018/05/29/614011243/battling-depression-and-suicide-among-female-veterans>

Opinion: Honor the fallen by saving the living

<https://www.militarytimes.com/news/your-military/2018/05/28/opinion-honor-the-fallen-by-saving-the-living/>

Online program outperforms standard addiction treatment

<https://news.yale.edu/2018/05/29/online-program-outperforms-standard-addiction-treatment>

Resource of the Week: [Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder: A Systematic Review Update](#)

New from the Agency for Healthcare Research and Quality (AHRQ):

Objective.

To assess efficacy, comparative effectiveness, and harms of psychological and pharmacological treatments for adults with posttraumatic stress disorder (PTSD) and to update the original 2013 review.

Data sources.

MEDLINE®, CINAHL®, Cochrane Library, Cochrane Clinical Trials Registry, PILOTS (Published International Literature on Traumatic Stress), PsycINFO®, and reference lists of published literature (May 2012–September 2017).

Review methods.

Two investigators independently selected, extracted data from, and rated risk of bias of relevant studies. We conducted meta-analyses or network meta-analyses using random-effects models when we had evidence from three or more studies with low heterogeneity. We graded strength of evidence (SOE) following established Agency for Healthcare Research and Quality guidance.

Results.

We included 193 randomized controlled trials (207 articles) for this review.

Several psychological treatments were associated with the reduction of PTSD symptoms and loss of PTSD diagnosis compared with inactive comparators; high SOE supports efficacy of cognitive behavioral therapy (CBT)-exposure and CBT-mixed treatments, and moderate SOE supports efficacy of cognitive processing therapy (CPT), cognitive therapy (CT), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET). When directly comparing two treatments of interest, moderate SOE favors CBT-exposure over relaxation therapy.

Several pharmacological treatments reduced PTSD symptoms; moderate SOE supports the efficacy of fluoxetine, paroxetine, and venlafaxine compared with placebo. Our network meta-analysis (33 trials; N=4,817) of Clinician-Administered PTSD Scale (CAPS)-measured PTSD symptoms showed no differences in effectiveness between medications with at least moderate SOE of efficacy (fluoxetine, paroxetine, and venlafaxine) (low SOE for no difference).

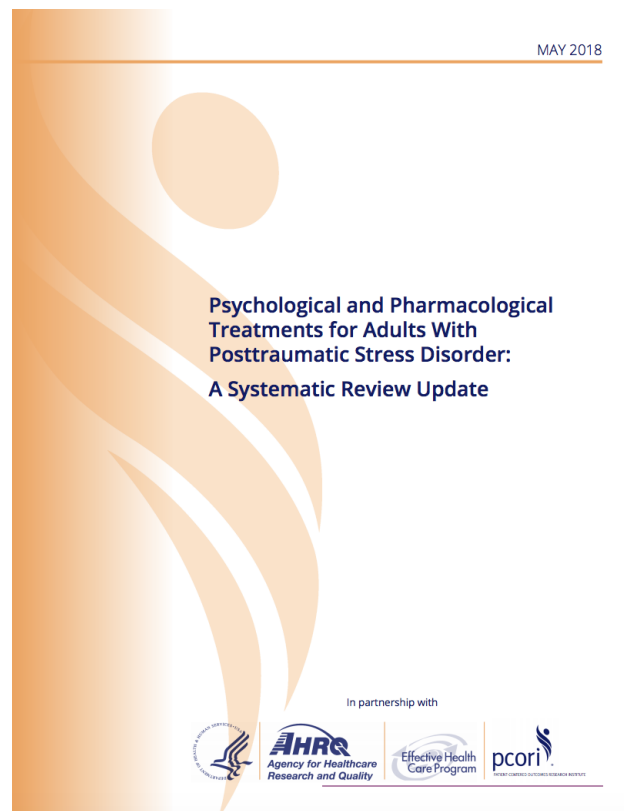
Studies provided insufficient strength of evidence for serious adverse events associated with any treatments of interest. The majority of psychological studies reported no information about adverse events. Among pharmacological treatments with evidence of efficacy (moderate SOE), we found increased risk of nausea with venlafaxine compared with placebo (moderate SOE).

Our review found insufficient strength of evidence for the comparative effectiveness of any psychological versus pharmacological treatment and for differences in the efficacy or comparative effectiveness of treatments by patient characteristics (e.g., co-occurring conditions) or type, number, severity, or chronicity of trauma exposure(s). We did not find evidence for many of our outcomes of interest or interventions of interest, including the newer treatments added since our prior review.

Conclusions.

Several psychological and pharmacological treatments have moderate to high SOE of efficacy for treating adults with PTSD. Future research is needed on the comparative effectiveness of treatments (including different comparisons of psychological and pharmacological treatments), differences in treatment benefits by trauma type or other patient characteristics, and adverse events associated with treatments.

[Direct link to full report](#) (PDF).



Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901