

CDP



Research Update -- July 19, 2018

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<http://psycnet.apa.org/record/2018-30329-002>

The mental health status and barriers to seeking care in rural women veterans.

Murray-Swank, N. A., Dausch, B. M., & Ehrnstrom, C.

Journal of Rural Mental Health

2018; 42(2), 102-115

<http://dx.doi.org/10.1037/rmh0000095>

Rural women Veterans represent a vulnerable, underserved population who encounter significant obstacles when seeking quality mental health services. However, there is a paucity of research devoted specifically to this population. To address this gap, we examined the mental health status of a group of rural women Veterans, including psychological distress, posttraumatic stress disorder (PTSD) symptoms, insomnia, suicide risk, the incidence of military sexual trauma (MST), and the perceived stigma and barriers to seeking care. One hundred and one rural Veterans interested in a

women's wellness retreat program completed written inventories. Overall, they demonstrated significant levels of psychological distress, with averages ranging between the 82nd and 88th percentiles for depression, anxiety, and somatization symptoms. In addition, 35% scored above the clinical screening level for general distress, 40% reported symptoms above the cutoff level for probable PTSD, and 70% demonstrated clinical levels of insomnia. Notably, 36% of the total sample evidenced a risk for suicide, and 68% reported MST. MST was significantly associated with increased levels of psychological distress, PTSD symptoms, and suicidality. Sixty-nine percent of participants reported at least one barrier to seeking mental health services, with scheduling difficulties, distance from facilities, and internalized stigma endorsed the most frequently. The mental health status of rural women Veterans, coupled with perceived barriers and internalized stigma, underscore the urgency of developing innovative strategies to increase the accessibility and utilization of effective services for this at-risk population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12321>

Leisure Experiences of Military Couples Postdeployment.

Kelly D. Chandler, John Dattilo, B. Derrick Taff, Jeremy Moeller

Family Relations

First published: 27 June 2018

<https://doi.org/10.1111/fare.12321>

Objective

This qualitative study was designed to explore how leisure is experienced by military couples postdeployment and the extent to which couples use leisure to cope with deployment or promote reintegration.

Background

To date, many studies have investigated how deployment affects relationship quality and stability. There is a dearth of literature on the leisure experiences of combat veterans and their spouses. Studying couples' leisure experiences may illuminate underlying processes that can explain couple relationship quality postdeployment.

Method

Ten combat veterans of Operation Iraqi Freedom or Operation Enduring Freedom

(OIF/OEF) and their spouses/partners participated in separate in-depth, face-to-face interviews about their perceptions of leisure and relationship experiences postdeployment.

Results

Four themes emerged: (a) deployment changes veterans and couples' leisure, (b) spouses support leisure and reintegration postdeployment, (c) leisure provides insight into military and deployment experiences, and (d) deployment helps couples cultivate appreciation.

Conclusion

This study provides evidence that everyday couple leisure experiences (e.g., watching movies, doing home projects) may be integral in fostering reintegration postdeployment.

Implications

Practitioners are encouraged to educate military couples about the potential of free or inexpensive leisure experiences to promote reintegration by providing daily opportunities for positive interactions and creating contexts to share enjoyable moments.

<https://www.sciencedirect.com/science/article/abs/pii/S0887618517305881>

Posttraumatic stress disorder and positive memories: Clinical considerations.

Ateka A. Contractor, Lily A. Brown, Stephanie V. Caldas, Anne N. Banducci, ... M. Tracie Shea

Journal of Anxiety Disorders

Volume 58, August 2018, Pages 23-32

<https://doi.org/10.1016/j.janxdis.2018.06.007>

Highlights

- Difficulties in retrieval of positive memories relate to PTSD severity (etiology/maintenance).
- Positive-memory interventions may regulate affect/cognitions and enhance specific memory retrieval.

- Positive-memory interventions integration in trauma-focused treatments may augment benefits.
- Clinically, a positive-memory intervention may contribute to reduced PTSD severity.
- Empirical investigations on positive-memory intervention effects for PTSD are needed.

Abstract

Encoding and retrieval difficulties, and avoidance of both traumatic and positive memories, are associated with posttraumatic stress disorder (PTSD) symptoms. However, most PTSD research and clinical work has solely examined the role of traumatic memories in the maintenance/resolution of PTSD symptoms. This review provides a comprehensive discussion of the literature on positive memories and PTSD. First, we review theories and evidence on the relations between trauma, PTSD, and memory processes (particularly positive memories). Next, we propose a conceptual model that integrates evidence from experimental and positive/memory-based intervention research and highlights hypothesized mechanisms underlying the potential effectiveness of targeting positive memories in PTSD interventions. Specifically, we discuss how targeting positive memories could (1) increase positive affect and reduce negative affect, (2) correct negative cognitions, (3) increase specificity of retrieving autobiographical memories, and (4) be effectively integrated/sequenced with and enhance the effects of trauma-focused interventions. Lastly, we suggest clinical research avenues for investigating the relations between positive memories and PTSD, to possibly alter the current PTSD intervention paradigm focused only on traumatic memories. Overall, our proposed model drawing from experimental and intervention research, and outlining potential effects of targeting positive memories to reduce PTSD severity, needs further empirical investigation.

<https://jamanetwork.com/journals/jama/article-abstract/2685984>

MDMA-Assisted Psychotherapy for PTSD.

Anita Slomski, MA

JAMA

2018;319(24):2470

doi:10.1001/jama.2018.8168

The psychoactive agent MDMA (3,4-methylenedioxymethamphetamine) delivered in an outpatient psychiatric clinic with intensive psychotherapy is safe and may enhance the benefits of psychotherapy in the treatment of posttraumatic stress disorder (PTSD), concluded a phase 2 study published in Lancet Psychiatry.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2017.0015>

Internet Use and Technology-Related Attitudes of Veterans and Informal Caregivers of Veterans.

Wei Duan-Porter, Courtney H. Van Houtven, Elizabeth P. Mahanna, Jennifer G. Chapman, Karen M. Stechuchak, Cynthia J. Coffman, and Susan Nicole Hastings

Telemedicine and e-Health

2018; Vol. 24, No. 7

<https://doi.org/10.1089/tmj.2017.0015>

Background:

Healthcare systems are interested in technology-enhanced interventions to improve patient access and outcomes. However, there is uncertainty about feasibility and acceptability for groups who may benefit but are at risk for disparities in technology use. Thus, we sought to describe characteristics of Internet use and technology-related attitudes for two such groups: (1) Veterans with multi-morbidity and high acute care utilization and (2) informal caregivers of Veterans with substantial care needs at home.

Materials and Methods:

We used survey data from two ongoing trials, for 423 Veteran and 169 caregiver participants, respectively. Questions examined Internet use in the past year, willingness to communicate via videoconferencing, and comfort with new technology devices.

Results:

Most participants used Internet in the past year (81% of Veterans, 82% of caregivers); the majority of users (83% of Veterans, 92% of caregivers) accessed Internet at least a few times a week, and used a private laptop or computer (81% of Veterans, 89% of caregivers). Most were willing to use videoconferencing via private devices (77–83%). A majority of participants were comfortable attempting to use new devices with in-person assistance (80% of Veterans, 85% of caregivers), whereas lower proportions were comfortable “on your own” (58–59% for Veterans and caregivers). Internet use was

associated with comfort with new technology devices (odds ratio 2.76, 95% confidence interval 1.70–4.53).

Conclusions:

Findings suggest that technology-enhanced healthcare interventions are feasible and acceptable for Veterans with multi-morbidity and high healthcare utilization, and informal caregivers of Veterans. In-person assistance may be important for those with no recent Internet use.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22660>

Sources of moral injury among war veterans: A qualitative evaluation.

Yonit Schorr, Nathan R. Stein, Shira Maguen, J. Ben Barnes, Jeane Bosch, Brett T. Litz

Journal of Clinical Psychology

First published: 09 July 2018

<https://doi.org/10.1002/jclp.22660>

Objective

Service members deployed to war are at risk for moral injury, but the potential sources of moral injury are poorly understood. The aim of this qualitative study was to explore the types of events that veterans perceive as morally injurious and to use those events to develop a categorization scheme for combat-related morally injurious events.

Method

Six focus groups with US war veterans were conducted.

Results

Analysis based on Grounded Theory yielded two categories (and eight subcategories) of events that putatively cause moral injury. The two categories were defined by the focal attribution of responsibility for the event: Personal Responsibility (veteran's reported distress is related to his own behavior) versus Responsibility of Others (veteran's distress is related to actions taken by others). Examples of each type of morally injurious event are provided.

Conclusions

Implications for the further development of the moral injury construct and treatment are discussed.

<http://journals.sagepub.com/doi/pdf/10.5127/pr.032813>

The Role of Disgust in Posttraumatic Stress: A Critical Review of the Empirical Literature.

Christal L. Badour, Matthew T. Feldner

Journal of American Psychopathology

July-September 2018: 1–26

DOI: 10.5127/pr.032813

The current review provides a detailed analysis of the burgeoning literature examining the role of disgust in understanding posttraumatic stress symptomatology. Research in this area generally converges to suggest (1) posttraumatic stress is associated with the experience of elevated disgust, (2) individual differences in disgust vulnerabilities may relate to increased posttraumatic stress symptom levels, (3) retrospective report of peritraumatic disgust is related to posttraumatic stress symptom levels, and (4) posttraumatic stress symptom levels appear to be associated with increased disgust, including in response to traumatic event cues. Importantly, much of this research suggests observed relations between disgust and posttraumatic stress are at least somewhat unique from relations between fear/anxiety and posttraumatic stress. Future research is now needed to identify mechanisms involved in these relations in order to inform the prevention and treatment of disgust-related posttraumatic stress disorder.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22299>

Treatment Outcomes for Military Veterans With Posttraumatic Stress Disorder: Response Trajectories by Symptom Cluster.

Phelps, A. J., Steele, Z. , Cowlshaw, S. , Metcalf, O. , Alkemade, N. , Elliott, P. , O'Donnell, M. , Redston, S. , Kerr, K. , Howard, A. , Nursey, J. , Cooper, J. , Armstrong, R. , Fitzgerald, L. and Forbes, D.

Although effective posttraumatic stress disorder (PTSD) treatments are available, outcomes for veterans with PTSD are relatively modest. Previous researchers have identified subgroups of veterans with different response trajectories but have not investigated whether PTSD symptom clusters (based on a four-factor model) have different patterns of response to treatment. The importance of this lies in the potential to increase treatment focus on less responsive symptoms. We investigated treatment outcomes by symptom cluster for 2,685 Australian veterans with PTSD. We used Posttraumatic Stress Disorder Checklist scores obtained at treatment intake, posttreatment, and 3- and 9-month follow-ups to define change across symptom clusters. Repeated measures effect sizes indicated that arousal and numbing symptoms exhibited the largest changes between intake and posttreatment, $dRM = -0.61$ and $dRM = -0.52$, respectively, whereas avoidance and intrusion symptoms showed more modest reductions, $dRM = -0.36$ and $dRM = -0.30$, respectively. However, unlike the other symptom clusters, the intrusions cluster continued to show significant changes between posttreatment and 3-month follow-up, $dRM = -0.21$. Intrusion and arousal symptoms also showed continued changes between 3- and 9-month follow-ups although these effects were very small, $dRM = -0.09$. Growth curve model analyses produced consistent findings and indicated modest initial changes in intrusion symptoms that continued posttreatment. These findings may reflect the longer time required for emotional processing, relative to behavioral changes in avoidance, numbing, and arousal, during the program; they also reinforce the importance of prioritizing individual trauma-focused therapy directly targeting intrusions as the core component of programmatic treatment.

<https://www.sciencedirect.com/science/article/pii/S1389945718303095>

Sleep assessment in a randomized trial of hyperbaric oxygen in U.S. service members with post concussive mild traumatic brain Injury compared to normal controls.

James M. Walker, Caroline Mulatya, Donald Hebert, Steffanie H. Wilson, ... Lindell K. Weaver

Sleep Medicine

Available online 30 June 2018

<https://doi.org/10.1016/j.sleep.2018.06.006>

Highlights

- Participants with mild traumatic brain injury had worse sleep quality than controls.
- Traumatic brain injury increased risk for obstructive sleep apnea and restless legs.
- Actigraphy did not differentiate between controls and brain-injured participants.
- Hyperbaric oxygen improved reports of sleep quality but not other sleep measures.

Abstract

Study Objective

In this exploratory, double-blind, longitudinal sham-controlled trial of hyperbaric oxygen (HBO2) for military personnel with post concussive mild traumatic brain injury (mTBI), self-reports and objective measures of sleep-wake disturbances were assessed and compared to normals.

Methods

Self-reports consisting of Pittsburgh Sleep Quality Index (PSQI), sleep diary, screening for obstructive sleep apnea (OSA) risk, restless legs syndrome (RLS), cataplexy, and objective actigraphic measures of sleep-wake were obtained on 71 military personnel with mTBI (baseline, 13 weeks and 6 months post-randomization (post-intervention)), of which 35 met post-traumatic stress disorder (PTSD) criteria, and 75 healthy volunteers (baseline). Baseline between-group and follow-up changes from baseline overall and within subgroups were evaluated. Mild TBI was defined as consisting of head injury associated loss of consciousness (<24hours), post-traumatic amnesia, and neurological deficits.

Results

Sleep quality by self-reports was markedly degraded in the mTBI group at baseline compared to a normative cohort; insomnia 87.3 versus 2.8%, OSA risk 70% versus 1.3%, RLS 32.4% versus 2.7%. (all p-values <.001), but actigraphy measures did not differentiate between groups. HBO2 compared to sham treatment improved self-reports of PSQI sleep measures, reports (5 of 8 at 13-weeks and 2 of 8 at 6-months). However, other sleep-wake measures were not different.

Conclusions

Perceived sleep quality was markedly disrupted in mTBI military personnel and sleep-wake disturbances were prevalent compared to a normative cohort. HBO2 relative to sham improved some measures of sleep quality on the PSQI, but other measures of sleep were not significantly different.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/keeping-metaphor-in-mind-training-therapists-in-metaphor-enhanced-cognitive-behaviour-therapy/AB039143CB329AEFDD9E9A66B657EE74>

Keeping metaphor in mind: training therapists in metaphor-enhanced cognitive behaviour therapy.

Mathieson, F., Jordan, J., Bennett-Levy, J., & Stubbe, M.

The Cognitive Behaviour Therapist
2018; 11, E8
doi:10.1017/S1754470X18000077

Over the last decade, there has been increasing interest in the use of metaphor in cognitive behaviour therapy. However, to date, there has been only very limited research on the use of metaphor in CBT sessions, and no studies which have examined how to train therapists in this skill. The present study is the first in the literature to explore how we might train therapists in metaphor-enhanced CBT. Twelve therapists attended two half-day training workshops, 2 weeks apart. Details of the content of the training workshop are provided. The therapists rated the workshop quality and provided structured self-report ratings and reflections on their ongoing application of learning over a 3-month period which were compared with pre-training ratings. Therapists reported significantly increased awareness of metaphors, with increased confidence in responding intentionally to client metaphors and bringing them into shared conceptualizations. In addition, there were significant increases in reported time spent elaborating on client metaphors, and use of metaphors when conceptualizing with clients. Barriers and solutions to application of learning are discussed.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/supervisor-practice-when-guiding-therapists-working-with-depression-the-impact-of-supervisor-and-patient-characteristics/9686E7B3EA1F3886E1E50ACCCA0F8444>

Supervisor practice when guiding therapists working with depression: the impact of supervisor and patient characteristics.

Simpson-Southward, C., Waller, G., & Hardy, G.

The Cognitive Behaviour Therapist
2018; 11, E9
doi:10.1017/S1754470X18000089

Currently recommended psychotherapies for depression are not always delivered in a consistent manner. There is an assumption that the use of clinical supervision will ensure reliable treatment and patient recovery. However, there is limited research supporting this assumption. This study explored the role of supervision in the treatment of depression. In particular, it examined how supervisors' own characteristics and those of patients can influence the focus of supervision sessions. Clinical supervisors who worked with cognitive behavioural therapy (CBT) therapists treating depression cases were asked to indicate their supervision focus for three different patient vignettes. These vignettes varied in clinical complexity. Participants' intolerance to uncertainty and their self-esteem were also assessed. Supervisors tended to focus their supervisees on the use of evidence-based therapeutic techniques for both straightforward and complex cases. However, their approach was less evidence-based for diffuse cases. Three supervisory types emerged: an 'Alliance- and Technique-Focused' group, a 'Case Management-Focused' group, and an 'Unfocused' group. Personal characteristics of the supervisors varied across the groups. The content of supervision sessions is influenced by factors from outside the therapy process. These factors might cause supervisors to avoid focusing on evidence-based aspects of therapy, thus feeding therapist drift. Suggestions are made for new supervision protocols that consider the supervisor's personal characteristics.

<https://www.liebertpub.com/doi/abs/10.1089/lgbt.2017.0179>

Experiences in the Veterans Health Administration and Impact on Healthcare Utilization: Comparisons Between LGBT and Non-LGBT Women Veterans.

Jillian C. Shipherd, Jill E. Darling, Ruth S. Klap, Danielle Rose, and Elizabeth M. Yano

LGBT Health

July 2018, ahead of print

<http://doi.org/10.1089/lgbt.2017.0179>

Purpose:

This study aimed to compare experiences related to healthcare of LGBT women and non-LGBT women in a sample of routine users of Veterans Health Administration (VHA) primary care services and examine the impact of those experiences on delaying or missing appointments for VHA care.

Methods:

Women veterans (N = 1391) who had at least three primary care visits in the previous year at 12 VHA facilities were surveyed by phone in January–March 2015 in a baseline wave of a cluster-randomized quality improvement trial. The majority identified as non-LGBT (1201; 85.6%) with 190 (14.4%) women identified as LGBT, based on items measuring sexual orientation and gender identity.

Results:

In models controlling for demographics, health status, and positive trauma screens, LGBT identity was predictive of women veterans experiencing harassment from male veterans at VHA in the past 12 months, as well as feeling unwelcome or unsafe at their VHA. Compared with non-LGBT women veterans, LGBT women veterans attributed missing needed care more often in the previous 12 months to concerns about interacting with other veterans. Participant descriptions of harassment indicated that male veterans' comments and actions were distressing and influenced LGBT women's healthcare accessing behavior.

Conclusions:

Compared with non-LGBT women, LGBT women were more likely to report harassment and feeling unwelcome at VHA. Some LGBT women reported delaying or missing needed care, primarily due to concerns about interacting with other veterans. Additional work is necessary to help LGBT women veterans feel safe and welcome at VHA.

facilities and, thereby, reduce barriers to LGBT women veterans accessing needed care.

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0027>

Transgender And Cisgender US Veterans Have Few Health Differences.

Janelle Downing, Kerith Conron, Jody L. Herman, and John R. Blosnich

Health Affairs

2018 37:7, 1160-1168

<https://doi.org/10.1377/hlthaff.2018.0027>

Transgender people have been able to serve openly in the military since June 2016. However, the administration of President Donald Trump has signaled its interest in reinstating a ban on transgender military service. In March 2018 President Trump issued a revised memorandum that stated, in part, that people with a “history or diagnosis of gender dysphoria” who “may require substantial medical treatment, including medications and surgery—are disqualified from military service except under certain limited circumstances.” Whether and how the health of transgender service members differs from that of cisgender service members (that is, those who identify with their sex assigned at birth) is largely unknown. This study used population-level data for 2014–16 from the Behavioral Risk Factor Surveillance System to compare the health of transgender and cisgender veterans and civilians. An estimated 0.5 percent of veterans in the sample identified themselves as transgender. While transgender civilians had worse health than cisgender civilians across most indicators, very few differences existed among veterans. However, transgender veterans had higher odds of having at least one disability compared to cisgender veterans, despite similar levels of access to health care. These findings largely suggest that transgender veterans do not have worse health than cisgender veterans.

<https://www.sciencedirect.com/science/article/pii/S0165178118305675>

Locus of control in US combat veterans: Unique associations with posttraumatic stress disorder 5-factor model symptom clusters.

Noelle B. Smith, Lauren M. Sippel, Candice Presseau, David Rozek, ... Ilan Harpaz-Rotem

Psychiatry Research

Available online 11 July 2018

<https://doi.org/10.1016/j.psychres.2018.07.015>

Highlights

- External locus of control (LOC) is associated with PTSD symptoms
- Relation between LOC and 5 factor model of PTSD symptoms is unknown
- External LOC was associated with overall PTSD symptoms, avoidance, and numbing
- Robust relation between external LOC and avoidance among US veterans
- LOC is a potentially modifiable resilience factor to address in PTSD treatment

Abstract

Given elevated rates of posttraumatic stress disorder (PTSD) among US military veterans, identifying correlates of PTSD and specific PTSD symptom clusters that best represent PTSD in veterans (i.e., the five-factor Dysphoric Arousal model) is critical to prevention and intervention efforts. One potential correlate is locus of control (e.g., the extent to which individuals believe they have control over events in their lives). The aim of this study was to examine the relations between locus of control and five-factor model PTSD symptom clusters (i.e., re-experiencing, avoidance, numbing, dysphoric arousal, anxious arousal) among combat veterans. Eighty-nine combat exposed veterans completed self-report measures of demographics, locus of control, PTSD symptoms, and combat exposure. Bivariate correlations indicated relations between locus of control and overall PTSD symptoms, avoidance symptoms, and numbing symptoms. When controlling for sex and combat exposure in regression analyses, only avoidance remained a significant correlate of locus of control. Among veterans with the most extreme scores ($n = 26$), external locus of control predicted overall PTSD symptoms and avoidance symptoms. External locus of control is uniquely associated with avoidance symptoms, and represents a potentially modifiable factor to address in trauma-focused treatments.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6032017/>

Exploring resilience models in a sample of combat-exposed military service members and veterans: a comparison and commentary.

Sheerin, C. M., Stratton, K. J., Amstadter, A. B., Education, Clinical Center (MIRECC) Workgroup, T. V. M.-A. M. I. R., & McDonald, S. D.

European Journal of Psychotraumatology
2018; 9(1)
<http://doi.org/10.1080/20008198.2018.1486121>

Background:

The term resilience is applied in numerous ways in the mental health field, leading to different perspectives of what constitutes a resilient response and disparate findings regarding its prevalence following trauma.

Objective:

Illustrate the impact of various definitions on our understanding and prevalence of resilience, we compared various resilience definitions (absence of PTSD, absence of current mental health diagnosis, absence of generalized psychological distress, and an alternative trauma load–resilience discrepancy model of the difference between actual and predicted distress given lifetime trauma exposure) within a combat-exposed military personnel and veteran sample.

Method:

In this combat-trauma exposed sample (N = 849), of which approximately half were treatment seeking, rates of resilience were determined across all models, the kappa statistic was used to determine the concordance and strength of association across models, and t-tests examined the models in relation to a self-reported resilience measure.

Results:

Prevalence rates were 43.7%, 30.7%, 87.4%, and 50.1% in each of the four models. Concordance analyses identified 25.7% (n = 218) considered resilient by all four models (kappa = .40, $p < .001$). Correlations between models and self-reported resilience were strong, but did not fully overlap.

Conclusions:

The discussion highlights theoretical considerations regarding the impact of various definitions and methodologies on resilience classifications, links current findings to a systems-based perspective, and ends with suggestions for future research approaches on resilience.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5781-2>

Self-reported health behaviors, including sleep, correlate with doctor-informed medical conditions: data from the 2011 Health Related Behaviors Survey of U.S. Active Duty Military Personnel.

Adela Hruby, Harris R. Lieberman and Tracey J. SmithEmail author

BMC Public Health

201818:853

<https://doi.org/10.1186/s12889-018-5781-2>

Background

Health behaviors and cardiometabolic disease risk factors may differ between military and civilian populations; therefore, in U.S. active duty military personnel, we assessed relationships between demographic characteristics, self-reported health behaviors, and doctor-informed medical conditions.

Methods

Data were self-reported by 27,034 active duty military and Coast Guard personnel who responded to the 2011 Department of Defense Health Related Behaviors Survey. Multivariate linear and logistic regressions were used to estimate cross-sectional associations between (1) demographic characteristics (age, sex, service branch, marital status, children, race/ethnicity, pay grade) and self-reported behaviors (exercise, diet, smoking, alcohol, sleep); (2) demographic characteristics and doctor-informed medical conditions (hypertension, hypercholesterolemia, low high density lipoprotein (HDL) cholesterol, hyperglycemia) and overweight/obesity; and (3) behaviors and doctor-informed medical conditions.

Results

Among respondents (age 29.9 ± 0.1 years, 14.7% female), females reported higher intake than men of fruit, vegetables, and dairy; those with higher education reported

higher intakes of whole grains; those currently married and/or residing with children reported higher intake of starches. Older age and female sex were associated with higher odds (ORs 1.25 to 12.54 versus the youngest age group) of overweight/obesity. Older age and female sex were also associated with lower odds (ORs 0.29 to 0.65 versus male sex) of doctor-informed medical conditions, except for blood glucose, for which females had higher odds. Those currently married had higher odds of high cholesterol and overweight/obesity, and separated/divorced/widowed respondents had higher odds of high blood pressure and high cholesterol. Short sleep duration (< 5 versus 7–8 h/night) was associated with higher odds (ORs 1.36 to 2.22) of any given doctor-informed medical condition. Strength training was associated with lower probability of high cholesterol, high triglycerides, and low HDL, and higher probability of overweight/obesity. Dietary factors were variably associated with doctor-informed medical conditions and overweight/obesity.

Conclusions

This study observed pronounced associations between health behaviors—especially sleep—and medical conditions, thus adding to evidence that sleep is a critical, potentially modifiable behavior within this population. When possible, adequate sleep should continue to be promoted as an important part of overall health and wellness throughout the military community.

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2018.1495339>

Examining the relationship and clinical management between traumatic brain injury and pain in military and civilian populations.

Melissa L. Mehalick & Amanda C. Glueck

Brain Injury

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DOI: 10.1080/02699052.2018.1495339

In this review, we discuss the comorbidity of traumatic brain injury (TBI) and pain among civilians and military members, the common causes of pain resulting from TBI, and offer insight about the therapeutic management of TBI symptoms and pain. Traumatic brain injury (TBI) is a debilitating health problem and one of the most common post-TBI symptoms is pain, which can contribute to psychological issues such as Post-traumatic stress disorder (PTSD) and depression. Headache pain appears to be the most

common type of pain that results from TBI, yet pain can also be more widespread. Managing TBI symptoms and pain simultaneously is difficult because extensive randomized control and clinical studies assessing the effectiveness of therapeutic approaches are lacking. Pharmacological agents such as antidepressants and Triptans and nonpharmacological therapies such as cognitive rehabilitation and physical therapies are commonly used yet it is unknown how effective these therapies are in the long-term. A combination of pharmacological and non-pharmacological therapies is often more effective for managing TBI symptoms and pain than either treatment alone. However, future research is needed to determine the most therapeutic approaches for managing the comorbidity of pain and TBI symptoms in the long term. This review offers suggestions for such future studies.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy162/5051962>

Predictors of Postdeployment Prescription Opioid Receipt and Long-term Prescription Opioid Utilization Among Army Active Duty Soldiers.

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Mayada Saadoun, MPH Thomas V Williams, MS USA (Ret.) Mary Jo Larson, MPA

Military Medicine

Published: 11 July 2018

<https://doi.org/10.1093/milmed/usy162>

Introduction

Little is known about long-term prescription opioid utilization in the Military Health System. The objectives of this study were to examine predictors of any prescription opioid receipt, and predictors of long-term opioid utilization among active duty soldiers in the year following deployment.

Materials and Methods

The analytic sample consisted of Army active duty soldiers returning from deployment to Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn in fiscal years 2008–2014 (N = 540,738). The Heckman probit procedure was used to jointly examine predictors of any opioid prescription receipt and long-term opioid utilization (i.e., an episode of 90 days or longer where days-supply covered at least two-

thirds of days) in the postdeployment year. Predictors were based on diagnoses and characteristics of opioid prescriptions.

Results

More than one-third of soldiers (34.8%, n = 188,211) had opioid receipt, and among those soldiers, 3.3% had long-term opioid utilization (or 1.1% of the cohort, n = 6,188). The largest magnitude predictors of long-term opioid utilization were receiving a long-acting opioid within the first 30 days of the episode, diagnoses of chronic pain (no specified source), back/neck pain, or peripheral/central nervous system pain, and severe pain score in vital records.

Conclusions

Soldiers returning from deployment were more likely to receive an opioid prescription than the overall active duty population, and 1.1% initiated a long-term opioid episode. We report a declining rate of opioid receipt and long-term opioid utilization among Army members from fiscal years 2008–2014. This study demonstrates that the most important predictors of opioid receipt were not demographic factors, but generally clinical indicators of acute pain or physical trauma.

<http://jcsm.aasm.org/ViewAbstract.aspx?pid=31340>

Nightmares in United States Military Personnel Are Multifactorial and Require Further Study. (Letter to the Editor)

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We appreciate the thoughtful commentary on our article evaluating nightmares in United States military personnel with sleep disturbances.^{1,2} At the San Antonio Military Health System Sleep Disorders Center, which is the largest sleep laboratory in the Department of Defense, we are aware of the high rate of patients affected by nightmares and the associated clinical and nocturnal distress that nightmares cause. This has led us to having a focus on this sleep disorder in our clinical practice and research on parasomnias to include nightmares and a novel parasomnia, trauma associated sleep disorder.^{3,4}

In our clinical experience, as well as the other sleep physicians who work in our sleep disorders center, none of us have diagnosed a patient with a persistent clinical sleep disorder, nightmares or otherwise, related to mefloquine toxicity. It is relevant to point out that the United States military recognized the neuropsychiatric side effects associated with mefloquine and use of this medication has decreased dramatically since 2008.⁵ Further, as noted by the lead author of the Cochrane Review,⁶ Dr. Tickell-Painter, “the review clarifies that these are symptoms reported by people taking mefloquine and not formal psychiatric diagnoses. Serious side effects with mefloquine seem to be rare, less than 1% of users.”⁷ Thus, while the symptoms of bad dreams or nightmares are a well-known side effect of this medication, their persistence is rare.

Links of Interest

There is hope

<https://health.mil/News/Articles/2018/07/12/There-is-hope>

DoD to bar GI Bill transfer for long-serving troops

<https://rebootcamp.militarytimes.com/news/education/2018/07/12/breaking-dod-to-bar-gi-bill-transfer-for-long-serving-troops/>

Cognitive Psychoeducational Group Therapy Lowers Relapse Rate in Depression

<https://www.psychiatryadvisor.com/depression-advisor/clinical-management-group-individual-cbt-major-depression/article/779836/>

Cognitive Behavioral Therapy May Improve Comorbid Substance Abuse, Anxiety Treatment

<https://www.clinicalpainadvisor.com/complementary-and-alternative-medicine/cbt-substance-use-disorder-comorbid-anxiety/article/779831/>

New ways to conquer sleep apnea compete for place in bedroom

<https://wtop.com/consumer-news/2018/07/new-ways-to-conquer-sleep-apnea-compete-for-place-in-bedroom/slide/1/>

IG Announces DoD School Sex Assault Investigation

<https://www.military.com/daily-news/2018/07/13/ig-announces-dod-school-sex-assault-investigation.html>

Army Contests Claims of Discrimination Against Pregnant Officers

<https://www.military.com/daily-news/2018/07/13/army-contests-claims-discrimination-against-pregnant-officers.html>

Commentary: Diversity and mixed messages

<https://www.armytimes.com/news/your-army/2018/07/13/commentary-diversity-and-mixed-messages-2/>

Pentagon Met Dependent Suicide Reporting Requirements: Official

<https://www.military.com/daily-news/2018/07/16/pentagon-met-dependent-suicide-reporting-requirements-official.html>

Loc hairstyles, off-duty earrings for men OK'd in new dress regs

<https://www.airforcetimes.com/news/your-air-force/2018/07/16/loc-hairstyles-off-duty-earrings-for-men-okd-in-new-dress-regs/>

Survey: Military binge drinking drops, but this service stood out in a bad way

<https://www.militarytimes.com/news/your-military/2018/07/16/survey-military-binge-drinking-drops-but-this-service-stood-out-in-a-bad-way/>

Commentary: Here's why commissaries should reconsider selling liquor

<https://www.militarytimes.com/opinion/commentary/2018/07/18/commentary-heres-why-commissaries-should-reconsider-selling-liquor/>

VA Medical Centers May Be Hurting The Agency's Veteran Suicide Prevention Efforts

<https://taskandpurpose.com/va-medical-centers-veteran-suicide/>

Learn What Service Members Can Expect from inTransition Cold Calls

<http://pdhealth.mil/news/blog/learn-what-service-members-can-expect-intransition-cold-calls>

Resource of the Week: [2017 Veterans Studies Bibliography](#) (Link is a direct download of Word doc)

From the Journal of Veterans Studies:

This bibliography contains the most comprehensive listing of veterans studies scholarship from 2017. The most recent update to this bibliography was May 2018 to allow for works published late in 2017 to be included in the work. All URLs are active at the time of this update.

Entries in the bibliography are arranged by scholarly category, and each bibliographic entry is repeated in all appropriate scholarly categories. For example, W. D. Smith's dissertation, The effect of neurofeedback training on PTSD symptoms of depression and attention problems among military veterans, is cross-listed under attention disorders, depression, Post-traumatic stress, and theses and dissertations.

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