

# CDP



## Research Update -- June 6, 2019

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#### June is PTSD Awareness Month

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- Resource of the Week: National Center for PTSD -- PTSD Basics

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<https://content.govdelivery.com/accounts/USVHA/bulletins/244ad8c>

### **Three Easy Steps for You to Share PTSD Awareness**

PTSD Monthly Update - May 2019

National Center for PTSD

The National Center for PTSD invites you to Raise PTSD Awareness during the month of June to help those with PTSD.

Start by taking our Pledge

Pledge to raise PTSD awareness (PDF) with us so that everyone who needs help gets the help they need. Join our expanding group of difference makers who are working to spread the word about PTSD and effective PTSD treatment.

Take one small action every day during the month of June

Use our PTSD Awareness Calendar (PDF): 30 easy ways for you to learn and share information about PTSD and effective PTSD treatment, one for each day.

Reach out to Friends, Family, and others in your Community

Our PTSD Awareness website has ideas and materials you can use to reach out to others, including:

- Social media profile pictures, banners, graphics and posts

- A blog post you can use on your website or newsletter (or at your work or school)

- A customizable PowerPoint presentation

- Plus: posters, banners, badges and flyers.

You can make a difference in the lives of Veterans and others who have experienced trauma. Everyone can help.

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<https://link.springer.com/article/10.1007/s10902-019-00129-3>

### **Happiness, Meaning in Life, and PTSD Symptoms Among National Guard Personnel: A Multilevel Analysis.**

Craig J. Bryan, AnnaBelle Bryan, Kelsi Rugo, Kent Hinkson, Feea Leifker

Journal of Happiness Studies

First Online: 07 May 2019

<https://doi.org/10.1007/s10902-019-00129-3>

Protective factors associated with reductions in posttraumatic stress disorder (PTSD) have received much less empirical attention than risk factors for PTSD. Happiness and meaning in life are two protective factors that are inversely correlated with PTSD symptom severity, but research to date has primarily considered associations at the participant level, ignoring group-level effects. As a result, little is known about how various characteristics of military units may impact military personnel exposed to

traumatic and/or stressful life experiences. In a sample of 997 National Guard personnel assigned to 40 units, we examined associations among happiness, meaning in life, and PTSD symptoms at both the participant and unit level using multilevel modeling. Higher levels of happiness at both the participant and unit level significantly moderated the effect of lifetime trauma exposure with PTSD symptom severity. Meaning in life at both the participant and the unit levels were inversely correlated with PTSD symptom severity. Results suggest that service members tend to report less severe PTSD symptoms if they experience positive emotions more frequently, have a stronger sense of purpose, and are assigned to units with higher levels of happiness and meaning in life. This protective effect may be due to the “transfer” of positive cognitive–affective states from one unit member to another.

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<https://link.springer.com/article/10.1007/s10826-019-01469-7>

### **Military Posttraumatic Stress Disorder: A Qualitative Systematic Review of the Experience of Families, Parents and Children.**

Violette E. McGaw, Andrea E. Reupert, Darryl Maybery

Journal of Child and Family Studies

First Online: 18 May 2019

<https://doi.org/10.1007/s10826-019-01469-7>

#### Objectives

Research into military-related posttraumatic stress disorder (PTSD) and the impact to families is growing. However, qualitative studies exploring the family life or parenting experiences of military/veteran families living with PTSD appears limited. The current paper aimed to systematically review research that explored different family members' experiences of living in families where a parent had a military related PTSD.

#### Methods

Adhering to the PRISMA guidelines for systematic reviews, six online databases were comprehensively searched, along with manual searches of relevant journals, reviews and reference lists. Interrater reliability for identifying papers was established through blind co-screening of 20% of search results, with minimal initial discrepancy. Eleven studies were identified. Each study was critically appraised for quality using the RATS (relevancy, appropriateness, transparency, soundness) qualitative research review guidelines.

## Results

Thematic analysis identified six primary themes including: the absent parent; walking on eggshells; still part of the family; children and partners as care givers; making sense and understanding; and long-term impacts upon the family. Quality of the identified research was mixed.

## Conclusions

The existing literature is extended by presenting a systematic review of published qualitative research on the subjective experiences of the parent with military-related PTSD, their partner and children. Themes across veteran, partner and child focused papers illustrated interconnected elements of the family experience of PTSD. Future studies might integrate the views of family members. Clinicians need to be mindful of the relational context in which PTSD exists.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jep.13158>

## **Using patient-reported outcomes to understand the effectiveness of guideline-concordant care for post-traumatic stress disorder in clinical practice.**

Brian Shiner MD, MPH; Jiang Gui PhD; Christine Leonard Westgate MS; Paula P. Schnurr PhD; Bradley V. Watts MD, MPH; Sarah L. Cornelius BS; Shira Maguen PhD

Journal of Evaluation in Clinical Practice

First published: 21 May 2019

<https://doi.org/10.1111/jep.13158>

## Rationale

Identifying predictors of improvement amongst patients receiving routine treatment for post-traumatic stress disorder (PTSD) could provide information about factors that influence the clinical effectiveness of guideline-concordant care. This study builds on prior work by accounting for delivery of specific evidence-based treatments (EBTs) for PTSD while identifying potential predictors of clinical improvement using patient-reported outcomes measurement.

## Method

Our sample consisted of 2 643 US Department of Veterans Affairs (VA) outpatients who initiated treatment for PTSD between 2008 and 2013 and received at least four PTSD checklist (PCL) measurements over 12 weeks. We obtained PCL data as well as

demographic, diagnostic, and health services use information from the VA corporate data warehouse. We used latent trajectory analysis to identify classes of patients based on PCL scores, then determined demographic, diagnostic, and treatment predictors of membership in each class.

## Results

Patients who met our PCL-based inclusion criteria were far more likely than those who did not receive EBTs. We identified two latent trajectories of PTSD symptoms. Patients in the substantial improvement group (25.9%) had a mean decrease in PCL score of 16.24, whereas patients in the modest improvement group improved by a mean of 8.09 points. However, there were few differences between the groups, and our model to predict group membership was only slightly better than chance (area under the curve [AUC] = 0.55). Of the 64 covariates we tested, the only robust individual predictor of improvement was gender, with men having lower odds of being in the substantial improvement group compared with women (odds ratio [OR] 0.76; 95% confidence interval [CI] 0.58-0.96).

## Conclusion

VA patients with PTSD can realize significant improvement in routine clinical practice. Although available medical records-based variables were generally insufficient to predict improvement trajectory, this study did indicate that men have lower odds of substantial improvement than women.

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201800451>

## **Social Ties and Suicidal Ideation Among Veterans Referred to a Primary Care–Mental Health Integration Program.**

Shahzad Mavandadi, Erin Ingram, Johanna Klaus, and David Oslin

Psychiatric Services

Published Online: 29 May 2019

<https://doi.org/10.1176/appi.ps.201800451>

## Objective:

This study examined associations between three indices of social ties (perceived social support, frequency of negative social exchanges, and degree of social integration) and

suicidal ideation among veterans referred by their primary care provider for a behavioral health assessment.

Methods:

The sample included 15,277 veterans who completed a mental health and substance use assessment on referral to a Primary Care–Mental Health Integration (PCMHI) program. Data on sociodemographic factors, mental health and substance use conditions (e.g., depression, anxiety, and substance use), perceived general health, the three indices of social ties, and suicidal ideation were extracted from clinical interviews.

Results:

The mean±SD age of the sample was 51.3±15.9, most (89%) were men, and about half (48%) were white. Most met criteria for at least one mental health or substance use condition on PCMHI assessment, and 39% reported either low- or high-severity suicidal ideation, as measured by the Paykel Suicide Scale. Logistic regression analyses indicated that after adjustment for sociodemographic factors, perceived health, and comorbid mental health and substance use conditions, each of the three social tie indices was uniquely associated with higher odds of reporting suicidal ideation, compared with no ideation.

Conclusions:

Findings underscore the value of assessing multiple indices of social ties when examining suicidal ideation among high-risk veterans in primary care experiencing behavioral health issues. Incorporating an assessment of the quality of patients' social interactions and level of social integration into routine PCMHI practice has the potential to enhance screening and intervention efforts aimed at reducing suicidal ideation.

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<https://link.springer.com/article/10.1007/s10943-019-00839-1>

**Faith of Our Sister Soldiers: National Guard Women Share Stories of Their Faith During and After Deployment.**

Berkel, L.A., Nilsson, J.E., Kelly, P.J. et al.

Journal of Religion and Health

First Online: 18 May 2019

<https://doi.org/10.1007/s10943-019-00839-1>

In this qualitative study, we explored the religious and spiritual beliefs of women in the National Guard, the role of religion in their lives, and the effect of deployment and reintegration on women's belief systems. We conducted semi-structured interviews with 39 women service members who had been deployed. Results of the content analysis revealed five themes: (1) Religious Identity/Belief in God, (2) Religion/Spirituality has a Positive Impact, (3) Religious Activities, (4) Religiosity and Deployment, and (5) Religiosity/Spiritual Experiences Change over Time. Implications for future research and the incorporation of faith-based practices with women service members who may seek mental health treatment are discussed.

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<https://www.sciencedirect.com/science/article/abs/pii/S0165032718329860>

### **Military hazing and suicidal ideation among active duty military personnel: Serial mediation effects of anger and depressive symptoms.**

JaeYop Kim, JoonBeom Kim, SookKyung Park

Journal of Affective Disorders

Volume 256, 1 September 2019, Pages 79-85

<https://doi.org/10.1016/j.jad.2019.05.060>

#### Highlights

- Prevalence of being hazed in the military was 17.6%, and that 18.7% of those who experienced hazing reported suicidal ideation.
- Military hazing was found to be a significant predictor of higher levels of anger, rather than depressive symptoms.
- Anger provoked by military hazing triggered depressive symptoms, which was associated with greater suicidal ideation.

#### Abstract

##### Background

Military hazing is one of the most serious problems affecting suicidal ideation (SI) among active duty personnel, but has received limited research attention. Studies on hazing and SI indicate anger and depressive symptoms as mediators for SI.

##### Methods

A sample of active duty military personnel (N = 944) completed an offline survey, consisting of the revised Conflict Tactics Scale-2, Composite International Diagnostic



Interview Screening Scale, and revised Columbia Suicide Severity Rating Scale. Frequency, bivariate correlation, and serial mediation analyses were conducted to assess the serial effects of military hazing on SI, mediated via anger and depressive symptoms.

### Results

Military hazing, anger, depressive symptoms, and SI were positively related to each other in bivariate analyses. In serial mediation analyses, hazing was found to be a significant predictor of higher levels of anger, consequently triggering depressive symptoms, which, in turn, were associated with greater SI.

### Limitations

Study limitations included the use of cross-sectional data with the use of retrospective self-report.

### Conclusion

Hazing in the military is prevalent (17.6%), and SI is associated with serial effects of hazing, anger, and depressive symptoms with full mediation path. Findings suggest that policies that address reducing hazing and implementing clinical interventions specifically focused on symptoms of anger and depression may be important for decreasing SI in military personnel.

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<https://psycnet.apa.org/record/2019-19700-001>

### **Use and perceptions of mobile apps for patients among VA primary care mental and behavioral health providers.**

Miller, K. E., Kuhn, E., Yu, J., Owen, J. E., Jaworski, B. K., Taylor, K., . . . Possemato, K.

Professional Psychology: Research and Practice

2019; 50(3), 204-209.

<http://dx.doi.org/10.1037/pro0000229>

Mobile apps for mental health concerns are a convenient, potentially effective way for primary care patients to access resources and self-management tools. Providers' perceptions of such apps are critical to their adoption and integration into practice. This study evaluated use and perceptions of apps among Veterans Affairs Primary Care

Mental Health Integration (PCMHI) providers, and identified the challenges with implementation. PCMHI providers were surveyed about their use, perceptions of, and barriers to using apps in their practice with patients. Results indicated that perceptions of apps were favorable. Eighty percent of providers reported recommending or using apps with their patients. Providers viewed apps as providing accessibility to tools and improving patient engagement. Qualitative reasons for nonuse were being unfamiliar with apps and how they could be used in treatment, patients not owning smartphones, and not having time to discuss apps in care. Those who reported using apps had more favorable perceptions of them, reported more comfort using them, and were more likely to use apps for their own health than nonusers ( $p < .01$  to  $p < .001$ ). Overall, PCMHI providers are using apps across different age cohorts for diverse mental and behavioral health issues and have favorable perceptions of them. Additional implementation efforts may be needed, particularly for app nonusers to become familiar with available apps and how to efficiently use them with patients. Using peer support specialists may be one practical strategy for overcoming identified implementation challenges. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

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<https://www.sciencedirect.com/science/article/abs/pii/S0277953619303168>

### **U.S. combat veterans' responses to suicide and combat deaths: A mixed-methods study.**

Pauline Lubensa, Roxane Cohen Silver

Social Science & Medicine

Available online 28 May 2019

<https://doi.org/10.1016/j.socscimed.2019.05.046>

#### Highlights

- Responses to combat and suicide loss was examined among recent U.S. combat veterans.
- Veterans report combat deaths are expected and easier to accept than suicide losses.
- Degree of combat exposure was associated with veterans' level of grief.
- Grief is a long-overlooked toll of war. .

## Abstract

### Rationale

Limited research has examined how combat veterans experience deaths of comrades to combat or suicide. We sought to investigate the process and identify factors that predict the level of grief among post-9/11 U.S. veterans.

### Methods

Using a mixed-methods study design during 2016–2017, U.S. combat veterans of the Iraq and Afghanistan conflicts who lost comrades to both combat and suicide (N = 28) participated in semi-structured interviews, and veterans who lost a comrade in combat or to suicide (N = 178) completed online surveys that assessed grief, combat exposure, unit cohesion, anger, posttraumatic stress symptoms (PTSS), and past diagnoses of PTSD and depression.

### Results

Text analyses of interview transcripts revealed seven themes: 1) Suicide death is unexpected and can make acceptance of loss harder; 2) Combat death is expected and can ease acceptance of loss; 3) Combat death is heroic and can make acceptance of loss easier; 4) Brotherhood forged in combat intensifies the emotional response; 5) Guilt over the inability to prevent a comrade's death makes acceptance harder; 6) Attribution of blame for a death creates anger; and 7) Detachment from the civilian world may make it more difficult to cope with comrades' deaths. Regression analyses of survey data indicated: 1) suicide loss predicted non-acceptance of the loss; 2) mode of death moderated the association between unit cohesion and grief; 3) combat exposure, anger, closeness to the deceased, and having a past diagnosis of depression predicted the level of grief; and 4) combat exposure is a similarly strong predictor of grief and PTSS. Results highlight how veteran's grief further delineates war's toll.

### Conclusion

The mixed-methods design tells a rich story about a previously unexplored consequence of war. These findings have important public health implications because outcomes impact not only veterans but also their families and communities.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.12637>

**Sleep restriction and cognitive load affect performance on a simulated marksmanship task.**

Carl D. Smith, Adam D. Cooper, Donna J. Merullo, Bruce S. Cohen, Kristin J. Heaton, Pedro J. Claro, Tracey Smith

Journal of Sleep Research

First published: 24 November 2017

<https://doi.org/10.1111/jsr.12637>

Sleep restriction degrades cognitive and motor performance, which can adversely impact job performance and increase the risk of accidents. Military personnel are prone to operating under sleep restriction, and previous work suggests that military marksmanship may be negatively affected under such conditions. Results of these studies, however, are mixed and have often incorporated additional stressors (e.g. energy restriction) beyond sleep restriction. Moreover, few studies have investigated how the degree of difficulty of a marksmanship task impacts performance following sleep restriction. The purpose of the current experiment was to study the effects of sleep restriction on marksmanship while minimizing the potential influence of other forms of stress. A friend–foe discrimination challenge with greater or lesser degrees of complexity (high versus low load) was used as the primary marksmanship task. Active duty Soldiers were recruited, and allowed 2 h of sleep every 24 h over a 72-h testing period. Marksmanship tasks, cognitive assessment metrics and the NASA-Task Load Index were administered daily. Results indicated that reaction times to shoot foe targets and signal friendly targets slowed over time. In addition, the ability to correctly discriminate between friend and foe targets significantly decreased in the high-cognitive-load condition over time despite shot accuracy remaining stable. The NASA-Task Load Index revealed that, although marksmanship performance degraded, participants believed their performance did not change over time. These results further characterize the consequences of sleep restriction on marksmanship performance and the perception of performance, and reinforce the importance of adequate sleep among service members when feasible.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22403>

### **Moral Injury, Substance Use, and Posttraumatic Stress Disorder Symptoms Among Military Personnel: An Examination of Trait Mindfulness as a Moderator.**

Rachel L. Davies, Mark A. Prince, Adrian J. Bravo, Michelle L. Kelley, Tori L. Crain

Mindfulness-based approaches have been suggested as possible methods to treat moral injury in military personnel. However, empirical research has yet to evaluate if mindfulness acts as a protective factor for the possible negative effects of moral injury, such as alcohol use, drug use, or posttraumatic stress disorder (PTSD) symptoms. In this study, we investigated if five facets of mindfulness (i.e., observing, nonjudging, nonreactivity, awareness, and describing) moderated associations between moral injury and the outcomes of PTSD symptoms, alcohol misuse, and drug abuse symptoms in a sample of military personnel. Participants were 244 military personnel (the majority were former military members) who had been deployed at least once during the Iraq War, War in Afghanistan, other wars, or humanitarian missions. The study results indicated that nonjudging,  $\beta = -.22$ , and awareness,  $\beta = -.25$ , had significant attenuating effects on the association between moral injury and drug abuse symptoms. However, observing,  $\beta = .17$ ; nonreactivity,  $\beta = .23$ ; and describing,  $\beta = .15$ , had significant synergistic effects (i.e., they strengthened the association between moral injury and drug abuse symptoms). There were no significant moderation effects on the associations between moral injury and PTSD symptoms or between moral injury and alcohol misuse. Our results provide initial evidence that not all facets of mindfulness may protect against the challenges of coping with moral injury. Directions for future research and implications for practice are discussed.

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<https://www.ncbi.nlm.nih.gov/pubmed/31144830>

Neuropsychology. 2019 May 30. doi: 10.1037/neu0000525. [Epub ahead of print]

**Trauma-related psychiatric and behavioral conditions are uniquely associated with sustained attention dysfunction.**

Esterman M, Fortenbaugh FC, Pierce ME, Fonda JR, DeGutis J, Milberg W, McGlinchey R

**OBJECTIVE:**

It is increasingly recognized that trauma victims, particularly Veterans, have co-occurring psychological and physical conditions that impact cognition, especially the domains of sustained attention and executive functioning. Although previous work has

generally attempted to isolate the unique cognitive effects of common combat-related comorbidities, less work has been done to examine how these conditions co-occur, and whether unique cognitive signatures accompany certain clinical combinations.

#### METHOD:

To address this gap, we examined how several deployment-related conditions were associated with performance on a well-validated measure of sustained attention (i.e., gradual onset continuous performance task [gradCPT]) and a battery of standard neuropsychological measures in 123 Veterans from the Translational Research Center for TBI and Stress Disorders. Initially, a Principal component analysis was conducted to investigate how comorbid conditions grouped together.

#### RESULTS:

Several sustained attention measures from the gradCPT were differentially associated with four unique combinations of trauma-related pathology. Specifically, a somatic component representing the combination of current pain, sleep disturbance, and mild traumatic brain injury was associated with a higher rate of failures of attentional engagement. On the other hand, a comorbid posttraumatic stress disorder (PTSD) and mood disorder component (moodPTSD), as well as a substance use disorder component, were associated with higher rates of inhibitory control failures. Increased attentional instability was associated with moodPTSD as well as an anxiety disorder component. In contrast, the cognitive effects of deployment-related trauma were not observed on standard neuropsychological measures.

#### CONCLUSION:

These findings suggest that unique combinations of trauma-related pathology have dissociable effects on sustained attentional control.

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<https://www.ncbi.nlm.nih.gov/pubmed/31145217>

Pain. 2019 May 22. doi: 10.1097/j.pain.0000000000001606. [Epub ahead of print]

**High-dose prescribed opioids are associated with increased risk of heroin use among US military veterans.**

Banerjee G, Edelman EJ, Barry DT, Crystal S, Gordon KS, Gordon AJ, Gaither JR, Green TC, Kerns RD, Manhapa A, Moore BA, Fiellin DA, Marshall BD

Despite evidence linking increased risk of opioid use disorder with specific opioid prescribing patterns, the relationship between these patterns and heroin use is less understood. This study aimed to determine whether dose and duration of opioid prescriptions predict subsequent heroin use in US veterans. We analyzed data from 2002-2012 from the Veterans Aging Cohort Study, a prospective cohort study. We used inverse probability of censoring weighted Cox regression to examine the relationship between self-reported past year heroin use and two primary predictors: 1) prior receipt of a high dose opioid prescription ( $\geq 90$ mg morphine equivalent daily dose, and 2) prior receipt of a long-term opioid prescription ( $\geq 90$  days). Heroin use was ascertained using most recent value of time-updated self-reported past year heroin use. Models were adjusted for HIV and hepatitis C virus infection status, sociodemographics, pain interference, post-traumatic stress disorder, depression, and use of marijuana, cocaine, methamphetamines, and unhealthy alcohol use. In the final model, prior receipt of a high-dose opioid prescription was associated with past year heroin use (adjusted hazard ratio use [AHR] = 2.54, 95%CI: 1.26-5.10), while long-term opioid receipt was not (AHR = 1.09, 95%CI: 0.75-1.57). Patients receiving high dose opioid prescriptions should be monitored for heroin use. These findings support current national guidelines recommending against prescribing high dose opioids for treating pain. Audio accompanying this abstract is available online as Supplemental Digital Content at <http://links.lww.com/PAIN/A812>.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12557>

### **The Role of Opioid Use in Distinguishing between Suicidal Ideation and Attempts.**

Anestis, M. D., Tull, M. T., Butterworth, S. E., Richmond, J. R., Houtsma, C. , Forbes, C. N. and Gratz, K. L.

Suicide and Life-Threatening Behavior

First published: 29 May 2019

<https://doi.org/10.1111/sltb.12557>

#### Objective

Opioid use disorders are associated with heightened suicidal ideation, suicide attempts, and suicide death. This study aimed to examine the extent to which opioid differentiates between those with suicide attempts from those with lifetime suicidal ideation but no history of attempt.

## Methods

Participants were drawn from the US National Guard and a residential substance use treatment facility. Multinomial logistic regression was utilized to determine the extent to which a lifetime history of nonmedical opioid use differentiated between (1) individuals with no lifetime history of suicidal ideation or attempt, (2) individuals with a history of suicidal ideation but no attempt, and (3) individuals with a history of at least one suicide attempt.

## Results

History of opioid use among National Guard personnel and opioid use disorders among substance-dependent patients were associated with an increased likelihood of having at least one suicide attempt relative to both a history of suicidal ideation but no attempts and no history of ideation or attempts. Findings held when accounting for lifetime nonmedical use of other substances and the presence of other lifetime substance use disorders.

## Conclusions

Results highlight the importance of assessing for suicide risk among opioid users.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2735111>

## **Efficacy of Esketamine Nasal Spray Plus Oral Antidepressant Treatment for Relapse Prevention in Patients With Treatment-Resistant Depression: A Randomized Clinical Trial.**

Daly EJ, Trivedi MH, Janik A, et al.

JAMA Psychiatry

Published online June 05, 2019

doi:10.1001/jamapsychiatry.2019.1189

## Key Points

### Question

What are the long-term effects of esketamine nasal spray in patients with treatment-resistant depression?

### Findings

Of the 297 adults with treatment-resistant depression who were randomized in the



maintenance phase of this clinical trial, those who continued treatment with intermittently administered esketamine nasal spray plus an oral antidepressant had a significantly delayed time to relapse vs those treated with oral antidepressant plus placebo nasal spray after 16 weeks of initial treatment with esketamine and an antidepressant.

#### Meaning

Continued treatment with esketamine nasal spray plus an antidepressant can sustain antidepressant effects among patients with treatment-resistant depression to a greater extent than an oral antidepressant alone.

#### Abstract

#### Importance

Controlled studies have shown short-term efficacy of esketamine for treatment-resistant depression (TRD), but long-term effects remain to be established.

#### Abstract

#### Objective

To assess the efficacy of esketamine nasal spray plus an oral antidepressant compared with an oral antidepressant plus placebo nasal spray in delaying relapse of depressive symptoms in patients with TRD in stable remission after an induction and optimization course of esketamine nasal spray plus an oral antidepressant.

#### Design, Setting, and Participants

In this phase 3, multicenter, double-blind, randomized withdrawal study conducted from October 6, 2015, to February 15, 2018, at outpatient referral centers, 705 adults with prospectively confirmed TRD were enrolled; 455 entered the optimization phase and were treated with esketamine nasal spray (56 or 84 mg) plus an oral antidepressant. After 16 weeks of esketamine treatment, 297 who achieved stable remission or stable response entered the randomized withdrawal phase.

#### Interventions

Patients who achieved stable remission and those who achieved stable response (without remission) were randomized 1:1 to continue esketamine nasal spray or discontinue esketamine treatment and switch to placebo nasal spray, with oral antidepressant treatment continued in each group.

#### Main Outcomes and Measures

Time to relapse was examined in patients who achieved stable remission, as assessed using a weighted combination log-rank test.

## Results

Among the 297 adults (mean age [SD], 46.3 [11.13] years; 197 [66.3%] female) who entered the randomized maintenance phase, 176 achieved stable remission; 24 (26.7%) in the esketamine and antidepressant group and 39 (45.3%) in the antidepressant and placebo group experienced relapse (log-rank  $P = .003$ , number needed to treat [NNT], 6). Among the 121 who achieved stable response, 16 (25.8%) in the esketamine and antidepressant group and 34 (57.6%) in the antidepressant and placebo group experienced relapse (log-rank  $P < .001$ , NNT, 4). Esketamine and antidepressant treatment decreased the risk of relapse by 51% (hazard ratio [HR], 0.49; 95% CI, 0.29-0.84) among patients who achieved stable remission and 70% (HR, 0.30; 95% CI, 0.16-0.55) among those who achieved stable response compared with antidepressant and placebo treatment. The most common adverse events reported for esketamine-treated patients after randomization were transient dysgeusia, vertigo, dissociation, somnolence, and dizziness (incidence, 20.4%-27.0%), each reported in fewer patients (<7%) treated with an antidepressant and placebo.

## Conclusions and Relevance

For patients with TRD who experienced remission or response after esketamine treatment, continuation of esketamine nasal spray in addition to oral antidepressant treatment resulted in clinically meaningful superiority in delaying relapse compared with antidepressant plus placebo.

Trial Registration: ClinicalTrials.gov identifier: NCT02493868

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<https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0058>

## **Videoconferencing Psychotherapy and Depression: A Systematic Review.**

Micha Blake Berryhill, Nathan Culmer, Nelle Williams, Anne Halli-Tierney, Alex Betancourt, Hannah Roberts, and Michael King

Telemedicine and e-Health

Vol. 25, No. 6

Published Online: 30 May 2019

<https://doi.org/10.1089/tmj.2018.0058>

#### Introduction:

Depression is the leading cause of disability in the world. Despite the prevalence of depression, a small proportion of individuals seek mental health services. A cost-effective method for increasing access to mental health services is the implementation of telemental-health programs. This review aims to summarize the state of the field on the efficacy and effectiveness of videoconferencing psychotherapy (VCP) for the treatment of depression.

#### Materials and Methods:

Systematic literature searches were performed using PsychINFO, PubMed, and EMBASE. Specific inclusion criteria were used to identify controlled and uncontrolled studies evaluating VCP for the treatment of depression. Data extraction included study assessment quality, research design, sample size, intervention details, outcome results, intervention effect size, and statistical differences between VCP and in-person (IP) therapy.

#### Results:

Of the 1,424 abstracts screened, 92 articles were critically reviewed. Thirty-three articles were included in the review, with 14 randomized controlled studies, 4 controlled nonrandomized studies, and 15 uncontrolled studies. Sample size ranged from 1 to 243 participants. Twenty-one studies reported statistically significant reductions in depressive symptoms following VCP, and the median effect size for studies ranged from medium to the very large range. Most controlled studies reported no statistical differences between VCP and IP groups receiving the same intervention.

#### Conclusions:

VCP for the treatment of depression is a promising method for delivering mental health services. More rigorous research is needed to evaluate VCP on depression in various contexts and participants.

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<https://link.springer.com/article/10.1007/s12207-019-09355-9>

### **What Attorneys and Factfinders Need to Know About Mild Traumatic Brain Injuries.**

Noah K. Kaufman, Shane S. Bush, Mario R. Aguilar

Psychological Injury and Law

First Online: 01 June 2019

<https://doi.org/10.1007/s12207-019-09355-9>

Researchers have had many years to study mTBI, resulting in findings that bring the issues into clearer focus, although not entirely. The purpose of this article is to give attorneys and factfinders an updated, scientifically informed perspective on mTBI, with an emphasis on the following: (1) the different levels of brain injury severity; (2) the shortcomings of the postconcussional syndrome diagnosis (e.g., reliance on the outdated “organicity” concept and failure to address intentional symptom production); (3) illusory correlation (i.e., when no true relationship exists between variables); (4) alternative causes of symptoms underlying a postconcussional syndrome diagnosis; (5) base rates (i.e., the diagnostic importance of knowing how common a condition is in a given population); (6) uncertainty about the base rate of postconcussional syndrome; (7) iatrogenesis (i.e., when healthcare professionals’ actions unintentionally harm patients); (8) alternative diagnostic options (other than postconcussional syndrome); (9) ethical considerations; and, finally, (10) legal considerations (e.g., problems with reasonable medical certainty and potential limitations on admissibility of postconcussional syndrome evidence).

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### Links of Interest

This report says black and Hispanic service members are more likely to face trial

<https://www.militarytimes.com/news/your-military/2019/05/31/this-report-says-black-and-hispanic-service-members-are-more-likely-to-face-trial/>

Here’s why these vets are turning to yoga

<https://rebootcamp.militarytimes.com/news/transition/2019/05/31/heres-why-these-vets-are-turning-to-yoga/>

Veterans with addiction: Get your life back — for you and your family

<https://www.airforcetimes.com/opinion/commentary/2019/06/01/veterans-with-addiction-get-your-life-back-for-you-and-your-family/>

Military families say this is their top concern

<https://www.cnbc.com/2019/05/24/for-military-families-financial-concerns-outweigh-deployment-issues.html>

Minneapolis VA tests a local invention to ease PTSD nightmares

<http://www.startribune.com/minneapolis-va-is-testing-a-local-invention-to-ease-ptsd-nightmares/510511732/>

New Approaches to Management of Depression (audio interview)

<https://edhub.ama-assn.org/jn-learning/audio-player/17623571>

I'm a Veteran Without PTSD. I Used to Think Something Was Wrong With Me.

<https://www.nytimes.com/2019/05/30/magazine/ptsd-combat-veterans.html>

Navy announces expanded drug testing for synthetic opioid

<https://www.navytimes.com/news/your-navy/2019/06/03/navy-announces-expanded-drug-testing-for-synthetic-opioid/>

Wait Time for Burial at Arlington Can Be Nearly a Year: IG Report

<https://www.military.com/daily-news/2019/06/04/wait-time-burial-arlington-can-be-nearly-year-ig-report.html>

Call from terrified wife leads to arrest of Army vet husband, accused of placing IED at a VA facility in Florida

<https://www.militarytimes.com/news/2019/06/05/call-from-terrified-wife-leads-to-arrest-of-army-vet-husband-accused-of-placing-ied-at-a-va-facility-in-florida/>

Making VA, DoD Records Compatible Is an Immense Challenge: Contractor

<https://www.military.com/daily-news/2019/06/05/making-va-dod-records-compatible-immense-challenge-prime-contractor.html>

Vets Denied VA Home Loans if They Work with Cannabis

<https://www.military.com/daily-news/2019/06/05/vets-denied-va-home-loans-if-they-work-cannabis.html>

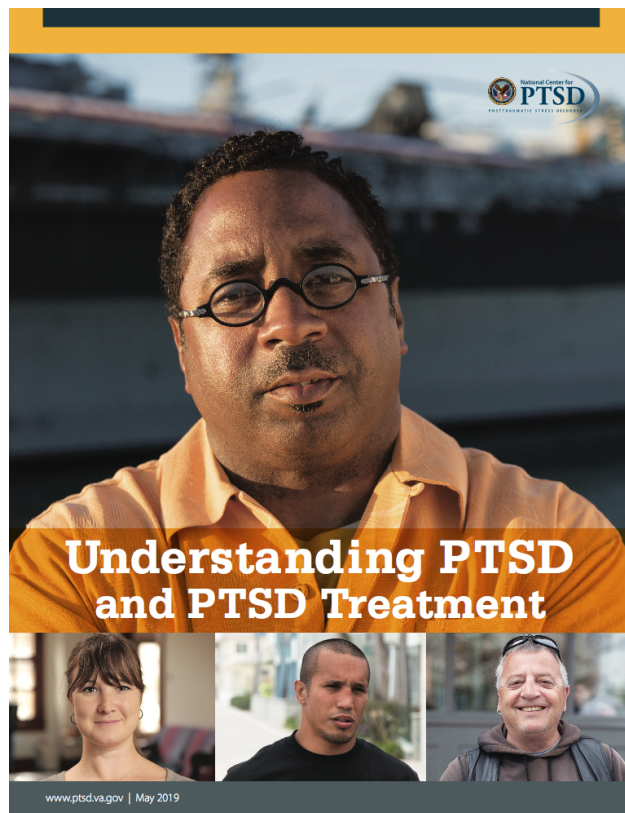
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**Resource of the Week:** [National Center for PTSD -- PTSD Basics](#)

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months.

If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.



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