

CDP



Research Update -- July 5, 2019

What's Here:

- Clinician's Trauma Update Online (CTU-Online)
- Evaluating the effectiveness of REBOOT Combat Recovery: A faith-based combat trauma resiliency program.
- Changes in suicidal ideation following cognitive processing therapy in a VA residential treatment program.
- Psychotherapists' reports of technique use when treating anxiety disorders: factors associated with specific technique use.
- Sleep problems contribute to post-concussive symptoms in service members with a history of mild traumatic brain injury without posttraumatic stress disorder or major depressive disorder.
- Nightmares in mental disorders: A review.
- Trauma and Sexual Risk: Do Men and Women Veterans Differ?
- Pain Intensity and Pain Interference in Male and Female Iraq/Afghanistan-era Veterans.
- Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds.
- The associations between deployment experiences, PTSD, and alcohol use among male and female veterans.
- Gender Differences in Suicide and Self-Directed Violence Risk Among Veterans With Post-traumatic Stress and Substance Use Disorders.

- Military veterans' overdose risk behavior: Demographic and biopsychosocial influences.
- Gender Differences in Demographic and Health Characteristics of the Million Veteran Program Cohort.
- Sociodemographic Risk Factors for Serious Psychological Distress among U.S. Veterans: Findings from the 2016 National Health Interview Survey.
- Causes of Excess Mortality in Veterans Treated for Posttraumatic Stress Disorder.
- Links of Interest
- Resource of the Week: Military Family Resources (CDP)

https://www.ptsd.va.gov/publications/ctu_docs/ctu_v13n3.pdf

Clinician's Trauma Update Online (CTU-Online)

June 2019 Issue: Vol. 13(3)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1630228>

Evaluating the effectiveness of REBOOT Combat Recovery: A faith-based combat trauma resiliency program.

Leanne K. Knobloch, Jenny L. Owens, Leonard N. Matheson & Matthew B. Dodson

Military Psychology

Published online: 01 Jul 2019

<https://doi.org/10.1080/08995605.2019.1630228>

Evidence-based intervention programs attuned to the spiritual needs of service members, veterans, and their families are needed to help them deal with the potentially

debilitating consequences of combat trauma. This study evaluated the effectiveness of a faith-based, peer-led combat trauma resiliency program called REBOOT Combat Recovery. Participants were 254 adults who reported on 8 aspects of physical, mental, and social well-being during the 3rd week and the 12th week of the program. Findings indicated improvement for pain interference, fatigue, sleep disturbance, anxiety and depressive symptoms, and social participation. Improvement was uniform except that veterans benefited more than currently serving military personnel with respect to anxiety symptoms. These results suggest the program may be effective for coping with the aftermath of combat trauma.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1630230>

Changes in suicidal ideation following cognitive processing therapy in a VA residential treatment program.

Laura E. Stayton, Colleen E. Martin, James L. Pease & Kathleen M. Chard

Military Psychology

Published online: 01 Jul 2019

<https://doi.org/10.1080/08995605.2019.1630230>

In 2015, suicide accounted for over 44,000 deaths and was the 10th leading cause of mortality in the US. Although veterans, in general, are at a high risk for suicide, veterans with Posttraumatic Stress Disorder (PTSD) are at even greater risk. While evidence suggests that PTSD symptoms are reduced by Cognitive Processing Therapy (CPT), little is known about how this treatment impacts changes in suicidal ideation across residential treatment. Studies with active duty personnel have found reductions in suicidal ideation following CPT treatment; however, only one study to date has examined this question in a veteran sample. The current study examined (a) changes in suicidal ideation across a residential CPT treatment program and (b) the influence of demographic variables on change in suicidal ideation across treatment. Participants (N = 303) were admitted to a residential PTSD treatment in a VA medical center and completed pre-, mid-, and post-treatment assessments. Multilevel modeling of archival data revealed that suicidal ideation significantly decreased over the course of CPT ($B = -0.153$, $SE = 0.028$, $95\%CI = [-0.21, -0.10]$, $t = -5.40$, $p < .001$); however, this change did not differ based on age, marital status, sex, or race/ethnicity. Clinical and research implications are discussed.

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/psychotherapists-reports-of-technique-use-when-treating-anxiety-disorders-factors-associated-with-specific-technique-use/D6848B4589BE1A0DF08CEED25CE1FFB4>

Psychotherapists' reports of technique use when treating anxiety disorders: factors associated with specific technique use.

Zachary J. Parker and Glenn Waller

The Cognitive Behaviour Therapist

Published online: 27 June 2019

DOI: <https://doi.org/10.1017/S1754470X19000205>

Cognitive behavioural therapy (CBT) is the most efficacious and effective psychological intervention for treating anxiety disorders. Behavioural techniques, in particular exposure-based techniques, are fundamental to positive outcomes. However, research suggests that these techniques are either not used or are under-used when treating anxiety disorders. This study assesses therapists' reported use of CBT techniques in the treatment of anxiety disorders, and explores which therapist variables influence technique use. A total of 173 CBT therapists completed measures on their demographics, routine therapy practices in treating anxiety disorders, and internal states (e.g. self-esteem). These data were analysed to see how often therapists employed particular techniques and the correlates of the use of those techniques. Behavioural techniques (e.g. exposure) were the least utilized set of core CBT skills, being used less often than non-CBT techniques. The under-utilization of these key techniques was associated with greater levels of increased inhibitory anxiety amongst therapists. Supervision and therapists' self-esteem were both positively associated with the use of non-CBT techniques. While this study established what CBT therapists purport to use in routine practice with anxious populations, further research is needed to assess the association between adherence (or lack thereof) and client outcomes, and the factors that drive non-adherence.

<https://www.ncbi.nlm.nih.gov/pubmed/31256090>

NeuroRehabilitation. 2019 Jun 22. doi: 10.3233/NRE-192702. [Epub ahead of print]

Sleep problems contribute to post-concussive symptoms in service members with a history of mild traumatic brain injury without posttraumatic stress disorder or major depressive disorder.

Lu LH, Reid MW, Cooper DB, Kennedy JE

BACKGROUND:

Many with a history of mild traumatic brain injury (TBI) experience sleep problems, which are also common symptoms of stress-related and mood disorders.

OBJECTIVE:

To determine if sleep problems contributed unique variance to post-concussive symptoms above and beyond symptoms of posttraumatic stress disorder/major depressive disorder (PTSD/MDD) after mild TBI.

METHODS:

313 active duty service members with a history of mild TBI completed sleep, PTSD, and mood symptom questionnaires, which were used to determine contributions to the Neurobehavioral Symptom Inventory.

RESULTS:

59% of the variance in post-concussive symptoms were due to PTSD symptom severity while depressive symptoms and sleep problems contributed an additional 1% each. This pattern differed between those with and without clinical diagnosis of PTSD/MDD. For those with PTSD/MDD, PTSD and depression symptoms but not sleep contributed to post-concussive symptoms. For those without PTSD/MDD, PTSD symptoms and sleep contributed specifically to somatosensory post-concussive symptoms. Daytime dysfunction and sleep disturbances were associated with post-concussive symptoms after PTSD and depression symptoms were controlled.

CONCLUSIONS:

PTSD symptom severity explained the most variance for post-concussive symptoms among service members with a history of mild TBI, while depression symptoms, daytime dysfunction, and sleep disturbances independently contributed small amounts of variance.

<https://psycnet.apa.org/record/2019-34842-001>

Nightmares in mental disorders: A review.

Lemyre, A., Bastien, C., & Vallières, A.

Dreaming

2019; 29(2), 144-166.

<http://dx.doi.org/10.1037/drm0000103>

No review has specifically focused on the experience of nightmares in individuals with a mental disorder. With a better understanding of nightmares in this population, clinicians will be more inclined to investigate for the presence of chronic nightmares, to consider nightmares for prognosis, and to treat this sleep difficulty independently from other mental disorders. Therefore, this narrative review aims to summarize the most relevant literature on the experience of nightmares in posttraumatic stress disorder (PTSD), depressive disorders and bipolar disorders, anxiety disorders and obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, schizophrenia spectrum disorders, substance use disorders, autism spectrum disorder, eating disorders, and personality disorders. Differences in the experience of nightmares between mental disorders are also addressed. Expectedly, the positive relationship between nightmares and PTSD is the most empirically supported. Empirical data generally support a positive relationship between nightmares and other mental disorders, with the autism spectrum disorder being an exception. Moreover, the presence of nightmares in individuals with a mental disorder is often associated with poorer mental health, poorer sleep, and a greater risk for suicide. In conclusion, this review highlights the importance for clinicians to investigate for the presence of chronic nightmares along with other sleep difficulties (most commonly, insomnia and sleep apnea), to consider the potential influence of nightmares on the course of the primary mental disorder, and to be prepared to grant access to treatments targeting nightmares. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

[https://www.whijournal.com/article/S1049-3867\(18\)30532-2/fulltext](https://www.whijournal.com/article/S1049-3867(18)30532-2/fulltext)

Trauma and Sexual Risk: Do Men and Women Veterans Differ?

Joan L. Combellick, James Dziura, Galina A. Portnoy, Kristin M. Mattocks, Cynthia A. Brandt, Sally G. Haskell

Women's Health Issues

June 25, 2019

Volume 29, Supplement 1, Pages S74–S82

<https://doi.org/10.1016/j.whi.2019.04.014>

Purpose

Trauma has been associated with risky sexual behavior in diverse populations. However, little is known about this association among men and women veterans. This study hypothesized that 1) a history of trauma would be associated with risky sexual behavior among men and women veterans, 2) interpersonal trauma would predict risky sexual behavior among women, whereas noninterpersonal trauma would predict risky sexual behavior among men, and 3) military-related trauma would constitute additional risk. Using data from 567 women and 524 men veterans enrolled at the Veterans Health Administration, this study investigated the association between trauma-related experiences and risky sexual behavior in the last 12 months. Risk and protective factors that have been frequently associated with sexual behavior in previous research were also included in the model.

Methods

This study was drawn from the Women Veterans Cohort Study, a national survey of veterans. Bivariate and multivariate analyses were performed after multiple imputation for missing data.

Results

Predictive factors associated with risky sexual behavior differed between men and women veterans. Among women, childhood sexual victimization and intimate partner violence were associated with risky sexual behavior. Among men, binge drinking was the single significant risk factor. Military exposures were not significantly associated with risky sexual behavior in either men or women.

Conclusions

This study lays the groundwork for theory-generating research into the psychological underpinnings of noted associations and underscores the importance of integrated

health services to address the range of issues affecting sexual behavior and related health outcomes.

[https://www.whijournal.com/article/S1049-3867\(18\)30419-5/fulltext](https://www.whijournal.com/article/S1049-3867(18)30419-5/fulltext)

Pain Intensity and Pain Interference in Male and Female Iraq/Afghanistan-era Veterans.

Jennifer C. Naylor, H. Ryan Wagner, Cynthia Johnston, Eric E. Elbogen, Mira Brancu, Christine E. Marx, VA Mid-Atlantic MIRECC Work Group, VA Mid-Atlantic MIRECC Women Veterans Work Group, Jennifer L. Strauss

Women's Health Issues

June 25, 2019

Volume 29, Supplement 1, Pages S24–S31

DOI: <https://doi.org/10.1016/j.whi.2019.04.015>

Background

Chronic pain conditions are common among both male and female Iraq/Afghanistan-era veterans and can have substantial negative impacts on quality of life and function. Although in general women tend to report higher levels of pain intensity than men, findings remain mixed on whether gender differences in pain exist in Iraq/Afghanistan-era veterans. Additionally, the relationships between functional impairment, pain intensity, and gender remain unknown.

Methods

This project examined gender differences in pain intensity and pain interference in 875 male and female Iraq/Afghanistan-era veterans. Nonparametric Wilcoxon rank-tests examined gender differences in pain scores. Multivariable generalized linear regression modeling was used to evaluate the magnitude of pain intensity and interference across levels of chronicity and gender, and to evaluate the role of chronicity in gender effects in measures of pain and function.

Results

Pain intensity and interference scores were significantly greater among both male and female veterans reporting chronic pain relative to acute pain. Women veterans endorsed higher levels of pain intensity and pain interference compared with men. Results derived from multivariable analyses implicated pain intensity as a factor

underlying gender differences in functional impairment among chronic pain sufferers, indicating that gender differences in functional measures were eliminated after controlling statistically for pain intensity.

Conclusions

Results demonstrate that the effects of functional impairment are impacted by pain intensity, and not by gender.

[https://www.whijournal.com/article/S1049-3867\(18\)30548-6/fulltext](https://www.whijournal.com/article/S1049-3867(18)30548-6/fulltext)

Gender Differences in Veterans' Perceptions of Harassment on Veterans Health Administration Grounds.

Mackenzie C. Brown, Kellie J. Sims, Elizabeth J. Gifford, Karen M. Goldstein, Marcus R. Johnson, Christina D. Williams, Dawn Provenzale

Women's Health Issues

June 25, 2019

Volume 29, Supplement 1, Pages S47–S55

DOI: <https://doi.org/10.1016/j.whi.2019.04.004>

Objective

The 1990–1991 Gulf War employed more women servicemembers than any prior conflict. Gender-based differences among veterans of this era have yet to be explored. This study is among the first and most recent to stratify Gulf War veteran demographics, lifestyle factors, and self-reported diagnoses by gender.

Methods

Data from the cross-sectional Gulf War Era Cohort and Biorepository pilot study (n = 1,318; collected between 2014 and 2016), including users and nonusers of the Veterans Health Administration, were used to calculate demographics and adjusted odds ratios.

Results

Women veterans were oversampled and comprised approximately 23% of the sample. Women reported similar rates of Veterans Health Administration use (44%) and deployment (67%) as men (46% and 72%, respectively). Women were less likely than men to report frequent alcohol use (adjusted odds ratio [aOR], 0.59; 95% confidence interval [CI], 0.43–0.81; p = .0009) or have a history of smoking (aOR, 0.65; 95% CI,

0.49–0.84; $p = .0014$). Among common health conditions, women were more likely than men to report a diagnosis of osteoporosis (aOR, 4.24; 95% CI, 2.39–7.51; $p < .0001$), bipolar disorder (aOR, 2.15; 95% CI, 1.15–4.04; $p = .0167$), depression (aOR, 2.39; 95% CI, 1.81–3.16; $p < .0001$), irritable bowel syndrome (aOR, 2.10; 95% CI, 1.43–3.09; $p = .0002$), migraines (aOR, 2.96; 95% CI, 2.18–4.01; $p < .0001$), asthma (aOR, 1.86; 95% CI, 1.29–2.67; $p = .0008$), and thyroid problems (aOR, 4.60; 95% CI, 3.14–6.73; $p < .0001$). Women were less likely than men to report hypertension (aOR, 0.55; 95% CI, 0.41–0.72; $p < .0001$), tinnitus (aOR, 0.46; 95% CI, 0.33–0.63; $p < .0001$), and diabetes (aOR, 0.44; 95% CI, 0.28–0.69; $p = .0003$).

Conclusions

Health differences exist between female and male veterans from the 1990–1991 Gulf War. Gender-specific analyses are needed to better understand the unique health care needs of Gulf War Era veterans and direct future research.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460319302837>

The associations between deployment experiences, PTSD, and alcohol use among male and female veterans.

Anne N. Banducci, Virginia McCaughey, Jaimie L. Gradus, Amy E. Street

Addictive Behaviors

Available online 24 June 2019

<https://doi.org/10.1016/j.addbeh.2019.106032>

Highlights

- Alcohol use is common following traumatic deployment experiences.
- PTSD symptom severity explains post-deployment alcohol use among veterans.
- Home life disruptions amplify the impact of trauma on PTSD among women.
- These disruptions moderate relations between trauma, PTSD, and alcohol among women.

Abstract

Overview

Alcohol use is common following traumatic military deployment experiences. What is less clear is why, and for whom, particular deployment experiences lead to alcohol use.

Method

The current study explored associations between deployment stressors (Warfare, Military Sexual Trauma, and Concerns about Life and Family Disruptions—“Life Disruptions”), PTSD (PCL-5), and alcohol use (CAGE) post-deployment, stratified by gender among 2344 male and female veterans (1137 men; Mage = 35). Conditional process analyses examined the indirect effect of traumatic deployment experiences on alcohol use, via PTSD symptom severity, with Life Disruptions as a moderator.

Results

More severe Warfare and military sexual trauma (MST) were associated with greater PTSD symptom severity, which was associated with higher problematic alcohol use. PTSD symptom severity accounted for the associations between trauma type (i.e., MST or Warfare) and alcohol use. Among women, but not men, Life Disruptions moderated the associations between trauma type (i.e., MST, Warfare) and PTSD symptom severity, such that elevated Life Disruptions amplified the associations between trauma type and PTSD symptom severity. Moderated mediation was significant for MST among women, indicating that the strength of the indirect effect (MST → PTSD → problematic alcohol use) was moderated by Life Disruptions; problematic alcohol use was highest for women with greater PTSD symptom severity following exposure to more severe Life Disruptions and MST (Est. = 0.0007, SE = 0.0001, CI = 0.0002 to 0.0013).

Conclusions

Taken together, alcohol use following potentially traumatic deployment experiences can be understood by considering PTSD symptom severity, gender, and Life Disruptions.

[https://www.whijournal.com/article/S1049-3867\(18\)30489-4/fulltext](https://www.whijournal.com/article/S1049-3867(18)30489-4/fulltext)

Gender Differences in Suicide and Self-Directed Violence Risk Among Veterans With Post-traumatic Stress and Substance Use Disorders.

Silvia Ronzitti, Amy M. Loree, Marc N. Potenza, Suzanne E. Decker, Sarah M. Wilson, Erica A. Abel, Sally G. Haskell, Cynthia A. Brandt, Joseph L. Goulet

Women's Health Issues

June 25, 2019

Volume 29, Supplement 1, Pages S94–S102

DOI: <https://doi.org/10.1016/j.whi.2019.04.010>

Background

Veterans have a high prevalence of both post-traumatic stress disorder (PTSD) and substance use disorders (SUDs), which are related to suicide risk. Exploring gender-related differences in suicidal behavior risk among this subgroup of veterans is important to improve prevention and treatment strategies. To date, few studies have explored these differences.

Methods

The sample included 352,476 men and women veterans from the Women Veterans Cohort Study with a diagnosis of PTSD. First, we conducted analyses to assess gender-related differences in sociodemographic and clinical variables at baseline, as well as by suicidal behavior. Then, we conducted a series of Cox proportional hazards regression models to estimate the hazard ratios of engaging in self-directed violence (SDV) and dying by suicide by SUD status and gender, controlling for potential confounders.

Results

Adjusted analyses showed that, among veterans with PTSD, the presence of a SUD significantly increased the risk of SDV and death by suicide. Women with PTSD had a decreased risk of dying by suicide compared with men. No gender-related difference was observed for SDV. SUD increased the risk of SDV behavior in both women and men but increased the risk of dying by suicide only among men.

Conclusions

Our findings revealed gender-related differences in SDV and suicide among veterans with a PTSD diagnosis with or without a SUD. Our study, along with the increasing numbers of women serving in the military, stresses the need to conduct gender-based analyses to help improve prevention and treatment strategies.

<https://www.sciencedirect.com/science/article/abs/pii/S030646031930156X>

Military veterans' overdose risk behavior: Demographic and biopsychosocial influences.

Alex S. Bennett, J. Alexander Watford, Luther Elliott, Brett Wolfson-Stofko, Honoria Guarino

Addictive Behaviors

Available online 25 June 2019

<https://doi.org/10.1016/j.addbeh.2019.106036>

Highlights

- U.S. military veterans are a population at elevated risk for fatal and non-fatal overdose.
- Biopsychosocial challenges are associated with behaviors that increase risk for overdose.
- Participants reported an average of 4.72 OD risk behaviors in the past-30 days.
- Predictors of OD risk: pain severity/interference; mental health challenges; stressful life events
- Low-threshold, collaborative, and holistic interventions are needed to mitigate these risks.

Abstract

Background

U.S. military veterans face many biopsychosocial (BPS) challenges post-service that may elevate risk for opioid-related overdose including physical pain, mental health concerns and social stressors. Some veterans use opioids to manage pain and cope with social readjustment. This study assessed associations between BPS factors and recent engagement in overdose risk behavior in a community sample of post-9/11 veterans who used opioids in New York City.

Methods

Participants (n = 218) were recruited through convenience sampling and completed a baseline assessment including a validated Opioid Risk Behavior Scale (ORBS) that measured past-30-day engagement in 22 opioid-related overdose risk behaviors. Analyses examined associations between ORBS scores and hypothesized demographic, biological/physical, psychological and social predictors. Incident rate ratios estimated the expected relative difference in ORBS score associated with each predictor.

Results

Participants reported an average of 4.72 overdose risk behaviors in the past 30 days. Significant independent predictors of higher ORBS score, after adjustment for demographics and current prescription medications, were past-30-day: depression symptoms; unsheltered or living in a homeless shelter (vs. private housing); history of mental health treatment; experiencing stressful life events; average pain severity; and pain interference.

Conclusion

Veterans face myriad BPS challenges and, while drug-related overdose risks are well understood, findings suggest that other factors—including mental health, pain and stressful life events—may also be associated with overdose risk among opioid-using veterans. The larger challenges veterans face should be considered in the context of BPS forms of pain management when tailoring and delivering overdose prevention interventions.

[https://www.whijournal.com/article/S1049-3867\(18\)30454-7/fulltext](https://www.whijournal.com/article/S1049-3867(18)30454-7/fulltext)

Gender Differences in Demographic and Health Characteristics of the Million Veteran Program Cohort.

Mackenzie C. Brown, Kellie J. Sims, Elizabeth J. Gifford, Karen M. Goldstein, Marcus R. Johnson, Christina D. Williams, Dawn Provenzale

Women's Health Issues

June 25, 2019

Volume 29, Supplement 1, Pages S47–S55

DOI: <https://doi.org/10.1016/j.whi.2019.04.004>

Objective

The 1990–1991 Gulf War employed more women servicemembers than any prior conflict. Gender-based differences among veterans of this era have yet to be explored. This study is among the first and most recent to stratify Gulf War veteran demographics, lifestyle factors, and self-reported diagnoses by gender.

Methods

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Results

Women veterans were oversampled and comprised approximately 23% of the sample. Women reported similar rates of Veterans Health Administration use (44%) and deployment (67%) as men (46% and 72%, respectively). Women were less likely than men to report frequent alcohol use (adjusted odds ratio [aOR], 0.59; 95% confidence

interval [CI], 0.43–0.81; $p = .0009$) or have a history of smoking (aOR, 0.65; 95% CI, 0.49–0.84; $p = .0014$). Among common health conditions, women were more likely than men to report a diagnosis of osteoporosis (aOR, 4.24; 95% CI, 2.39–7.51; $p < .0001$), bipolar disorder (aOR, 2.15; 95% CI, 1.15–4.04; $p = .0167$), depression (aOR, 2.39; 95% CI, 1.81–3.16; $p < .0001$), irritable bowel syndrome (aOR, 2.10; 95% CI, 1.43–3.09; $p = .0002$), migraines (aOR, 2.96; 95% CI, 2.18–4.01; $p < .0001$), asthma (aOR, 1.86; 95% CI, 1.29–2.67; $p = .0008$), and thyroid problems (aOR, 4.60; 95% CI, 3.14–6.73; $p < .0001$). Women were less likely than men to report hypertension (aOR, 0.55; 95% CI, 0.41–0.72; $p < .0001$), tinnitus (aOR, 0.46; 95% CI, 0.33–0.63; $p < .0001$), and diabetes (aOR, 0.44; 95% CI, 0.28–0.69; $p = .0003$).

Conclusions

Health differences exist between female and male veterans from the 1990–1991 Gulf War. Gender-specific analyses are needed to better understand the unique health care needs of Gulf War Era veterans and direct future research.

<https://link.springer.com/article/10.1007/s11126-019-09651-2>

Sociodemographic Risk Factors for Serious Psychological Distress among U.S. Veterans: Findings from the 2016 National Health Interview Survey.

Judith D. Weissman, David Russell, Rachel Harris, Lisa Dixon, Fatemah Haghighi, Marianne Goodman

Psychiatric Quarterly

First Online: 26 June 2019

<https://doi.org/10.1007/s11126-019-09651-2>

Serious Psychological Distress (SPD) is a measure of mental health associated with poor functioning. This study identified sociodemographic risk factors for SPD, among veterans using Veterans Health Administration (VHA), TRICARE or the Civilian Health and Medical Programs for Uniformed Services (CHAMP) (all referred herein as VA coverage) and compared risk factors for SPD to non-veterans. VA coverage offers preventative care and treatment for illnesses and injuries to veterans with the aim of improving their quality of life. Veterans with and with no SPD, using VA coverage aged 18 to 64 years were sampled from the 2016 National Health Interview Survey (NHIS) ($n = 525$ total, $n = 48$ veterans with serious psychological distress) were compared to each other and to non-veterans sampled from the NHIS ($n = 24,121$ total and $n = 1055$

with serious psychological distress), by sex, age group, race/ethnicity, education level, living arrangements, education level, number of chronic health conditions, and region of residence. The greatest proportion of veterans with SPD were female, middle aged (45–64 years), white, had less than a high school education, and lived alone or with other adults (compared to those living with a spouse/partner). The greatest proportion of veterans with SPD lived in the Southern and Western U.S. regions, and the smallest proportion lived in the Northeastern U.S. region. Hispanic and white veterans were at increased risk for SPD relative to black veterans, and relative to their same race/ethnic counterparts in the non-veteran civilian population. Additional analyses suggest that veterans with SPD experience greater barriers to care compared to veterans without SPD. Further research is warranted to examine access to mental and physical health care providers in U.S. regions with the greatest proportions of veterans with SPD. Particular attention is needed for female veterans due to their high rates of SPD relative to male veterans.

[https://www.ajpmonline.org/article/S0749-3797\(19\)30164-3/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30164-3/fulltext)

Causes of Excess Mortality in Veterans Treated for Posttraumatic Stress Disorder.

Jenna A. Forehand, Talya Peltzman, Christine Leonard Westgate, Natalie B. Riblet, Bradley V. Watts, Brian Shiner

American Journal of Preventive Medicine

Published online: June 24, 2019

DOI: <https://doi.org/10.1016/j.amepre.2019.03.014>

Introduction

Published research indicates that posttraumatic stress disorder (PTSD) is associated with increased mortality. However, causes of death among treatment-seeking patients with PTSD remain poorly characterized. The study objective was to describe causes of death among Veterans with PTSD to inform preventive interventions for this treatment population.

Methods

A retrospective cohort study was conducted for all Veterans who initiated PTSD treatment at any Department of Veterans Affairs Medical Center from fiscal year 2008 to 2013. The primary outcome was mortality within the first year after treatment initiation.

In 2018, collected data were analyzed to determine leading causes of death. For the top ten causes, standardized mortality ratios (SMRs) were calculated from age- and sex-matched mortality tables of the U.S. general population.

Results

A total of 491,040 Veterans were identified who initiated PTSD treatment. Mean age was 48.5 (\pm 16.0) years, 90.7% were male, and 63.5% were of white race. In the year following treatment initiation, 1.1% (5,215/491,040) died. All-cause mortality was significantly higher for Veterans with PTSD compared with the U.S. population (SMR=1.05, 95% CI=1.02, 1.08, p <0.001). Veterans with PTSD had a significant increase in mortality from suicide (SMR=2.52, 95% CI=2.24, 2.82, p <0.001), accidental injury (SMR=1.99, 95% CI=1.83, 2.16, p <0.001), and viral hepatitis (SMR=2.26, 95% CI=1.68, 2.93, p <0.001) versus the U.S. population. Of those dying from accidental injury, more than half died of poisoning (52.3%, 325/622).

Conclusions

Veterans with PTSD have an elevated risk of death from suicide, accidental injury, and viral hepatitis. Preventive interventions should target these important causes of death.

Links of Interest

New Law Drops BAC Limit to .03% for All Troops Stationed in South Korea

<https://www.military.com/daily-news/2019/06/28/new-law-drops-bac-limit-03-all-troops-stationed-south-korea.html>

All military spouses can now apply for professional relicensing fee reimbursement

<https://www.militarytimes.com/pay-benefits/2019/06/28/all-military-spouses-can-now-apply-for-professional-relicensing-fee-reimbursement/>

Two soldiers died by suicide along the Mexico border, says medical examiner

<https://www.militarytimes.com/news/your-military/2019/06/28/two-soldiers-died-by-suicide-along-the-mexico-border/>

Historic Million-Veteran Study Could Lead to PTSD Research Breakthrough

<https://www.military.com/daily-news/2019/06/29/historic-million-veteran-study-could-lead-ptsd-research-breakthrough.html>

Wounded by Chemical Weapons in Iraq, Veterans Fight a Lonely Battle for Help
<https://www.nytimes.com/2019/06/26/magazine/chemical-weapons-military-iraq.html>

Do Brain Injuries Affect Women Differently?
<https://www.nytimes.com/2019/06/26/magazine/do-brain-injuries-affect-women-differently-than-men.html>

Disabled vets could see their student loan debts automatically erased
<https://www.militarytimes.com/news/pentagon-congress/2019/07/01/disabled-vets-could-see-their-student-loan-debts-automatically-erased/>

Veterans have a new ally to help treat PTSD: Florida's colleges and universities
<https://www.stripes.com/news/us/veterans-have-a-new-ally-to-help-treat-ptsd-florida-s-colleges-and-universities-1.587801>

Resource of the Week: [Military Family Resources](#)

New, from CDP:

The Center for Deployment Psychology (CDP) trains behavioral health professionals to provide high-quality, evidence-based care to Service members, Veterans and their families. An individual's military service often impacts spouses, partners, children, siblings, parents, and other relatives in a myriad of ways. It's important for providers to become knowledgeable of their unique challenges and concerns and to have helpful resources and educational tools ready to share with them.

The CDP is pleased to offer you an array of military family, couples and children resources including links, books, blogs, apps, reports and articles. We encourage you to incorporate these into your work with family members connected to the military. Additionally, Service members, Veterans and their families can use this webpage directly and discover many resources and tips for themselves and others.

Military Family Resources



U.S. Marine Corps photo by LCPL Jacob Barber, Public domain via Wikimedia Commons

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The following are websites that behavioral health providers may find useful.

The appearance of external hyperlinks does not constitute endorsement by the United States Department of Defense (DoD), the Uniformed Services University of the Health Sciences (USUHS) or the Henry M. Jackson Foundation of the linked websites, or the information, products or services contained therein. The DoD and the Center for Deployment Psychology do not exercise any editorial control over the information you may find at these locations. Such links are provided consistent with the stated purpose of this website.

Military Family Resources	Military Children Resources	Reports and Articles	Military Family Books	Military Family Blogs and Apps
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