CDP

Uniformed Services University

Research Update -- January 9, 2020

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22454

ICD-11 Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder in the United States: A Population-Based Study.

Cloitre, M., Hyland, P., Bisson, J.I., Brewin, C.R., Roberts, N.P., Karatzias, T. and Shevlin, M.

Journal of Traumatic Stress
First published: 04 December 2019
https://doi.org/10.1002/jts.22454

The primary aim of this study was to provide an assessment of the current prevalence rates of International Classification of Diseases (11th rev.) posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) among the adult population of the United States and to identify characteristics and correlates associated with each disorder. A total of 7.2% of the sample met criteria for either PTSD or CPTSD, and the prevalence rates were 3.4% for PTSD and 3.8% for CPTSD. Women were more likely than men to meet criteria for both PTSD and CPTSD. Cumulative adulthood trauma was associated with both PTSD and CPTSD; however, cumulative childhood trauma was more strongly associated with CPTSD than PTSD. Among traumatic stressors occurring in childhood, sexual and physical abuse by caregivers were identified as events associated with risk for CPTSD, whereas sexual assault by noncaregivers and abduction were risk factors for PTSD. Adverse childhood events were associated with both PTSD and CPTSD, and equally so. Individuals with CPTSD reported substantially higher psychiatric burden and lower levels of psychological well-being compared to those with PTSD and those with neither diagnosis.

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Treating Adults With Complex Posttraumatic Stress Disorder Using a Modular Approach to Treatment: Rationale, Evidence, and Directions for Future Research.

Thanos Karatzias, Marylene Cloitre

Journal of Traumatic Stress
First published: 15 November 2019
https://doi.org/10.1002/jts.22457

ICD-11 complex PTSD (CPTSD) is a new condition, and, therefore, there are as yet no clinical trials evaluating interventions for its treatment. In this paper, we provide the rationale for a flexible multimodular approach to the treatment of CPTSD, its feasibility, and some evidence suggesting its potential benefits. The approach highlights flexibility in the selection of empirically supported interventions (or a set of interventions) and the order of delivery based on symptoms that are impairing, severe, and of relevance to the

patient. The approach has many potential benefits. It can incorporate the use of interventions for which there is already evidence of efficacy allowing the leveraging of past scientific efforts. It is also consistent with patient-centered care, which highlights the importance of patient choice in identification of the problems to target, interventions to select, and outcomes to monitor. Researchers on modular treatments of other disorders have found that, compared to disorder-specific manualized protocols, flexible multimodular treatment programs are superior in resolving identified problems and are associated with greater therapist satisfaction and reduced patient burden. We briefly identify types of interventions that have been successful in treating trauma-exposed populations as well as emerging interventions that are relevant to the particular problems associated with exposure to complex trauma. We conclude with examples of how such treatments can be organized and tested. Research is now urgently needed on the effectiveness of existing and new intervention approaches to ICD-11 CPTSD treatment.

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Posttraumatic Stress Disorder Severity and Insomnia-Related Sleep Disturbances: Longitudinal Associations in a Large, Gender-Balanced Cohort of Combat-Exposed Veterans.

Rosen, R.C., Cikesh, B., Fang, S., Trachtenberg, F.L., Seal, K.H., Magnavita, A.M., Bovin, M.J., Green, J.D., Bliwise, D.L., Marx, B.P. and Keane, T.M.

Journal of Traumatic Stress
First published: 04 December 2019
https://doi.org/10.1002/jts.22462

Few studies have investigated the range and severity of insomnia-related sleep complaints among veterans with posttraumatic stress disorder (PTSD), and the temporal association between insomnia and PTSD severity has yet to be examined. To examine these associations, a large, gender-balanced cohort of veterans (N = 1,649) of the Iraq and Afghanistan conflicts participated in longitudinal assessments of PTSD and insomnia-related symptoms over a period of 2.5 years following enrollment (range: 2–4 years). Data were obtained from multiple sources, including interviews, self-report assessments, and electronic medical record data. Three-fourths (74.0%) of veterans with PTSD diagnoses at Time 1 (T1) reported insomnia-related sleep difficulties on at least half the nights during the past 30 days, and one-third of participants had received

a prescription for a sedative-hypnotic drug in the past year. Veterans without PTSD had fewer sleep problems overall, although the prevalence of sleep problems was high among all study participants. In longitudinal, cross-lagged panel models, the frequency of sleep problems at T1 independently predicted increases in PTSD severity at Time 2 (T2), $B = 0.27$, $p < .001$, after controlling for gender and relevant comorbidities. Conversely, T1 PTSD severity was associated with increasing sleep complaints at T2 but to a lesser degree, $B = 0.04$, $p < .001$. Moderately high rates of sedative-hypnotic use were seen in veterans with PTSD, with more frequent use in women compared to men (40.4% vs. 35.0%). Sleep complaints were highly prevalent overall and highlight the need for increased clinical focus on this area.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22459

Typologies of Combat Exposure and Their Effects on Posttraumatic Stress Disorder and Depression Symptoms.

Kelber, M.S., Smolenski, D.J., Workman, D.E., Morgan, M.A., Garvey Wilson, A.L., Campbell, M.S., Evatt, D.P. and Belsher, B.E.

Journal of Traumatic Stress
First published: 25 October 2019
https://doi.org/10.1002/jts.22459

The present study identified distinct classes of U.S. military service members based on their combat experiences and examined mental health outcomes and longitudinal growth curves of posttraumatic stress disorder (PTSD) and depression symptoms associated with each class. Participants were 551 active duty service members who screened positive for PTSD and/or depression based on DSM-IV-TR criteria. All participants completed the Combat Experiences Scale at baseline as well as PTSD and depression measures at baseline and at 3-, 6-, and 12-month follow-ups. A latent class analysis identified four classes of service members based on their combat experiences: limited exposure, medical exposure, unit exposure, and personal exposure. Service members in the personal exposure class were characterized by a distinct mental health profile: They reported a higher level of PTSD symptoms at baseline and a higher prevalence of traumatic brain injury and PTSD diagnoses during the course of the study. The limited exposure class was more likely to receive diagnoses of depression and adjustment disorders. All classes except the medical exposure class demonstrated a slight decrease in PTSD and depression symptoms over time. However, participants

in the limited exposure class had a larger decrease in PTSD and depression symptoms earlier in care but did not demonstrate superior long-term symptom improvements at 12 months compared to the other groups. These results inform PTSD development models and have implications for the screening and clinical management of combat-exposed service members.

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The Associations Between Physical and Psychological Symptoms and Traumatic Military Deployment Exposures.

Graham, K., Searle, A., Van Hooff, M., Lawrence-Wood, E. and McFarlane, A.

Journal of Traumatic Stress
First published: 27 November 2019
https://doi.org/10.1002/jts.22451

Current paradigms regarding the effects of traumatic exposures on military personnel do not consider physical symptoms unrelated to injury or illness as independent outcomes of trauma exposure, characteristically dealing with these symptoms as comorbidities of psychological disorders. Our objective was to ascertain the proportions of deployed military personnel who experienced predominantly physical symptoms, predominantly psychological symptoms, and comorbidity of the two and to examine the association between traumatic deployment exposures (TDEs) and these symptomatic profiles. Data were taken from a cross-sectional study of Australian Defence Force personnel who were deployed to the Middle East during 2001–2009 (N = 14,032). Four groups were created based on distributional splits of physical and psychological symptom scales: low-symptom, psychological, physical, and comorbid. Multinomial logistic regression models assessed the probability of symptom group membership, compared with low-symptom, as predicted by self-reported TDEs. Group proportions were: low-symptom, 78.3%; physical, 5.0%; psychological, 9.3%; and comorbid, 7.5%. TDEs were significant predictors of all symptom profiles. For subjective, objective, and human death and degradation exposures, respectively, the largest relative risk ratios (RRRs) were for the comorbid profile, RRRs = 1.47, 1.19, 1.48; followed by the physical profile, RRRs = 1.27, 1.15, 1.40; and the psychological profile, RRRs = 1.22, 1.07, 1.22. Almost half of participants with physical symptoms did not have comorbid psychological symptoms, suggesting that physical symptoms can occur as a discrete outcome trauma exposure.

The similar dose–response association between TDEs and the physical and psychological profiles suggests trauma is similarly associated with both outcomes.

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https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0182

Health Care Utilization and Costs of Veterans Evaluated for Traumatic Brain Injury Through Telehealth.

Kevin T. Stroupe, Rachael Martinez, Timothy P. Hogan, Charlesnika T. Evans, Joel Scholten, Douglas Bidelspach, Chad Osteen, Brent C. Taylor, and Bridget M. Smith.

Telemedicine and e-Health
Dec 2019 ahead of print
http://doi.org/10.1089/tmj.2018.0182

Background:
Mild traumatic brain injury (TBI) is prevalent among Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]) Veterans. With clinical video telehealth (CVT), Veterans screening positive for potential deployment-related TBI can receive comprehensive TBI evaluations by providers at specialized centers through interactive video communication.

Introduction:
We examined health care utilization and costs for Veterans during the 12 months before and after being evaluated through CVT versus in-person.
Materials and Methods: We examined OEF/OIF Veterans receiving comprehensive evaluations at specialized Veterans Affairs facilities from October 2012 to September 2014. Veterans evaluated through CVT and in-person at the same facilities were included. We used a difference-in-difference analysis with propensity score weighted regression models to examine health care utilization and costs between TBI evaluation groups.

Results:
There were 554 Veterans with comprehensive evaluations through CVT (380 with and 174 without confirmed TBI) and 7,159 with in-person evaluations (4,899 with and 2,260 without confirmed TBI). Veterans in the in-person group with confirmed TBI had similar increases in outpatient, inpatient, and total health care costs as Veterans who had TBI

confirmed through CVT. However, Veterans with a confirmed TBI evaluated in-person had greater increases in rehabilitation and other specialty costs.

Discussion:
When visits are in-person, Veterans may have opportunities to discuss more issues and concerns, whether TBI-related or not. Thus, providers might make more referrals to rehabilitation and specialty care after in-person visits.

Conclusion:
Veterans receiving in-person evaluations who were diagnosed with TBI had similar increases in health care costs as Veterans with TBI confirmed through evaluations through CVT.

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https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2758111

Ramifications of the VA MISSION Act of 2018 on Mental Health: Potential Implementation Challenges and Solutions (Viewpoint)

Aggarwal NK

JAMA Psychiatry
Published online December 26, 2019
https://doi.org/10.1001/jamapsychiatry.2019.3883

US veterans face severe mental health needs; there have been more than 6000 suicides annually from 2008 to 2016, a 25.9% jump in suicides from 2005 to 2016, a suicide rate 1.5-fold higher than nonveterans, and higher suicide rates for veterans accessing Department of Veterans Affairs (VA) facilities vs those not using VA services, veterans overall, and nonveterans. On June 6, 2018, the Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act of 2018 came into law as S 2372.2 The VA MISSION Act passed after former VA Secretary David Shulkin, MD, called suicide prevention his top clinical priority, stating that just 6 of 20 veterans who have committed suicide each day accessed VA care in the past year. In January 2018, President Donald Trump issued an executive order for the VA and the Departments of Defense and Homeland Security to coordinate seamless access to treatment for service members transitioning into veteran status to prevent suicides.

S 2372 permits veterans to access non-VA services under particular circumstances. Still, how to coordinate care and facilitate communication across VA and non-VA clinicians remains unanswered. This Viewpoint reviews the mental health implications of S 2372, considers obstacles to expanding access with non-VA clinicians, and proposes solutions from the VA's partnerships with non-VA community clinicians through the Veterans Choice Act of 2014, which S 2372 replaces. The implementation of S 2372 as of June 2019 makes this topic of wide public health interest.

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https://link.springer.com/article/10.1186/s12916-019-1461-z

Suicide prevention and depression apps' suicide risk assessment and management: a systematic assessment of adherence to clinical guidelines.

Laura Martinengo, Louise Van Galen, Elaine Lum, Martin Kowalski, Mythily Subramaniam & Josip Car

BMC Medicine
Volume 17, Article number: 231 (2019)

Background
There are an estimated 800,000 suicides per year globally, and approximately 16,000,000 suicide attempts. Mobile apps may help address the unmet needs of people at risk. We assessed adherence of suicide prevention advice in depression management and suicide prevention apps to six evidence-based clinical guideline recommendations: mood and suicidal thought tracking, safety plan development, recommendation of activities to deter suicidal thoughts, information and education, access to support networks, and access to emergency counseling.

Methods
A systematic assessment of depression and suicide prevention apps available in Google Play and Apple's App Store was conducted. Apps were identified by searching 42matters in January 2019 for apps launched or updated since January 2017 using the terms "depression," "depressed," "depress," "mood disorders," "suicide," and "self-harm." General characteristics of apps, adherence with six suicide prevention strategies identified in evidence-based clinical guidelines using a 50-question checklist developed by the study team, and trustworthiness of the app based on HONcode principles were appraised and reported as a narrative review, using descriptive statistics.

Results
The initial search yielded 2690 potentially relevant apps. Sixty-nine apps met inclusion criteria and were systematically assessed. There were 20 depression management apps (29%), 3 (4%) depression management and suicide prevention apps, and 46 (67%) suicide prevention apps. Eight (12%) depression management apps were chatbots. Only 5/69 apps (7%) incorporated all six suicide prevention strategies. Six apps (6/69, 9%), including two apps available in both app stores and downloaded more than one million times each, provided an erroneous crisis helpline number. Most apps included emergency contact information (65/69 apps, 94%) and direct access to a crisis helpline through the app (46/69 apps, 67%).

Conclusions
Non-existent or inaccurate suicide crisis helpline phone numbers were provided by mental health apps downloaded more than 2 million times. Only five out of 69 depression and suicide prevention apps offered all six evidence-based suicide prevention strategies. This demonstrates a failure of Apple and Google app stores, and the health app industry in self-governance, and quality and safety assurance. Governance levels should be stratified by the risks and benefits to users of the app, such as when suicide prevention advice is provided.

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https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000639?journalCode=cri

Prospective Validity of the Suicide Cognitions Scale Among Acutely Suicidal Military Personnel Seeking Unscheduled Psychiatric Intervention.

Craig J. Bryan, David C. Rozek, and Lauren R. Khazem

Crisis
Published online: December 20, 2019
https://doi.org/10.1027/0227-5910/a000639

Background and Aim:
The Suicide Cognitions Scale (SCS) was developed to assess a broad range of suicide-related cognitions. Research to date supports the scale's factor structure, internal consistency, and construct validity. The present study tested the scale's prospective validity for suicide attempts among 97 military personnel presenting to an emergency department or psychiatric outpatient clinic for an unscheduled walk-in evaluation.

Method:
Cox regression and receiver operator characteristic analyses were conducted to test the prospective validity of the SCS.

Results:
Results supported the prospective validity of the SCS (area under the curve [AUC] = 0.69) and indicate the scale's performance is comparable to an empirically supported measure of suicide ideation (AUC = 0.75). The SCS performance was not reduced by removing items containing the word suicide.

Limitations:
Homogeneous sample comprised of US soldiers, predominantly male, with recent suicidal ideation.

Conclusion:
Results support the SCS as an indicator of subsequent risk for suicidal behavior when used in acute care settings, and suggest the scale's performance is similar to more traditional suicide risk screening methods that depend on honest self-disclosure of suicidal thoughts.

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https://www.sciencedirect.com/science/article/abs/pii/S0022395619309094

Associations between anger and suicidal ideation and attempts: A prospective study using the National Epidemiologic Survey on Alcohol and Related Conditions.

Kirsten H. Dillon, Elizabeth E. Van Voorhees, Eric B. Elbogen

Journal of Psychiatric Research
Volume 122, March 2020, Pages 17-21
https://doi.org/10.1016/j.jpsychires.2019.12.011

Suicide is among the leading causes of death in the United States, with rates having risen substantially over the past two decades. Anger is a common symptom of several disorders associated with suicide, and the little research that has been done in the area suggests that it may be an often overlooked transdiagnostic risk factor for both suicidal ideation and behavior. The current study used the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) dataset to evaluate anger at Wave 1 as a

risk factor for suicidal ideation and suicide attempt at Wave 2 (three years later) in a nationally representative sample of 34,653 participants. Chi-square analyses indicated that participants reporting problematic anger at Wave 1 were significantly more likely to endorse suicidal ideation ($\chi 2 = 65.35$, $p < .001$) and suicide attempt ($\chi 2 = 24.86$, $p < .001$) at Wave 2. Multivariate regression analyses confirmed that problematic anger significantly predicted suicidal ideation (OR = 1.48, 95% CI [1.21,1.82], $p < .001$) and attempt (OR = 1.53, 95% CI [1.07,2.19], $p = .020$) over the three year period, even after adjusting for psychiatric risk factors, and demographic and historical covariates. Findings suggests the potential benefit of integrating anger assessment and treatment into research and clinical programs focused on reducing suicide.

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https://link.springer.com/article/10.1007/s12671-019-01284-7

Bolstering Cognitive Resilience via Train-the-Trainer Delivery of Mindfulness Training in Applied High-Demand Settings.

Amishi P. Jha, Anthony P. Zanesco, Ekaterina Denkova, Alexandra B. Morrison, Nicolas Ramos, Keith Chichester, John W. Gaddy & Scott L. Rogers

Mindfulness
Published19 December 2019
https://doi.org/10.1007/s12671-019-01284-7

Objectives
Mindfulness training (MT) guidelines recommend that trainers have familiarity and knowledge of the training group as well as extensive MT expertise. Herein, a “train-the-trainer” (TTT) dissemination model was investigated for military service members whose access to MT is threatened by a scarcity of qualified trainers.

Methods
US Army Master Resilience Trainer-Performance Experts (PEs), who had extensive familiarity with soldiers but no prior MT experience, participated in an MT practicum, and then delivered a 4-week MT program (Mindfulness-Based Attention Training, MBAT) contextualized for military personnel. Soldiers (n = 180) undergoing intensive military field training over the study interval were recruited as participants. MBAT was delivered to soldiers by PEs (n = 89) or by a trainer with extensive MT experience (Mindfulness Expert; ME, n = 45) but no military familiarity. The remaining participants served as no-training controls (NTC, n = 46). Soldiers’ performance on sustained attention and

working memory (WM) tasks was assessed before (week 0, T1) and after MBAT delivery (week 5, T2), and again 4 weeks later (week 10, T3).

Results
For all participants, sustained attention and WM performance declined over the high-demand field training interval ($p < 0.001$). Yet, the PE group declined significantly less in attentional ($p = 0.040$) and WM ($p < 0.001$) performance relative to the other groups.

Conclusions
These results suggest that TTT delivery of short-form MT by context-familiar trainers may be an expeditious route by which to increase access to MT in the service of promoting cognitive resilience in high-demand groups.

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https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000637?journalCode=cri

Identifying Suicide Typologies Among Trauma-Exposed Veterans Exploring the Role of Affective Impulsivity.

Nadia Bounoua, Jasmeet P. Hayes, and Naomi Sadeh

Crisis
Published online: December 20, 2019
https://doi.org/10.1027/0227-5910/a000637

Background:
Suicide among veterans has increased in recent years, making the identification of those at greatest risk for self-injurious behavior a high research priority.

Aims:
We investigated whether affective impulsivity and risky behaviors distinguished typologies of self-injurious thoughts and behaviors in a sample of trauma-exposed veterans.

Method:
A total of 95 trauma-exposed veterans (ages 21–55; 87% men) completed self-report measures of self-injurious thoughts and behaviors, impulsivity, and clinical symptoms.

Results:
A latent profile analysis produced three classes that differed in suicidal ideation, suicide attempts and nonsuicidal self-injury (NSSI): A low class that reported little to no self-injurious thoughts or behaviors; a self-injurious thoughts (ST) class that endorsed high levels of ideation but no self-harm behaviors; and a self-injurious thoughts and behaviors (STaB) class that reported ideation, suicide attempts and NSSI. Membership in the STaB class was associated with greater affective impulsivity, disinhibition, and distress/arousal than the other two classes.

Limitations:
Limitations include an overrepresentation of males in our sample, the cross-sectional nature of the data, and reliance on self-report measures.

Conclusion:
Findings point to affective impulsivity and risky behaviors as important characteristics of veterans who engage in self-injurious behaviors.

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https://www.sciencedirect.com/science/article/abs/pii/S0022395619310027

Comparing the Effectiveness of VA Residential PTSD Treatment for Veterans who Do and Do Not Report a History of MST: A National Investigation.

Ryan Holliday, Noelle B. Smith, Nicholas Holder, Georgina M. Gross, ... Ilan Harpaz-Rotem

Journal of Psychiatric Research
Available online 20 December 2019
https://doi.org/10.1016/j.jpsychires.2019.12.012

Highlights
- MST survivors had larger initial reductions in PTSD symptoms
- Both groups experienced a recurrence in PTSD symptoms over time
- MST survivors had a greater rate of PTSD symptom recurrence
- Understanding of strategies to maintain post-treatment gains is needed

The Department of Veterans Affairs (VA) has implemented initiatives to promote veterans' recovery from the health sequelae of military sexual trauma (MST), including posttraumatic stress disorder (PTSD). MST can impact emotion regulation,

interpersonal functioning, and perceptions of trust and safety, as well as psychiatric comorbidity, which may impede PTSD treatment. VA PTSD Residential Rehabilitation Treatment Programs (RRTPs) may facilitate the therapeutic process by offering increased structure, support, and adjunctive services. Limited research has examined the effect of MST on PTSD RRTP outcomes. Utilizing data from 7,918 men and women veterans participating in a VA PTSD RRTP, the impact of the experience of MST on rates of program completion and changes in PTSD symptoms during and after treatment were examined. Rates of program completion were similar between those who did and did not report experiencing MST. Multilevel modeling was utilized to examine the impact of MST on PTSD symptoms after accounting for gender, age, race/ethnicity, and program completion. MST survivors endorsed more severe PTSD symptoms at admission; however, PTSD symptom severity scores were similar to those who did not report experiencing MST by discharge. Additionally, MST survivors had larger initial reductions in PTSD symptoms, followed by a greater recurrence of PTSD symptoms over time, compared to those who did not report experiencing MST. MST survivors appear able to participate in and benefit from PTSD RRTPs. Nonetheless, the increased recurrence of PTSD symptoms following discharge from residential treatment indicates the need for strategies to maintain post-treatment gains among MST survivors.

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https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000635?journalCode=cri

The Effect of Sudden Death Bereavement on the Risk for Suicide: The Role of Suicide Bereavement.

The Effect of Sudden Death Bereavement on the Risk for Suicide
Sami Hamdan, Natali Berkman, Nili Lavi, Sigal Levy, and David Brent

Crisis
Published online: December 20, 2019
https://doi.org/10.1027/0227-5910/a000635

Background:
Bereavement after a sudden death is associated with psychiatric sequelae including suicidal ideation and behavior. However, there is still uncertainty about whether bereavement due to suicide increases the risk for suicidal behavior more than bereavement due to other causes of death does.

Aims:
This study aimed to evaluate suicidal risk among sudden death-bereaved participants and to identify risk factors for suicidality that may be over-represented in those who are suicide-bereaved.

Method:
In total, 180 adult participants, half of whom had experienced the sudden death of a first-degree relative within the previous 5 years, completed self-report questionnaires assessing suicidal risk, symptoms of depression, somatization, posttraumatic stress disorder (PTSD), complicated grief, perceived social support, and demographic information.

Results:
Sudden death bereavement was associated with increased suicide risk even after adjusting for psychiatric symptomatology. Within the bereaved groups, the highest risk for suicide was among those bereaved by suicide, with additional contributions from depressive symptomatology, PTSD, somatization, lower perceived social support, and secular religious orientation.

Limitations:
The study was cross-sectional and bereaved participants had lost their loved one an average of 5 years before the assessment.

Conclusion:
These results are consistent with the conclusion that suicide bereavement is a risk factor for suicidal behavior.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6910089/

Blunted Nocturnal Salivary Melatonin Secretion Profiles in Military-Related Posttraumatic Stress Disorder.

Paul, M. A., Love, R. J., Jetly, R., Richardson, J. D., Lanius, R. A., Miller, J. C., … Rhind, S. G.

Frontiers in psychiatry
2019; 10, 882
doi:10.3389/fpsyt.2019.00882

Background:
Sleep disturbances are a hallmark of posttraumatic stress disorder (PTSD), yet few studies have evaluated the role of dysregulated endogenous melatonin secretion in this condition.

Methods:
This study compared the sleep quality and nocturnal salivary melatonin profiles of Canadian Armed Forces (CAF) personnel diagnosed with PTSD, using the Clinician Administered PTSD Scale (CAPS score ≥50), with two healthy CAF control groups; comprising, a “light control” (LC) group with standardized evening light exposure and “normal control” (NC) group without light restriction. Participants were monitored for 1-week using wrist actigraphy to assess sleep quality, and 24-h salivary melatonin levels were measured (every 2h) by immunoassay on the penultimate day in a dim-light (< 5 lux) laboratory environment.

Results:
A repeated measures design showed that mean nocturnal melatonin concentrations for LC were higher than both NC ($p = .03$) and PTSD ($p = .003$) with no difference between PTSD and NC. Relative to PTSD, NC had significantly higher melatonin levels over a 4-h period (01 to 05 h), whereas the LC group had higher melatonin levels over an 8-h period (23 to 07 h). Actigraphic sleep quality parameters were not different between healthy controls and PTSD patients, likely due to the use of prescription sleep medications in the PTSD group.

Conclusions:
These results indicate that PTSD is associated with blunted nocturnal melatonin secretion, which is consistent with previous findings showing lower melatonin after exposure to trauma and suggestive of severe chronodisruption. Future studies targeting the melatonergic system for therapeutic intervention may be beneficial for treatment-resistant PTSD.

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https://www.ncbi.nlm.nih.gov/pubmed/31860778

J Sleep Res. 2019 Dec 20:e12965. doi: 10.1111/jsr.12965. [Epub ahead of print]

Hyperarousal captured in increased number of arousal events during pre-REM periods in individuals with frequent nightmares.

Blaskovich B, Reicher V, Gombos F, Spoormaker V, Simor P

The aim of this study was to investigate hyperarousal in individuals with frequent nightmares (NM participants) by calculating arousal events during nocturnal sleep. We hypothesized an increased number of arousals in NM participants compared with controls, especially during those periods where the probability of spontaneous arousal occurrence is already high, such as non-rapid eye movement to rapid eye movement transitions (pre-rapid eye movement periods). Twenty-two NM participants and 23 control participants spent two consecutive nights in our sleep laboratory, monitored by polysomnography. Arousal number and arousal length were calculated only for the second night, for 10 min before rapid eye movement (pre-rapid eye movement) and 10 min after rapid eye movement (post-rapid eye movement) periods, as well as non-rapid eye movement and rapid eye movement phases separately. Repeated-measures ANOVA model testing revealed significant Group (NM participants, controls) × Phase (pre-rapid eye movement, post-rapid eye movement) interaction in case of the number of arousals. Furthermore, post hoc analysis showed a significantly increased number of arousals during pre-rapid eye movement periods in NM participants, compared with controls, a difference that disappeared in post-rapid eye movement periods. We propose that focusing the analyses of arousals specifically on state transitory periods offers a unique perspective into the fragile balance between the sleep-promoting and arousal systems. This outlook revealed an increased number of arousals in NM participants, reflecting hyperarousal during pre-rapid eye movement periods.

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https://psycnet.apa.org/record/2019-79779-008

Monitoring, assessing, and responding to suicide risk in clinical research.

Schatten, H. T., Gaudiano, B. A., Primack, J. M., Arias, S. A., Armey, M. F., Miller, I. W., Epstein-Lubow, G., & Weinstock, L. M.

Journal of Abnormal Psychology
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It is essential that investigators in clinical research settings follow ethical guidelines for monitoring, assessing, and responding to suicide risk. Given the unique considerations associated with suicide risk assessment in a research context, resources informing the development of research-specific suicide risk management procedures are needed. With decades of collective experience across heterogeneous contexts, we discuss approaches to monitoring, assessing, and responding to suicide risk as a function of study sample (e.g., students, psychiatric inpatients), data collection methodologies (e.g., interview, self-report, or ecological momentary assessment), and study design (e.g., treatment research). Additional considerations include training and supervision of staff to identify suicide risk, coordination of others to respond to risk, and documentation of procedures. Finally, we attend to the impact of these procedures on the external validity of outcome data.

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https://www.sciencedirect.com/science/article/abs/pii/S0376871619305964

The Relationship between Perceived Stress and Depression in Substance Use Disorder Treatment.

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Highlights

- Women and men with DSM-IV substance dependence received group therapy.
- Depression symptoms significantly decreased during substance use disorder treatment.
- Women reported more severe depressive symptoms than men throughout the trial.
- Higher perceived stress was associated with less reduction in depressive symptoms.
- Stress was associated with change in depression controlling for days of substance use.

Abstract
Background
Depression is highly prevalent among individuals with SUDs, especially women, and has been noted to improve during SUD treatment. Perceived stress is independently related to severity of depression and substance use disorders (SUD) as well as recurrence of symptoms and relapse following treatment. The aim of this study was to investigate among adults enrolled in SUD treatment whether levels of perceived stress and substance use over the course of treatment were related to reduction in depression.

Methods
This is a secondary analysis of data from the Women's Recovery Group Study. Women (n = 100) were randomized to either single- or mixed-gender group therapy and men (n = 58) received mixed-gender group therapy. Measures of substance use, perceived stress and depressive symptoms were collected for 6 months following treatment completion. In this study, we used lagged mixed models to investigate whether levels of substance use and perceived stress at each time point were associated with changes in depression at the subsequent time point.

Results
Results indicated that depressive symptoms significantly improved over time. Both substance use and perceived stress were associated with subsequent depressive symptoms. Importantly, stress was associated with symptoms when controlling for substance use, suggesting that changes in depressive symptoms were not solely attributable to levels of substance use.

Conclusions
These results suggest that both stress and substance use are associated with improvements in depressive symptoms in substance use disorder treatment. Although preliminary, these results provide further support for the importance of targeting stress reduction in people with substance use disorders.

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https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22979

Home-based delivery of variable length prolonged exposure therapy: A comparison of clinical efficacy between service modalities.

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Objective
This study examined clinical and retention outcomes following variable length prolonged exposure (PE) for posttraumatic stress disorder (PTSD) delivered by one of three treatment modalities (i.e., home-based telehealth [HBT], office-based telehealth [OBT], or in-home-in-person [IHIP]).

Method
A randomized clinical trial design was used to compare variable-length PE delivered through HBT, OBT, or IHIP. Treatment duration (i.e., number of sessions) was determined by either achievement of a criterion score on the PTSD Checklist for Diagnostic and Statistical Manual-5 (DSM-5; PTSD Checklist for DSM-5) for two consecutive sessions or completion of 15 sessions. Participants received PE via HBT (n = 58), OBT (n = 59) or IHIP (n = 58). Data were collected between 2012 and 2018, and PTSD was diagnosed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), administered at baseline, posttreatment, and 6 months following treatment completion. The primary clinical outcome was CAPS-5 PTSD severity. Secondary outcomes included self-reported PTSD and depression symptoms, as well as treatment dropout.

Results
The clinical effectiveness of PE did not differ by treatment modality across any time point; however, there was a significant difference in treatment dropout. Veterans in the HBT (odds ratio [OR] = 2.67; 95% confidence interval [CI] = 1.10, 6.52; p = .031) and OBT (OR = 5.08; 95% CI = 2.10; 12.26; p < .001) conditions were significantly more likely than veterans in IHIP to drop out of treatment.

Conclusions
Providers can effectively deliver PE through telehealth and in-home, in-person modalities although the rate of treatment completion was higher in IHIP care.

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https://onlinelibrary.wiley.com/doi/full/10.1111/cpsp.12310

Treatment augmentation for posttraumatic stress disorder: A systematic review.

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This systematic review examined the efficacy of all augmentation approaches for first-line posttraumatic stress disorder (PTSD) interventions. From 9,890 records, 34 trials were eligible for inclusion, covering 28 different augmentation approaches. Overall, augmentation approaches were ineffective if they targeted a mechanism similar to the first-line treatment. Augmentation approaches combining two guideline-recommended treatments were largely ineffective, reflecting ceiling effects. Pharmacological augmentation approaches targeting fear extinction mechanisms were largely ineffective, or worsened outcomes relative to prolonged exposure alone, as these approaches may inadvertently strengthen fear memories. Augmentation approaches targeting general cognitive enhancement showed promise and provided support for augmentation interventions that require little cognitive or emotional work and target mechanisms different than the first-line treatment.

Links of Interest

What a combat veteran taught me about handling stress
https://www.militarytimes.com/opinion/commentary/2020/01/09/what-a-combat-veteran-taught-me-about-handling-stress/

New veterans find themselves employed and connected but battling health woes after discharge
https://www.militarytimes.com/education-transition/2020/01/03/new-veterans-find-themselves-employed-and-connected-but-battling-health-woes-after-discharge/

Military Patients Will 'Absolutely Positively' See Better Care After Merger, DHA Head Says
https://www.military.com/daily-news/2020/01/06/military-patients-will-absolutely-positively-see-better-care-after-merger-dha-head-says.html

We salute the all-women Air Force team that crushed a weapons loading competition dressed as Rosie the Riveter
https://taskandpurpose.com/air-force-rosie-riveter-munitions-competition

US Army warns about fake text messages about military draft
https://www.cnn.com/2020/01/08/politics/us-army-fake-text-messages-military-draft-trnd/index.html

Proposal would target sexual assault, harassment in the Coast Guard
https://www.militarytimes.com/news/pentagon-congress/2020/01/09/proposal-would-target-sexual-assault-harassment-in-the-coast-guard/

Resource of the Week: MHS Health Care Glossary

> Military Health System (MHS) Health Care Glossary serves as the official repository and consolidated reference (as a secondary source) for terms and definitions used within the MHS. Some terms may have multiple and varying definitions based on the context and primary source of authority. Note that certain definitions may be approved only for limited use in a single primary reference document, while others may have broad applicability in multiple contexts and issuances. To determine the most appropriate definition in a particular context, consult all relevant source documents. Any disparities between this Glossary and primary sources are unintentional, and the primary source shall control.

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