

CDP



Research Update -- October 1, 2020

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<https://www.sciencedirect.com/science/article/pii/S1389945720303828>

Do symptoms of depression, anxiety or stress impair the effectiveness of cognitive behavioural therapy for insomnia? A chart-review of 455 patients with chronic insomnia.

Alexander Sweetman, Nicole Lovato, Gorica Micic, Hannah Scott, ... Leon Lack

Sleep Medicine

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Highlights

- Insomnia commonly co-occurs with psychiatric symptoms, resulting in difficult treatment decisions for clinicians.
- Cognitive behavioural therapy for insomnia (CBTi) is the recommended first-line treatment for insomnia.
- We studied the impact of depression, anxiety, and stress on response to CBTi, in 455 'real world' insomnia patients.
- Symptoms of depression, anxiety, and stress did not impair the effectiveness of CBTi in improving insomnia symptoms.
- Symptoms of depression, anxiety, and stress show moderate-to-large improvement following CBTi.

Abstract

Background

Co-occurring insomnia and symptoms of depression, anxiety, and stress pose difficult diagnostic and treatment decisions for clinicians. Cognitive Behavioural Therapy for Insomnia (CBTi) is the recommended first-line insomnia treatment, however symptoms of depression, anxiety and stress may reduce the effectiveness of CBTi. We examined the effect of low, moderate, and severe symptoms of depression, anxiety, and stress on insomnia improvements during CBTi.

Methods

We undertook a chart-review of 455 patients (67% Female, Age M = 51.7, SD = 15.6) attending an outpatient CBTi program. Sleep diaries and questionnaire measures of insomnia, depression, anxiety, and stress symptoms were completed at pre-treatment, post-treatment and three-month follow up. We examined 1) the effect of low, moderate, and severe symptoms of depression, anxiety, and stress before treatment on changes in sleep diary and questionnaire measures of insomnia during CBTi, and 2) changes in symptoms of depression, anxiety, and stress during CBTi.

Results

Sleep diary and questionnaire measures of insomnia severity showed moderate-to-large improvements during CBTi ($d = 0.5\text{--}2.7$, all $p \leq 0.001$), and were not moderated by levels of depression, anxiety or stress before treatment (all interactions $p > 0.05$). Symptoms of depression, anxiety, and stress improved by three-month follow-up (M improvement = 41–43%; CI = 28–54, Cohen's $d = 0.4\text{--}0.7$).

Conclusions

Symptoms of depression, anxiety, and stress do not impair the effectiveness of CBTi. Instead, CBTi was associated with moderate-to-large improvement of depression,

anxiety, and stress symptoms in patients with insomnia disorder. Clinicians should refer patients with insomnia for CBTi even in the presence of comorbid symptoms of depression, anxiety, and stress.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22588>

Military Combat, Posttraumatic Stress Disorder, and the Course of Alcohol Use Disorders in a Cohort of Australian Vietnam War Veterans.

Brian I. O'Toole Patrick Gorman Stanley V. Catts

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22588>

The present study examined the course of diagnosed alcohol use disorders (AUDs) in a cohort of Australian veterans of the Vietnam War (N = 388) who were assessed 22 and 36 years after returning home. Standardized interviews provided data on AUDs, posttraumatic stress disorder (PTSD), other psychiatric diagnoses, and combat exposure. Overall, 148 veterans (38.1%) had no history of alcohol-related diagnoses, 151 veterans (38.9%) had a past AUD diagnosis that was not current at the second assessment point, and 89 veterans (22.9%) had a current AUD diagnosis at the second assessment. Less education, lower intelligence test scores, and misconduct were individual risk factors for AUDs, as were first-interview diagnoses of PTSD, antisocial personality disorder, generalized anxiety, and dysthymia, but not depression; these variables were all nonsignificant after controlling for combat exposure and PTSD. Multinomial regression was used to assess the relative contributions of combat exposure and PTSD to the course of AUDs. Combat exposure and PTSD had different patterns of association with AUDs whereby combat exposure, but not PTSD, was associated with a history of AUDs, odds ratio (OR) = 1.02, but not with current AUDs, whereas PTSD, but not combat exposure, was associated with current AUDs, OR = 3.37. Current numbing and avoidance symptoms were associated with current AUDs, OR = 4.48. The results do not support a mutual maintenance model of PTSD and AUDs but are consistent with a self-medication model, which suggests treatment for PTSD may have beneficial effects on AUDs.

<https://link.springer.com/article/10.1007/s11126-020-09850-2>

A Comparison of Cognitive Processing Therapy and Seeking Safety for the Treatment of Posttraumatic Stress Disorder in Veterans.

Muhammad R. Baig, Shuang Ouyang, Emma Mata-Galán, Michael A. Dawes & John D. Roache

Psychiatric Quarterly

Published 22 September 2020

<https://doi.org/10.1007/s11126-020-09850-2>

To compare the outcomes of Seeking Safety (SS) and cognitive processing therapy (CPT) in veterans with PTSD in a specialty clinic of an urban VA medical center. Retrospective chart review of electronic medical records was conducted for 420 veterans with PTSD who received treatment with either CPT (n = 227) or SS (n = 193) in group setting. 1) treatment completion rate, 2) self-reported PTSD symptom severity measured by PTSD checklist (PCL), and 3) additional mental health services received within 12 months after treatment. Data were analyzed for the 160 who had both a pre and post PCL documented in their charts. The final analysis sample included n = 94 for CPT and n = 66 for SS veterans with a mean age of 49.71[SD = 14] years, 24 women [15%]; mean baseline PCL score was 68.41 [9]. Significantly more veterans completed SS treatment (SS, 59 [89%] than CPT, 47 [50%] (p = <.001). However, PCL score decreases were significantly greater for patients who completed CPT treatment than those in SS (treatment x time interaction, 9.60 vs.4.98, respectively; difference, 4.62; t84 = 2.16; p = .02). The patients who received SS used significantly more mental health services of the PTSD clinical team than patients who completed CPT treatment (p = .01). The results of this study demonstrate the need for alternative approaches where dually diagnosed patients would not be delayed in their receipt of trauma-focused care – i.e., where treatment is initiated concurrently rather than sequentially to substance abuse treatment.

<https://link.springer.com/article/10.1007/s11606-020-06195-1>

The Enduring Health Consequences of Combat Trauma: a Legacy of Chronic Disease.

Ian J. Stewart MD, Eduard Poltavskiy PhD, Jeffrey T. Howard PhD, Jud C. Janak PhD, Warren Pettey MPH, Lee Ann Zarzabal MS, Lauren E. Walker MSSW, Carl A. Beyer MD, Alan Sim PhD, Ying Suo MS, Andrew Redd PhD, Kevin K. Chung MD & Adi Gundlapalli MD, PhD

Journal of General Internal Medicine

Published 21 September 2020

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Background

A better understanding of the long-term health effects of combat injury is important for the management of veterans' health in the Department of Defense (DoD) and Veterans Affairs (VA) health care systems and may have implications for primary care management of civilian trauma patients.

Objective

To determine the impact of traumatic injury on the subsequent development of hypertension (HTN), diabetes mellitus (DM), and coronary artery disease (CAD) after adjustment for sociodemographic, health behavior, and mental health factors.

Design

Retrospective cohort study of current and former US military personnel with data obtained from both the DoD and VA health care systems.

Participants

Combat injured ($n = 8727$) service members between 1 February 2002 and 14 June 2016 randomly selected from the DoD Trauma Registry matched 1:1 based on year of birth, sex, and branch of service to subjects that deployed to a combat zone but were not injured.

Main Measures

Traumatic injury, stratified by severity, compared with no documented injury. Diagnoses of HTN, DM, and CAD defined by International Classification of Diseases 9th or 10th Revision Clinical Modification codes.

Key Results

After adjustment, severe traumatic injury was significantly associated with HTN (HR 2.78, 95% CI 2.18–3.55), DM (HR 4.45, 95% CI 2.15–9.18), and CAD (HR 4.87, 95% CI 2.11–11.25), compared with no injury. Less severe injury was associated with HTN (HR 1.14, 95% CI 1.05–1.24) and CAD (HR 1.62, 95% CI 1.11–2.37).

Conclusions

Severe traumatic injury is associated with the subsequent development of HTN, DM, and CAD. These findings have profound implications for the primary care of injured service members in both the DoD/VA health systems and may be applicable to civilian trauma patients as well. Further exploration of pathophysiologic, health behavior, and mental health changes after trauma is warranted to guide future intervention strategies.

<https://pubmed.ncbi.nlm.nih.gov/32326534/>

The Relationship between Trauma Exposure and Psychiatric Hospitalization for Suicide Ideation or Suicide Attempt among Patients Admitted to a Military Treatment Setting.

Ryan, A. T., Daruwala, S. E., Perera, K. U., Lee-Tauler, S. Y., Tucker, J., Grammer, G., Weaver, J., & Ghahramanlou-Holloway, M.

International Journal of Environmental Research and Public Health
2020; 17(8), 2729
<https://doi.org/10.3390/ijerph17082729>

Suicide attempts and psychiatric hospitalization represent the final outcomes of a complex dynamical system of interacting factors that influence a particular individual's likelihood of engaging in suicidal behavior, as well as their ability to seek help prior to acting upon suicidal impulses. This study examined the association between different types of lifetime trauma exposure and the likelihood of psychiatric hospitalization following a suicide attempt (SA) rather than suicidal ideation (SI) alone. Electronic medical records for 1100 U.S. military service members and their dependents admitted to a military psychiatric inpatient setting for SA or SI were reviewed for documented lifetime trauma exposure history. Findings indicated that exposure to at least one childhood trauma of any type, and childhood neglect in particular, increased the likelihood that an individual would be hospitalized for SA rather than SI. Exploratory gender-stratified analyses demonstrated that childhood neglect, childhood sexual abuse, and adulthood traumatic loss may be linked with the likelihood of being hospitalized for SA. These findings demonstrate the importance of developing more detailed and nuanced conception of factors known to be associated with suicide as their effects may depend on details of their timing and nature, as well as their interactions with other systems.

<https://pubmed.ncbi.nlm.nih.gov/32602443/>

Protective and Health-Related Factors Contributing to Resilience Among Student Veterans: A Classification Approach.

Kinney, A. R., Schmid, A. A., Henry, K. L., Coatsworth, J. D., & Eakman, A. M.

The American Journal of Occupational Therapy
Jul/Aug 2020; 74(4)
<https://www.doi.org/10.5014/ajot.2020.038331>

Importance:

Occupational therapists can foster student veterans' resilience, but targets for intervention must be developed.

Objective:

To explain factors influencing student veterans' successful adaptation to past combat exposure, we hypothesized that participants with high life meaning would have greater levels of protective factors and lower levels of health conditions than those with low life meaning.

Design:

Longitudinal panel study with two measurements. Participants were classified by level of combat exposure (high-low) and life meaning (high-low) at follow-up, yielding four possible classifications (e.g., resilient group: high combat exposure, high life meaning). Linear mixed models were fit to obtain adjusted means of protective factors and health conditions for each classification; independent-samples t tests were used to examine differences between classifications.

Setting:

Community.

Participants:

Convenience sample of 153 combat-exposed student veterans.

Outcomes and measures:

Psychometrically sound measures of combat exposure, life meaning, protective factors

(social and instructor autonomy support, coping ability, academic self-efficacy, social-community participation, and meaningful activity), and health conditions (posttraumatic stress [PTSD], depression, somatic symptoms).

Results:

Groups with high life meaning at follow-up in response to both levels of combat exposure reported greater meaningful activity and coping ability and fewer depressive symptoms. Participants with high life meaning in response to low combat exposure had greater social support and fewer somatic symptoms; participants with high life meaning in response to high combat exposure had lower PTSD.

Conclusions and relevance:

Occupational therapists may foster student veterans' resilience by promoting meaningful activity, social support, and coping ability while managing symptoms of health conditions.

What this article adds:

To the best of our knowledge, this study is the first to offer empirical support for potential targets of occupational therapy intervention that address student veterans' successful adaptation to combat exposure. Findings suggest that researchers should develop and test interventions that facilitate successful engagement in meaningful and shared activities and that occupational therapists should work within multidisciplinary teams to bolster coping ability and manage symptoms of combat-related health conditions.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22585>

A Latent Class Analysis of Mental Health Beliefs Related to Military Sexual Trauma.

Christine K. Hahn Jessica Turchik Rachel Kimerling

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22585>

Military veterans with histories of military sexual trauma (MST) are at risk for several negative mental health outcomes and report perceived barriers to treatment engagement. To inform interventions to promote gender-sensitive access to MST-related care, we conducted an exploratory, multiple-group latent class analysis of negative beliefs about MST-related care. Participants were U.S. veterans (N = 1,185) who screened positive for MST within the last 2 months and reported a perceived need for MST-related treatment. Associations between class membership, mental health screenings, logistical barriers, difficulty accessing care, and unmet need for MST-related care were also examined. Results indicated a four-class solution, with classes categorized as (a) low barrier, with few negative beliefs; (b) high barrier, with pervasive negative beliefs; (c) stigma-related beliefs; and (d) negative perceptions of care (NPC). Men were significantly less likely than women to fall into the low barrier class (27.9% vs. 34.5%). Relative to participants in the low barrier class, individuals in all other classes reported more scheduling, $p < .001$; transportation, $p < .001$ to $p = .014$; and work-related barriers, $p < .001$ to $p = .031$. Participants in the NPC class reported the most difficulty with access, $p < .001$, and those in the NPC and high barrier classes were more likely to report unmet needs compared to other classes, $p < .001$. Brief cognitive and behavioral interventions, delivered in primary care settings and via telehealth, tailored to address veterans' negative mental health beliefs may increase the utilization of mental health treatment related to MST.

<https://www.tandfonline.com/doi/abs/10.1080/00952990.2020.1803893>

Current drinking patterns in US veterans with a lifetime history of alcohol use disorder: Results from the National Health and Resilience in Veterans Study.

Elina A. Stefanovics, Belle Gavriel-Fried, Marc N. Potenza & Robert H. Pietrzak

The American Journal of Drug and Alcohol Abuse

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<https://doi.org/10.1080/00952990.2020.1803893>

Background:

Although more than 40% of US military veterans have lifetime histories of alcohol use disorder (AUD), little is known about the prevalence and correlates of current drinking patterns (i.e., abstinent, subthreshold, hazardous drinking) in this population.

Objectives:

To characterize the prevalence and key correlates of abstinence, subthreshold drinking, and hazardous drinking in a nationally representative sample of US veterans with lifetime AUD.

Methods:

Data from 1,282 veterans with lifetime AUD who participated in the National Health and Resilience in Veterans Study were analyzed using analyses of variance, chi-square analyses, and multinomial regression models.

Results:

Of the 1,282 veterans with lifetime AUD (of which 94.7% were males), 674 (48.2%) were past-year subthreshold drinkers, 317 (28.0%) were abstinent and 291 (23.8%) were hazardous drinkers. Abstinent veterans were older, less educated, less socially engaged, and had higher levels of religiosity than subthreshold and hazardous drinkers. They were also more likely to smoke, screen positive for PTSD, reported greater somatic symptoms than subthreshold drinkers, and had more physical difficulties and lifetime trauma than hazardous drinkers. Subthreshold drinkers were more likely than hazardous drinkers to be female and report physical health problems and less likely to smoke and be depressed.

Conclusion:

More than three-quarters of US veterans with lifetime AUD are currently abstinent or subthreshold drinkers. Factors associated with abstinence included older age, health problems, religiosity and social engagement. Results suggest a “J-shaped” relationship between current drinking patterns and health and psychosocial factors in veterans, with subthreshold drinkers generally having better health than abstinent and hazardous drinkers.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770740>

Trends in Hospitalizations for Alcohol Use Disorder in the US From 1998 to 2016.

Jasvinder A. Singh, MBBS, MPH; John D. Cleveland, MS

JAMA Network Open

2020; 3(9): e2016580

<https://www.doi.org/10.1001/jamanetworkopen.2020.16580>

Introduction

Alcohol use disorder (AUD) is among the most prevalent mental disorders worldwide. An estimated 14.5 million people in the US (5%) had an AUD in 2017.¹ The published US national estimates for AUD hospitalizations are from 2003,² with a lack of contemporary data. Our study objectives were to assess time trends in AUD hospitalizations and associated in-hospital mortality in the US over time. We hypothesized that AUD hospitalizations would increase and associated mortality would decrease over time.

Methods

This cross-sectional study used data from the US National Inpatient Sample (NIS) database. The NIS is a 20% stratified sample of all US community hospital discharges regardless of the payer type and the largest publicly available all-payer inpatient database in the US.³ The University of Alabama at Birmingham's institutional review board approved this study and waived the need for informed consent because the data are anonymous and publicly available. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

This study examined NIS data from the years 1998 to 2016. In 2012, sampling changed from a sample of hospitals to a sample of discharges from all hospitals that participate in the Healthcare Cost and Utilization Project, so new definitions of hospitals and discharges were supplied.

We used the diagnostic codes for AUD in the primary position for hospitalization, excluding codes corresponding to drug or alcohol counseling and rehabilitation or detoxification, as described previously.⁴ We examined time trends in the number and rate of AUD hospitalizations and in-hospital mortality rates during the study period, 1998 to 2016, expressed as per 100 000 NIS claims. Significance of time trend was assessed with the Cochran-Mantel-Haenszel test. We used the provided set of trend weights up to 2011 and discharge weights from 2012 to 2016 to allow analyses across multiple years, which include the period of design change. We calculated the 95% CI for estimates. A 2-sided $P < .05$ was considered statistically significant. Statistical analysis was performed using SAS statistical software version 9.4 (SAS Institute) from May to December 2019.

Results

There were a total of 5 590 952 patients with primary AUD hospitalizations. The mean (SE) age was 48.7 (0.04) years. Of these patients, 4 078 733 (73.3%) were men,

3 284 699 (58.9%) were White, 3 155 516 (56.6%) had a comorbidity score (Deyo-Charlson Index score) of 0, and 106 419 (1.9%) died during hospitalization (Table).

We found a 3.5% increase in the AUD hospitalizations from 274 652 hospitalizations (95% CI, 243 587-305 717 hospitalizations) in 1998 to 284 275 hospitalizations (95% CI, 275 403-293 146 hospitalizations) in 2016; claims decreased first until 2005, and then increased to 2015 (Figure). There was a 25% and 28% decrease in the number of AUD hospitalization deaths and mortality rate per 100 000 total NIS claims, respectively (Figure; lowest in 2012). In-hospital mortality for AUD hospitalizations decreased by 25% (from 7305 [95% CI, 6757-7852] deaths per 100 000 claims in 1998 to 5475 [95% CI, 5088-5861] deaths per 100 000 claims in 2016) compared with a 20% decrease (from 842 386 [95% CI, 808 314-876 458] deaths per 100 000 claims in 1998 to 675 114 [95% CI, 659 158-691 071] deaths per 100 000 claims in 2016) for all other NIS claims.

Discussion

In this cross-sectional study, we found a 28% decrease in in-hospital mortality rate per 100 000 total NIS claims from 1998 to 2016 among people with AUD hospitalizations. AUD hospitalization mortality reduction might be attributable to prompt recognition and treatment of AUD-associated medical complications⁵ and an integrated care model for mental health services⁶ in the more recent years. There was 3.5% increase in the rate of AUD hospitalizations from 1998 to 2016, showing a decline first until 2005 then an increase through 2015. Although AUD hospitalizations increased minimally, the overall health care impact of AUD is substantial.¹ Both of these findings were consistent with our a priori hypotheses.

This study had some limitations that need to be addressed. We only examined hospitalizations with a primary diagnosis of AUD. NIS counts hospitalizations, not people, and excludes military or Veterans Affairs hospitals. Misclassification bias is possible because of the use of diagnostic codes for AUD.

From 1998 to 2016 in the US, AUD hospitalizations increased slightly while in-hospital mortality for patients hospitalized with AUD decreased significantly. A better understanding of what causes these time trends could help further improve AUD hospitalization outcomes and reduce mortality.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871620304762>

Prescription opioid misuse and its correlates among veterans and military in the United States: A systematic literature review.

Cheuk Chi Tam, Chengbo Zeng, Xiaoming Li

Drug and Alcohol Dependence

Available online 21 September 2020,

<https://doi.org/10.1016/j.drugalcdep.2020.108311>

Background

Prescription opioid misuse (POM) has become a critical public health issue in the United States (US), with veteran and military population being especially vulnerable to POM. However, limited behavioral interventions have been developed for veterans and military to reduce POM risk due to the lack of an adequate understanding of POM and its related factors among veterans and military. The current study aims to review and synthesize empirical findings regarding POM and its correlates among US veterans and military.

Methods

We conducted a systematic review of 17 empirical studies (16 quantitative studies and one qualitative study) from 1980 to 2019 that reported POM statistics (e.g., prevalence) and examined correlates of POM in veterans and military.

Results

The prevalence of POM in veterans and military ranged from 6.9%–77.9% varying by study samples, individual POM behaviors, and recalled time periods. Several factors were identified to be associated with POM in veterans and military. These factors included socio-demographic factors (age, race/ethnicity, education, relationship status, and military status), pain-related factors (pain symptoms, severity, interference, and cognitions), other physical factors (e.g., common illness), opioid-medication-related factors (receipt of opioid medications and quantity of opioid medications), behavioral factors (substance use disorder, alcohol use, cigarette use, and other prescription drug use), and psychological factors (psychiatric symptoms and cognitive factors).

Conclusions

POM was prevalent in veterans and military and could be potentially influenced by multiple psycho-behavioral factors. Future research guided by a theoretical framework

is warranted to examine psycho-behavioral influences on POM and their mechanisms and to inform effective psychosocial POM interventions in veterans and military.

<https://journals.sagepub.com/doi/abs/10.1177/0886260520958659>

Does Prior Civilian Trauma Moderate the Relationship Between Combat Trauma and Post-deployment Mental Health Symptoms?

George, B. A., Bountress, K. E., Brown, R. C., Hawn, S. E., Weida, E. A. B., McDonald, S. D., Pickett, T., Danielson, C. K., Sheerin, C. M., & Amstadter, A. B.

Journal of Interpersonal Violence

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<https://doi.org/10.1177/0886260520958659>

In addition to combat trauma, childhood and adult non-military, interpersonal trauma exposures have been linked to a range of psychiatric symptoms (e.g., alcohol use problems, posttraumatic stress disorder [PTSD], depression symptoms) in veterans. However, few studies simultaneously explore the associations between these civilian and combat trauma types and mental health outcomes. Using a sample of combat-exposed veterans who were previously deployed to Iraq and Afghanistan (N = 302), this study sought to (a) understand the independent associations of civilian interpersonal trauma (i.e., childhood trauma and non-military adult trauma) and combat-related trauma with post-deployment alcohol use, PTSD symptoms, and depressive symptoms, respectively and (b) to examine the interactive effects of trauma type to test whether childhood and non-military adult trauma moderate the association of combat trauma with these outcomes. A path analytic framework was used to allow for the simultaneous prediction of these associations. In the final model non-military adult trauma and combat trauma were found to be significantly associated with PTSD symptoms and depression symptoms, but not average amount of drinks consumed per drinking day. Childhood trauma was not associated with any outcomes (i.e., PTSD symptoms, depression symptoms, average amount of drinks consumed per day). Only combat trauma was significantly associated with average amount of drinks consumed per day. Results underscore the importance of assessing multiple trauma types and considering trauma as a non-specific risk factor, as different trauma types may differentially predict various mental health outcomes other than PTSD. Further, results highlight the noteworthiness of considering co-occurring outcomes within the veteran community. Limitations, future directions, and implications of diversity are discussed.

<https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-020-00272-6>

Mental health status in veterans residing in rural versus non-rural areas: results from the veterans' health study.

Joseph J. Boscarino, Charles R. Figley, Richard E. Adams, Thomas G. Urosevich, H. Lester Kirchner & Joseph A. Boscarino

Military Medical Research

Volume 7, Article number: 44 (2020)

<https://doi.org/10.1186/s40779-020-00272-6>

Background

The majority of Veterans Affairs (VA) hospitals are in urban areas. We examined whether veterans residing in rural areas have lower mental health service use and poorer mental health status.

Methods

Veterans with at least 1 warzone deployment in central and northeastern Pennsylvania were randomly selected for an interview. Mental health status, including PTSD, major depression, alcohol abuse and mental health global severity, were assessed using structured interviews. Psychiatric service use was based on self-reported utilization in the past 12 months. Results were compared between veterans residing in rural and non-rural areas. Data were also analyzed using multivariate logistic regression to minimize the influence by confounding factors.

Results

A total of 1730 subjects (55% of the eligible veterans) responded to the survey and 1692 of them had complete geocode information. Those that did not have this information (n = 38), were excluded from some analyses. Veterans residing in rural areas were older, more often of the white race, married, and experienced fewer stressful events. In comparison to those residing in non-rural areas, veterans residing in rural areas had lower global mental health severity scores; they also had fewer mental health visits. In multivariate logistic regression, rural residence was associated with lower service use, but not with PTSD, major depression, alcohol abuse, and global mental health severity score after adjusting confounding factors (e.g., age, gender, marital status and education).

Conclusions

Rural residence is associated with lower mental health service use, but not with poor mental health in veterans with former warzone deployment, suggesting rural residence is possibly protective.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2770816>

Efficacy of Smartphone Applications for Smoking Cessation: A Randomized Clinical Trial.

Bricker JB, Watson NL, Mull KE, Sullivan BM, Heffner JL

JAMA Internal Medicine

Published online September 21, 2020

<https://www.doi.org/10.1001/jamainternmed.2020.4055>

Key Points

Question

Is a smartphone application based on acceptance and commitment therapy (ACT) efficacious for smoking cessation?

Findings

In this 2-group stratified, double-blind, individually randomized clinical trial of 2415 adult smokers with a 12-month follow-up and high retention, participants assigned to the smartphone application based on ACT had 1.49 times higher odds of quitting smoking compared with the participants assigned to the smartphone application based on US clinical practice guidelines.

Meaning

Compared with a US clinical practice guidelines–based application that teaches avoidance of smoking triggers, an ACT-based application that teaches acceptance of smoking triggers was more efficacious for quitting smoking.

Abstract

Importance

Smoking is a leading cause of premature death globally. Smartphone applications for

smoking cessation are ubiquitous and address barriers to accessing traditional treatments, yet there is limited evidence for their efficacy.

Objective

To determine the efficacy of a smartphone application for smoking cessation based on acceptance and commitment therapy (ACT) vs a National Cancer Institute smoking cessation application based on US clinical practice guidelines (USCPG).

Design, Setting, and Participants

A 2-group, stratified, double-blind, individually randomized clinical trial was conducted from May 27, 2017, to September 28, 2018, among 2415 adult cigarette smokers (n = 1214 for the ACT-based smoking cessation application group and n = 1201 for the USCPG-based smoking cessation application group) with 3-, 6-, and 12-month postrandomization follow-up. The study was prespecified in the trial protocol. Follow-up data collection started on August 26, 2017, and ended at the last randomized participant's 12-month follow-up survey on December 23, 2019. Data were analyzed from February 25 to April 3, 2020. The primary analysis was performed on a complete-case basis, with intent-to-treat missing as smoking and multiple imputation sensitivity analyses.

Interventions

iCanQuit, an ACT-based smoking cessation application, which taught acceptance of smoking triggers, and the National Cancer Institute QuitGuide, a USCPG-based smoking cessation application, which taught avoidance of smoking triggers.

Main Outcomes and Measures

The primary outcome was self-reported 30-day point prevalence abstinence (PPA) at 12 months after randomization. Secondary outcomes were 7-day PPA at 12 months after randomization, prolonged abstinence, 30-day and 7-day PPA at 3 and 6 months after randomization, missing data imputed with multiple imputation or coded as smoking, and cessation of all tobacco products (including e-cigarettes) at 12 months after randomization.

Results

Participants were 2415 adult cigarette smokers (1700 women [70.4%]; 1666 White individuals [69.0%] and 868 racial/ethnic minorities [35.9%]; mean [SD] age at enrollment, 38.2 [10.9] years) from all 50 US states. The 3-month follow-up data retention rate was 86.7% (2093), the 6-month retention rate was 88.4% (2136), and the 12-month retention rate was 87.2% (2107). For the primary outcome of 30-day PPA at the 12-month follow-up, iCanQuit participants had 1.49 times higher odds of quitting

smoking compared with QuitGuide participants (28.2% [293 of 1040] vs 21.1% [225 of 1067]; odds ratio [OR], 1.49; 95% CI, 1.22-1.83; $P < .001$). Effect sizes were very similar and statistically significant for 7-day PPA at the 12-month follow-up (OR, 1.35; 95% CI, 1.12-1.63; $P = .002$), prolonged abstinence at the 12-month follow-up (OR, 2.00; 95% CI, 1.45-2.76; $P < .001$), abstinence from all tobacco products (including e-cigarettes) at the 12-month follow-up (OR, 1.60; 95% CI, 1.28-1.99; $P < .001$), 30-day PPA at 3-month follow-up (OR, 2.20; 95% CI, 1.68-2.89; $P < .001$), 30-day PPA at 6-month follow-up (OR, 2.03; 95% CI, 1.63-2.54; $P < .001$), 7-day PPA at 3-month follow-up (OR, 2.04; 95% CI, 1.64-2.54; $P < .001$), and 7-day PPA at 6-month follow-up (OR, 1.73; 95% CI, 1.42-2.10; $P < .001$).

Conclusions and Relevance

This trial provides evidence that, compared with a USCPG-based smartphone application, an ACT-based smartphone application was more efficacious for quitting cigarette smoking and thus can be an impactful treatment option.

Trial Registration

ClinicalTrials.gov Identifier: NCT02724462

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2770720>

Association of Sleep Duration and Variability With Body Mass Index: Sleep Measurements in a Large US Population of Wearable Sensor Users.

Jaiswal SJ, Quer G, Galarnyk M, Steinhubl SR, Topol EJ, Owens RL

JAMA Internal Medicine

Published online September 14, 2020

<https://www.doi.org/10.1001/jamainternmed.2020.2834>

Inadequate sleep has been linked to negative health outcomes, including obesity, coronary artery disease, hypertension, type 2 diabetes, and even incident pneumonia.¹ Most population-level sleep data are limited by recall bias, cross-sectional nature, and lack of detail regarding sleep habits over months to years. The recent increased uptake of wearable sensors (also known as activity trackers) has made such longitudinal data increasingly obtainable with digital devices that offer unobtrusive monitoring of multiple health parameters, including sleep. Here we describe longitudinal sleep characteristics in more than 120 000 individuals with up to 2 years of monitored sleep duration data.

We examined the hypothesis that shorter sleep duration (hours slept at night) and greater day-to-day variability of sleep duration (standard deviation of hours slept at night) are associated with increased body mass index (BMI).^{1,2}

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22585>

A Latent Class Analysis of Mental Health Beliefs Related to Military Sexual Trauma.

Christine K. Hahn Jessica Turchik Rachel Kimerling

Journal of Traumatic Stress

First published: 23 September 2020

<https://doi.org/10.1002/jts.22585>

Military veterans with histories of military sexual trauma (MST) are at risk for several negative mental health outcomes and report perceived barriers to treatment engagement. To inform interventions to promote gender-sensitive access to MST-related care, we conducted an exploratory, multiple-group latent class analysis of negative beliefs about MST-related care. Participants were U.S. veterans (N = 1,185) who screened positive for MST within the last 2 months and reported a perceived need for MST-related treatment. Associations between class membership, mental health screenings, logistical barriers, difficulty accessing care, and unmet need for MST-related care were also examined. Results indicated a four-class solution, with classes categorized as (a) low barrier, with few negative beliefs; (b) high barrier, with pervasive negative beliefs; (c) stigma-related beliefs; and (d) negative perceptions of care (NPC). Men were significantly less likely than women to fall into the low barrier class (27.9% vs. 34.5%). Relative to participants in the low barrier class, individuals in all other classes reported more scheduling, $ps < .001$; transportation, $p < .001$ to $p = .014$; and work-related barriers, $p < .001$ to $p = .031$. Participants in the NPC class reported the most difficulty with access, $p < .001$, and those in the NPC and high barrier classes were more likely to report unmet needs compared to other classes, $ps < .001$. Brief cognitive and behavioral interventions, delivered in primary care settings and via telehealth, tailored to address veterans' negative mental health beliefs may increase the utilization of mental health treatment related to MST.

<https://link.springer.com/article/10.1007/s11136-020-02642-y>

Pain intensity and mental health quality of life in veterans with mental illnesses: the intermediary role of physical health and the ability to participate in activities.

Emre Umucu, Antonio Reyes, Paul Carrola, Thenral Mangadu, Beatrice Lee, Jessica M. Brooks, Karen L. Fortuna, Diana Villegas, Chung-Yi Chiu & Carolina Valencia

Quality of Life Research

Published 24 September 2020

<https://doi.org/10.1007/s11136-020-02642-y>

Purpose

The purpose of this study was to examine the intermediary role of physical health quality of life and ability to participate social roles and activities in the relationship between pain intensity and mental health quality of life in veterans with mental illnesses.

Methods

This is a cross-sectional correlational design study. Our participants are 156 veterans with self-reported mental illness ($M_{age} = 37.85$; $SD_{age} = 10.74$). Descriptive, correlation, and mediation analyses were conducted for the current study.

Results

Pain intensity was negatively correlated with physical health QOL, ability to participate in social roles and activities, and mental health QOL. Physical health QOL and ability to participate in social roles and activities were positively associated with mental health QOL, respectively. Physical health QOL was positively correlated with a ability to participate in social roles and activities. Study results indicate that the effect of pain intensity on mental health QOL can be explained by physical health QOL and ability to participate.

Conclusions

Specific recommendations for practitioners include implementing treatment goals that simultaneously focus on physical health and ability to participate in social roles and activities for clients who present with both physical pain and low mental health QOL.

<https://www.mdpi.com/2077-1444/11/10/484>

Psychospiritual Developmental Risk Factors for Moral Injury.

Usset, T.J.; Gray, E.; Griffin, B.J.; Currier, J.M.; Kopacz, M.S.; Wilhelm, J.H.; Harris, J.I.

Religions

2020, 11(10), 484

<https://doi.org/10.3390/rel11100484>

There is increasing theoretical, clinical, and empirical support for the hypothesis that psychospiritual development, and more specifically, postconventional religious reasoning, may be related to moral injury. In this study, we assessed the contributions of exposure to potentially morally injurious events, posttraumatic stress symptoms, and psychospiritual development to moral injury symptoms in a sample of military veterans (N = 212). Psychospiritual development was measured as four dimensions, based on Wulff's theory juxtaposing conventional vs. postconventional levels of religious reasoning, with decisions to be an adherent or a disaffiliate of faith. After controlling for exposure to potentially morally injurious events and severity of posttraumatic stress symptoms, veterans who were conventional disaffiliates reported higher scores on the Moral Injury Questionnaire than conventional adherents, postconventional adherents, or postconventional disaffiliates. We conclude that the role of psychospiritual development offers a theoretical approach to moral injury that invites collaboration between social scientists, philosophers, theologians, and medical professionals.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12211>

Depressed individuals' reasons for and against trying to get better.

Robert A. Curland Michelle M. Tran Felipe Barba Yan Leykin

Clinical Psychologist

First published: 06 March 2020

<https://doi.org/10.1111/cp.12211>

Objective

To understand reasons individuals with high depressive symptoms offer for trying to improve their state or for not doing so.

Method

Participants (N = 227) in an online depression intervention study were asked, in a free response format, about their reasons for “getting better” (200 responses were collected), and, separately, about their reservations or hesitations about getting better (146 responses were collected). Using “bottom-up” thematic analysis, themes of responses were developed.

Results

Analysis identified 15 reasons individuals gave for getting better, as well as nine hesitations regarding getting better. Primary reasons individuals endorsed for getting better include improving one's functioning, social reasons, and the desire to experience enjoyment and positive emotions. Primary hesitations regarding getting better included low expectations for success of any effort to improve as well as resignation to always being depressed or having a depressed identity. Themes were not related to demographic or clinical characteristics.

Conclusions

Addressing individuals' attitudes towards treatment and emphasising the importance of overcoming depression for achievement of personal goals may motivate individuals with depression to initiate and remain in treatment. The results underscore the importance of understanding and addressing clients' hesitations about recovery as well as their motivations for improvement. These motivators and hesitations should be assessed in the initial stations of treatment to improve the likelihood of engagement in the treatment process.

Links of Interest

Survey: Coronavirus pandemic, social distancing are taking toll on veterans' mental health

<https://www.stripes.com/news/veterans/survey-coronavirus-pandemic-social-distancing-are-taking-toll-on-veterans-mental-health-1.646330>

Military suicides are up as much as 20% amid COVID crisis

<https://www.stripes.com/news/us/military-suicides-are-up-as-much-as-20-amid-covid-crisis-1.646595>

Army Sgt. Maj. implores others to seek help for suicide ideation

<https://health.mil/News/Articles/2020/09/28/Army-Sgt-Maj-implores-others-to-seek-help-for-suicide-ideation>

Suicide Exposure in Military Populations and Resources for Support

<https://www.pdhealth.mil/news/blog/suicide-exposure-military-populations-and-resources-support>

Suicide Awareness Month 2020: Lessons Learned from Medical Reviews of Airmen who Die by Suicide

<https://www.pdhealth.mil/news/blog/suicide-awareness-month-2020-lessons-learned-medical-reviews-airmen-who-die-suicide>

General's Proposal to Curb Suicide: Require Every Soldier to Visit Behavioral Health

<https://www.military.com/daily-news/2020/09/29/generals-proposal-curb-suicide-require-every-soldier-visit-behavioral-health.html>

Real Warriors provides suicide prevention tools for all beneficiaries

<https://health.mil/News/Articles/2020/09/29/Real-Warriors-provides-suicide-prevention-tools-for-all-beneficiaries>

A troubled sailor was 'underdiagnosed' by mental health officials before mass shooting

<https://www.navytimes.com/news/your-navy/2020/09/29/a-troubled-sailor-was-underdiagnosed-by-mental-health-officials-before-mass-shooting/>

Women's mental health mini residency engages with DHA/VA providers

<https://health.mil/News/Articles/2020/09/28/Womens-mental-health-mini-residency-engages-with-DHA-VA-providers>

Who's got YOUR six?

<https://health.mil/News/Articles/2020/09/25/Whos-got-YOUR-six>

Grab your woobies — The Army wants you to nap like your life depends on it

<https://taskandpurpose.com/analysis/army-rip-its-caffeine>

Diversity is about saving Marines' lives, not political correctness, commandant says

<https://taskandpurpose.com/news/marine-corps-diversity-berger>

Navy updates SEAL ethos with gender-neutral language

<https://taskandpurpose.com/news/navy-seal-ethos-gender-neutral>

Why the Navy Must Embrace Diverse Backgrounds and Experiences

<https://www.military.com/daily-news/opinions/2020/09/28/why-navy-must-embrace-diverse-backgrounds-and-experiences.html>

Rethinking pain management within the MHS

<https://health.mil/News/Articles/2020/09/25/Rethinking-pain-management-within-the-MHS>

DoD program focuses on opioid safety and prescribing naloxone

<https://health.mil/News/Articles/2020/09/24/DoD-program-focuses-on-opioid-safety-and-prescribing-naloxone>

One of first females to join the silent service: 'I'm excited to see the day when women being on submarines is not a surprise to people.'

<https://www.theday.com/military-news/20200925/one-of-first-females-to-join-silent-service-im-excited-to-see-day-when-women-being-on-submarines-is-not-surprise-to-people>

No, military women are not getting pregnant to avoid deployment

<https://taskandpurpose.com/news/military-pregnancy-deployment>

Report: Cough-suppressant abuse on Okinawa still a problem, despite military efforts to stop it

<https://www.stripes.com/news/pacific/report-cough-suppressant-abuse-on-okinawa-still-a-problem-despite-military-efforts-to-stop-it-1.646375>

Divorce Rate Among Active Duty Troops Remains Stable

<https://www.military.com/daily-news/2020/09/23/divorce-rate-among-active-duty-troops-remains-stable.html>

Report: Vet counseling fixes needed to fight counselor burnout

<https://www.militarytimes.com/news/your-military/2020/09/28/report-vet-counseling-fixes-needed-to-fight-counselor-burnout/>

How Can Behavioral Health Consultants Encourage Patient Engagement in Brief Cognitive Behavioral Therapy for Pain?

<https://www.pdhealth.mil/news/blog/how-can-behavioral-health-consultants-encourage-patient-engagement-brief-cognitive-behavioral-therapy-pain>

Resource of the Week: [Military Times installation Guide 2021](#)

Information in this guide came from the Defense Department, Air Force, Army, Marine Corps, Navy and the Exchange and Commissary websites. Prior Military Times research also was consulted. Defense Department information came from the website installations.militaryonesource.mil, as well as the most recent available DoD Demographics Report. The Army Morale, Welfare and Recreation's Paths Across America and the Navy Gateways' websites — get.dodlodging.net — provided campground information. Some information also came from installation websites. Installations that the military indicated had fewer than 500 active-duty service members were excluded from this year's guide.

Please note that some of the phone numbers and other information may not be fully operational or up to date because of changes resulting from closings and other precautions related to the COVID-19 pandemic.



Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
www.deploymentpsych.org
shirley.kennedy.ctr@usuhs.edu
240-535-3901