

CDP



Research Update -- October 12, 2023

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<https://doi.org/10.1016/j.jpsychires.2023.07.009>

A national examination of suicidal ideation, planning, and attempts among United States adults: Differences by military veteran status, 2008–2019.

Rachel A. Hoopsick, R. Andrew Yockey

Journal of Psychiatric Research
Volume 165, September 2023, Pages 34-40

There is a widening disparity in suicide deaths between United States (U.S.) military veterans and nonveterans. However, it is unclear if there are similar differences in suicidal ideation, planning, and attempts that often precipitate these deaths. A better understanding of trends in suicidal thoughts and behaviors could illuminate opportunities for prevention. We examined pooled cross-sectional data (N = 479,801 adults) from the 2008 to 2019 National Survey on Drug Use and Health. We examined differences in past-year suicidal ideation, suicide planning, and suicide attempts between U.S. veterans (n = 26,508) and nonveterans (n = 453,293). We conducted post hoc analyses to examine for differences in these relationships by race/ethnicity and sex. Lastly, we examined trends in these outcomes over time and tested for differences in trends by veteran status. Overall, veterans had significantly greater odds of past-year suicidal ideation (aOR = 1.33, 95% CI 1.20 to 1.47) and suicide planning (aOR = 1.52, 95% CI 1.30 to 1.78) compared to nonveterans. However, the association between veteran status and past-year suicide attempt was not statistically significant (aOR = 1.29, 95% CI 1.00 to 1.68). These relationships did not differ by race/ethnicity or sex (ps > 0.05). Among all adults, there were significant linear increases in past-year suicidal ideation, planning, and attempts (ps < 0.001). However, these trends did not differ between veterans and nonveterans (ps > 0.05). Veterans may be more likely to experience suicidal thoughts and behaviors than nonveteran adults. Upward trends in suicidal thoughts and behaviors among both veterans and nonveterans from 2008 to 2019 highlight opportunities for intervention.

<https://doi.org/10.1017/S1368980023001738>

Use of food distribution resources among military families with young children since the COVID-19 pandemic.

O'Neal, C., Lucier-Greer, M., Lewis, C., & Farnsworth, M.

Public Health Nutrition
(2023) 26(10), 1968-1975

Objective:

The present study examined military families' use of food distribution resources and military (e.g. rank) and non-military (e.g. race/ethnicity) characteristics associated with using food distribution resources.

Design:

Secondary data analyses from a cross-sectional survey in the first 6 months of 2021.

Setting:

A national sample of eligible families completed an online survey.

Participants:

8326 enlisted military families with an active duty service member in the United States Army or Air Force who applied for supplemental childcare funding distributed by National Military Family Association.

Results:

13.2 % of the families reported utilising a food distribution resource in the past 12 months. Those with lower financial well-being were more likely to utilise such resources. Older (OR = 1.04, 95 % CI = 1.02, 1.05, $P < 0.001$), single-earner (OR = 0.73, 95 % CI = 0.61, 0.89, $P = 0.001$) families with a lower rank (OR = 0.69, 95 % CI = 0.64, 0.75, $P < 0.001$) and Army affiliation (compared with Air Force) (OR = 2.31, 95 % CI = 2.01, 2.67, $P < 0.001$) were more likely to utilise food distribution resources. Members of certain racial/ethnic minority groups were more likely to utilise food distribution resources than White respondents (OR from 1.47 for multi-racial to 1.69 for Asians), as were families with more dependent children (OR = 1.35, 95 % CI = 1.25, 1.47, $P < 0.001$).

Conclusions:

These results identify the extent of food distribution resource utilisation in military families with young children approximately 1 year into the COVID-19 pandemic. The results also identify characteristics associated with their use of food distribution resources. Findings are discussed with an emphasis on prevention and intervention implications for military families.

<https://doi.org/10.1016/j.jpsychires.2023.08.003>

Changes in mental health among U.S. military veterans during the COVID-19 pandemic: A network analysis.

Tobias R. Spiller, Peter J. Na, Addie N. Merians, Or Duek, ... Robert H. Pietrzak

Journal of Psychiatric Research
Volume 165, September 2023, Pages 352-359

Highlights

- Veterans exposed to potentially traumatic events were mostly resilient.
- Psychopathology symptom networks were similar pre-to peripandemic.
- Pandemic-related PTSD was positively related to worst-event PTSD, anxiety, and age.

Abstract

Increases of symptoms of posttraumatic stress disorder (PTSD), anxiety and depression have been observed among individuals exposed to potentially traumatic events in the first months of the COVID-19 pandemic. Similarly, associations among different aspects of mental health, such as symptoms of PTSD and suicidal ideation, have also been documented. However, studies including an assessment prior to the onset and during the height of the pandemic are lacking. We investigated changes in symptoms of PTSD, depression, anxiety, suicidal ideation, and posttraumatic growth in a population-based sample of 1232 U.S. military veterans who experienced a potentially traumatic event during the first year of the pandemic. Symptoms were assessed prior to (fall/winter 2019) and one year into the pandemic (fall/winter 2020). We compared changes in symptom interrelations using network analysis, and assessed their associations with pandemic-related PTSD and posttraumatic growth symptoms. A subtle increase in psychopathological symptoms and a decrease in posttraumatic growth was observed one year into the pandemic. The peripandemic network was more densely connected, and pandemic-related PTSD symptoms were positively associated with age, anxiety, worst-event PTSD symptoms, and pandemic-related posttraumatic growth. Our findings highlight the resilience of veterans exposed to a potentially traumatic event during the first year of a pandemic. Similarly, the networks did not fundamentally change from pre-pandemic to one year into the pandemic. Despite this relative stability on a group level, individual reactions to potentially traumatic events could have varied substantially.

Clinicians should individualize their assessments but be aware of the general resilience of most veterans.

<https://doi.org/10.1089/can.2023.0086>

Effects of the Acute and Chronic Administration of Cannabidiol on Cognition in Humans and Animals: A Systematic Review.

Ana Julia de Lima Bomfim, Stefany Mirrelle Fávero Zuze, Daiene de Moraes Fabrício, Rebeca Mendes de Paula Pessoa, José Alexandre S. Crippa, and Marcos Hortes N. Chagas

Cannabis and Cannabinoid Research

Published Online: 4 Oct 2023

Introduction:

The effects of cannabidiol (CBD) on cognition has been investigated in recent years to determine the therapeutic potential of this cannabinoid for a broad gamut of medical conditions, including neuropsychiatric disorders. The aim of the present study was to perform a systematic review of studies that analyzed the effects of the acute and chronic administration of CBD on cognition in humans and animals both to assess the cognitive safety of CBD and to determine a beneficial potential of CBD on cognition.

Methods:

The PubMed, Web of Science, PsycINFO, and Scopus databases were searched in December of 2022 for relevant articles using the following combinations of keywords: (“cannabidiol” OR “CBD”) AND (“cognition” OR “processing cognitive” OR “memory” OR “language” OR “attention” OR “executive function” OR “social cognition” OR “perceptual motor ability” OR “processing speed”).

Results:

Fifty-nine articles were included in the present review (36 preclinical and 23 clinical trials). CBD seems not to have any negative effect on cognitive processing in rats. The clinical trials confirmed these findings in humans. One study found that repeated dosing with CBD may improve cognitive in people who use cannabis heavily but not individuals with neuropsychiatric disorders. Considering the context of neuropsychiatric disorders in animal models, CBD seems to reverse the harm caused by the experimental

paradigms, such that the performance of these animals becomes similar to that of control animals.

Conclusions:

The results demonstrate that the chronic and acute administration of CBD seems not to impair cognition in humans without neuropsychiatric disorders. In addition, preclinical studies report promising results regarding the effects of CBD on the cognitive processing of animals. Future double-blind, placebo-controlled, randomized clinical trials with larger, less selective samples, with standardized tests, and using different doses of CBD in outpatients are of particular interest to elucidate the cognitive effects of CBD.

<https://doi.org/10.1001/jamapediatrics.2023.4003>

Persistence of Autism Spectrum Disorder From Early Childhood Through School Age.

Harstad, E., Hanson, E., Brewster, S. J., DePillis, R., Milliken, A. L., Aberbach, G., Sideridis, G., & Barbaresi, W. J.

JAMA Pediatrics

October 2, 2023

Key Points

Question

What is the frequency with which children diagnosed clinically with autism spectrum disorder (ASD) at 12 to 36 months of age continue to meet criteria for ASD based on functioning at 5 to 7 years of age, and what factors are associated with ASD persistence?

Findings

Of the 213 children in this cohort study, 79 (37%) had nonpersistent ASD. Higher baseline adaptive functioning and female sex were associated with nonpersistent ASD.

Meaning

These findings suggest that an ASD diagnosis in a child younger than 3 years may not persist, and child-specific factors may be associated with persistence.

Abstract

Importance

While the prevalence of autism spectrum disorder (ASD) continues to increase and early diagnosis is emphasized, there is limited information on outcomes for children diagnosed with ASD in early childhood using contemporary diagnostic criteria.

Objectives

To determine the frequency with which children who are clinically diagnosed with ASD at 12 to 36 months of age continue to meet diagnostic criteria for ASD at 5 to 7 years of age and to evaluate whether baseline child-specific and demographic characteristics and receipt of interventions are associated with ASD persistence.

Design, Setting, and Participants

In this natural history cohort study, children who received a clinical ASD diagnosis at 12 to 36 months of age underwent a research diagnostic assessment at 5 to 7 years of age. Research assessments occurred from August 14, 2018, to January 8, 2022.

Intervention

Children received community-based interventions, and parents provided details about interventions received.

Main Outcomes and Measures

The main outcome was persistence of ASD diagnosis based on current functioning. An experienced research psychologist assigned an ASD diagnosis (present or absent) according to criteria from the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) after the research assessment. The research assessment included administration of the Autism Diagnostic Observation Schedule–2, Autism Diagnostic Interview–Research, and a cognitive measure.

Conclusions and Relevance

The findings of this cohort study suggest that among toddlers diagnosed with ASD, baseline adaptive function and sex may be associated with persistence of ASD.

<https://doi.org/10.1001/jamahealthforum.2023.3330>

Propensity of US Military Personnel to Seek Mental Health Care When Community Psychiatric Capacity Changes.

Shen, Y. C., Bacolod, M., & Heissel

Results

Of the 213 participants diagnosed with ASD at initial clinical assessment (mean [SD] age, 24.6 [3.9] months; 177 boys [83.1%]), 79 (37.1%) did not continue to meet diagnostic criteria for ASD (nonpersistent ASD) at research assessment (mean [SD] age, 74.3 [7.1] months). All children with nonpersistent ASD had IQ of at least 70, while there was a bimodal distribution of IQ for those with persistent ASD (46 with IQ <70 and 88 with IQ ≥70). All children received some interventions, and 201 (94.4%) received ASD-specific intervention, mostly applied behavioral analysis. In a multilevel logistic regression model, the only variables associated with increased odds of being in the nonpersistent ASD group at 6 years of age were higher baseline adaptive skills (b coefficient = -0.287 [SE, 0.108]) and female sex (b = 0.239 [SE, 0.064])., J. A.

JAMA Health Forum

October 6, 2023

Key Points

Question How does the probability of mental health care visits by military personnel change when psychiatrist capacity changes in their communities, where capacity is measured separately for military treatment facilities and civilian sectors?

Findings

In this cohort study of active duty US military members between 2016 and 2020, three-fourths of all mental health care visits occurred in military treatment facilities. When military treatment facility psychiatrist capacity within a 30-minute driving time changed from zero to high capacity, the probability of mental health care visits to military treatment facilities increased by 0.95 percentage points, and there was no change for visits to civilian psychiatrists; when civilian psychiatrist capacity changed from zero to high, the visit rate to military treatment facilities decreased by 2.58 percentage points, while the visit rate to civilian psychiatrists increased by 0.57 percentage points.

Meaning

This study suggests that realigning military treatment facility psychiatrists across communities with shortages and high-capacity military treatment facilities, as well as addressing nongeographical barriers in the civilian sector, remain critical to achieve the optimal balance between military and civilian care provision.

Abstract

Importance

Understanding how the active duty military population's mental health care use is

associated with local military and civilian psychiatrist capacity is critical in designing the optimal allocation of mental health resources from both sectors to improve the mental health of military personnel.

Objective

To evaluate whether the probability of mental health care visits by military personnel changes when psychiatrist capacity changes in their communities, when capacity is measured separately for military treatment facilities and civilian sectors.

Design, Setting, and Participants

This cohort study of active duty US military service members between January 1, 2016, and September 30, 2020, combines data from the Defense Health Agency, the National Plan and Provider Enumeration System, and the US Census. Data were collected and analyzed from June 2022 to July 2023.

Main Outcomes and Measures

The main outcome was the probability of making at least 1 mental health care visit in a given quarter at military treatment facilities and in civilian settings. Linear probability models with 2-dimensional fixed effects at individual and community levels were implemented to estimate changes in individual outcomes when community psychiatrist capacity changed.

Results

This study includes 1 958 421 US service members (83% men; mean [SD] age at baseline, 28.4 [8.0] years). Thirteen percent of service members did not have military treatment facility psychiatrists available within a 30-minute driving time, and 66% lived in communities with a psychiatrist shortage (<1 psychiatrist per 20 000 relevant population), while 9% lived in communities with high (>3 psychiatrists per 20 000 relevant population) military treatment facility psychiatrist capacity. Five percent of service members lived in communities with no civilian psychiatrists within a 30-minute driving time, while 66% lived in communities with high civilian psychiatrist capacity. The mean quarterly mental health care visit rates to military treatment facilities and civilian settings were 7% and 2%, respectively. The probability of a mental health care visit to a military treatment facility increased by 0.95 percentage points (95% CI, 0.79-1.10 percentage points; equivalent to 14%) when the individual experienced a change in military treatment facility capacity from no psychiatrist to high capacity. The probability of a mental health care visit to a civilian setting increased by 0.57 percentage points (95% CI, 0.38-0.76 percentage points; equivalent to 32%) when civilian capacity changed from no psychiatrist to high capacity. The magnitude of responses to military

treatment facility capacity changes remained similar in communities that already had high civilian capacity.

Conclusions and Relevance

This cohort study of the US military population suggests that active duty military personnel rely largely on military treatment facilities for their mental health care and that there are meaningful responses to military treatment facility psychiatrist capacity changes even in communities with high civilian psychiatric capacity. Realigning military treatment facility psychiatrists across communities with shortages and high-capacity military treatment facilities, as well as addressing nongeographical barriers in the civilian sector, remain critical to achieve the optimal balance between military and civilian care provision.

<https://doi.org/10.5664/jcsm.10584>

Self-reported sleep problems in active-duty US Army personnel receiving posttraumatic stress disorder treatment in group or individual formats: secondary analysis of a randomized clinical trial.

Pruiksma, K. E., Taylor, D. J., Wachen, J. S., Straud, C. L., Hale, W. J., Mintz, J., Young-McCaughan, S., Peterson, A. L., Yarvis, J. S., Borah, E. V., Dondanville, K. A., Litz, B. T., & Resick, P. A.

Journal of Clinical Sleep Medicine
2023 Aug 1; 19(8): 1389-1398

Study objectives:

Sleep disturbances are common in military personnel with posttraumatic stress disorder (PTSD) and may persist following treatment. This study examined service members seeking treatment for PTSD, reporting insomnia symptoms, nightmares, excessive daytime sleepiness, and potential obstructive sleep apnea at baseline and the impact of sleep disturbances on a course of PTSD treatment.

Methods:

In this secondary analysis, sleep was evaluated in 223 service members who participated in a randomized clinical trial comparing Cognitive Processing Therapy for PTSD delivered in individual or group formats. Sleep assessments included the

Insomnia Severity Index, the Trauma-Related Nightmare Survey, and Epworth Sleepiness Scale administered at baseline and 2 weeks posttreatment.

Results:

Following PTSD treatment, there were significant improvements for insomnia symptoms ($M\Delta = -1.49$; $d = -0.27$), nightmares ($M\Delta = -0.35$; $d = -0.27$), and excessive daytime sleepiness ($M\Delta = -0.91$; $d = -0.16$). However, mean scores remained in clinical ranges at posttreatment. Participants with baseline insomnia symptoms had worse PTSD severity throughout treatment. Participants with baseline excessive daytime sleepiness or probable obstructive sleep apnea had greater PTSD severity reductions when treated with Cognitive Processing Therapy individually vs. in a group. Those with insomnia symptoms, nightmare disorder, and sleep apnea had greater depressive symptoms throughout treatment.

Conclusions:

Insomnia symptoms, nightmares, and excessive daytime sleepiness were high at baseline in service members seeking treatment for PTSD. While sleep symptoms improved with PTSD treatment, these sleep disorders were related to worse treatment outcomes with regards to symptoms of PTSD and depression. Individual Cognitive Processing Therapy is recommended over group Cognitive Processing Therapy for patients with either excessive daytime sleepiness or probable obstructive sleep apnea.

Clinical trial registration:

Registry: ClinicalTrials.gov; Name: Group vs. Individual Cognitive Processing Therapy for Combat-related PTSD; URL: <https://clinicaltrials.gov/ct2/show/NCT02173561>; Identifier: NCT02173561.

<https://doi.org/10.1037/tra0001553>

Exploring the role of moral injury outcomes in intimate relationship functioning among U.S. combat veterans.

Fernandez, P. E., & Currier, J. M.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Moral injury entails psychological, social, and possible spiritual issues that might interfere with veterans' functioning in romantic or intimate relationships. To date, research has not examined the contribution of moral injury outcomes in this core functional domain in many veterans' lives.

Method:

In total, 65 combat veterans who were engaging in a peer-led intervention for moral injury in a Veteran Service Organization completed the Expressions of Moral Injury Scale, posttraumatic stress disorder (PTSD) checklist for DSM-5, and the romantic relationship subscale of the Inventory of Psychosocial Functioning Scale.

Results:

Bivariate analyses revealed that moral injury and PTSD symptoms were each associated with worse relationship functioning among the veterans. When including moral injury and PTSD symptoms as predictors in a multivariate analysis, only moral injury was uniquely linked with poorer relationship functioning.

Conclusions:

Overall, these findings suggest that moral injury could play a pernicious role in many veterans' issues in relationship problems with their spouses or partners. Future research needs to examine the potential utility of addressing moral injury among veterans who are struggling to meet demands for intimacy and connection in their intimate or romantic relationships. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1192/bjo.2023.516>

Military culture and collaborative decision-making in mental healthcare: cultural, communication and policy considerations.

Treichler, E. B. H., Reznik, S. J., Oakes, D., Girard, V., & Zisman-Ilani, Y.

BJPsych Open

Published online by Cambridge University Press: 14 August 2023

Military culture relies on hierarchy and obedience, which contradict the implementation and use of collaborative care models. In this commentary, a team of lived experience,

clinical and research experts discuss, for the first time, cultural, communication and policy considerations for implementing collaborative care models in military mental healthcare settings.

<https://doi.org/10.1080/00224499.2023.2232803>

Sexual Risk Taking among Survivors of U.S. Military Sexual Assault: Associations with PTSD Symptom Severity and Alcohol Use.

R. K. Blais, H. S. Tannahill & K. Cue Davis

The Journal of Sex Research
Published online: 14 Aug 2023

Sexual risk taking may be heightened among U.S. service members and veterans reporting military sexual assault (MSA) exposure. MSA increases the risk for posttraumatic stress disorder (PTSD), which is a common correlate of sexual risk taking among civilians. PTSD may relate to sexual risk taking through its association with alcohol use, which increases impulsivity and risky behavioral engagement. Male survivors may be at notably higher risk given greater overall alcohol use and engagement in sexual risk taking relative to female survivors. This study assessed whether higher alcohol use mediated the association between PTSD and sexual risk taking among MSA survivors, and whether this effect differed by sex. Participants included 200 male and 200 female service members and veterans (age: $M = 35.89$, $SD = 5.56$) who completed measures of PTSD symptoms, alcohol use, sexual risk taking, and a demographic inventory. In a moderated mediation analysis using linear regression, higher PTSD severity was associated with higher alcohol use, and higher alcohol use was associated with higher sexual risk taking. A significant indirect effect of alcohol use was observed, which was stronger among men. To reduce sexual risk taking among MSA survivors, it may be beneficial to target PTSD symptoms and alcohol use with sex-specific interventions. This line of inquiry would be strengthened by longitudinal studies that explore the fluidity of these experiences to identify periods of elevated risk. Studies that examine alcohol use expectancies and sexual delay discounting could expand our understanding of these associations.

<https://doi.org/10.5664/jcsm.10774>

Gender differences in US military personnel with insomnia, obstructive sleep apnea, or comorbid insomnia and obstructive sleep apnea.

Vincent Mysliwiec, MD , Kristi E. Pruiksma, PhD , Panagiotis Matsangas, PhD , Tyler Powell, MD , Casey L. Straud, PsyD , Daniel J. Taylor, PhD , Shana Hansen, MD , Shannon N. Foster, DO , Sara Mithani, PhD , Sarah Zwetzig, PhD , Jennifer Martin, PhD , Kelsi Gerwell, PhD , Stacey Young-McCaughan, RN, PhD , John A. Blue Star, PhD , Daniel G. Cassidy, PhD , Kimberly D. Gomes , Brian A. Moore, PhD , Alan L. Peterson, PhD , Matthew S. Brock, MD , on behalf of STRONG STAR Consortium

Journal of Clinical Sleep Medicine
Published Online: August 16, 2023

STUDY OBJECTIVES:

The aim of this study was to evaluate gender-related differences in symptoms of sleep disorders, sleep-related impairment, psychiatric symptoms, traumatic brain injury (TBI), and polysomnographic (PSG) variables in treatment-seeking military personnel diagnosed with insomnia, obstructive sleep apnea (OSA), or comorbid insomnia and OSA (COMISA).

METHODS:

Participants were 372 military personnel (46.2% women, 53.8% men) with an average age of 37.7 (SD = 7.46) years and median body mass index (BMI) of 28.4 (5.50) kg/m². Based on clinical evaluation and video-PSG, participants were diagnosed with insomnia (n = 118), OSA (n = 118), or COMISA (n = 136). Insomnia severity, excessive daytime sleepiness, sleep quality, nightmare disorder, sleep impairment, fatigue, posttraumatic stress disorder (PTSD), anxiety, depression symptoms, and TBI were evaluated with validated self-report questionnaires. Descriptive statistics, parametric and non-parametric t-tests, and effect-sizes were used to assess gender differences between men and women.

RESULTS:

There were no significant differences between women and men with insomnia or OSA in sleep-related symptoms, impairment, or PSG-based apnea-hypopnea index (AHI). Military men with COMISA had a significantly greater AHI as compared to military women with COMISA but women had greater symptoms of nightmare disorder, PTSD, and anxiety.

CONCLUSIONS:

In contrast to civilian studies, minimal differences were observed in self-reported sleep symptoms, impairment, and PSG metrics between men and women diagnosed with the most frequent sleep disorders in military personnel (i.e., insomnia, OSA, or COMISA) except in those with COMISA. Military service may result in distinct sleep disorder phenotypes that differ negligibly by gender.

<https://doi.org/10.1111/jftr.12530>

Post-traumatic stress symptoms and parenting in military families: A systematic integrative review.

Aditi Gupta, Abigail H. Gewirtz, Lynn M. Borden

Journal of Family Theory & Review

First published: 14 August 2023

Post-traumatic stress disorder (PTSD) among service members portends substantial impairments not only for the affected individual but also for their families. However, the association between PTSD symptoms and specific parenting domains remains understudied. Drawing upon the Military Family Stress Model and the Cognitive Behavioral Interpersonal Theory of PTSD, this systematic review provides an overview and synthesis of the literature on PTSD symptoms and parenting in military families with the objective to examine associations between parental PTSD symptoms and key parenting domains. Following PRISMA guidelines, 27 empirical studies were reviewed. Five distinct parenting domains emerged across studies. The findings indicated that greater PTSD symptoms were generally associated with adverse parenting outcomes with some variation across different parenting domains, such that some parenting outcomes showed more consistent negative associations with parental PTSD symptoms than others. These results have significant implications for research and practice, providing insight for family-focused intervention/prevention studies.

<https://doi.org/10.1097/HTR.0000000000000888>

Prevalence and Correlates of VA-Purchased Community Care Use Among Post-9/11-Era Veterans With Traumatic Brain Injury.

Govier, Diana J. PhD; Gilbert, Tess A. MHS; Jacob, R. Lorie ScM; Lafferty, Megan PhD; Mulcahy, Abby PhD; Pogoda, Terri K. PhD; Zogas, Anna PhD; O'Neil, Maya E. PhD; Pugh, Mary Jo PhD; Carlson, Kathleen F. PhD.

Journal of Head Trauma Rehabilitation
August 14, 2023

Objective:

Post-9/11-era veterans with traumatic brain injury (TBI) have greater health-related complexity than veterans overall, and may require coordinated care from TBI specialists such as those within the Department of Veterans Affairs (VA) healthcare system. With passage of the Choice and MISSION Acts, more veterans are using VA-purchased care delivered by community providers who may lack TBI training. We explored prevalence and correlates of VA-purchased care use among post-9/11 veterans with TBI.

Setting:

Nationwide VA-purchased care from 2016 through 2019.

Participants:

Post-9/11-era veterans with clinician-confirmed TBI based on VA's Comprehensive TBI Evaluation (N = 65 144).

Design:

This was a retrospective, observational study.

Main Measures:

Proportions of veterans who used VA-purchased care and both VA-purchased and VA-delivered outpatient care, overall and by study year. We employed multivariable logistic regression to assess associations between veterans' sociodemographic, military history, and clinical characteristics and their likelihood of using VA-purchased care from 2016 through 2019.

Results:

Overall, 51% of veterans with TBI used VA-purchased care during the study period. Nearly all who used VA-purchased care (99%) also used VA-delivered outpatient care. Veterans' sociodemographic, military, and clinical characteristics were associated with their likelihood of using VA-purchased care. Notably, in adjusted analyses, veterans with moderate/severe TBI (vs mild), those with higher health risk scores, and those diagnosed with posttraumatic stress disorder, depression, anxiety, substance use

disorders, or pain-related conditions had increased odds of using VA-purchased care. Additionally, those flagged as high risk for suicide also had higher odds of VA-purchased care use.

Conclusions:

Veterans with TBI with greater health-related complexity were more likely to use VA-purchased care than their less complex counterparts. The risks of potential care fragmentation across providers versus the benefits of increased access to care are unknown. Research is needed to examine health and functional outcomes among these veterans.

<https://doi.org/10.1001/jamapsychiatry.2023.3861>

Prognostic Risk Factors in Randomized Clinical Trials of Face-to-Face and Internet-Based Psychotherapy for Depression: A Systematic Review and Meta-Regression Analysis.

Merzhvynska, M., Wolf, M., Krieger, T., Berger, T., Munder, T., & Watzke, B.

JAMA Psychiatry
October 11, 2023

Key Points

Question

Do samples of randomized clinical trials (RCTs) of face-to-face therapy (FTF) and internet-based therapy (IBT) for depression differ with regard to the prognostic risk factors (ie, prognosis) of the included patients?

Findings

In this systematic review and meta-regression analysis of 105 RCTs comprising 18 363 participants, the prevalence of patients with poor prognosis was higher in RCTs of FTF than in the RCTs of IBT. The quality of reporting of prognostic risk factors was not optimal.

Meaning

These results suggest that indirect comparisons of FTF and IBT may be problematic because, in terms of reporting prognostic risk factors, samples of RCTs may not be drawn from the same clinical population.

Abstract

Importance

Variables such as severe symptoms, comorbidity, and sociodemographic characteristics (eg, low educational attainment or unemployment) are associated with a poorer prognosis in adults treated for depressive symptoms. The exclusion of patients with a poor prognosis from RCTs is negatively associated with the generalizability of research findings.

Objective

To compare the prognostic risk factors (PRFs) in patient samples of RCTs of face-to-face therapy (FTF) and internet-based therapy (IBT) for depression.

Data Sources

PsycINFO, Cochrane CENTRAL, and reference lists of published meta-analyses were searched from January 1, 2000, to December 31, 2021.

Study Selection

RCTs that compared FTF (individual or group therapy) and IBT (guided or self-guided interventions) against a control (waitlist or treatment as usual) in adults with symptoms of depression were included.

Data Extraction and Synthesis

Data were extracted by 2 independent observers. The Cochrane revised risk-of-bias tool was used to assess the risk of bias. The study was preregistered with OSF Registries and followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) reporting guideline.

Main Outcomes and Measures

The primary outcome was the standardized mean difference (Hedges g effect size) in depressive symptoms at treatment termination (assessed with standard patient self-report questionnaires), with a positive standardized mean difference indicating larger improvements in the intervention compared with those in the control group. Meta-regression analyses were adjusted for the type of control group. Three preregistered and 2 exploratory sensitivity analyses were conducted. A prognostic risk index (PROG) was created that calculated the sum of 12 predefined individual indicators, with scores ranging from 0 to 12 and higher scores indicating that a sample comprised patients with poorer prognoses.

Results

This systematic review and meta-regression analysis identified 105 eligible RCTs that comprised 18 363 patients. In total, 48 studies (46%) examined FTF, and 57 studies (54%) examined IBT. The PROG was significantly higher in the RCTs of FTF than in the RCTs of IBT (FTF: mean [SD], 3.55 [1.75]; median [IQR], 3.5 [2.0-4.5]; IBT: mean [SD], 2.27 [1.66]; median [IQR], 2.0 [1.0-3.5]; $z = -3.68$, $P < .001$; Hedges $g = 0.75$; 95% CI, 0.36-1.15). A random-effects meta-regression analysis found no association of the PROG with the effect size. Sensitivity analyses with outliers excluded and accounting for risk of bias or small-study effects yielded mixed results on the association between the PROG and effect size.

Conclusions and Relevance

The findings of this systematic review and meta-regression analysis suggest that samples of RCTs of FTF vs IBT differ with regard to PRFs. These findings have implications for the generalizability of the current evidence on IBT for depression. More RCTs of internet-based interventions with clinically representative samples are needed, and the reporting of PRFs must be improved.

<https://doi.org/10.1093/milmed/usad363>

Transition Needs Among Veterans Living With Chronic Pain: A Systematic Review.

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Military Medicine

Published: 07 September 2023

Introduction

A third of Canadian Armed Forces veterans report difficulty adjusting to post-military life. Moreover, an estimated 40% of Canadian veterans live with chronic pain, which is likely associated with greater needs during the transition from military to civilian life. This review explores challenges and transition needs among military personnel living with chronic pain as they return to civilian life.

Methods

We searched MEDLINE, EMBASE, CINAHL, Scopus, and Web of Science from

inception to July 2022, for qualitative, observational, and mixed-method studies exploring transition needs among military veterans released with chronic pain. Reviewers, working independently and in duplicate, conducted screening and used a standardized and pilot-tested data collection form to extract data from all included studies. Content analysis was used to create a coding template to identify patterns in challenges and unmet needs of veterans transitioning to civilian life, and we summarized our findings in a descriptive manner.

Results

Of 10,532 unique citations, we identified 43 studies that reported transition challenges and needs of military personnel; however, none were specific to individuals released with chronic pain. Most studies (41 of 43; 95%) focused on military personnel in general, with one study enrolling individuals with traumatic brain injury and another including homeless veterans. We identified military-to-civilian challenges in seven areas: (1) identity, (2) interpersonal interactions/relationships, (3) employment, (4) education, (5) finances, (6) self-care and mental health, and (7) accessing services and care.

Conclusions

Military personnel who transition to civilian life report several important challenges; however, the generalizability to individuals released with chronic pain is uncertain. Further research is needed to better understand the transition experiences of veterans with chronic pain to best address their needs and enhance their well-being.

<https://doi.org/10.1007/s10943-023-01905-5>

Moral Injury is a Risk Factor for Substance Use and Suicidality Among US Military Veterans with and without Traumatic Brain Injury.

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Journal of Religion and Health
Published: 07 September 2023

A national survey of United States veterans was conducted, yielding 252 veterans with Traumatic Brain Injury (TBI) and 1235 veterans without TBI. Participants were asked questions about moral injury, suicidality, substance use, and other sociodemographic variables. Multivariable linear regression analysis was used to examine the previously

described relationships. Increasing severity of moral injury was associated with higher scores on the substance use tool ($b = 0.02$, $p = 0.04$), although the magnitude of effect was not different from those without TBI ($Z = -0.57$, $p = 0.72$). Increasing severity of moral injury was positively associated with suicidal behavior scores ($b = 0.10$, $p < 0.01$). The strength of this relationship was stronger in veterans with TBI than those without TBI ($Z = 1.78$, $p = 0.04$). Rehabilitation programs that treat veterans for TBI may need to consider the evaluation of moral injury given its association with adverse events in this population.

<https://doi.org/10.1037/ser0000799>

Association between psychosocial rehabilitation and recovery center service receipt and reported internalized stigma among veterans.

Duman, A. J., Rajan, S. S., Lahiri, S., Ghosh, P., & Mercer, B.

Psychological Services
Advance online publication

Internalized stigma, also known as self-stigma, is negatively associated with a person's willingness to seek mental health services and follow their treatment plan. This can hinder a person's recovery, exacerbate their mental health illnesses, and reduce their quality of life. A primary directive of the Veteran Affairs Psychosocial Rehabilitation and Recovery Center (PRRC) program is to help veterans overcome their internalized stigma. This study is the first to evaluate the association between receiving PRRC services over time and veteran reported levels of internalized stigma based on Internalized Stigma of Mental Illness–Brief-10 scores using longitudinal PRRC Forms Data. The analysis was performed using a random-effects ordered logistic regression adjusting for veteran sociodemographic and clinical characteristics. Our study cohort consisted of 2,774 veterans who received PRRC services between fiscal years 2018 and 2021 and who had an intake form at the start of the PRRC service and at least one follow-up form. Our study found that veterans had lower odds of having a higher level of internalized stigma at the first follow-up relative to their intake (OR: 0.80; 95% CI [0.70, 0.92]), and these odds continued to decrease with each subsequent follow-up. These results potentially indicate the effectiveness of the PRRC program in reducing levels of internalized stigma among the veterans. Our study also suggests the need for greater clinical attention and resources for subgroups such as older veterans, male veterans, and veterans with posttraumatic stress disorder, anxiety, or personality disorders, who

reported higher levels of internalized stigma. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1007/s11920-023-01446-4>

Psychedelic-Assisted Therapy in Military and Veterans Healthcare Systems: Clinical, Legal, and Implementation Considerations.

Wolfgang, A.S., Hoge, C.W.

Current Psychiatry Reports
Published: 08 September 2023

Purpose of Review

This review discusses the current and projected landscape of psychedelic-assisted therapy (PAT), with a focus on clinical, legal, and implementation considerations in Department of Defense (DoD) and Department of Veterans Affairs (VA) healthcare systems.

Recent Findings

3,4-Methylenedioxymethamphetamine (MDMA)- and psilocybin-assisted therapy have shown promising outcomes in efficacy, safety, tolerability, and durability for PTSD and depression, respectively. MDMA-assisted therapy is already approved by the Food and Drug Administration (FDA) on an Expanded Access (“compassionate use”) basis for PTSD, with full approval projected for 2024. Psilocybin-assisted therapy is projected to be FDA-approved for depression soon thereafter. Other psychedelics are in earlier stages of development. The VA is currently conducting PAT clinical trials.

Summary

Although there are clear legal pathways for the VA and DoD to conduct PAT trials, a number of implementation barriers exist, such as the very high number of clinical hours necessary to treat each patient, resource requirements to support treatment infrastructure, military-specific considerations, and the high level of evidence necessary for PAT to be recommended in clinical practice guidelines. Ongoing considerations are whether and how PAT will be made available to VA and DoD beneficiaries, feasibility and cost-effectiveness, and ethical safeguards that must be implemented to prioritize access to PAT given the likelihood of extremely limited initial availability. However, with imminent FDA approval of PATs and considerable national interest in these treatments,

DoD and VA policymakers must be prepared with clearly delineated policies and plans for how these healthcare systems will approach PAT.

<https://doi.org/10.1016/j.bbi.2023.09.005>

The emerging role of the gut microbiome in posttraumatic stress disorder.

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Brain, Behavior, and Immunity

Volume 114, November 2023, Pages 360-370

Posttraumatic stress disorder (PTSD) occurs in some people following exposure to a terrifying or catastrophic event involving actual/threatened death, serious injury, or sexual violence. PTSD is a common and debilitating mental disorder that imposes a significant burden on individuals, their families, health services, and society. Moreover, PTSD is a risk factor for chronic diseases such as coronary heart disease, stroke, diabetes, as well as premature mortality. Furthermore, PTSD is associated with dysregulated immune function. Despite the high prevalence of PTSD, the mechanisms underlying its etiology and manifestations remain poorly understood. Compelling evidence indicates that the human gut microbiome, a complex community of microorganisms living in the gastrointestinal tract, plays a crucial role in the development and function of the host nervous system, complex behaviors, and brain circuits. The gut microbiome may contribute to PTSD by influencing inflammation, stress responses, and neurotransmitter signaling, while bidirectional communication between the gut and brain involves mechanisms such as microbial metabolites, immune system activation, and the vagus nerve. In this literature review, we summarize recent findings on the role of the gut microbiome in PTSD in both human and animal studies. We discuss the methodological limitations of existing studies and suggest future research directions to further understand the role of the gut microbiome in PTSD.

<https://doi.org/10.7759/cureus.44905>

Post-traumatic Stress Disorder: A Narrative Review of Pharmacological and Psychotherapeutic Interventions.

Mansour, M., Joseph, G. R., Joy, G. K., Khanal, S., Dasireddy, R. R., Menon, A., Barrie Mason, I., Kataria, J., Patel, T., & Modi, S.

Cureus

10 Oct 2023, 15(9)

Post-traumatic stress disorder (PTSD) is a complex mental health condition affecting individuals exposed to traumatic events. This paper is a narrative review of the existing literature on pharmacological and psychotherapeutic interventions for PTSD. Treatment includes selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and alpha-1 adrenergic receptor antagonists. By exploring the outcomes of these interventions, the review seeks to provide valuable insights into their potential as PTSD treatment options. The paper also highlights the importance of tailoring treatment plans to individual needs and discusses emerging treatments, such as mindfulness-based therapies, virtual reality therapy, and neurostimulation techniques. By integrating findings from various studies, it aims to offer valuable information to optimize treatment strategies and enhance outcomes for individuals suffering from PTSD. The goal is to support informed decision-making, ultimately leading to more effective and tailored approaches to address the challenges posed by this debilitating condition.

<https://doi.org/10.1007/s40670-023-01854-4>

Harnessing Patient Life Stories to Engage Medical Trainees in Strengthening Veteran-Provider Relationships.

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Medical Science Educator

Published: 16 August 2023

Introduction

Medical trainees do not have many opportunities to develop communication skills with patients. We established the voluntary "My Life, My Story" (MLMS) program at the Clement J. Zablocki VAMC in Milwaukee, WI, to determine if this pilot narrative medicine program enhanced trainee interpersonal skills and improved patient-centered care.

Methods

Trainees at the Medical College of Wisconsin conducted in-person or virtual interviews of Veterans receiving care at the Milwaukee VAMC about their meaningful life experiences. Post-interview, trainees wrote a short first-person narrative in the Veteran's voice, which, after the Veteran's approval, was added to the electronic medical record and made available to the patient's care team. Trainees, Veterans, and health professionals completed post-interview surveys, from which we conducted descriptive statistics and qualitatively analyzed the text-based feedback.

Results

Between 2020 and 2021, 24 medical trainees participated in our pilot implementation of the MLMS program, conducting a total of 32 interviews. All trainees reported a meaningful personal impact and found the pilot to be "valuable" and "rewarding." Both trainees and health professionals believed that the MLMS program improved "rapport building" with Veterans. Nearly all Veterans (n = 25, 93%) believed that their medical care team would be able to provide better care after reading their life story.

Conclusions

Narrative medicine initiatives like the MLMS program may enable value-added education for trainees. Future research will allow us to better understand and maximize specific educational gains, while further enhancing patient care.

<https://doi.org/10.1007/s10488-023-01289-4>

Heterogeneity in Unmet Treatment Need and Barriers to Accessing Mental Health Services Among U.S. Military Service Members with Serious Psychological Distress.

Michael S. Dunbar, Joshua Breslau, Rebecca Collins, Robin Beckman & Charles C. Engel

Administration and Policy in Mental Health and Mental Health Services Research
Published: 18 August 2023

The goal of the current study is to examine heterogeneity in mental health treatment utilization, perceived unmet treatment need, and barriers to accessing care among U.S. military members with probable need for treatment. Using data from the 2018

Department of Defense Health Related Behavior Survey, we examined a subsample of 2,336 respondents with serious psychological distress (SPD; past-year K6 score ≥ 13) and defined four mutually exclusive groups based on past-year mental health treatment (treated, untreated) and self-perceived unmet treatment need (recognized, unrecognized). We used chi-square tests and adjusted regression models to compare groups on sociodemographic factors, impairment (K6 score; lost work days), and endorsement of treatment barriers. Approximately 43% of respondents with SPD reported past-year treatment and no unmet need (Needs Met). The remainder (57%) met criteria for unmet need: 18% endorsed treatment and recognized unmet need (Treated/Additional Need); 7% reported no treatment and recognized unmet need (Untreated/Recognized Need); and 32% reported no treatment and no unmet need (Untreated/Unrecognized Need). Compared to other groups, those with Untreated/Unrecognized Need tended to be younger (ages 18–24; $p = 0.0002$) and never married ($p = 0.003$). The Treated/Additional Need and Untreated/Recognized Need groups showed similar patterns of treatment barrier endorsement, whereas the Untreated/Unrecognized Need group endorsed nearly all barriers at lower rates. Different strategies may be needed to increase appropriate mental health service use among different subgroups of service members with unmet treatment need, particularly those who may not self-perceive need for treatment.

Links of Interest

VA Leaning in on Molly, Mushrooms as Psychedelics Show Promise for Treating Post-Traumatic Stress Disorder

<https://www.military.com/daily-news/2023/10/05/va-leaning-molly-mushrooms-psychedelics-show-promise-treating-post-traumatic-stress-disorder.html>

Air Force announces more oversight, training to curb domestic violence

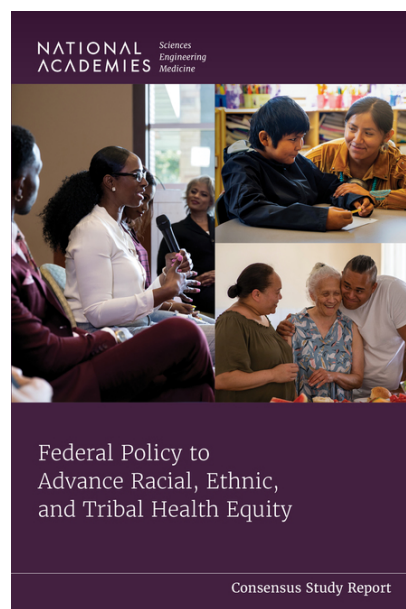
<https://www.airforcetimes.com/news/your-air-force/2023/10/10/air-force-announces-more-oversight-training-to-curb-domestic-violence/>

Who Runs the Best U.S. Schools? It May Be the Defense Department. (unlocked article) https://www.nytimes.com/2023/10/10/us/schools-pandemic-defense-department.html?unlocked_article_code=2r4CjZrvusFHkExOD_9fjX2SZxs5Z5eWhdTwh1dKKnJei8nWcpffn3BjZjWS1u1I_3aeCBYqfvA_dOTzLuB0XmWm3mTjd6MSFwhfRXC_RM2L5Zs6soNpwPxyWmtMXQcpt6l9C0XuyOSqkFVeBkXeKuFtcI5OM1GZiiV8g9KleJ3_m2pFTyTb3QDAeFcJXIB4zMaq_RTYjLgYO63iEAW-J9hlzmf5M5VcrS1a1yfXxAFtEa1OUbeGc_HuHTU_g8GNrzCQXLdk62JaLuOZ0gegS_rV10dKahXsuhFp3amrXi_OqFhZIAobxLYtP3LQqEoj-HIB3JBRVCSIk0KO5GTorGsrY27eBPFqZ&smid=url-share

Resource of the Week: [Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity](#)

New, from the National Academies of Sciences, Engineering, and Medicine:

Racially and ethnically minoritized populations and tribal communities often face preventable inequities in health outcomes due to structural disadvantages and diminished opportunities around health care, employment, education, and more. Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity analyzes how past and current federal policies may create, maintain, and/or amplify racial, ethnic, and tribal health inequities. This report identifies key features of policies that have served to reduce inequities and makes recommendations to help achieve racial, ethnic, and tribal health equity.



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