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Uniformed Services University

Research Update -- October 26, 2023

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- Comorbid psychiatric diagnoses and gaming preferences in US armed forces veterans receiving inpatient treatment for gambling disorder.
- Aerobic exercise improves sleep in U. S. active duty service members following brief treatment for posttraumatic stress disorder symptoms.
- Links of Interest
- Resource of the Week: MilLife Guide: Adoption and Foster Care (Military OneSource)

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Employment status among US military veterans with a history of posttraumatic stress disorder: Results from the National Health and Resilience in Veterans Study.

Ian C. Fischer, Paula P. Schnurr, Robert H. Pietrzak

Journal of Traumatic Stress
First published: 11 October 2023

The current study examined the prevalence and correlates of employment status in a nationally representative sample of U.S. military veterans with a probable lifetime history of posttraumatic stress disorder. Participants were 4,609 veterans from National Health and Resilience in Veterans Study (NHRVS) Bivariate analyses compared the employment status of veterans with regard to sociodemographic, military, health, and psychiatric characteristics. A multinomial regression analysis was conducted to determine the effect of lifetime PTSD status on employment and identify variables that differentiated employment status among veterans with a history of PTSD. In the total sample, 450 (weighted 12.5%) screened positive for lifetime PTSD. Veterans with PTSD were more than twice as likely to be unemployed, OR = 2.41, and retired, OR = 2.26, and nearly 4 times as likely to be disabled, OR = 3.84, relative to those without PTSD. Among veterans with PTSD, 203 (54.0%) were employed, 178 were retired (28.2%), 31 (7.3%) were unemployed, and 38 (10.5%) were disabled. Relative to employed veterans, retired veterans were older and reported more medical conditions; unemployed veterans were almost 5 times as likely to be female; disabled veterans reported lower income, more medical conditions, and more severe symptoms of current major depressive disorder but less severe symptoms of alcohol use disorder, ORs = 0.88–4.88. This study provides an up-to-date characterization of employment status in a nationally representative sample of U.S. military veterans with a history of PTSD. Results may inform efforts to provide sustainable employment in this segment of the population.

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Psychotherapies for Generalized Anxiety Disorder in Adults: A Systematic Review and Network Meta-Analysis of Randomized Clinical Trials.

Papola, D., Miguel, C., Mazzaglia, M., Franco, P., Tedeschi, F., Romero, S. A., Patel, A. R., Ostuzzi, G., Gastaldon, C., Karyotaki, E., Harrer, M., Purgato, M., Sijbrandij, M., Patel, V., Furukawa, T. A., Cuijpers, P., & Barbui, C.

JAMA Psychiatry
October 18, 2023

Key Points

Question

Which psychotherapies are associated with the most effective and acceptable outcomes for adults with generalized anxiety disorder?

Findings

In this systematic review and network meta-analysis of 66 studies comprising 5597 participants, cognitive behavior therapy (CBT), third-wave CBTs, and relaxation therapy outperformed treatment as usual for measures of effectiveness; after removing studies with high risk of bias, only CBT and third-wave CBTs remained superior to treatment as usual, and only CBT was associated with long-term effectiveness. Treatment as usual was not outperformed by any psychotherapy in terms of treatment acceptability.

Meaning

Considering the trade-off between effectiveness and acceptability, effectiveness in the long term, and certainty in the level of evidence, CBT should be considered a first-line choice for treatment of generalized anxiety disorder.

Abstract

Importance

Generalized anxiety disorder (GAD) is one of the most common mental disorders in adults. Psychotherapies are among the most recommended treatments for GAD, but which should be considered as first-line treatment needs to be clarified.

Objective

To use a network meta-analysis to examine the short- and long-term associations of different psychotherapies with outcomes of effectiveness and acceptability in adults with GAD.

Data Sources
MEDLINE, Embase, PsycINFO, and the Cochrane Register of Controlled Trials were searched from database inception to January 1, 2023, to identify randomized clinical trials (RCTs) of psychotherapies for adults with GAD.

Study Selection
RCTs comparing any type of psychotherapy against another or with a control condition for the treatment of adults (≥18 years, both sexes) with a primary diagnosis of GAD were eligible for inclusion. Data Extraction and Synthesis
This study followed Cochrane standards for extracting data and assessing data quality and used the PRISMA guideline for reporting. Risk of bias of individual studies was assessed using the second version of the Cochrane risk of bias tool, and the Confidence in Network Meta-Analysis was used to rate the certainty of evidence for meta-analytical results.

Main Outcomes and Measures
Eight psychotherapies were compared against one another and with 2 control conditions. Primary outcomes were severity of GAD symptoms and acceptability of the psychotherapies. Random-effects model pairwise and network meta-analyses were conducted. For effectiveness, standardized mean differences (SMDs) were pooled, and for acceptability, relative risks with 95% CIs were calculated.

Results
Data from 66 RCTs were included. Effect size estimates on data from 5597 participants (mean [SD], 70.9% [11.9%] women; mean [SD] age, 42.2 [12.5] years) suggested that third-wave cognitive behavior therapies (CBTs) (SMD, −0.78 [95% CI, −1.19 to −0.37]; certainty, moderate), CBT (SMD, −0.68 [95% CI, −1.05 to −0.32]; certainty, moderate), and relaxation therapy (SMD, −0.54 [95% CI, −1.04 to −0.05]; certainty, low) were associated with reduced GAD symptoms vs treatment as usual. Relative risks for all-cause discontinuation (indication of acceptability) signaled no differences compared with treatment as usual for all psychotherapies (eg, relative risk, 1.07 [95% CI, 0.73-1.57] for CBT vs treatment as usual). When excluding studies at high risk of bias, relaxation therapy lost its superiority over treatment as usual (SMD, −0.40; 95% CI, −1.15 to 0.34). When considering anxiety severity at 3 to 12 months after completion of the intervention, only CBT remained significantly associated with greater effectiveness than treatment as usual (SMD, −0.58; 95% CI, −0.93 to −0.23).

Conclusions and Relevance
Given the evidence in this systematic review and network meta-analysis for its

associations with both acute and long-term effectiveness, CBT may represent the first-line therapy of GAD. Third-wave CBTs and relaxation therapy were associated with short-term effectiveness and may also be offered.

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Estimated Average Treatment Effect of Psychiatric Hospitalization in Patients With Suicidal Behaviors: A Precision Treatment Analysis.

Ross, E. L., Bossarte, R. M., Dobscha, S. K., Gildea, S. M., Hwang, I., Kennedy, C. J., Liu, H., Luedtke, A., Marx, B. P., Nock, M. K., Petukhova, M. V., Sampson, N. A., Zainal, N. H., Sverdrup, E., Wager, S., & Kessler, R. C.

JAMA Psychiatry
October 18, 2023

Key Points
Question
Can development of an individualized treatment rule identify patients presenting to emergency departments/urgent care with suicidal ideation or suicide attempts who are likely to benefit from psychiatric hospitalization?

Findings
A decision analytic model found that hospitalization was associated with reduced suicide attempt risk among patients who attempted suicide in the past day but not among others with suicidality. Accounting for heterogeneity, suicide attempt risk was found to increase with hospitalization in 24% of patients and decrease in 28%.

Meaning
Results of this study suggest that implementing an individualized treatment rule could identify many additional patients who may benefit from or be harmed by hospitalization.

Abstract
Importance
Psychiatric hospitalization is the standard of care for patients presenting to an emergency department (ED) or urgent care (UC) with high suicide risk. However, the effect of hospitalization in reducing subsequent suicidal behaviors is poorly understood and likely heterogeneous.

Objectives
To estimate the association of psychiatric hospitalization with subsequent suicidal behaviors using observational data and develop a preliminary predictive analytics individualized treatment rule accounting for heterogeneity in this association across patients.

Design, Setting, and Participants
A machine learning analysis of retrospective data was conducted. All veterans presenting with suicidal ideation (SI) or suicide attempt (SA) from January 1, 2010, to December 31, 2015, were included. Data were analyzed from September 1, 2022, to March 10, 2023. Subgroups were defined by primary psychiatric diagnosis (nonaffective psychosis, bipolar disorder, major depressive disorder, and other) and suicidality (SI only, SA in past 2-7 days, and SA in past day). Models were trained in 70.0% of the training samples and tested in the remaining 30.0%.

Exposures
Psychiatric hospitalization vs nonhospitalization.

Main Outcomes and Measures
Fatal and nonfatal SAs within 12 months of ED/UC visits were identified in administrative records and the National Death Index. Baseline covariates were drawn from electronic health records and geospatial databases.

Results
Of 196 610 visits (90.3% men; median [IQR] age, 53 [41-59] years), 71.5% resulted in hospitalization. The 12-month SA risk was 11.9% with hospitalization and 12.0% with nonhospitalization (difference, −0.1%; 95% CI, −0.4% to 0.2%). In patients with SI only or SA in the past 2 to 7 days, most hospitalization was not associated with subsequent SAs. For patients with SA in the past day, hospitalization was associated with risk reductions ranging from −6.9% to −9.6% across diagnoses. Accounting for heterogeneity, hospitalization was associated with reduced risk of subsequent SAs in 28.1% of the patients and increased risk in 24.0%. An individualized treatment rule based on these associations may reduce SAs by 16.0% and hospitalizations by 13.0% compared with current rates.

Conclusions and Relevance
The findings of this study suggest that psychiatric hospitalization is associated with reduced average SA risk in the immediate aftermath of an SA but not after other recent SAs or SI only. Substantial heterogeneity exists in these associations across patients.

An individualized treatment rule accounting for this heterogeneity could both reduce SAs and avert hospitalizations.

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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.

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Early predictors of chronic posttraumatic stress disorder symptom trajectories in U.S. Army soldiers deployed to the Iraq war zone.

Jennifer J. Vasterling, Molly R. Franz, Lewina O. Lee, Anica Pless Kaiser, Susan P. Proctor, Brian P. Marx, Paula P. Schnurr, John Ko, John Concato, Mihaela Aslan

Journal of Traumatic Stress
First published: 22 August 2023

The course of posttraumatic stress disorder (PTSD) symptoms varies among veterans of war zones, but sources of variation in long-term symptom course remain poorly understood. Modeling of symptom growth trajectories facilitates the understanding of predictors of individual outcomes over time. Although growth mixture modeling (GMM) has been applied to military populations, few studies have incorporated both predeployment and follow-up measurements over an extended time. In this prospective study, 1,087 U.S. Army soldiers with varying military occupational specialties and geographic locations were assessed before and after deployment to the Iraq war zone, with long-term follow-up assessment occurring at least 5 years after return from deployment. The primary outcome variable was the PTSD Checklist–Civilian Version summary score. GMM yielded four latent profiles, characterized as primarily asymptomatic (n = 194, 17.8%); postdeployment worsening symptoms (n = 84, 7.7%); mild symptoms (n = 320, 29.4%); and preexisting, with a chronic postdeployment elevation of symptoms (n = 489, 45.0%). Regression models comparing the primarily asymptomatic class to the symptomatic classes revealed that chronic symptom classes were associated with higher degrees of stress exposure, less predeployment social support, military reservist or veteran status at the most recent assessment, and poorer

predeployment visual memory, ORs = 0.98–2.90. PTSD symptom course varies considerably over time after military deployment and is associated with potentially modifiable biopsychosocial factors that occur early in its course in addition to exposures and military status.

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https://doi.org/10.1001/jamapediatrics.2023.4218

Patterns of Social Determinants of Health and Child Mental Health, Cognition, and Physical Health.

Xiao, Y., Mann, J. J., Chow, J. C., Brown, T. T., Snowden, L. R., Yip, P. S., Tsai, A. C., Hou, Y., Pathak, J., Wang, F., & Su, C.

JAMA Pediatrics
October 16, 2023

Key Points
Question
What are the underlying patterns of the multidimensional social determinants of health (SDOH), and what are their associations with individual mental health, cognition, and physical health outcomes in children?

Findings
In this cohort study of 10 504 children, significant disparities in child developmental health outcomes were observed across 4 patterns of SODH: (1) affluence, (2) high-stigma environment, (3) high socioeconomic deprivation, and (4) high crime and drug sale rates coupled with lower education and densely populated areas. The worst mental health, cognitive performance, and physical health outcomes were found in the high socioeconomic deprivation group (pattern 3).

Meaning
The SDOH patterns analyzed in this study were able to capture and quantify the multidimensional nature of SDOH that children experience, and the finding that socioeconomic deprivation was associated with the worst outcomes should guide more targeted public health and social policies to address causes of child development disparities.

Abstract

Importance

Social determinants of health (SDOH) influence child health. However, most previous studies have used individual, small-set, or cherry-picked SDOH variables without examining unbiased computed SDOH patterns from high-dimensional SDOH factors to investigate associations with child mental health, cognition, and physical health.

Objective

To identify SDOH patterns and estimate their associations with children's mental, cognitive, and physical developmental outcomes.

Design, Setting, and Participants

This population-based cohort study included children aged 9 to 10 years at baseline and their caregivers enrolled in the Adolescent Brain Cognitive Development (ABCD) Study between 2016 and 2021. The ABCD Study includes 21 sites across 17 states.

Exposures

Eighty-four neighborhood-level, geocoded variables spanning 7 domains of SDOH, including bias, education, physical and health infrastructure, natural environment, socioeconomic status, social context, and crime and drugs, were studied. Hierarchical agglomerative clustering was used to identify SDOH patterns.

Main Outcomes and Measures

Associations of SDOH and child mental health (internalizing and externalizing behaviors) and suicidal behaviors, cognitive function (performance, reading skills), and physical health (body mass index, exercise, sleep disorder) were estimated using mixed-effects linear and logistic regression models.

Results

Among 10 504 children (baseline median [SD] age, 9.9 [0.6] years; 5510 boys [52.5%] and 4994 girls [47.5%]; 229 Asian [2.2%], 1468 Black [14.0%], 2128 Hispanic [20.3%], 5565 White [53.0%], and 1108 multiracial [10.5%]), 4 SDOH patterns were identified: pattern 1, affluence (4078 children [38.8%]); pattern 2, high-stigma environment (2661 children [25.3%]); pattern 3, high socioeconomic deprivation (2653 children [25.3%]); and pattern 4, high crime and drug sales, low education, and high population density (1112 children [10.6%]). The SDOH patterns were distinctly associated with child health outcomes. Children exposed to socioeconomic deprivation (SDOH pattern 3) showed the worst health profiles, manifesting more internalizing ($\beta = 0.75$; 95% CI, 0.14-1.37) and externalizing ($\beta = 1.43$; 95% CI, 0.83-2.02) mental health problems, lower cognitive performance, and adverse physical health.

Conclusions
This study shows that an unbiased quantitative analysis of multidimensional SDOH can permit the determination of how SDOH patterns are associated with child developmental outcomes. Children exposed to socioeconomic deprivation showed the worst outcomes relative to other SDOH categories. These findings suggest the need to determine whether improvement in socioeconomic conditions can enhance child developmental outcomes.

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Trends in Traumatic Brain Injury Among U.S. Service Members Deployed in Iraq and Afghanistan, 2002-2016.

Le, T. D., Gurney, J. M., Singh, K. P., Nessen, S. C., Schneider, A. L. C., Agimi, Y., Bebarta, V. S., Herson, P. S., Stout, K. C., Cardin, S., Crowder, A. T., Ling, G. S. F., Stackle, M. E., & Pusateri, A. E.

American Journal of Preventive Medicine
2023 Aug; 65(2): 230-238

Introduction:
Traumatic brain injury (TBI) is a major health issue for service members deployed and is more common in recent conflicts; however, a thorough understanding of risk factors and trends is not well described. This study aims to characterize the epidemiology of TBI in U.S. service members and the potential impacts of changes in policy, care, equipment, and tactics over the 15 years studied.

Methods:
Retrospective analysis of U.S. Department of Defense Trauma Registry data (2002-2016) was performed on service members treated for TBI at Role 3 medical treatment facilities in Iraq and Afghanistan. Risk factors and trends in TBI were examined in 2021 using Joinpoint regression and logistic regression.

Results:
Nearly one third of 29,735 injured service members (32.4%) reaching Role 3 medical treatment facilities had TBI. The majority sustained mild (75.8%), followed by moderate (11.6%) and severe (10.6%) TBI. TBI proportion was higher in males than in females

(32.6% vs 25.3%; p<0.001), in Afghanistan than in Iraq (43.8% vs 25.5%; p<0.001), and in battle than in nonbattle (38.6% vs 21.9%; p<0.001). Patients with moderate or severe TBI were more likely to have polytrauma (p<0.001). TBI proportion increased over time, primarily in mild TBI (p=0.02), slightly in moderate TBI (p=0.04), and most rapidly between 2005 and 2011, with a 2.48% annual increase.

Conclusions:
One third of injured service members at Role 3 medical treatment facilities experienced TBI. Findings suggest that additional preventive measures may decrease TBI frequency and severity. Clinical guidelines for field management of mild TBI may reduce the burden on evacuation and hospital systems. Additional capabilities may be needed for military field hospitals.

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https://doi.org/10.1007/s10803-022-05704-x

Impact of Respite Care Services Availability on Stress, Anxiety and Depression in Military Parents who have a Child on the Autism Spectrum.

Christi, R. A., Roy, D., Heung, R., & Flake, E.

Journal of Autism and Developmental Disorders
2023 Nov; 53(11): 4336-4350

Objective:
Parenting an autistic child can affect a family's well-being. Finding resources is critical. This pilot study looked at respite's impact on parental stress, anxiety, and depression in military families and demographic factors associated with presence of respite care.

Method:
Participants completed three surveys on anonymous basis, including two standardized surveys measuring parental stress and anxiety/depression. Data analysis used Chi-square test and regression analysis.

Results:
Parents receiving respite reported less stress and anxiety/depression. Respite utilization was associated with absence of comorbid conditions in child and other variables. Predictor variables for parental stress and anxiety/depression included presence of comorbid conditions in child.

Conclusion:
Respite care may be linked to lower parental stress, anxiety, and depression, but more study is needed.

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https://doi.org/10.1136/bmjmilitary-2021-001801

Physical sleeping environment is related to insomnia risk and measures of readiness in US army special operations soldiers.

Mantua, J., Ritland, B. M., Naylor, J. A., Simonelli, G., Mickelson, C. A., Choynowski, J. J., Bessey, A. F., Sowden, W. J., Burke, T. M., & McKeon, A. B.

BMJ Military Health
2023 Aug; 169(4): 316-320

Background:
US military service members have characteristically poor sleep, even when 'in garrison' or at one's home base. The physical sleeping environment, which is often poor in military-provided housing or barracks, may contribute to poor sleep quality in soldiers. The current study aimed to assess whether the sleeping environment in garrison is related to sleep quality, insomnia risk and military readiness.

Methods:
Seventy-four US army special operations soldiers participated in a cross-sectional study. Soldiers were queried on their sleeping surface comfort and the frequency of being awakened at night by excess light, abnormal temperatures and noise. Subjective sleep quality and insomnia symptoms were also queried, via the Pittsburgh Sleep Quality Index and Insomnia Severity Index, respectively. Lastly, measures of soldier readiness, including morale, motivation, fatigue, mood and bodily pain, were assessed.

Results:
Soldiers reporting temperature-related and light-related awakenings had poorer sleep quality higher fatigue and higher bodily pain than soldiers without those disturbances. Lower ratings of sleeping surface comfort were associated with poorer sleep quality and lower motivation, lower morale, higher fatigue and higher bodily pain. Each 1-point increase in sleeping surface comfort decreased the risk for a positive insomnia screen by 38.3%, and the presence of temperature-related awakenings increased risk for a

positive insomnia screen by 78.4%. Those living on base had a poorer sleeping environment than those living off base.

Conclusion:
Optimising the sleep environment-particularly in on-base, military-provided housing-may improve soldier sleep quality, and readiness metrics. Providers treating insomnia in soldiers should rule out environment-related sleep disturbances prior to beginning more resource-intensive treatment.

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https://doi.org/10.1093/qjmed/hcad240

The uncounted casualties of war: suicide in combat veterans.

Leo Sher, MD

QJM: An International Journal of Medicine
Published: 17 October 2023

Military conflicts are ubiquitous. There are a lot of combat veterans around the world. Suicidality in combat veterans is a large and important issue. In this article, the author discusses some aspects of this issue. The combat environment is characterized by violence, physical strains, separation from loved ones, and other hardships. Combat deployment may lead to multiple emotional, cognitive, psychosomatic symptoms, suicidal ideation and behavior. Pre-deployment, deployment and post-deployment adversities may increase suicide risk in combat veterans. The act of killing in combat is a stressor which may raise suicide risk. Combat-related injuries are associated with increased suicide risk. Post-deployment difficulties of reintegrating into civilian life may lead to depression and suicidality. Studies suggest that suicidal behavior in combat veterans may have a neurobiological basis. Prevention of suicide among combat veterans should include pre-deployment screening to exclude individuals with psychiatric disorders; psychological support and prevention of harassment and/or abuse during deployment; psychosocial support after deployment; diagnosing and treating psychiatric and medical disorders including neurological disorders; frequent suicide screening; education of mental and non-mental health clinicians, war veterans, their families and friends regarding signs/symptoms of suicidality; and restriction of access to lethal means. We need to study the specific psychobiology of combat veterans to understand how to develop effective suicide prevention interventions for this population.

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https://doi.org/10.1016/j.psychres.2023.115321

The association between lifetime trauma exposure typologies and mental health outcomes among veterans.

Rossi, F. S., Nillni, Y., Fox, A. B., & Galovski, T. E.

Psychiatry Research
Volume 326, August 2023, 115321

We know little about veterans' lifetime trauma exposure patterns and how such patterns are associated with mental health outcomes. This study sought to identify lifetime trauma exposure typologies among veterans and examine associations between these typologies and mental health outcomes. It used baseline data from a national longitudinal mail-based survey of 3,544 veterans and oversampled for women (51.6%) and veterans living in high crime areas (67.6%). Most veterans (94.2%) reported trauma exposure, and 80.1% reported exposure to two or more traumas. Prevalence of mental health outcomes was: 27.7% anxiety, 31.3% depression, 37.9% posttraumatic stress disorder, 44.4% alcohol use disorder, 10.4% suicide attempt, and 33.5% mental health comorbidity. Latent class analysis was used to identify patterns of lifetime trauma exposure and logistic regression was used to examine the odds of mental health outcomes as a function of class membership. Five lifetime trauma exposure typologies emerged: (1) low trauma; (2) high combat and community violence; (3) intimate partner violence trauma; (4) high global physical assault; and (5) high trauma. Classes showed differential associations with mental health outcomes. Findings have implications for clinical practice including informing providers' mental health treatment plans to correspond to each veteran's trauma exposure typology.

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https://doi.org/10.1016/j.tjnut.2023.08.023

The Medical Burden of Obesity and Overweight in the US Military: Association of BMI with Clinically Diagnosed Medical Conditions in United States Military Service Members.

Joseph J. Knapik, Emily K. Farina, Ryan A. Steelman, Daniel W. Trone, Harris R. Lieberman

The Journal of Nutrition
Volume 153, Issue 10, October 2023, Pages 2951-2967

Background
A high BMI is associated with various medical conditions, notably type 2 diabetes, cardiovascular disease, and mental health disorders. In the US military, BMI increased linearly between 1975 and 2015.

Objective
This cross-sectional study investigated the associations between BMI and a comprehensive range of clinically diagnosed medical conditions (CDMCs) in US military service members (SMs).

Methods
A stratified random sample of SMs (n=26,177) completed an online questionnaire reporting their height, weight, and demographic/lifestyle characteristics. Medical conditions for 6 mo before questionnaire completion were obtained from a comprehensive military electronic medical surveillance system and grouped into 39 CDMCs covering both broad (largely systemic) and specific medical conditions. BMI was calculated as weight/height2 (kg/m2). The prevalence of CDMCs was compared among normal weight (<25.0 kg/m2), overweight (25.0–29.9 kg/m2), and obese (≥30 kg/m2) SMs.

Results
After multivariable adjustment for demographic/lifestyle characteristics, higher BMI was associated with higher odds of a diagnosed medical condition in 30 of 39 CDMCs, with all 30 displaying dose–response relationships. The 5 major CDMCs with the largest odds ratios comparing obese to normal weight were endocrine/nutritional/metabolic diseases (OR=2.67, 95%CI=2.24–3.15), nervous system diseases (odds ratio [OR]=2.59, 95%CI=2.32–2.90), circulatory system diseases (OR=2.56, 95%CI=2.15–3.06), musculoskeletal system diseases (OR=1.92, 95%CI=1.76–2.09), and mental/behavioral disorders (OR=1.69, 95%CI=1.51–1.90). Compared with normal weight SMs, overweight or obese SMs had a higher number of CDMCs (1.8±1.9 vs. 2.0±2.0 and 2.5±2.3, mean ± standard deviation, respectively, P<0.01).

Conclusions
In a young, physically active population, higher BMI was associated with a host of medical conditions, even after adjustment for demographic/lifestyle characteristics. The US Department of Defense should improve nutrition education and modify other factors

that contribute to overweight and obesity. This study demonstrates that the medical burden of obesity is substantial in overweight and obese SMs.

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https://www.uptodate.com/contents/posttraumatic-stress-disorder-in-adults-epidemiology-pathophysiology-clinical-features-assessment-and-diagnosis

Posttraumatic stress disorder in adults: Epidemiology, pathophysiology, clinical features, assessment, and diagnosis.

AUTHOR: Jitender Sareen, MD, FRCPC
SECTION EDITOR: Murray B Stein, MD, MPH
DEPUTY EDITOR:Michael Friedman, MD

UpToDate
Literature review current through: Sep 2023

Posttraumatic stress disorder (PTSD) has been described as "the complex somatic, cognitive, affective, and behavioral effects of psychological trauma" [1]. PTSD is characterized by intrusive thoughts, nightmares and flashbacks of past traumatic events, avoidance of reminders of trauma, hypervigilance, and sleep disturbance, all of which lead to considerable social, occupational, and interpersonal dysfunction.

The diagnosis of PTSD can be challenging because of the heterogeneity of the presentation and resistance on the part of the patient to discuss past trauma. Another complicating factor is that traumatic events are associated with a range of other psychopathology including depression and anxiety disorders. Patients exposed to multiple traumatic events may be mistakenly diagnosed with PTSD rather than another primary disorder.

The epidemiology, pathophysiology, clinical manifestations, course, and diagnosis of PTSD are discussed here. Our approach to treating PTSD in adults is also described separately. Pharmacotherapy and psychotherapy of PTSD are reviewed separately. The epidemiology, pathophysiology, clinical manifestations, diagnosis, and treatment of acute stress disorder are also reviewed separately.

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https://doi.org/10.1089/jwh.2023.0078

Psychosocial and Economic Impacts of the COVID-19 Pandemic on the Mental Health of Veteran Men and Women.

Annie B. Fox, Allison L. Baier, Elizabeth Alpert, Yael I. Nillni, and Tara E. Galovski

Journal of Women's Health
Oct 2023; 1041-1051

Purpose:
The psychosocial impacts of the coronavirus disease-2019 (COVID-19) pandemic on women Veterans' mental health compared to men are understudied, with few studies examining the differential impact of COVID-19 stressors on depression and post-traumatic stress disorder (PTSD). Furthermore, little is known about whether social support may buffer against adverse pandemic-related outcomes for this population. In the present study, we examined (1) gender differences in the impact of the COVID-19 pandemic on numerous life domains, including economic, work, home, social, and health; (2) how pandemic impacts in these domains were associated with depression and PTSD symptoms; and (3) whether social support buffered against worse mental health outcomes.

Materials and Methods:
Data from 1530 Veterans enrolled in the Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study were analyzed using descriptive statistics and multiple groups' path analyses.

Results:
Women reported higher pandemic impact scores across life domains. For both men and women, higher health impacts were associated with increased PTSD symptoms; differential findings emerged for depressive symptoms. Home and economic impacts were associated with increased depression for both men and women, social and health impacts were associated with depression for women, and work impacts were associated with depression for men. Higher social support was associated with decreased depressive symptoms for both men and women; however, social support moderated the relationship between pandemic impacts and both PTSD and depressive symptoms for women only.

Conclusions:
Findings highlight the value of social support in mitigating effects of pandemic-related stress, particularly for women Veterans.

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https://doi.org/10.1016/j.ejtd.2023.100343

Factors associated with exposure to potentially morally injurious events (PMIEs) and moral injury in a clinical sample of veterans.

N Biscoe, A Bonson, A Nickerson, D Murphy

European Journal of Trauma & Dissociation
Volume 7, Issue 3, September 2023, 100343

Introduction
Moral injury is not inevitable following exposure to a potentially morally injurious event (PMIE). Since moral injury is associated with poor mental health outcomes, it is clinically important to understand when moral injury develops following PMIE exposure and when it does not. The current study explores associations between both PMIE exposure and moral injury with a range of mental health and functioning outcomes to explore possible differences in comorbidities between those who do, and those who do not go on to develop moral injury following PMIE exposure.

Methods
A total of 428 treatment-seeking veterans from a national charity (Mage = 50.4, SDage = 10.9) completed an online questionnaire which included the Moral Injury Outcome Scale to assess PMIE exposure and moral injury symptoms, and measures of other mental health outcomes.

Results
Independent t-tests revealed significant differences between mean scores on measures of common mental health difficulties (CMD, anxiety and depression), physical health problems, loneliness and complex PTSD between veterans who had experienced a PMIE and veterans who had not. The presence of caseness for CMD, physical health difficulties, anger difficulties, PTSD and CPTSD were significantly associated with moral injury, and trust and shame subscales of the MIOS.

Discussion
These findings build on previous theory and research indicating a distinction between exposure to PMIEs and moral injury. These distinctions suggest potential risk factors for developing moral injury following a PMIE and highlight the possible relevance of poor psychosocial functioning in the development of moral injury. Longitudinal research is needed to explore the observed associations further.

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https://doi.org/10.1093/milmed/usad351

Behavioral Health Integrated Support Network (BHISN).

Steven M Cain, PA-C, MPAS, Sara Bennetts, LCSW, Gage Riddoch, PsyD, Damon Pratt, LCSW, MAC, Audra Stock, LPC, MAC, Veronica Isidron, LCSW, Maria Lopez, LCSW, Matthew Orchowsky, AA

Military Medicine
Published: 21 September 2023

Introduction
This article reviews process and performance of an innovative effort leveraging virtual health to manage unmet demand for behavioral health and substance use disorder services across a large military region. This effort began in June 2022 and included nearly all of the Defense Health Agency Region—Europe's military behavioral health and substance abuse clinics participating. The two goals of improving access to behavioral health and substance use services for active duty service members and improving utilization of the military clinics were employed. Operational and remote locations with known care gaps could access services as well. Connecting services to the point of need is an established strength of virtual health delivery systems of care.

Materials and Methods
A team consisting of clinical leaders and Virtual Medical Center—Europe staff developed a centralized screening process and simple business rules. When a clinic was unable to meet its access-to-care standard of 28 days, the patient requesting or referral from a remote location, was offered a virtual video option with a provider from another clinic with availability. Centralized screening was created and staffed by three technicians. The Behavioral Health Integrated Support Network (BHISN) screening clinic assessed appropriateness of virtual care using established exclusion criteria. Once screened, the patient was scheduled for an appointment with one of the 31

therapists in 14 participating clinics in a 3- to 5-day window. The military health system's video connect platform was used.

Results
Between June 2022 and November 2023, 131 patients who were unable to find routine care in their home clinic were screened, scheduled, and completed a virtual visit with one of the 31 participating therapists from 14 behavioral health and substance use clinics. Seventy-eight (59%) participants were active duty empaneled to military treatment facilities in Europe and 53 (39%) were active duty enrolled in Tricare Prime Remote and deployed to remote locations with limited care. Forty-four percent of patients were recommended for continued virtual therapy or counseling kept their first follow-up demonstrating good follow-up care using a virtual option. The overall no-show rate was low at 7%. Care and consultation were successfully delivered using video visits to location in 18 countries in three geographic Europe, the Middle East and, Africa.

Conclusion
The Virtual Medical Center—Europe, Army Europe Behavioral Health, and Substance Use leadership work collaboratively to plan and optimize program performance. For BHISN to function as intended requires key dedicated support staff, such as mental health and social services assistants to screen and coordinate virtual care. Scheduling can be performed by a central cell requiring clinics to relinquish some local control in the interest of meeting patient demand in large and diverse area that covers three continents. BHISN shows promising initial success by providing a process of managing demand and connecting requests for behavioral health and substance use care leveraging capacity from all clinics using a virtual video service in a diverse operating environment.

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https://doi.org/10.1177/0095327X231197992

Military-Connected Children With Special Health Care Needs and Their Families: A Literature Review.

Hill, A. "Toni", & Blue-Banning, M.

Armed Forces & Society
First published online September 22, 2023

Since 2001, armed conflicts have required extraordinary sacrifices by U.S. military service members and their families. Literature on the impact of the military lifestyle between 2001 and 2021 suggests frequent relocation and deployment have consequences for children. Limited research on the subpopulation of children and youth with special health care needs contains evidence these military families face complex issues, amplifying stressors of military life. The results of this review identified challenges in continuity of care in education, health care, and family support resulting from frequent relocations, plus notable gaps in research. These findings are important because of their potential impact on military readiness, recruitment, and retention. This review appears to be the only peer-reviewed systematic literature review on military-connected children with special health care needs and their families.

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https://doi.org/10.1177/09697330231189033

A scoping review of the moral distress of military nurses in crisis military deployment.

Chen J, Li F, Hu X, Yang P, He Y

Nursing Ethics
First published online August 25, 2023

Background
“Crisis military deployment” was defined as a situation in which military personnel are suddenly ordered to duty to support an operation away from their home station and in a potentially dangerous environment. As a result of complex changes in the global political and economic landscape, military nurses are assuming an increasing number of crisis military deployment tasks. Moral distress has been widely studied among civilian nurses. However, little is known about the moral distress military nurses experience during military deployments in crisis.

Aim
This review discussed the current state of research on the phenomenon, unique factors, specific sources, and measurement tools.

Methods
The scope of the study was defined using a framework developed by Arksey and O’Malley. Following English databases were searched: PubMed, CINAHL, Cochrane

Library, Web of Science, and Embase, using MeSH terms and free word combinations; furthermore, Chinese databases: CNKI and CBMDisc, were explored using thematic terms from inception until January 20, 2023. Data were selected and defined by the inclusion and exclusion criteria and independently screened by two researchers.

Ethical considerations
The scoping review adhered to sound scientific practice and respected authorship and reference sources.

Results
Finally, 21 articles were included in the review. The moral distress of military nurses in crisis military deployments had unique and specific sources and reported positive aspects. The deployment environment and nature of the mission, responsibilities and obligations of military nurses, and the limited rights of patients were unique factors. Specific sources included third-party intervention, military triage, resource allocation, futile care, care of the enemy, and return to the battlefield. Military nurses in deployment reported positive aspects. They grow in their inner strength, build deep friendships and gain a greater sense of professional value.

Conclusion
It is important to understand the unique factors and specific sources of moral distress faced by military nurses in crisis military deployments and to identify the positive aspects. This research will help prepare military nurses for future deployments in advance by providing useful information to mitigate and eliminate moral distress.

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https://doi.org/10.1037/ser0000792

Moral injury in post-9/11 combat-experienced military veterans: A qualitative thematic analysis.

Kalmbach, K. C., Basinger, E. D., Bayles, B., Schmitt, R., Nunez, V., Moore, B. A., & Tedeschi, R. G.

Psychological Services
Advance online publication

War zone exposure is associated with enduring negative mental health effects and poorer responses to treatment, in part because this type of trauma can entail crises of

conscience or moral injury. Although a great deal of attention has been paid to posttraumatic stress disorder and fear-based physiological aspects of trauma and suffering, comparatively less attention has been given to the morally injurious dimension of trauma. Robust themes of moral injury were identified in interviews with 26 post-9/11 military veterans. Thematic analysis identified 12 themes that were subsumed under four categories reflecting changes, shifts, or ruptures in worldview, meaning making, identity, and relationships. Moral injury is a unique and challenging clinical construct with impacts on the individual as well as at every level of the social ecological system. Recommendations are offered for addressing moral injury in a military population; implications for community public health are noted.

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https://doi.org/10.1093/sleep/zsad214

Clinical nightmare frequency and its association with reduced physical health during military operations.

Remington Mallett, Jason T Jameson, Ken A Paller, Rachel R Markwald, Dale W Russell

Sleep
Published: 26 August 2023

Recurrent nightmares affect up to 8% of the general population and over 50% of those with a post-traumatic stress disorder (PTSD) diagnosis [1]. Despite known associations between nightmares and negative mental health outcomes [2], little is known concerning how nightmares relate to physical health outcomes. Disruptions to sleep micro- and macro-architecture in frequent nightmare recallers [3] would suggest that they also exhibit reduced physical health, yet prior findings on this topic are mixed. Self-reported survey studies observed negligible relationships between nightmare frequency and physical activity [4]. More research is needed to better understand the contribution of nightmares to physical health, especially in at-risk populations. One such population—military personnel—exhibits a high nightmare prevalence that is associated with PTSD outcomes [5]. Military personnel strives to maintain optimal human performance levels under demanding occupational and environmental conditions, and a recent survey of US reserve personnel found frequent physical health complaints from those who experienced nightmares and insomnia [6]. To better understand the relevant issues, the current study draws from multiple diverse data sources to investigate the link between

nightmares and health outcomes through a prospective longitudinal analysis of US Navy personnel before and during at-sea operational training.

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https://doi.org/10.1016/j.jad.2023.08.112

Childhood maltreatment and suicide risk: The mediating role of self-compassion, mentalization, depression.

Manxia Huang, Jinbo Hou

Journal of Affective Disorders
Volume 341, 15 November 2023, Pages 52-61

Background
Childhood maltreatment (CM) is a well-established risk factor for depression and increased suicide risk. This study aimed to investigate the distinctive mechanisms of individual types of CM on young adult suicide risk, by exploring the potential mediating role of mentalization, self-compassion, and depression.

Methods
A total of 4873 adults completed a survey screening for experiences of CM, self-compassion, mentalization, depression, and suicide risk.

Results
The path analysis revealed significant direct effects of mentalization, self-compassion, and depression on suicide risk. Moreover, mentalization, self-compassion, and depression mediated the relationship between emotional abuse/neglect and suicide risk, whereas physical neglect contributed to suicide risk only through mentalization and depression. Furthermore, sexual abuse had a significant direct effect on suicide risk, whereas physical abuse did not show any direct or indirect effects.

Limitations
The cross-sectional design of the study limits its ability to establish causality, and the risk of recall bias in reporting physical or sexual abuse cannot be ignored.

Conclusions
This study represents the first identification of disturbances in self-compassion, mentalization, and depression that mediate the relationship between various types of

CM and suicide risk in young adults. Our findings suggest substantive differences in the impact of emotional CM compared to other forms of CM. Enhancing self-compassion and mentalization abilities could be valuable intervention strategies for individuals with a history of emotional CM. Addressing factors that hinder the recall of relevant subjective experiences of physical and sexual abuse is also critical.

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https://doi.org/10.1016/j.addbeh.2023.107840

Comorbid psychiatric diagnoses and gaming preferences in US armed forces veterans receiving inpatient treatment for gambling disorder.

JB Grubbs, H Chapman, LA Milner, CG Floyd, SW Kraus

Addictive Behaviors
Volume 147, December 2023, 107840

Armed Forces Veterans are uniquely vulnerable to problem gambling and gambling disorder. Even so, research regarding the full clinical profile of veterans with gambling problems lags. Gambling activities vary widely from each other, but most gambling activities can be understood as either strategic (i.e., involving some measure of skill and decision-making as a part of the gambling practice) or non-strategic (i.e., gambling activities that are entirely based on chance). Prior works have found that gamblers that prefer strategic gambling activities and those that prefer nonstrategic gambling activities often differ from each other in key ways, with the two preferences being linked to varying motivations for gambling, varying cognitions about gambling, and the course of gambling disorder. The present work sought to examine how preferences for strategic vs. nonstrategic gambling might be related to psychiatric comorbidities among U.S. Armed Forces Veterans receiving inpatient treatment for Gambling Disorder. Data from U.S. Armed Forces Veterans (N = 401) receiving residential treatment for GD between the years of 2010–2016 were analyzed. Results demonstrated that gamblers that preferred strategic gambling, as opposed to non-strategic gambling, were more likely to be younger, more likely to be men, less likely to have a nicotine use disorder, and less likely to have PTSD. Such findings suggest that gamblers with PTSD are likely to prefer nonstrategic games and may imply a unique vulnerability to gambling problems related to non-strategic gambling among armed forces veterans.

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https://doi.org/10.3389/fpsyg.2023.1249543

Aerobic exercise improves sleep in U. S. active duty service members following brief treatment for posttraumatic stress disorder symptoms.

Young-McCaughan, S., Straud, C. L., Bumstead, S., Pruiksma, K. E., Taylor, D. J., Jacoby, V. M., Yarvis, J. S., & Peterson, A. L.

Frontiers in Psychology
15 September 2023

Introduction:
Physical exercise is a lifestyle intervention that can positively impact aspects of physical and psychological health. There is a growing body of evidence suggesting that physical exercise, sleep, and PTSD are interrelated. This study investigated possible relationships. Three research questions were posed: (1) Did randomization to an aerobic exercise intervention reduce insomnia more than being randomized to an intervention without exercise, (2) Did change in sleep predict change in PTSD symptoms, and (3) Did change in sleep impact the relationship between exercise and PTSD symptom reductions?

Methods:
Data were collected from 69 treatment-seeking active duty service members with PTSD symptoms randomized into one of four conditions; two conditions included aerobic exercise, and two conditions did not include exercise. Participants in the exercise groups exercised five times per week keeping their heart rate > 60% of their heart rate reserve for 20–25 min.

Results:
At baseline, 58% of participants reported moderate or severe insomnia. PTSD symptom severity decreased following treatment for all groups ($p < 0.001$). Participants randomized to exercise reported greater reductions in insomnia compared to those in the no exercise group ($p = 0.47$). However, change in insomnia did not predict change in PTSD symptoms nor did it significantly impact the relationship between exercise and PTSD symptom reductions.

Discussion:
Adding exercise to evidence-based treatments for PTSD could reduce sleep disturbance, a characteristic of PTSD not directly addressed with behavioral therapies.

A better understanding of exercise as a lifestyle intervention that can reduce PTSD symptoms and insomnia is warranted.

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Links of Interest:

Clinician's Trauma Update Online (CTU-Online) - October 2023 (VA)
October 2023 Issue: Vol. 17(5)

Military transition classes improving, but attendance still lags
https://www.militarytimes.com/education-transition/2023/10/18/military-transition-classes-improving-but-attendence-still-lags/

Can poetry prevent veteran suicide? (Opinion)
https://www.militarytimes.com/opinion/2023/10/18/can-poetry-prevent-veteran-suicide/

Sailor suicides spark effort to change Navy's mental health culture: 'God forbid more families have to go through this.'
https://www.pilotonline.com/2023/10/19/navy-sailor-suicides-prevention-stigma-norfolk/

US military has more work to do integrating women, report finds
https://www.militarytimes.com/news/your-military/2023/10/20/us-military-has-more-work-to-do-integrating-women-report-finds/

- Women, Peace, and Security in Action: Including Gender Perspectives in Department of Defense Operations, Activities, and Investments

Troops Weigh Leaving Service Over Lack of Care for Kids With Autism Under Tricare
https://thewarhorse.org/us-military-kids-with-autism-lack-treatment-under-tricare/

Will Mental Health Services Affect My Security Clearance? (video)
https://health.mil/News/Gallery/Dvids-Videos/2023/08/23/video893754

Resource of the Week: [MilLife Guide: Adoption and Foster Care]

From Military OneSource:

Adoption and Foster Care

IN THIS MILLIFE GUIDE

Overview
Adoption
Foster care
Benefits enrollment information for new family members
Parenting support
Resources, benefits and Military OneSource services

THIS MILLIFE GUIDE IS FOR

Parent, Service Member, Spouse

Overview

Adoption and foster care can be great ways to start and grow your military family, but there are some aspects to both adoption and fostering that are unique to military life. Whether you're just starting to think about adoption and foster care or have completed the process and have questions, you can depend on Military OneSource for both the guidance and information you need to make the process go more smoothly and for ongoing support of your new family.

Adoption

Military families have six adoption options, including agency adoption, independent adoption, identified adoption (a blend of agency and independent adoption), open adoption (where there is communication between adoptive parents, the birth parents and the child,) intercountry adoption and foster care adoption. You'll want to know the ins and outs of each option so you can think carefully about what kind of support you'll need in the process.

- TRICARE information on adopting a child
- DEERS Enrollment and ID Card Issuance
- Special Needs — Benefits

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