

CDP



Research Update -- January 2, 2025

What's Here:

- Efficacy of metacognitive interventions for psychiatric disorders: a systematic review and meta-analysis.
- Factors influencing postdeployment reintegration adjustment for U.S. service members and their spouses by spouse gender.
- Discrepancies in perceptions of PTSD symptoms among veteran couples: Links to poorer relationship and individual functioning.
- Daily Step Count and Depression in Adults: A Systematic Review and Meta-Analysis.
- Perceptions of Women in U.S. Army Combat Units: A Mixed-Methods Study Post-Gender Integration.
- Tobacco and cannabis co-use by sexual minority adults in the United States, 2022.
- Widening Racial Disparities in the US Overdose Epidemic.
- Relationships between resilience, perceived social support, and mental health in military personnel: a cross-lagged analysis.
- Mental health profiles of depressive symptoms and personal well-being among active-duty military families.
- "It's Traumatic for All of Us": A Qualitative Analysis of Providers Caring for Seriously Ill Veterans With Surgical Conditions.

- Moral injury appraisals and PTSD symptoms in treatment-seeking refugees: a latent profile analysis.
- Exploring the association between moral injury and posttraumatic stress symptoms among Canadian public safety personnel.
- Interest of neurofeedback training for cognitive performance and risk of brain disorders in the military context.
- Emotion, attention and stress regulation as markers of resilience in male and female Israeli soldiers during the Israel-Hamas war.
- Eating- and Weight-Related Disorders in the Armed Forces.
- The impact of childhood abuse on future military sexual assault and PTSD symptomology in Australian veterans.
- Links of Interest
- Resource of the Week: 2024 National Veteran Suicide Prevention Annual Report (U.S. Department of Veterans Affairs, Office of Suicide Prevention)

<https://doi.org/10.1080/16506073.2024.2434920>

Efficacy of metacognitive interventions for psychiatric disorders: a systematic review and meta-analysis.

Andersson, E., Aspvall, K., Schettini, G., Kraepelien, M., Särholm, J., Wergeland, G. J., & Öst, L. G.

Cognitive Behaviour Therapy
Published online: 18 Dec 2024

Metacognitive interventions have received increasing interest the last decade and there is a need to synthesize the evidence of these type of interventions. The current study is an updated systematic review and meta-analysis where we investigated the efficacy of metacognitive interventions for adults with psychiatric disorders. We included randomized controlled trials that investigated either metacognitive therapy (MCT; developed by Wells) or metacognitive training (MCTraining; developed by Moritz). Ovid MEDLINE, Embase OVID, and PsycINFO were searched for articles published until May 2024. The final analyses included 21 MCT- and 28 MCTraining studies (in total

3239 individuals). Results showed that MCT was more efficacious than both waiting-list control conditions ($g = 1.84$) as well as other forms of cognitive behavior therapies ($g = 0.43$). MCTraining was superior to treatment as usual ($g = 0.45$), other psychological treatments ($g = 0.46$) and placebo conditions ($g = 0.15$). Many of the included studies lacked data on blinding procedures, reporting of inter-rater reliability, treatment adherence, competence, treatment expectancy and pre-registration procedures. We conclude that both MCT and MCTraining are probably efficacious treatments but that future studies need to incorporate more quality aspects in their trial designs.

<https://doi.org/10.1080/08995605.2024.2394725>

Factors influencing postdeployment reintegration adjustment for U.S. service members and their spouses by spouse gender.

Hare, A., Boyer, N., Wakar, B., Scanlon, J., Montgomery, S., Sparks, A. C., Pflieger, J., & Stander, V.

Military Psychology

Published online: 10 Oct 2024

Research on spouses' adjustment after military deployment has focused primarily on female spouses of male service members; little is known about how adjustment differs by gender. We used Walsh's family resilience framework to examine communication, belief system, organizational factors, and other stressors, likely associated with postdeployment adjustment. Using Millennium Cohort Family Study data, logistic regressions assessed risk and protective factors on spouses' and service members' time to adjust, exploring whether spouse gender moderated their associations. Findings indicated that the association of (1) spouses' perceptions of their own mental functioning with spouses' and service members' adjustment and (2) spouses' mental readiness for deployment with service members' adjustment both differed by spouse gender, with associations attenuated for male spouses and their service member partners. Other factors associated with family adjustment included the spouse's satisfaction with communication, the extent to which the service member shared deployment experiences, the extent to which the spouse was bothered by deployment experiences, the spouse's participation in postdeployment transition programs, the spouse's informal support during deployment, and length of deployment. Results indicated shared and gender-specific risk and protective factors associated with spouse and service member adjustment, demonstrating the importance of tailored military

family support programs addressing the needs of different populations of military spouses.

<https://doi.org/10.1111/famp.13041>

Discrepancies in perceptions of PTSD symptoms among veteran couples: Links to poorer relationship and individual functioning.

Grubbs, K. M., Knopp, K. C., Khalifian, C. E., Wrape, E. R., Mackintosh, M. A., Sohn, M. J., Macdonald, A., & Morland, L. A.

Family Process

First published: 01 October 2024

Veteran and intimate partner perceptions of posttraumatic stress disorder (PTSD) may differ, and little is known about how agreement or disagreement on symptom severity is related to relationship satisfaction. Veterans and their partners (N = 199 couples) completed a baseline assessment for a clinical trial evaluating two couple-based PTSD interventions. Veterans completed the PTSD Checklist for DSM-5 (PCL-5). Partners completed the collateral PCL-5 (PCL-5-C), which asked them to rate the severity of the veteran's PTSD symptoms. Both partner and veteran completed the Couples Satisfaction Index (CSI-32). Intraclass correlations (ICC) assessed agreement between PCL-5 and PCL-5-C total and subscale scores, which was low for total PCL and for all subscales (ICC = 0.15–0.46). Actor-Partner Interdependence Models (APIMs; actor-only pattern) tested associations between relationship satisfaction and PTSD symptom severity (total PCL and subscales), and the magnitude and direction of difference between PCL-5 and PCL-5-C (total and subscales). For veterans, more severe total PTSD and negative cognition/mood scores were associated with lower relationship satisfaction, and the direction of discrepancy for negative cognition/mood (i.e., higher veteran-rated PTSD symptoms relative to partner's collateral report) was also associated with lower satisfaction. For partners, more severe collateral-reported symptoms for total PTSD and all four subscales were associated with lower relationship satisfaction; further, a larger discrepancy between veterans' and partners' reports of total PTSD, negative cognition/mood, and hyperarousal were associated with lower satisfaction. These results suggest that partners may have different perceptions of PTSD symptoms, and support the potential of fostering a shared understanding of PTSD symptom severity in couples.

<https://doi.org/10.1001/jamanetworkopen.2024.51208>

Daily Step Count and Depression in Adults: A Systematic Review and Meta-Analysis.

Bizzozero-Peroni, B., Díaz-Goñi, V., Jiménez-López, E., Rodríguez-Gutiérrez, E., Sequí-Domínguez, I., Núñez de Arenas-Arroyo, S., López-Gil, J. F., Martínez-Vizcaíno, V., & Mesas, A. E.

JAMA Network Open
December 16, 2024

Key Points

Question

Are objectively measured daily steps associated with depression in adulthood?

Findings

In this systematic review and meta-analysis of 33 observational studies involving 96 173 adults, higher daily step counts were associated with fewer depressive symptoms in the general adult population. Compared with fewer than 5000 steps/d, achieving 5000 or more was associated with reduced depressive symptoms in cross-sectional studies, whereas a daily step count of 7000 or higher was associated with lower risk of depression in prospective studies.

Meaning

These findings suggest that an inclusive, comprehensive public health approach could contribute to preventing depression in adults.

Abstract

Importance

Recent evidence syntheses have supported the protective role of daily steps in decreasing the risk of cardiovascular disease and all-cause mortality. However, step count–based recommendations should cover additional health outcomes.

Objective

To synthesize the associations between objectively measured daily step counts and depression in the general adult population.

Data Sources

In this systematic review and meta-analysis, a systematic search of the PubMed, PsycINFO, Scopus, SPORTDiscus, and Web of Science databases was conducted from inception until May 18, 2024, to identify observational studies using search terms related to physical activity, measures of daily steps, and depression, among others. Supplementary search methods were also applied.

Study Selection

All identified studies were uploaded to an online review system and were considered without restrictions on publication date or language. Included studies had objectively measured daily step counts and depression data.

Data Extraction and Synthesis

This systematic review and meta-analysis followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses and Meta-analysis of Observational Studies in Epidemiology reporting guidelines. Two independent reviewers extracted the published data.

Main Outcomes and Measures

Pooled effect sizes (correlation coefficient, standardized mean difference [SMD], and risk ratio [RR]) with 95% CIs were estimated using the Sidik-Jonkman random-effects method.

Results

Thirty-three studies (27 cross-sectional and 6 longitudinal [3 panel and 3 prospective cohort]) involving 96 173 adults aged 18 years or older (range of mean [SD] ages: 18.6 [0.6] to 91.2 [1.6] years) were included. Daily steps were inversely correlated with depressive symptoms in both cross-sectional and panel studies. Compared with fewer than 5000 steps/d, pooled SMDs from cross-sectional studies revealed that 10 000 or more steps/d (SMD, -0.26; 95% CI, -0.38 to -0.14), 7500 to 9999 steps/d (SMD, -0.27; 95% CI, -0.43 to -0.11), and 5000 to 7499 steps/d (SMD, -0.17; 95% CI, -0.30 to -0.04) were significantly associated with fewer depressive symptoms. Pooled estimates from prospective cohort studies indicated that participants with 7000 or more steps/d had reduced risk of depression compared with their counterparts with fewer than 7000 steps/d (RR, 0.69; 95% CI, 0.62-0.77). An increase of 1000 steps/d was associated with a lower risk of depression (RR, 0.91; 95% CI, 0.87-0.94).

Conclusions and Relevance

In this systematic review and meta-analysis of 33 observational studies involving 96 173 adults, higher daily step counts were associated with fewer depressive symptoms in

cross-sectional and longitudinal studies in the general adult population. Further prospective cohort studies are needed to clarify the potential protective role of daily steps in mitigating the risk of depression during adulthood.

<https://doi.org/10.1177/0095327X241298608>

Perceptions of Women in U.S. Army Combat Units: A Mixed-Methods Study Post-Gender Integration.

Miller, C. J.

Armed Forces & Society

First published online December 17, 2024

The purpose of this study was to evaluate the effects of exposure to serving with women on male opinions about gender integration in the formerly all-male Infantry and Armor branches of the U.S. Army. This mixed-methods study used primary survey data collected in 2021 from soldiers serving in the 33 active-duty Army brigade combat teams. A total of 8,798 respondents answered the anonymous electronic questionnaire. Data were examined using descriptive statistics, regression, and content analysis of qualitative comments. Results indicated that the presence of women within an infantry or armor platoon or squad, or exposure to a female leader, predicted that a male respondent was significantly more likely to support gender integration in combat arms and less likely to worry about effects on unit cohesion and performance. Qualitative analysis of 1,121 comments from infantry and armor men revealed five main themes about gender integration in combat arms and offer insight into quantitative findings.

<https://doi.org/10.1016/j.amepre.2024.12.014>

Tobacco and cannabis co-use by sexual minority adults in the United States, 2022.

Juhan Lee, Josephine T. Hinds, Hongying Daisy Dai, Andrea H. Weinberger

American Journal of Preventive Medicine

Available online 24 December 2024

Introduction

Given the negative health outcomes of tobacco and cannabis co-use, understanding the co-use of tobacco and cannabis is important, particularly regarding those with higher health burdens, such as sexual minority individuals. This study examined the co-use of tobacco and cannabis by sexual identity.

Methods

The adult sample from the 2022 National Survey on Drug Use and Health (NSDUH) was used for this study. A multinomial logistic regression was performed on past-month tobacco and cannabis use (i.e., no use of tobacco and cannabis [reference], tobacco only use, cannabis only use, tobacco and cannabis co-use) by sexual identity (i.e., heterosexual (reference), gay/lesbian, bisexual), adjusting for demographics. Data were collected in 2022, and statistical analyses were performed in 2024.

Results

Among the overall adult sample, 15.8% (weighted) reported past-month tobacco only use, 7.4% reported past-month cannabis only use, and 8.5% reported past-month tobacco and cannabis co-use. Among female adults, tobacco and cannabis co-use was more likely to be reported by lesbian females (aRRR=3.83, 95% CI=2.51, 5.84) and bisexual females (aRRR=6.48, 95% CI=5.17, 8.11), compared with heterosexual females. Among male adults, tobacco and cannabis co-use was more likely to be reported by gay males (aRRR=1.68, 95% CI=1.05, 2.68) and bisexual males (aRRR=1.94, 95% CI=1.42, 2.66), compared with heterosexual males.

Conclusions

This study observed high levels of tobacco and cannabis co-use among sexual minority individuals. Future research should examine factors that influence tobacco and cannabis co-use for sexual minority individuals.

<https://doi.org/10.1111/famp.13003>

Mental health profiles of depressive symptoms and personal well-being among active-duty military families.

O'Neal, C. W., Lavner, J. A., Jensen, T. M., & Lucier-Greer, M.

Although some research has examined the mental health of individual family members in military families, additional research is needed that considers mental health among multiple members of the family system simultaneously and that characterizes subsets of families with distinct patterns. Mental health patterns of depressive symptoms and well-being in and among families were identified using latent profile analysis with a community sample of 236 military families with a service member (SM) parent, civilian partner, and adolescent. Drawing from the Family Adjustment and Adaptation Response model, we examined several military-related family demands (e.g., relocations, deployments) and capabilities (e.g., family cohesion, social support outside the family) as correlates of the family profiles. Three profiles emerged: thriving families (62.3% of the sample where all three family members reported relatively low depressive symptoms and high personal well-being), families with a relatively distressed SM (24.2%), and families with a relatively distressed adolescent (13.5%). Overall, there were no differences between the groups of families regarding military-related demands, yet there were differences between the groups regarding their capabilities, namely family cohesion and social support. In general, families in the thriving profile tended to have higher family cohesion and social support as reported by multiple family members compared to the other two profiles. Findings can inform the development of family needs assessments and tailored interventions (and intervention points) based on family profiles and current capabilities.

<https://doi.org/10.1016/j.amepre.2024.12.020>

Widening Racial Disparities in the US Overdose Epidemic.

M. Kumi Smith, Colin Planalp, Sarah L. Bennis, Antony Stately, Ivan Nelson, Jack Martin, Pearl Evans

American Journal of Preventive Medicine

Available online 28 December 2024

Introduction

More Americans died in 2021 from drug overdose than from vehicle accidents and firearms combined. Unlike earlier phases, the current epidemic is marked by its disproportionate impact on communities of color. This report investigates regional and

substance-specific variations in racial disparities to generate possible insights into the various forces shaping these trends.

Methods

This report used data from 1999 to 2022 on opioid-related overdose deaths from the Centers for Disease Control and Prevention's Wide-Ranging Online Data for Epidemiologic Research (WONDER) database. Racial disparities at the national, state, and substance-level were compared to describe heterogeneities in disparities trends. Data were analyzed in 2024.

Results

Overall age-adjusted overdose mortality in the US increased from 6.2 to 32.7 deaths per 100,000 between 1999 and 2022. In this same time period, mortality has increased most rapidly in Black, Native, and Hispanic/Latino Americans at 249.3%, 166.3%, and 171.8%, respectively. Disparities with White populations vary regionally. The upper Midwest (i.e. Minnesota, Wisconsin) and Washington state rank highest in excessive Native overdose death; the Upper Midwest and Washington DC as those for Black overdose deaths. In terms of substances, deaths from poly-use of methamphetamines and opioids have been highest among Native Americans over time, whereas deaths from cocaine and opioids disproportionately impacts Black Americans.

Conclusions

The opioid epidemic continues to expand, with particularly rapid acceleration in racially minoritized communities. The growing role of stimulants in opioid overdose deaths is a racialized phenomenon disproportionately impacting Black and Native Americans. Wide variation in state-level disparities suggest that structural racism impacts health in regionally specific ways, highlighting the need for regional solutions.

<https://doi.org/10.1186/s12889-024-20907-w>

Relationships between resilience, perceived social support, and mental health in military personnel: a cross-lagged analysis.

Liu, B., Liu, L., Zou, M., Jin, Y., Song, L., Ren, L., Li, M., Feng, Y., Li, F., & Yang, Q.

BMC Public Health

2024 Dec 18; 24(1): 3433

Background:

Despite the growing application of the Dual-factor model of mental health (DFM), there is a paucity of research on military personnel. Additionally, existing cross-sectional studies indicate that resilience and perceived social support are associated with military mental health, but the lack of cross-lagged studies precludes researchers from making causal interpretations. This study aimed to explore the longitudinal relationship between resilience, perceived social support, negative dimension of mental health (depressive symptom), and positive dimension (life satisfaction) among military personnel using cross-lagged analysis.

Methods:

A total of 215 military personnel were investigated longitudinally over a 12-week, two-phase period. The Connor-Davidson Resilience Scale (CD-RISC), Perceived Social Support Scale (PSSS), Patients' Health Questionnaire Depression Scale-9 Item (PHQ-9), and Satisfaction with Life Scale (SWLS) were employed to measure their resilience, perceived social support, depression symptoms, and life satisfaction, respectively. Pearson correlation analysis was used to examine the correlations between the aforementioned variables, and a paired t-test was employed to ascertain whether the variables changed over time. A cross-lagged panel analysis was employed to explore cross-lagged relationships between these variables in military personnel.

Results:

All participants in this study were male. At Time 1, the mean age of all participants was 22.98 years (SD = 2.99), and the mean scores for the CD-RISC, PSSS, PHQ-9, and SWLS were 71.61 (SD = 14.86), 68.60 (SD = 10.22), 1.74 (SD = 2.89), and 28.08 (SD = 5.51), respectively. Cross-lagged analysis showed that prior resilience significantly predicted later depression symptoms ($\beta = -0.19$, $p = 0.028$) and life satisfaction ($\beta = 0.17$, $p = 0.038$). Prior perceived social support significantly predicted later life satisfaction ($\beta = 0.15$, $p = 0.040$) but not depression symptoms ($\beta = -0.04$, $p = 0.652$). Prior depression symptoms significantly predicted later life satisfaction ($\beta = -0.26$, $p < 0.001$), and prior life satisfaction also predicted later depression symptoms ($\beta = -0.23$, $p = 0.002$).

Conclusions:

The negative and positive dimensions of military mental health can interact with each other. Moreover, enhancing resilience and perceived social support may be a novel perspective for improving the mental health of military personnel.

<https://doi.org/10.1097/AS9.0000000000000518>

"It's Traumatic for All of Us": A Qualitative Analysis of Providers Caring for Seriously Ill Veterans With Surgical Conditions.

Wu, A., Bradley, S. E., Vitous, C. A., Millis, M. A., & Suwanabol, P. A.

Annals of Surgery
5(4): p e518, December 2024

Objective:

We aimed to characterize sources of moral distress among providers in the context of surgery.

Background:

Moral distress is defined as psychological unease generated when professionals identify an ethically correct action to take but are constrained in their ability to take that action. While moral distress has been reported among healthcare providers, the perspectives of providers working in surgery specifically are not often explored and reported. Our study was developed from an overarching effort to investigate end-of-life care for seriously ill patients with surgical conditions.

Methods:

Using convenience sampling, we conducted 48 semistructured interviews with providers who provide high-intensity care (eg, surgeons, anesthesiologists, intensivists, and midlevel providers) for seriously ill patients with surgical conditions across 14 Veterans Affairs hospitals. Interviews were analyzed iteratively using thematic content analysis.

Results:

Providers described clinical encounters that generated moral distress while caring for seriously ill patients with surgical conditions: (1) difficulties in conflict resolution with and among patients and families; (2) specific types of patients or situations; (3) systemic factors hindering appropriate end-of-life care; (4) surgical culture and expectations of the surgeon's role.

Conclusions:

Providers caring for seriously ill patients with surgical conditions report emotions and reactions consistent with moral distress. Our study highlights important triggers for providers and hospital systems to identify and address throughout a surgical provider's training and career.

<https://doi.org/10.1080/20008066.2024.2437957>

Moral injury appraisals and PTSD symptoms in treatment-seeking refugees: a latent profile analysis.

Mooren, N., Boelen, P. A., van Berlo, A., & de la Rie, S. M.

European Journal of Psychotraumatology

Published online: 18 Dec 2024

Objective:

Refugees flee from countries due to war, violence, or persecution and are often exposed to potentially traumatic events (PTEs). Furthermore, they might encounter situations where they are compelled to act contrary to their moral codes or witness others acting morally wrong. Consequently, they are at risk to not only develop symptoms of posttraumatic stress disorder (PTSD), but also moral injury (MI). To date, MI in traumatized refugees has received limited research attention. The present study sought to identify classes of MI appraisals and PTSD symptoms among refugees exposed to PTEs and to investigate differences between these classes in terms of demographics, general psychopathology, and depression.

Method:

For this study, 136 treatment-seeking refugees completed questionnaires on demographics, self-directed and other-directed MI appraisals, PTSD symptoms, general psychopathology, and depression. Latent profile analysis was conducted to identify classes and regression analyses to explore differences between classes in terms of age, gender, general psychopathology, and depression.

Results:

The following three classes were identified: a 'below average MI and below average PTSD class' (39%), an 'average MI-self, below average MI-other and low PTSD class' (10%) and an 'above average MI and above average PTSD class' (50%). Classes differed in terms of general psychopathology and depression but not age and gender.

Conclusions:

We identified three classes, each displaying distinct manifestations of MI appraisals and PTSD symptoms. This highlights the importance of assessing and recognizing MI

appraisals within treatment-seeking refugees, enabling customized treatment interventions for both MI and PTSD.

HIGHLIGHTS

- In this study we identified different groups of refugees and found that these groups show different manifestations of moral injury (MI) appraisals and posttraumatic stress disorder (PTSD) symptoms.
- These findings are important because they can inform treatment interventions for refugees. Trauma-focused therapy may suffice for a group of individuals presenting a high severity of PTSD symptoms without concurrent experiences of MI.
- Some groups of individuals reporting PTSD symptoms combined with distress related to moral dilemmas may need additional interventions targeting MI and associated emotions of shame and guilt.

<https://doi.org/10.1002/jts.23122>

Exploring the association between moral injury and posttraumatic stress symptoms among Canadian public safety personnel.

D'Alessandro-Lowe, A. M., Scott, A. M., Patel, H., Easterbrook, B., Ritchie, K., Brown, A., Pichtikova, M., Karram, M., Sullo, E., Mirabelli, J., Schielke, H., Malain, A., O'Connor, C., Remers, S., Lanius, R., McCabe, R. E., & McKinnon, M. C.

Journal of Traumatic Stress

First published: 16 December 2024

Public safety personnel (PSP), such as police officers, firefighters, correctional workers, and paramedics, routinely face work stressors that increase their risk of developing posttraumatic stress disorder (PTSD). PSP may additionally face moral transgressions in the workplace (e.g., witnessing human suffering, working within broken systems), heightening the risk of moral injury (MI) in this population. Research among military personnel and health care workers shows an association between MI and PTSD; however, less is known about the association between these constructs among PSP. Canadian PSP completed an online survey between June 2022 and June 2023, including a demographic questionnaire and measures of PTSD, MI, dissociation, depression, anxiety, stress, and childhood adversity. Latent variable structural equation modeling (SEM) was performed to ascertain the impact of a latent MI construct (i.e.,

shame, trust violation, functional impairment) on a latent PTSD construct (i.e., intrusions, avoidance, negative alterations in cognition and mood, hyperreactivity, depersonalization, derealization). Sex, age, depression, anxiety, stress, and childhood adversity were included as covariates. A total of 314 PSP were included in the data analysis. A latent variable SEM regressing PTSD onto MI and including covariates accounted for 83.7% of the variance in PTSD. MI was the strongest predictor compared to all covariates and was significantly associated with PTSD symptoms, $\beta = .506$, $p < .001$, above and beyond the impacts of sex, age, depression, anxiety, stress, and childhood adversity. These findings are consistent with research among military members and health care providers and highlight the importance of further exploring MI among PSP.

<https://doi.org/10.3389/fpsyg.2024.1412289>

Interest of neurofeedback training for cognitive performance and risk of brain disorders in the military context.

Jacques, C., Quiquempoix, M., Sauvet, F., Le Van Quyen, M., Gomez-Merino, D., & Chennaoui, M.

Frontiers in Psychology

12 December 2024

Operational environments are characterized by a range of psycho-physiological constraints that can degrade combatants' performance and impact on their long-term health. Neurofeedback training (NFT), a non-invasive, safe and effective means of regulating brain activity, has been shown to be effective for mental disorders, as well as for cognitive and motor capacities and aiding sports performance in healthy individuals. Its value in helping soldiers in operational condition or suffering from post-traumatic stress (PTSD) is undeniable, but relatively unexplored. The aim of this narrative review is to show the applicability of NFT to enhance cognitive performance and to treat (or manage) PTSD symptoms in the military context. It provides an overview of NFT use cases before, during or after military operations, and in the treatment of soldiers suffering from PTSD. The position of NFT within the broad spectrum of performance enhancement techniques, as well as several key factors influencing the effectiveness of NFT are discussed. Finally, suggestions for the use of NFT in the military context (pre-training environments, and during and post-deployments to combat zones or field operations), future research directions, recommendations and caveats (e.g., on transfer

to operational situations, inter-individual variability in responsiveness) are offered. This review is thus expected to draw clear perspectives for both researchers and armed forces regarding NFT for cognitive performance enhancement and PTSD treatment related to the military context.

<https://doi.org/10.1007/s00406-024-01948-z>

Emotion, attention and stress regulation as markers of resilience in male and female Israeli soldiers during the Israel-Hamas war.

Cohen, R., Punski-Hoogervorst, J. L., Maoz, I., Engel-Yeger, B., Tatsa-Laor, L., & Avital, A.

European Archives of Psychiatry and Clinical Neuroscience

Published: 29 December 2024

Psychological resilience is a key factor for societal and military stability when faced with terror attacks and/or war. The research presents physiological findings—obtained with the electrodermal activity (EDA) and Auditory Sustained Attention Test (ASAT)—on stress responses, attentional and emotion regulation abilities in 57 Israel Defense Force male and female combat soldiers during the ongoing Israel–Hamas war. In addition, it shows self-reported resilience scores and post traumatic symptomatology measured by questionnaires and explores the relationship between the subjective and objective data. Compared to male soldiers, female soldiers showed significantly higher hyperarousal symptoms yet showed a tendency to a significantly lower specific skin conductance response (on the EDA) to the first startle sound. Furthermore, the self-reported acute stress symptoms positively and significantly correlated with the physiological emotion regulation measured by startle responses, and negatively correlated with attentional regulation measured by the ASAT. The lack of gender differences in stress level, resilience and self-regulation abilities emphasizes the high capabilities of women combat soldiers, especially due to gender-related risks in combat. Relatively high scores of acute stress symptomatology in the population of combat soldiers invite later screening and assessment for the prevention of post traumatic disorders in vulnerable individuals. The combination of physiological measures and questionnaires highlights possible report biases, and thus underscores the importance of combining these objective/subjective measures for adequate assessment of resilience and post traumatic symptomatology.

<https://doi.org/10.3390/metabo14120667>

Eating- and Weight-Related Disorders in the Armed Forces.

Himmerich, H., Gravina, D., Schalinski, I., Willmund, G. D., Zimmermann, P. L., Keeler, J. L., & Treasure, J.

Metabolites
2024, 14(12), 667

Background/Objectives:

Like in the general population, the prevalences of eating- and weight-related health issues in the armed forces are increasing. Relevant medical conditions include the eating disorders (EDs) anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant restrictive food intake disorder (ARFID), as well as body dysmorphic disorder, muscle dysmorphia, and the relative energy deficiency in sport (RED-S) syndrome.

Methods:

We performed a narrative literature review on eating- and weight-related disorders in the armed forces.

Results:

Entry standards might exclude people with obesity, with EDs, or at high risk for EDs from entering the armed forces for military reasons and to protect the individual's health. Relevant potential risk factors of eating- and weight-related disorders in the military are the emphasis on appearance and fitness in the military, high levels of stress, military sexual trauma, post-traumatic stress disorder, deployment, relocation, long commutes, consumption of ultra-processed foods and beverages, limitations on food selection and physical exercise, and intensive combat training and field exercises. Eating- and weight-related disorders negatively impact professional military appearance and lead to problems with cardiorespiratory and neuromuscular fitness; daytime sleepiness; and a higher risk of musculoskeletal injuries, and other physical and mental health problems. Current and potential future therapeutic options include occupational health measures, psychosocial therapies, neuromodulation, and drug treatments.

Conclusions:

Even though randomized controlled trials (RCTs) have been performed to test treatments for obesity in the armed forces, RCTs for the treatment of EDs, body

dysmorphic disorder, muscle dysmorphia, and RED-S syndrome are lacking in the military context.

<https://doi.org/10.1177/00048674241289027>

The impact of childhood abuse on future military sexual assault and PTSD symptomology in Australian veterans.

Kerr, K., Mellor, R., Bennett, D., Wellauer, R., & McGaw, V.

Australian & New Zealand Journal of Psychiatry

First published online October 28, 2024

Introduction:

The trauma most commonly associated with the military is combat-related trauma. It is increasingly recognised that childhood sexual and physical abuse and military sexual assault may influence or exacerbate posttraumatic stress disorder (PTSD) when military members are exposed to combat.

Aims:

The study aimed to determine whether a history of childhood sexual and physical abuse would increase the likelihood of military sexual assault (MSA) and determine whether a history of sexual abuse (childhood or military) impacted the incidence and severity of post-trauma sequelae compared to veterans without this history.

Method:

A retrospective correlational analysis was performed on baseline data collected from clinical case records of a cohort of 134 Australian veterans with PTSD who had attended an outpatient Military Service Trauma Recovery Day Programme between October 2020 and May 2022.

Results:

Almost half (48.5%) of veterans reported a history of abuse. Prevalence rates of military sexual abuse, child sexual abuse and child physical abuse were 14.9%, 13.4% and 23.1% respectively. The relationship between those who experienced childhood abuse and those who experienced military sexual abuse was not significant. No significant differences were observed between those who experienced any sexual abuse and those who did not on intake scores of psychological symptoms.

Conclusion:

This is the first Australian study to investigate the prevalence of childhood abuse and military sexual abuse and its impact on PTSD and associated psychopathology in a sample of veterans seeking mental health treatment. No additional risks of experiencing military sexual assault were found for those who had survived childhood sexual abuse.

Links of Interest

JAMA Psychiatry – Most Viewed Articles 2024

<http://read.alerts.jamanetwork.com/csb/Public/show/axac-2vsjdb--18r1oo-2cdmhx7>

Veteran looks to the future after prolonged exposure therapy

<https://news.va.gov/137077/veteran-looks-future-prolonged-exposure-therapy/>

DOD to Track Suicide Deaths By Job Specialty Under New Law

<https://www.airandspaceforces.com/military-suicide-deaths-job-specialty/>

The Drug Abuse Warning Network (DAWN) National Estimates from Drug-Related Emergency Department Visits, 2023

<https://store.samhsa.gov/product/drug-abuse-warning-network-dawn-national-estimates-drug-related-emergency-department-visits/pep24-07-033>

Combating loneliness and social isolation as a caregiver

<https://news.va.gov/136970/combating-loneliness-and-isolation-as-caregiver/>

Suicides among veterans remain unchanged despite federal focus

<https://www.militarytimes.com/veterans/2024/12/19/suicides-among-veterans-remain-unchanged-despite-federal-focus/>

SAMHSA Clinical Advisory: Considerations for Genetic Testing in the Assessment of Substance Use Disorder Risk

<https://store.samhsa.gov/product/samhsa-clinical-advisory-considerations-genetic-testing-assessment-substance-use-disorder-risk/pep24-02-014>

Advising People on Using 988 Versus 911: Practical Approaches for Healthcare Providers

<https://store.samhsa.gov/product/advising-people-using-988-versus-911-practical-approaches-healthcare-providers/pep24-06-009>

What we learned about suicide prevention this year

<https://news.va.gov/136927/what-we-learned-suicide-prevention-this-year/>

Soldiers will soon get more financial help for emergency travel

<https://www.militarytimes.com/news/your-military/2024/12/23/soldiers-will-soon-get-more-financial-help-for-emergency-travel/>

Employment for spouses is a key challenge in PCS moves

<https://www.militarytimes.com/smr/pcs-season/2024/12/24/employment-for-spouses-is-a-key-challenge-in-pcs-moves/>

Preparing for a PCS move with special needs family members

<https://www.militarytimes.com/smr/pcs-season/2024/12/26/preparing-for-a-pcs-move-with-special-needs-family-members/>

Veteran Homeless Rate Dropped by 8% in 2024, Bucking National Trend

<https://www.military.com/daily-news/2024/12/27/veteran-homeless-rate-dropped-8-2024-bucking-national-trend.html>

Defense Health Agency's E-Caregiver Resource Directory at Your Fingertips

<https://health.mil/News/Articles/2024/12/20/Defense-Health-Agency-s-ECaregiver-Resource-Directory-at-Your-Fingertips>

Resource of the Week: 2024 National Veteran Suicide Prevention Annual Report

From the U.S. Department of Veterans Affairs, [Office of Suicide Prevention](#):

[Part 1 of 2: In-Depth Reviews](#)

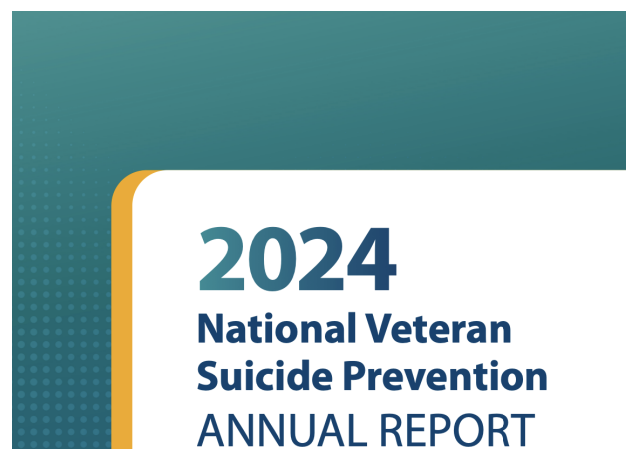
[Part 2 of 2: Report Findings](#)

From press release:

The report shows that there were 6,407 suicides among Veterans in 2022, lower than 12 of 14 previous years but three more than in 2021. Among non-Veterans, there were 41,484 suicides in 2022, 1,476 higher than 2021.

Additional key report findings include decreases in suicide rates for:

- **Women Veterans:** From 2021 to 2022, age-adjusted suicide rates for female Veterans decreased by 24.1%, while for female non-Veteran U.S. adults, suicide rates increased by 5.2%. For male Veterans, age-adjusted suicide rates increased by 1.6%, while for male non-Veteran U.S. adults, rates increased by 1.8%.
- **Homeless Veterans:** Veterans with a documented history of homelessness in their VA medical records saw a 19.1% reduction in suicide from 2021 to 2022.
- **Transitioning service members:** For those who separated from the military in 2021, the suicide rate over the next 12 months was 46.2 per 100,000. This was lower than for those who separated in 2020 and down from a high of 51.0 per 100,000 for those who separated in 2019.
- **Younger Veterans:** The suicide rate for Veterans aged 18-34 years decreased by 3.8% from 2021 to 2022.
- **Veterans with mental health conditions** (long-term trend): From 2001 to 2022, suicide rates fell for Veterans receiving VHA care with diagnoses of anxiety (36.1%), depression (34.5%), post-traumatic stress disorder (31.6%), alcohol use disorder (13.7%).



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