



Post-Traumatic Stress Disorder *August 2004*

1: Arch Intern Med. 2004 Jun 28;164(12):1306-12.

Burden of medical illness in women with depression and posttraumatic stress disorder.

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BACKGROUND: Depression and posttraumatic stress disorder (PTSD) are important women's health issues. Depression is known to be associated with poor physical health; however, associations between physical health and PTSD, a common comorbidity of depression, have received less attention. **OBJECTIVES:** To examine number of medical symptoms and physical health status in women with PTSD across age strata and benchmark them against those of women with depression alone or with neither depression nor PTSD. **METHODS:** A random sample of Veterans Health Administration enrollees received a mailed survey in 1999-2000 (response rate, 63%). The 30 865 women respondents were categorized according to whether a health care provider had ever told them that they had PTSD, depression (without PTSD), or neither. Outcomes were self-reported medical conditions and physical health status measured with the Veterans SF-36 instrument, a version of the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) modified for use in veteran populations. **RESULTS:** Across age strata, women with PTSD ($n = 4348$) had more medical conditions and worse physical health status (physical functioning, role limitations due to physical problems, bodily pain, and energy/vitality scales from the Veterans SF-36) than women with depression alone ($n = 7580$) or neither ($n = 18\ 937$). In age-adjusted analyses, the Physical Component Summary score was on average 3.4 points lower in women with depression alone and 6.3 points lower in women with PTSD than in women with neither ($P < .001$). **CONCLUSIONS:** Posttraumatic stress disorder is associated with a greater burden of medical illness than is seen with depression alone. The presence of PTSD may account for an important component of the excess medical morbidity and functional status limitations seen in women with depression.

Publication Types:

Clinical Trial

Randomized Controlled Trial

Library Program Office
Office of Information
Veterans Health Administration

PMID: 15226164 [PubMed - indexed for MEDLINE]

2: Br J Gen Pract. 2004 Apr;54(501):302-3.

Comment on:

Br J Gen Pract. 2004 Feb;54(499):83-5.

Post-traumatic stress disorder and primary care.

McEvoy P.

Publication Types:

Comment

Letter

PMID: 15113503 [PubMed - indexed for MEDLINE]

3: Clin Evid. 2002 Dec;(8):1010-8.

Update of:

Clin Evid. 2002 Jun;(7):913-9.

Post-traumatic stress disorder.

Bisson J.

Cardiff and Vale NHS Trust, Cardiff, UK.

Publication Types:

Review

Review Literature

PMID: 12603926 [PubMed - indexed for MEDLINE]

4: Clin Psychol Rev. 2004 Mar;24(1):75-98.

A broader view of trauma: a biopsychosocial-evolutionary view of the role of the traumatic stress response in the emergence of pathology and/or growth.

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The main goal of this paper is to articulate a biopsychosocial evolutionary approach to understanding the traumatic stress response. The secondary goal of this paper is to draw out the general clinical implications of this approach. I articulate seven interconnected and overlapping empirically grounded theoretical conclusions: (1) Stress is best understood as a prerational form of biopsychological feedback regarding the organism's relationship with its environment; (2) The normal outcome of traumatic stress is growth, rather than pathology; (3) Most psychopathology is a function of the maladaptive modulation of the stress response; (4) Trauma always leaves the individual transformed on a biological, as well as psychological, level; (5)

The general biological process underlying stress responses is universal, but the specific dynamics are always a function of the unique sociocultural environment and psychological makeup of the individual; (6) The biology underlying stable psychopathological symptoms may change even as the psychological symptoms remain the same; and (7) Rationality is humanity's evolutionarily newest and most sophisticated stress-reduction behavioral mechanism, and the most important aspect of restoring psychological health to the trauma victim.

Publication Types:

Review

Review, Academic

PMID: 14992807 [PubMed - indexed for MEDLINE]

5: Cogn Behav Ther. 2004;33(1):12-20.

Cognitive behavioural and neuropsychiatric treatment of post-traumatic conversion disorder: a case study.

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Conversion disorder consists of involuntary sensory or motor symptoms and deficits that cannot be explained by a general medical condition. There are several treatment options, although none has emerged as the treatment of choice. The present case study examined the effects of adding cognitive behaviour therapy to neuropsychiatric management of conversion disorder (motor subtype). The patient, a retired emergency services worker, presented with a history of intermittent episodes of speech disruption (inability to speak or difficulty speaking properly). Although episodes of speech disturbance sometimes occurred unexpectedly, they were more likely to occur under conditions of stress and fatigue, and were triggered by reminders of work-related traumatic events. The patient was treated with pharmacotherapy and psychoeducation from a neuropsychiatrist. With the aim of improving treatment outcome, cognitive behaviour therapy was added, involving imaginal exposure to trauma memories, along with cognitive restructuring. The frequency of between- and within-session speech disturbance episodes declined over the course of cognitive behaviour therapy to the point that the patient was essentially symptom-free. Within-session distress ratings also decreased, which suggested habituation to trauma-related memories. This case study demonstrates how particular cognitive behaviour therapy interventions can be usefully applied to one form of conversion disorder.

Publication Types:

Case Reports

PMID: 15224624 [PubMed - indexed for MEDLINE]

6: Curr Psychiatry Rep. 2004 Apr;6(2):96-100.

The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index.

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Over the past decade, the University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index has been one of the most widely used instruments for the assessment of traumatized children and adolescents. This paper reviews its development and modifications that have been made as the diagnostic criteria for post-traumatic stress disorder have evolved. The paper also provides a description of standard methods of administration, procedures for scoring, and psychometric properties. The Reaction Index has been extensively used across a variety of trauma types, age ranges, settings, and cultures. It has been broadly used across the US and around the world after major disasters and catastrophic violence as an integral component of public mental health response and recovery programs. The Reaction Index forms part of a battery that can be efficiently used to conduct needs assessment, surveillance, screening, clinical evaluation, and treatment outcome evaluation after mass casualty events.

Publication Types:

Review

Review, Tutorial

PMID: 15038911 [PubMed - indexed for MEDLINE]

7: *Depress Anxiety*. 2004;19(2):96-104.

Posttraumatic stress disorder in callers to the Anxiety Disorders Association of America.

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We surveyed callers to the Anxiety Disorders Association of America (ADAA) with posttraumatic stress disorder (PTSD) and subthreshold PTSD (SPTSD). Most subjects heard about ADAA through media referrals and were satisfied with the service given by the association. The most frequent requests were for written information, learning how to cope with anxiety, and access to a local support group. Among callers, rates of PTSD (n=80) and SPTSD (n=111) were 8.0% and 11.1%, respectively. PTSD or SPTSD subjects were more likely to be younger, female, and with lower income than their no-Axis I psychiatric disorder controls (NAC) who had been exposed to trauma. In addition, they presented with more history of trauma, especially violent trauma, psychiatric comorbidity, recent psychotropic use, and side effects. More medical comorbidity, increased health service use, and reduced work productivity were also found among the PTSD and SPTSD subjects. SPTSD subjects were comparable to PTSD subjects on most of the measures with a few exceptions (more likely to be married, to have less psychiatric comorbidity, less medication use for mood and social fear, and fewer sedation and sexual side effects, and to have less health service use and work impairment). In conclusion, callers to ADAA with PTSD were particularly impaired and used the health care system extensively. Although the SPTSD subjects were not as impaired as those with PTSD, they were disadvantaged in many ways. Copyright 2004 Wiley-Liss, Inc.

PMID: 15022144 [PubMed - indexed for MEDLINE]

8: Int J Geriatr Psychiatry. 2004 May;19(5):429-39.

Presentations and management of Post Traumatic Stress Disorder and the elderly: a need for investigation.

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BACKGROUND: With an aging population increasing presentations of cases of Post Traumatic Stress Disorder (PTSD) can be expected to old age services. While progress has been made in recent years in relation to the understanding and development of aetiological theories, classification, assessment and management strategies and protocols in the adult population, similar advances have lagged behind for the elderly. **AIMS:** To review the adult literature regarding PTSD and discuss how this might apply to an elderly population. An attempt is made to highlight a better awareness of the field of psychological trauma in the elderly in the hope of stimulating debate and research. **METHOD:** A review of the adult literature is conducted relating to classification, aetiology, demographic features, vulnerability, assessment, clinical management including psychotherapy and medications and how these may apply to the elderly. **RESULTS:** Little has been published in this field that directly relates to the elderly. The adult literature allows insight into understanding how PTSD may present in the elderly, and how they may be managed.

CONCLUSIONS: Further specific research is needed in the elderly in order to facilitate a better understanding of PTSD that present in this unique population. This will lead to better clinical assessment, management and treatment provision. Copyright 2004 John Wiley & Sons, Ltd.

Publication Types:

Review

Review Literature

PMID: 15156544 [PubMed - indexed for MEDLINE]

9: JAMA. 2004 Aug 4;292(5):602-12.

Trauma and PTSD symptoms in Rwanda: implications for attitudes toward justice and reconciliation.

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CONTEXT: The 1994 genocide in Rwanda led to the loss of at least 10% of the country's 7.7 million inhabitants, the destruction of much of the country's infrastructure, and the displacement of nearly 4 million people. In seeking to rebuild societies such as Rwanda, it is important to understand how traumatic experience may shape the ability of individuals and groups to respond to judicial and other reconciliation initiatives. **OBJECTIVES:** To assess the level of trauma exposure and the prevalence of posttraumatic stress disorder (PTSD) symptoms and their

predictors among Rwandans and to determine how trauma exposure and PTSD symptoms are associated with Rwandans' attitudes toward justice and reconciliation. DESIGN, SETTING, AND PARTICIPANTS: Multistage, stratified cluster random survey of 2091 eligible adults in selected households in 4 communes in Rwanda in February 2002. MAIN OUTCOME MEASURES: Rates of exposure to trauma and symptom criteria for PTSD using the PTSD Checklist-Civilian Version; attitudes toward judicial responses (Rwandan national and gacaca local trials and International Criminal Tribunal for Rwanda [ICTR]) and reconciliation (belief in community, nonviolence, social justice, and interdependence with other ethnic groups). RESULTS: Of 2074 respondents with data on exposure to trauma, 1563 (75.4%) were forced to flee their homes, 1526 (73.0%) had a close member of their family killed, and 1472 (70.9%) had property destroyed or lost. Among the 2091 total participants, 518 (24.8%) met symptom criteria for PTSD. The adjusted odds ratio (OR) of meeting PTSD symptom criteria for each additional traumatic event was 1.43 (95% CI, 1.33-1.55). More respondents supported the local judicial responses (90.8% supported gacaca trials and 67.8% the Rwanda national trials) than the ICTR (42.1% in support). Respondents who met PTSD symptom criteria were less likely to have positive attitudes toward the Rwandan national trials (OR, 0.77; 95% CI, 0.61-0.98), belief in community (OR, 0.76; 95% CI, 0.60-0.97), and interdependence with other ethnic groups (OR, 0.71; 95% CI, 0.56-0.90). Respondents with exposure to multiple trauma events were more likely to have positive attitudes toward the ICTR (OR, 1.10; 95% CI, 1.04-1.17) and less likely to support the Rwandan national trials (OR, 0.90; 95% CI, 0.84-0.96), the local gacaca trials (OR, 0.80; 95% CI, 0.72-0.89), and 3 factors of openness to reconciliation: belief in nonviolence (OR, 0.92; 95% CI, 0.87-0.97), belief in community (OR, 0.92; 95% CI, 0.87-0.98), and interdependence with other ethnic groups (OR, 0.86; 95% CI, 0.81-0.92). Other variables that were associated with attitudes toward judicial processes and openness to reconciliation were educational level, ethnicity, perception of change in poverty level and access to security compared with 1994, and ethnic distance. CONCLUSIONS: This study demonstrates that traumatic exposure, PTSD symptoms, and other factors are associated with attitudes toward justice and reconciliation. Societal interventions following mass violence should consider the effects of trauma if reconciliation is to be realized.

PMID: 15292086 [PubMed - indexed for MEDLINE]

10: JAMA. 2004 Aug 4;292(5):585-93.

Comment in:

JAMA. 2004 Aug 4;292(5):626-8.

Mental health symptoms following war and repression in eastern Afghanistan.

Scholte WF, Olf M, Ventevogel P, de Vries GJ, Jansveld E, Cardoso BL, Crawford CA.

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CONTEXT: Decades of armed conflict, suppression, and displacement resulted in a high prevalence of mental health symptoms throughout Afghanistan. Its Eastern province of Nangarhar is part of the region that originated the Taliban movement. This may have had a distinct impact on the living circumstances and mental health condition of the province's population. OBJECTIVES: To determine the rate of exposure to traumatic events; estimate prevalence rates of symptoms of

posttraumatic stress disorder (PTSD), depression, and anxiety; identify resources used for emotional support and risk factors for mental health symptoms; and assess the present coverage of basic needs in Nangarhar province, Afghanistan. DESIGN, SETTING, AND PARTICIPANTS: A cross-sectional multicenter sample survey of 1011 respondents aged 15 years or older, conducted in Nangarhar province during January and March 2003; 362 households were represented with a mean of 2.8 respondents per household (72% participation rate). MAIN OUTCOME MEASURES: Posttraumatic stress disorder symptoms and traumatic events using the Harvard Trauma Questionnaire; depression and general anxiety symptoms using the Hopkins Symptom Checklist; and resources for emotional support through a locally informed questionnaire. RESULTS: During the past 10 years, 432 respondents (43.7%) experienced between 8 and 10 traumatic events; 141 respondents (14.1%) experienced 11 or more. High rates of symptoms of depression were reported by 391 respondents (38.5%); anxiety, 524 (51.8%); and PTSD, 207 (20.4%). Symptoms were more prevalent in women than in men (depression: odds ratio [OR], 7.3 [95% confidence interval [CI], 5.4-9.8]; anxiety: OR, 12.8 [95% CI, 9.0-18.1]; PTSD: OR, 5.8 [95% CI, 3.8-8.9]). Higher rates of symptoms were associated with higher numbers of traumas experienced. The main resources for emotional support were religion and family. Medical care was reported to be insufficient by 228 respondents (22.6%). CONCLUSIONS: In this survey of inhabitants of Nangarhar province, Afghanistan, prevalence rates of having experienced multiple traumatic events and having symptoms of anxiety, depression, and PTSD were high. These findings suggest that mental health symptoms in this region should be addressed at the population and primary health care level.

PMID: 15292084 [PubMed - indexed for MEDLINE]

11: JAMA. 2004 Aug 4;292(5):575-84.

Comment in:

JAMA. 2004 Aug 4;292(5):626-8.

Mental health, social functioning, and disability in postwar Afghanistan.

Cardozo BL, Bilukha OO, Crawford CA, Shaikh I, Wolfe MI, Gerber ML, Anderson M.

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CONTEXT: More than 2 decades of conflict have led to widespread human suffering and population displacement in Afghanistan. In 2002, the Centers for Disease Control and Prevention and other collaborating partners performed a national population-based mental health survey in Afghanistan. OBJECTIVE: To provide national estimates of mental health status of the disabled (any restriction or lack of ability to perform an activity in the manner considered normal for a human being) and nondisabled Afghan population aged at least 15 years. DESIGN, SETTING, AND PARTICIPANTS: A national multistage, cluster, population-based mental health survey of 799 adult household members (699 nondisabled and 100 disabled respondents) aged 15 years or older conducted from July to September 2002. Fifty district-level clusters were selected based on probability proportional to size sampling. One village was randomly selected in each cluster and 15 households were randomly selected in each village, yielding 750 households. MAIN OUTCOME MEASURES: Demographics, social functioning as measured by selected questions

from the Medical Outcomes Study 36-Item Short-Form Health Survey, depressive symptoms measured by the Hopkins Symptoms Checklist-25, trauma events and symptoms of posttraumatic stress disorder (PTSD) measured by the Harvard Trauma Questionnaire, and culture-specific symptoms of mental illness and coping mechanisms. RESULTS: A total of 407 respondents (62.0%) reported experiencing at least 4 trauma events during the previous 10 years. The most common trauma events experienced by the respondents were lack of food and water (56.1%) for nondisabled persons and lack of shelter (69.7%) for disabled persons. The prevalence of respondents with symptoms of depression was 67.7% (95% confidence interval [CI], 54.6%-80.7%) and 71.7% (95% CI, 65.0%-78.4%), and symptoms of anxiety 72.2% (95% CI, 63.8%-80.7%) and 84.6% (95% CI, 74.1%-95.0%) for nondisabled and disabled respondents, respectively. The prevalence of symptoms of PTSD was similar for both groups (nondisabled, 42.1%; 95% CI, 34.2%-50.1%; and disabled, 42.2%; 95% CI, 29.2%-55.2%). Women had significantly poorer mental health status than men did. Respondents who were disabled had significantly lower social functioning and poorer mental health status than those who were nondisabled. Feelings of hatred were high (84% of nondisabled and 81% of disabled respondents). Coping mechanisms included religious and spiritual practices; focusing on basic needs, such as higher income, better housing, and more food; and seeking medical assistance. CONCLUSIONS: In this nationally representative survey of Afghans, prevalence rates of symptoms of depression, anxiety, and PTSD were high. These data underscore the need for donors and health care planners to address the current lack of mental health care resources, facilities, and trained mental health care professionals in Afghanistan.

PMID: 15292083 [PubMed - indexed for MEDLINE]

12: JAMA. 2004 Aug 4;292(5):566; author reply 566.

Comment on:

JAMA. 2004 Apr 28;291(16):1994-8.

Posttraumatic stress among survivors of bioterrorism.

Gross R, Neria Y.

Publication Types:

Comment

Letter

PMID: 15292080 [PubMed - indexed for MEDLINE]

13: J Affect Disord. 2004 May;80(1):45-53.

Single photon emission computed tomography in posttraumatic stress disorder before and after treatment with a selective serotonin reuptake inhibitor.

Seedat S, Warwick J, van Heerden B, Hugo C, Zungu-Dirwayi N, Van Kradenburg J, Stein DJ.

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BACKGROUND: Posttraumatic stress disorder (PTSD) is recognized as a disorder mediated by specific neurobiological circuits. Functional imaging studies using script-driven trauma imagery and pharmacological challenges have documented altered cerebral function (activation and deactivation) in several brain regions, including the amygdala, hippocampus, prefrontal cortex and anterior cingulate. However, the neural substrates of PTSD remain poorly understood and the effect of selective serotonin reuptake inhibition on regional cerebral activity is deserving of further investigation. **METHODS:** Eleven adult patients (seven men, four women) (mean age+S.D.=33.6+/-9.2 years) with a DSM-IV diagnosis of PTSD, as determined by the Structured Clinical Interview for DSM-IV (SCID-I) and the Clinician-Administered PTSD Scale (CAPS), underwent single photon emission computed tomography (SPECT) with Tc-99m HMPAO pre- and post-8 weeks of treatment with the selective serotonin reuptake inhibitor, citalopram. Symptoms were assessed at baseline and at 2-week intervals with the Clinician-Administered PTSD Scale (CAPS), Montgomery-Asberg Depression Rating Scale (MADRS), and the Clinical Global Impression Scale (CGI). Image analysis of baseline and post-treatment scans was performed using Statistical Parametric Mapping (SPM). **RESULTS:** Treatment with citalopram resulted in significant deactivation in the left medial temporal cortex irrespective of clinical response. On covariate analysis, a significant correlation between CAPS score reduction and activation in the left paracingulate region (medial prefrontal cortex) was observed post-treatment. No significant pre-treatment differences were observed between responders and non-responders in anterior cingulate perfusion. **CONCLUSIONS:** These preliminary findings are consistent with clinical data indicating temporal and prefrontal cortical dysfunction in PTSD and preclinical data demonstrating serotonergic innervation of these regions. However, further studies, in particular in vivo receptor imaging studies, are needed to confirm whether these regional abnormalities correlate with clinical features and treatment response.

Publication Types:
Clinical Trial

PMID: 15094257 [PubMed - indexed for MEDLINE]

14: J Am Acad Child Adolesc Psychiatry. 2004 Apr;43(4):381-92.

Childhood reactions to terrorism-induced trauma: a review of the past 10 years.

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OBJECTIVE: To summarize the literature about the clinical presentation and treatment interventions of childhood reactions to terrorism-induced trauma. **METHOD:** The literature on children's responses to terrorist activities was reviewed. **RESULTS:** Over the past 10 years, more research has emerged on the subject of terrorism in children. Many of the effects of terrorism-induced trauma are similar to the effects of natural and man-made trauma. Children's responses include acute stress disorder, posttraumatic stress disorder, anxiety, depression, regressive behaviors, separation problems, sleep difficulties, and behavioral problems. However, several aspects of terrorist attacks result in unique stressors and reactions and pose specific challenges for treatment. The unpredictable, indefinite threat of terrorist events, the profound effect on adults and communities, and the effect of extensive terrorist-related media coverage exacerbates underlying anxieties and contributes to a continuous state of stress and anxiety. Intervention strategies

include early community-based interventions, screening of children at risk, triage and referral, and trauma-loss-focused treatment programs. CONCLUSIONS: Advances have been made in the research of childhood reactions to terrorism-induced trauma. Further research is needed to identify children at risk and to determine the long-term impact on children's development. Although the preliminary results of interventions developed to help children are promising, outcome data have not been examined, and further research is needed to evaluate their effectiveness.

Publication Types:

Review

Review, Tutorial

PMID: 15187798 [PubMed - indexed for MEDLINE]

15: J Clin Psychol. 2004 Apr;60(4):429-41.

Cognitive and behavioral treatments for anxiety disorders: a review of meta-analytic findings.

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Behavioral and cognitive psychotherapies are the most widely studied psychological interventions for anxiety disorders. In the present article, the results of ten years of meta-analytic studies on psychotherapies for the various anxiety disorders are reviewed and the relative effectiveness of cognitive and behavioral therapeutic methods is examined. Meta-analytic results support the effectiveness of combined cognitive and behavioral approaches for anxiety disorders. Pure behavioral therapies also are effective and appear to work as well as combined treatment for some disorders. Due to the small number of outcome studies involving pure cognitive treatments, reliable conclusions about the effectiveness of this approach cannot be offered. Additional theoretical and practical considerations are discussed. Copyright 2004 Wiley Periodicals, Inc. J Clin Psychol.

Publication Types:

Meta-Analysis

PMID: 15022272 [PubMed - indexed for MEDLINE]

16: J Clin Psychopharmacol. 2004 Apr;24(2):131-40.

Paroxetine treatment of depression with posttraumatic stress disorder: effects on autonomic reactivity and cortisol secretion.

Tucker P, Beebe KL, Burgin C, Wyatt DB, Parker DE, Masters BK, Nawar O.

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Effects of paroxetine treatment of comorbid depression and posttraumatic stress disorder (PTSD) on subjective symptoms, autonomic reactivity, and diurnal salivary cortisol were assessed prospectively. Cross-sectional baseline psychophysiological

assessments of 22 patients with depression + PTSD, 21 with depression alone, and 20 asymptomatic, previously traumatized controls found that comorbid patients had higher blood pressure and heart rate reactivity to individualized trauma scripts than purely depressed and control groups. On discriminant analyses comparing comorbid patients with each other group, combined autonomic variables correctly classified 55% of comorbid patients (sensitivity) and 75% of traumatized, healthy subjects (specificity) as well as 55% of comorbid patients (sensitivity) and 86% of purely depressed patients (specificity). Although baseline AM and PM salivary cortisol levels were within reference range and did not differ significantly across groups, depression + PTSD patients differed from the other 2 groups in having a flattened diurnal pattern. After 10 weeks of open-label paroxetine, comorbid patients significantly improved in all PTSD symptom evaluations and physiologic reactivity measures but did not change cortisol levels or acquire a robust diurnal cortisol pattern. Ten treated depressed patients did not change in physiologic or cortisol measures. Results demonstrate that sampled comorbid patients had autonomic reactivity patterns similar to PTSD that responded to selective serotonin reuptake inhibitor treatment but had diurnal cortisol secretion patterns different from depression or that expected for PTSD, which did not change with treatment. Results suggest a complexity in the neurobiology of comorbid PTSD and major depression and its response to treatment.

Publication Types:
Clinical Trial

PMID: 15206659 [PubMed - indexed for MEDLINE]

17: J Nerv Ment Dis. 2004 Jun;192(6):435-41.

PTSD reactions and functioning of American Airlines flight attendants in the wake of September 11.

Lating JM, Sherman MF, Everly GS Jr, Lowry JL, Peragine TF.

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The authors explore the psychological reactions and functional coping responses of American Airlines (AA) flight attendants, a unique at-risk group of people in the war on terrorism, in the aftermath of the September 11 attacks. Demographic characteristics and standardized questionnaires, including the Posttraumatic Stress Disorder Checklist and the Psychotherapy Outcome Assessment and Monitoring System--Trauma Version, were sent in June 2002 to approximately 26,000 AA flight attendants. Of the 2050 respondents, 18.2% reported symptoms consistent with probable posttraumatic stress disorder (PTSD). Those living alone were 1.48 times more likely to have a probable PTSD diagnosis than those living with someone else. Age or years of service as a flight attendant did not predict probable PTSD; however, marital status did. Substance abuse was not endorsed as a coping strategy. Given the traumatic events experienced by AA flight attendants, and persistent threats of future terrorist attacks, these results reveal that additional assessment and treatment interventions for stress-related symptoms in this population seem warranted.

PMID: 15167408 [PubMed - indexed for MEDLINE]

18: J Psychol. 2004 Jan;138(1):23-33.

Post-traumatic stress and self-disclosure.

Purves DG, Erwin PG.

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Post-traumatic stress (PTS) is a significant clinical problem in the general population. However, only a portion of those exposed to trauma develop PTS. Patterns of emotional self-disclosure have the potential to explain some of the individual differences in the development and continuation of symptoms. In this study, the authors investigated the links between emotional self-disclosure, as measured by the Emotional Self-Disclosure Scale (ESDS; W. E. Snell, R. S. Miller, & S. S. Belk, 1988). and a post-trauma psychological state, as measured by the Trauma Symptom Inventory (TSI; J. Briere, 1995). Their results showed that, in general, men engaged in less emotional self-disclosure than did women, and as TSI scores increased, the men were significantly less willing to disclose emotions of happiness. For women, as TSI scores increased they were significantly more willing to engage in talk about emotions related to anxiety but less willing to talk about emotions related to fear. The authors considered these data within current understandings of the role of emotional self-disclosure in the processing of traumatic experiences.

PMID: 15098712 [PubMed - indexed for MEDLINE]

19: Lancet. 2004 May 29;363(9423):1782.

Japan makes progress in facing up to post-traumatic stress. Japan's "stiff upper lip" begins to quiver as peer pressure gives way to a new openness about PTSD.

McCurry J.

Publication Types:
News

PMID: 15174479 [PubMed - indexed for MEDLINE]

20: Mil Med. 2004 May;169(5):392-5.

Prevalence of in-service and post-service sexual assault among combat and noncombat veterans applying for Department of Veterans Affairs posttraumatic stress disorder disability benefits.

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OBJECTIVE: To describe the prevalence of in-service and post-service sexual assault among combat and noncombat veterans seeking Veteran's Affairs disability benefits for posttraumatic stress disorder (PTSD). METHODS: Cross-sectional survey of 4,918 veterans. RESULTS: Surveys were returned by 3,337 veterans (effective response rate, 68%). Among men, 6.5% of combat veterans and 16.5% of

noncombat veterans reported in-service or post-service sexual assault. Among women, 69% of combat veterans and 86.6% of noncombat veterans reported in-service or post-service sexual assault. CONCLUSIONS: Reported rates of sexual assault were considerably higher among veterans seeking Veteran's Affairs disability benefits for PTSD than historically reported rates for men and women in the general population. In this population, male gender and veterans' combat status should not dissuade clinicians from screening for sexual traumas.

PMID: 15186007 [PubMed - indexed for MEDLINE]

21: Mil Med. 2004 Apr;169(4):307-12.

Physiological arousal among women veterans with and without posttraumatic stress disorder.

Fornieris CA, Butterfield MI, Bosworth HB.

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The purpose of this study was to assess baseline physiological arousal in women veterans with posttraumatic stress disorder (PTSD) in a nonresearch setting. Heart rate, blood pressure, sublingual temperature, and weight were obtained from a retrospective chart review of the medical records of 92 women veterans with and without a diagnosis of PTSD who were seen in an outpatient Veterans Affairs medical center. Women veterans with PTSD had statistically significantly higher mean baseline heart rates compared with women veterans without PTSD. The two groups did not differ statistically in blood pressure measures, sublingual temperature, or body mass index. Based on our analyses, this difference is not likely to be an artifact of age, race, body mass index, smoking status, or medication. The mean resting heart rate of women with PTSD was 83.9 beats per minute; it was 77.5 beats per minute in those without PTSD. This elevation in heart rate among women veterans with PTSD suggests an increase in baseline physiological arousal compared with women veterans without PTSD. Faster resting heart rate has been shown to be associated with a higher risk of developing hypertension and a greater incidence of cardiovascular morbidity and mortality in non-PTSD samples. Further research is needed to determine the physiological effects of PTSD in women.

PMID: 15132235 [PubMed - indexed for MEDLINE]

22: N Engl J Med. 2004 Jul 1;351(1):75-7.

Comment on:

N Engl J Med. 2004 Jul 1;351(1):13-22.

Acknowledging the psychiatric cost of war.

Friedman MJ.

Publication Types:

Comment
Editorial

PMID: 15229311 [PubMed - indexed for MEDLINE]

23: N Engl J Med. 2004 Jul 1;351(1):13-22.

Comment in:

N Engl J Med. 2004 Jul 1;351(1):75-7.

Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care.

Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL.

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BACKGROUND: The current combat operations in Iraq and Afghanistan have involved U.S. military personnel in major ground combat and hazardous security duty. Studies are needed to systematically assess the mental health of members of the armed services who have participated in these operations and to inform policy with regard to the optimal delivery of mental health care to returning veterans. **METHODS:** We studied members of four U.S. combat infantry units (three Army units and one Marine Corps unit) using an anonymous survey that was administered to the subjects either before their deployment to Iraq (n=2530) or three to four months after their return from combat duty in Iraq or Afghanistan (n=3671). The outcomes included major depression, generalized anxiety, and post-traumatic stress disorder (PTSD), which were evaluated on the basis of standardized, self-administered screening instruments. **RESULTS:** Exposure to combat was significantly greater among those who were deployed to Iraq than among those deployed to Afghanistan. The percentage of study subjects whose responses met the screening criteria for major depression, generalized anxiety, or PTSD was significantly higher after duty in Iraq (15.6 to 17.1 percent) than after duty in Afghanistan (11.2 percent) or before deployment to Iraq (9.3 percent); the largest difference was in the rate of PTSD. Of those whose responses were positive for a mental disorder, only 23 to 40 percent sought mental health care. Those whose responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concern about possible stigmatization and other barriers to seeking mental health care. **CONCLUSIONS:** This study provides an initial look at the mental health of members of the Army and the Marine Corps who were involved in combat operations in Iraq and Afghanistan. Our findings indicate that among the study groups there was a significant risk of mental health problems and that the subjects reported important barriers to receiving mental health services, particularly the perception of stigma among those most in need of such care. Copyright 2004 Massachusetts Medical Society

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Surviving torture.

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25: Neurosci Res. 2004 Jun;49(2):267-72.

Event-related potentials and EMDR treatment of post-traumatic stress disorder.

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Ten patients suffering from post-traumatic stress disorder (PTSD) following a severe traumatic event, were assessed with event-related brain potentials (ERPs) in a modified oddball paradigm containing auditory standard, target, and novel tones. ERPs were assessed before and after a treatment session using the eye movement desensitization and reprocessing method. Compared to a control group that underwent sham treatment, ERPs of the patients showed a reduction of the P3a component in the post-treatment recording, suggesting a reduced orienting to novel stimuli and reduced arousal level after the treatment. Moreover, psychometric assessment revealed a marked improvement of the PTSD symptoms after treatment.

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Psychological effects of attack on the World Trade Center: analysis before and after.

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Four different studies using a total sample of 711 from the same New York City student population tested a model that has emerged from previous research on disasters. The model suggests that postdisaster psychological distress is a function of exposure to the disaster, predisaster psychological distress, acute distress following the disaster, time elapsed between disaster and observation of distress, and additional traumatic experiences since the disaster. Although findings replicate those of previous cross-sectional studies regarding association of exposure and distress after the disaster, before and after studies did not detect an effect on postdisaster psychological distress of the World Trade Center attack. Great caution must be used in attributing elevated psychological distress observed postdisaster to the effects of the disaster.

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