



Post-Traumatic Stress Disorder March 2008

1: AIDS Patient Care STDS. 2008 Mar 13 [Epub ahead of print]

The Relationship of Post-traumatic Stress Disorder and Depression to Antiretroviral Medication Adherence in Persons with HIV.

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ABSTRACT In HIV/AIDS, symptoms of depression or post-traumatic stress may interfere with important self-care behaviors such as the ability to adhere to one's medical treatment regimen. However, these problems may frequently go undetected in HIV care settings. The present study used brief self-report screening measures of depression and post-traumatic stress disorder (PTSD) in the HIV/AIDS care settings to examine (1) frequency of positive screens for these diagnoses; (2) the degree to which those with a positive screen were prescribed antidepressant treatment; and (3) the association of continuous PTSD and depression symptom scores, and categorical (screening positive or negative) PTSD and depression screening status, to each other and to ART adherence as assessed by the Medication Event Monitoring System, regardless of antidepressant treatment. Participants were 164 HIV-infected individuals who took part in a multisite adherence intervention study in HIV treatment settings in Massachusetts. Available data from 5 time points was used, yielding 444 data points. Participants screened positive for PTSD at 20% of visits, and depression at 22% of visits. At visits when participants screened positive for both depression and PTSD, 53.6% of the time they were on an antidepressant. Those who screened positive for PTSD were more likely to also screen positive for depression. In multiple regression analyses that included both continuous and dichotomous PTSD and depression and controlled for shared variance due to clustering of multiple observations, only depression contributed significant unique variance, suggesting the primary role of depression and the secondary role of PTSD in poor adherence in individuals with HIV.

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2: Physiol Behav. 2008 Feb 5 [Epub ahead of print]

Rats exposed to traumatic stress bury unfamiliar objects - A novel measure of hyper-vigilance in PTSD models?

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Electric shocks lead to lasting behavioral deficits in rodents, and as such are often used to model post-traumatic stress disorder (PTSD) in the laboratory. Here we show that a single exposure of rats to 3 mA-strong shocks results in a marked social avoidance that lasts at least 28 days; moreover, the response intensifies over time. In an attempt to study the impact of cue reminders on the behavior of shocked rats, we administered shocks in the presence of a highly conspicuous, 10 cm-large object. This object was introduced into the home cage of rats 28 days after shock exposure. Shocked rats manipulated the object considerably less than controls. More importantly, however, the object was buried by shocked rats. This behavior was virtually absent in controls. The response strongly depended on the intensity of shocks, and was robust. Rats shocked with 3 mA currents spent 40% of time burying the object, which was often hardly visible at the end of the 5 min test. Subsequent experiments demonstrated that the response was not cue-specific as unfamiliar objects were also buried. Rats are well known to bury dangerous objects; the shock-prod burying test of anxiety is based on this response. Behavioral similarities with this test and the differences from the marble-burying behavior of mice suggest that traumatized rats bury unfamiliar objects in defense, and the response can be interpreted as a sign of hyper-vigilance. We further suggest that object burying can be used as a sign of hyper-vigilance in models of PTSD.

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3: J Nerv Ment Dis. 2008 Mar;196(3):252-5.

Difficulty identifying feelings predicts the persistence of trauma symptoms in a sample of veterans who experienced military sexual trauma.

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The current study examined the prospective association between alexithymia and the persistence of trauma symptoms in a clinical sample of 175 male and female veterans who experienced sexual trauma during military service (military sexual trauma; MST). Trauma symptoms decreased significantly over the course of a specialized residential treatment program. Difficulty identifying feelings was related to persistence of the following trauma symptoms: overall symptoms, sexual abuse trauma symptoms, dissociative symptoms, and anxiety. Men exhibited more persistent symptoms overall, more persistent sexual problems, and more sexual abuse trauma symptoms compared with women (over and above controlling for symptoms at intake). The results speak to the significant role that difficulty identifying feelings has in the treatment of PTSD. In addition, the results suggest that MST has different implications for men compared with women. Specifically, men who were sexually abused in the military experienced greater persistence of symptoms compared with women, especially in the areas of sexual functioning.

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