



Post-Traumatic Stress Disorder April 2008

1: *Neurosci Behav Physiol.* 2008 May;38(4):427-34.

Prediction of outbreaks of post-traumatic stress disorder after large-scale terrorist acts.

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An original computer technology - a mathematical model and computer programs running under Windows - for the operative assessment of outbreaks of post-traumatic stress disorders (PTSD) and prediction of their sequelae among victims of terrorist attacks is described. The structure of the mathematical model is described, along with the relationship between the mathematical model and the calculating algorithm for prediction of the development of outbreaks of PTSD. The computer program allowed predictions of the numbers of mental disorders with subsequent behavioral impairment, addictive disorders, personality changes, and signs of maladaptation in victims of terrorist acts. A model of an epidemic of mass panic in a population sensitive to negative information on the consequences of terrorist acts is described.

PMID: 18401737 [PubMed - in process]

2: *J Trauma.* 2008 Feb;64(2 Suppl):S200-5; discussion S205-6.

Incidence of posttraumatic stress disorder and mild traumatic brain injury in burned service members: preliminary report.

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BACKGROUND: Although sustaining physical injury in theater increases service members' risk for posttraumatic stress disorder (PTSD), exposure to explosive munitions may increase the risk of mild traumatic brain injury (mTBI). We hypothesized a higher incidence of PTSD and mTBI in service members who sustained

both burn and explosion injuries than in nonexplosion exposed service members. METHODS: A retrospective review of PTSD and mTBI assessments was completed on burned service members between September 2005 and August 2006. Subjects were divided into cohort groups: (1) PTSD and mTBI, (2) PTSD and no mTBI, (3) mTBI and no PTSD, (4) no mTBI and no PTSD. Specific criteria used for group classification were based on subjects' total score on Posttraumatic Stress Disorder Checklist, Military version (PCL-M), clinical interview, and record review to meet American Congress of Rehabilitation Medicine criteria for mTBI. Descriptive analyses were used. RESULTS: Seventy-six service members met the inclusion criteria. The incidence rate of PTSD was 32% and mTBI was 41%. Eighteen percent screened positive for PTSD and mTBI; 13% screened positive for PTSD, but not mTBI; 23% screened positive for mTBI but not PTSD; 46% did not screen positive for either PTSD or mTBI. CONCLUSION: Given the high incidence of these disorders in burned service members, further screening of PTSD and TBI appears warranted. Because symptom presentation in PTSD and mTBI is clinically similar in acute and subacute stages, and treatments can vary widely, further research investigating symptom profiles of PTSD and mTBI is warranted.

PMID: 18376167 [PubMed - in process]

3: J Trauma. 2008 Feb;64(2 Suppl):S195-8; Discussion S197-8.

The correlation between ketamine and posttraumatic stress disorder in burned service members.

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BACKGROUND: Predisposing factors for posttraumatic stress disorder (PTSD) include experiencing a traumatic event, threat of injury or death, and untreated pain. Ketamine, an anesthetic, is used at low doses as part of a multimodal anesthetic regimen. However, since ketamine is associated with psychosomatic effects, there is a concern that ketamine may increase the risk of developing PTSD. This study investigated the prevalence of PTSD in Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) service members who were treated for burns in a military treatment center. METHODS: The PTSD Checklist-Military (PCL-M) is a 17-question screening tool for PTSD used by the military. A score of 44 or higher is a positive screen for PTSD. The charts of all OIF/OEF soldiers with burns who completed the PCL-M screening tool (2002-2007) were reviewed to determine the number of surgeries received, the anesthetic regime used, including amounts given, the total body surface area burned, and injury severity score. Morphine equivalent units were calculated using standard dosage conversion factors. RESULTS: The prevalence of PTSD in patients receiving ketamine during their operation(s) was compared with patients not receiving ketamine. Of the 25,000 soldiers injured in OIF/OEF, United States Army Institute of Surgical Research received 603 burned casualties, of which 241 completed the PCL-M. Of those, 147 soldiers underwent at least one operation. Among 119 patients who received ketamine during surgery and 28 who did not; the prevalence of PTSD was 27% (32 of 119) versus 46% (13 of 28), respectively ($p = 0.044$). CONCLUSIONS: Contrary to expectations, patients receiving perioperative ketamine had a lower prevalence of PTSD than soldiers receiving no ketamine during their surgeries despite having

larger burns, higher injury severity score, undergoing more operations, and spending more time in the ICU.

Publication Types:

Research Support, U.S. Gov't, Non-P.H.S.

PMID: 18376165 [PubMed - in process]

4: Compr Psychiatry. 2008 May-Jun;49(3):297-304. Epub 2008 Jan 10.

Posttraumatic stress disorder; combat exposure; and nicotine dependence, alcohol dependence, and major depression in male twins.

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Combat exposure is associated with increased risk of psychiatric and substance use disorders in veterans. However, it is not known whether combat exposure independently increases risk for these disorders or whether this association is accounted for by genetic vulnerability common to posttraumatic stress disorder (PTSD). This article tests competing explanations for the association of combat exposure and PTSD with nicotine dependence (ND), alcohol dependence (AD), and major depression (MD). Data were obtained from 6099 members of the Vietnam Era Twin Registry, a national registry of male-male twin pairs who served in the military during the Vietnam era. Twin models were fit to estimate the genetic and environmental variance common and specific to Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition, lifetime diagnoses of PTSD, combat trauma, and 3 comorbid conditions: ND, AD, and MD. Variance specific to ND, AD, and MD was due to genetic factors (48%, 36%, and 12%, respectively) and unique environmental factors (36%, 42%, and 58%, respectively). After accounting for variance common to PTSD, no residual genetic and environmental variance overlapped between combat and ND, combat and AD, and combat and MD. Combat exposure is not independently associated with lifetime ND, AD, and MD. The association of combat exposure with these 3 disorders is due to genetic and unique environmental contributions in common with PTSD. These findings suggest comorbid PTSD may represent a genetically mediated vulnerability to psychopathology after trauma.

PMID: 18396190 [PubMed - in process]

5: Subst Use Misuse. 2008;43(5):596-611.

Posttraumatic stress disorder, gender, and problem profiles in substance dependent patients.

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Patients with a chronic and severe substance-use disorder who also have a history of posttraumatic stress disorder (PTSD) are thought to have a unique set of problems. The present study assessed psychiatric disorders, psychosocial problems, and traumatic events with structured interviews in 747 men and 693 women enrolling in urban opioid substitution treatment programs from 1995 to 2001. Participants with versus without a history of PTSD were more likely to have a history of many other psychiatric disorders and demonstrated more current and historical medical, employment, family/social, and psychiatric problems. PTSD was generally unrelated to substance-use disorder severity or diagnoses, with the exception of an increased risk of alcohol dependence. Women were more likely than men to have experienced sexual assault, and less likely to have been physically assaulted, although these events precipitated PTSD at equivalent rates across gender. In contrast, witnessing or hearing about the death or injury of others was more likely to precipitate PTSD in women than men. Female gender, exposure to combat, sexual assault, or physical assault, and a history of major mood or anxiety disorder were the best predictors of PTSD in this group. Study limitations are noted.

PMID: 18393079 [PubMed - in process]

6: Stud Health Technol Inform. 2008;132:556-61.

Combat related post traumatic stress disorder: a multiple case report using virtual reality graded exposure therapy with physiological monitoring.

Wood DP, Murphy JA, Center KB, Russ C, McLay RN, Reeves D, Pyne J, Shilling R, Hagan J, Wiederhold BK.

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The current report summarizes case studies from an Office of Naval Research (ONR) funded project to compare the effects of Virtual Reality Graded Exposure Therapy (VRGET) with a treatment as usual control condition in active-duty Navy Corpsmen, Navy SeaBees and Navy and Marine Corps Support Personnel. Details of the collaborative program between the Virtual Reality Medical Center (VRMC) and Naval Medical Center San Diego (NMCS) will be discussed.

Publication Types:

Research Support, U.S. Gov't, Non-P.H.S.

PMID: 18391367 [PubMed - in process]

7: Stud Health Technol Inform. 2008;132:420-5.

Virtual Iraq: initial results from a VR exposure therapy application for combat-related PTSD.

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Post Traumatic Stress Disorder (PTSD) is reported to be caused by traumatic events that are outside the range of usual human experience including (but not

limited to) military combat, violent personal assault, being kidnapped or taken hostage and terrorist attacks. Initial data suggests that at least 1 out of 6 Iraq War veterans are exhibiting symptoms of depression, anxiety and PTSD. Virtual Reality (VR) delivered exposure therapy for PTSD has been used with reports of positive outcomes. The aim of the current paper is to present the rationale and brief description of a Virtual Iraq PTSD VR therapy application and present initial findings from its use with PTSD patients. Thus far, Virtual Iraq consists of a series of customizable virtual scenarios designed to represent relevant Middle Eastern VR contexts for exposure therapy, including a city and desert road convoy environment. User-centered design feedback needed to iteratively evolve the system was gathered from returning Iraq War veterans in the USA and from a system deployed in Iraq and tested by an Army Combat Stress Control Team. Clinical trials are currently underway at Ft. Lewis, Camp Pendleton, Emory University, Weill Cornell Medical College, Walter Reed Army Medical Center, San Diego Naval Medical Center and 12 other sites.

PMID: 18391334 [PubMed - in process]

8: Proc Natl Acad Sci U S A. 2008 Apr 8;105(14):5567-72. Epub 2008 Apr 7.

Decreased corticolimbic allopregnanolone expression during social isolation enhances contextual fear: A model relevant for posttraumatic stress disorder.

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Mice subjected to social isolation (3-4 weeks) exhibit enhanced contextual fear responses and impaired fear extinction. These responses are time-related to a decrease of 5alpha-reductase type I (5alpha-RI) mRNA expression and allopregnanolone (Allo) levels in selected neurons of the medial prefrontal cortex, hippocampus, and basolateral amygdala. Of note, the cued fear response was not different between group housed and socially isolated mice. In socially isolated mice, S-norfluoxetine, a selective brain steroidogenic stimulant (SBSS), in doses (0.45-1.8 mumol/kg) that increase brain Allo levels but fail to inhibit serotonin reuptake, greatly attenuates enhanced contextual fear response. SKF 105,111 (a potent 5alpha-RI inhibitor) decreases corticolimbic Allo levels and enhances the contextual fear response in group housed mice, which suggests that social isolation alters emotional responses by reducing the positive allosteric modulation of Allo at GABA(A) receptors in corticolimbic circuits. Thus, these procedures model emotional hyperreactivity, including enhanced contextual fear and impaired contextual fear extinction, which also is observed in posttraumatic stress disorder (PTSD) patients. A recent clinical study reported that cerebrospinal fluid Allo levels also are down-regulated in PTSD patients and correlate negatively with PTSD symptoms and negative mood. Thus, protracted social isolation of mice combined with tests of fear conditioning may be a suitable model to study emotional behavioral components associated with neurochemical alterations relating to PTSD. Importantly, drugs like SBSSs, which rapidly increase corticolimbic Allo levels, normalize the exaggerated contextual fear responses resulting from social isolation, suggesting that selective activation of neurosteroidogenesis may be useful in PTSD therapy.

Publication Types:

Research Support, N.I.H., Extramural

Library Program Office
Office of Information
Veterans Health Administration

Research Support, Non-U.S. Gov't

PMID: 18391192 [PubMed - in process]

9: Arch Gen Psychiatry. 2008 Apr;65(4):431-7.

A second look at prior trauma and the posttraumatic stress disorder effects of subsequent trauma: a prospective epidemiological study.

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CONTEXT: Previous studies showed increased probability of a posttraumatic stress disorder (PTSD) effect of trauma in persons who had experienced prior trauma. The evidence comes chiefly from retrospective data on earlier events, obtained from trauma-exposed persons with and without PTSD. A generally overlooked major limitation is the failure to assess the PTSD response to the prior trauma.

OBJECTIVE: To estimate the risk of PTSD after traumas experienced during follow-up periods in relation to respondents' prior traumatic events and PTSD.

DESIGN: A cohort study of young adults interviewed initially in 1989, with repeated assessments during a 10-year follow-up. SETTING AND PARTICIPANTS: The

sample was randomly selected from a large health maintenance organization in Southeast Michigan, representing the geographic area. MAIN OUTCOME MEASURES: The

relative risk of PTSD precipitated by traumatic events occurring during follow-up periods in relation to prior exposure and PTSD that had occurred during preceding periods, estimated by general estimating equations ($n = 990$). RESULTS: The conditional risk of PTSD during the follow-up periods was significantly higher among trauma-exposed persons who had experienced prior PTSD, relative to those with no prior trauma (odds ratio, 3.01; 95% confidence interval, 1.52-5.97).

After adjustment for sex, race, education, and preexisting major depression and anxiety disorders, the estimates were only marginally revised. In contrast, the conditional risk of PTSD during follow-up among trauma-exposed persons who had experienced prior traumatic events but not PTSD was not significantly elevated, relative to trauma-exposed persons with no prior trauma. The difference between the 2 estimates was significant ($P = .005$). CONCLUSIONS: Prior trauma increases the risk of PTSD after a subsequent trauma only among persons who developed PTSD

in response to the prior trauma. The findings suggest that preexisting susceptibility to a pathological response to stressors may account for the PTSD response to the prior trauma and the subsequent trauma.

Publication Types:

Research Support, N.I.H., Extramural

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10: Am J Health Syst Pharm. 2008 Apr 15;65(8):716-22.

Prazosin for treatment of nightmares related to posttraumatic stress disorder.

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PURPOSE: The efficacy of prazosin for the treatment of posttraumatic stress disorder (PTSD)-related nightmares is reviewed. **SUMMARY:** PTSD is an anxiety disorder that can occur after experiencing or witnessing a life-threatening event, such as military combat, natural disasters, terrorist attacks, serious accidents, or violent personal assaults. The event that induced PTSD is often relived through nightmares or flashbacks. Sleep disturbances affect approximately 70% of patients with PTSD. Several medications have been evaluated for reducing PTSD-related nightmares, with limited success. Prazosin is a centrally and peripherally acting alpha(1)-adrenergic antagonist whose mechanism of action, favorable adverse-effect profile, and low cost make it a promising agent for the treatment of PTSD. To date, two case reports, two chart reviews, three open-label trials, and two placebo-controlled trials have been published documenting the efficacy and safety of prazosin in the treatment of PTSD-related nightmares. Therapy with prazosin resulted in a reduction in nightmares in patients with both combat- and noncombat-related trauma. A therapeutic benefit occurred with prazosin dosages as low as 1 mg daily, and suppression of nightmare symptoms occurred within one week of prazosin initiation. The most frequently reported adverse event was orthostatic hypotension. The variability in the populations studied (e.g., combat, noncombat, recent traumatic experiences) leaves additional unanswered questions that must be addressed in large, randomized, controlled trials. **CONCLUSION:** Prazosin appears to be a promising and well-tolerated agent for the management of PTSD-related nightmares. Further well-designed trials are warranted to establish its place in the treatment of PTSD.

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11: Eur J Pharmacol. 2008 Feb 26 [Epub ahead of print]

The As and Ds of stress: Metabolic, morphological and behavioral consequences.

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Unlike responses to acute stressful events that are protective and adaptive in nature, chronic stress elicits neurochemical, neuroanatomical and cellular changes that may have deleterious consequences upon higher brain functioning. For example, while exposure to acute stress facilitates memory formation and consolidation, chronic stress or chronic exposure to stress levels of glucocorticoids impairs cognitive performance. Chronic stress or glucocorticoid exposure, as well as impairments in hypothalamic-pituitary-adrenal (HPA) axis function are proposed to participate in the etiology and progression of neurological disorders such as depressive illness, anxiety disorders and post-traumatic stress disorder (PTSD). HPA axis dysfunction, impaired stress responses and elevated basal levels of glucocorticoids are also hallmark features of experimental models of type 1 and type 2 diabetes, as well as diabetic subjects in poor glycemic control. Such results suggest that stress and glucocorticoids contribute to the neurological complications observed in diabetes patients. Interestingly, many of the hyperglycemia mediated changes in the brain are similar to those observed in depressive illness patients and in experimental models of chronic stress. Such results suggest that common mechanisms may be

involved in the development of the neurological complications associated with Anxiety, Depressive illness and Diabetes: the As and Ds of stress. The aim of the current review will be to discuss the mechanisms through which limbic structures such as the hippocampus and amygdala respond and adapt to the deleterious consequences of chronic stress and hyperglycemia.

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12: Curr Opin Psychiatry. 2008 May;21(3):242-6.

Substance use, post-traumatic stress disorder and violence.

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PURPOSE OF REVIEW: The present review focuses on the co-occurrence of substance use disorder and post-traumatic stress disorder, with special attention to measurement and the role of violence as a contributor to the comorbidity. **RECENT FINDINGS:** Symptoms of post-traumatic stress disorder in the presence or absence of a post-traumatic stress disorder diagnosis are comorbid with several substance use dependencies and with a range of severity of substance use. **SUMMARY:** Lack of consistency in terms of substance use classification and measurement of post-traumatic stress disorder across studies continues to hinder comparisons of rates of comorbid substance use disorder and post-traumatic stress disorder. More attention to the role of violence as a contributor to the comorbidity and its impact on treatment outcomes is warranted.

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13: J Affect Disord. 2008 Mar 28 [Epub ahead of print]

Consistent impaired verbal memory in PTSD: A meta-analysis.

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BACKGROUND: Qualitative review papers have indicated that verbal memory impairment is found to be the most consistent cognitive impairment related to PTSD. These review papers have used qualitative methods to describe the effects, and consequently they have not been able to estimate the strength of the memory-PTSD association. **METHODS:** This meta-analysis of 28 studies examined the empirical evidence for this relationship, and factors affecting the results. **RESULTS:** Overall, the results showed medium effect sizes in patients with PTSD compared to controls on verbal memory across studies. Marked impairment was found in the patient groups compared to healthy controls, while modest impairment was found compared to exposed non-PTSD controls. Meta-analyses found strongest effects in war veterans compared to sexual and physical assault related PTSD. Rather unexpectedly no effect was found for the sexually abused PTSD groups compared to exposed controls. The analyses further showed that the effect was dependent on the test procedures used. The studies using WMS and AVLT had

stronger effects than studies using CVLT. LIMITATIONS: Insufficient data were available to analyze a more complete attention-memory profile. CONCLUSIONS: This meta-analysis confirms that verbal memory impairment is present in adults with PTSD, and they are consistent across studies. This impairment should be the focus of work in clinical settings.

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14: Headache. 2008 Apr;48(4):517-22.

Post-traumatic stress disorder in episodic and chronic migraine.

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Objective.- To assess and contrast the relative frequency of self-reported post-traumatic stress disorder (PTSD) in patients with episodic migraine and chronic/ transformed migraine. Background.- Several risk factors have been identified as risk factors for chronification of headache disorders. Childhood abuse has been suggested as a risk factor for chronic pain in adulthood. In addition depression, as well as several other psychiatric disorders, are co-morbid with migraine. Recent data suggest that PTSD may be more common in headache sufferers than in the general population. Methods.- This was a prospective, pilot study conducted at a headache center. Adult subjects with episodic, chronic, or transformed migraine were included. Demographic information, depression history, body mass index (BMI), and headache characteristics were obtained. PTSD was assessed using the life events checklist (LEC) and the PTSD checklist, civilian version (PCL-C). We contrasted the data from episodicmigraineurs and chronic/transformed migraine participants (CM) and conducted multivariate analyses, adjusting for covariates. Results.- Of the 60 participants included, 91.7% were female with a mean age of 41.4 +/- 12.5 years old. EM was diagnosed in 53.3% and CM in 46.7%. The mean BMI was not significantly different between groups. In contrast, the relative frequency of depression was significantly greater in subjects with CM (55.2%) than EM (21.9%, $P = .016$). There was no significant difference in the percentage of participants reporting at least 1 significant traumatic life event (LE) or in the mean number of traumatic LEs between EM and CM participants. However, the relative frequency of PTSD reported on the PCL in CM (42.9%) was significantly greater as compared to EM (9.4%, $P = .0059$). After adjusting for depression and other potential confounders, the difference remained significant $P = .023$). Conclusion.- PTSD is more common in CM than in episodic migraineurs. This suggests that PTSD may be a risk factor for headache chronification, pending longitudinal studies to test this hypothesis.

PMID: 18377377 [PubMed - in process]

15: Psychiatry. 2008 Spring;71(1):13-34.

Contributions of Psychodynamic Approaches to Treatment of PTSD and Trauma: A Review of the Empirical Treatment and Psychopathology Literature.

Schottenbauer MA, Glass CR, Arnkoff DB, Gray SH.

Abstract Reviews of currently empirically supported treatments for post-traumatic

stress disorder (PTSD) show that despite their efficacy for many patients, these treatments have high nonresponse and dropout rates. This article develops arguments for the value of psychodynamic approaches for PTSD, based on a review of the empirical psychopathology and treatment literature. Psychodynamic approaches may help address crucial areas in the clinical presentation of PTSD and the sequelae of trauma that are not targeted by currently empirically supported treatments. They may be particularly helpful when treating complex PTSD. Empirical and clinical evidence suggests that psychodynamic approaches may result in improved self-esteem, increased ability to resolve reactions to trauma through improved reflective functioning, increased reliance on mature defenses with concomitant decreased reliance on immature defenses, the internalization of more secure working models of relationships, and improved social functioning. Additionally, psychodynamic psychotherapy tends to result in continued improvement after treatment ends. Additional empirical studies of psychodynamic psychotherapy for PTSD are needed, including randomized controlled outcome studies.

PMID: 18377203 [PubMed - in process]

16: J Consult Clin Psychol. 2008 Apr;76(2):272-81.

Validating the Primary Care Posttraumatic Stress Disorder Screen and the Posttraumatic Stress Disorder Checklist with soldiers returning from combat.

Bliese PD, Wright KM, Adler AB, Cabrera O, Castro CA, Hoge CW.

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The purpose of the research was to assess the diagnostic efficiency of the Primary Care Posttraumatic Stress Disorder Screen (PC-PTSD) and the Posttraumatic Stress Disorder Checklist (PCL) as clinical screening tools for active duty soldiers recently returned from a combat deployment. A secondary goal was to examine the item-level characteristics of both the PC-PTSD and the PCL. A validation study conducted with a sample of 352 service members showed that both the PC-PTSD and PCL had good diagnostic efficiency. The overall diagnostic efficiency assessed by the area under the curve (AUC) was virtually the same for both the PC-PTSD and PCL. The most efficient cutoff values for the PC-PTSD were either 2 or 3 "yes" responses with the latter favoring specificity. For the PCL, the most efficient cutoff values were between 30 and 34, mirroring recommended PCL cutoff values from some studies in primary care settings. The examination of item characteristics suggested a 4-item PCL with an AUC virtually identical to that of the full PCL. Item analyses also identified that the most discriminate item in both scales pertained to symptoms of avoidance. Implications and limitations are discussed. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18377123 [PubMed - in process]

17: J Consult Clin Psychol. 2008 Apr;76(2):259-71.

A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness.

Mueser KT, Rosenberg SD, Xie H, Jankowski MK, Bolton EE, Lu W, Hamblen JL, Rosenberg HJ, McHugo GJ, Wolfe R.

Department of Psychiatry.

A cognitive-behavioral therapy (CBT) program for posttraumatic stress disorder (PTSD) was developed to address its high prevalence in persons with severe mental illness receiving treatment at community mental health centers. CBT was compared with treatment as usual (TAU) in a randomized controlled trial with 108 clients with PTSD and either major mood disorder (85%) or schizophrenia or schizoaffective disorder (15%), of whom 25% also had borderline personality disorder. Eighty-one percent of clients assigned to CBT participated in the program. Intent-to-treat analyses showed that CBT clients improved significantly more than did clients in TAU at blinded posttreatment and 3- and 6-month follow-up assessments in PTSD symptoms, other symptoms, perceived health, negative trauma-related beliefs, knowledge about PTSD, and case manager working alliance. The effects of CBT on PTSD were strongest in clients with severe PTSD. Homework completion in CBT predicted greater reductions in symptoms. Changes in trauma-related beliefs in CBT mediated improvements in PTSD. The findings suggest that clients with severe mental illness and PTSD can benefit from CBT, despite severe symptoms, suicidal thinking, psychosis, and vulnerability to hospitalizations. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18377122 [PubMed - in process]

18: J Consult Clin Psychol. 2008 Apr;76(2):243-58.

A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence.

Resick PA, Galovski TE, Uhlmansiek MO, Scher CD, Clum GA, Young-Xu Y.

Women's Health Sciences Division.

The purpose of this experiment was to conduct a dismantling study of cognitive processing therapy in which the full protocol was compared with its constituent components--cognitive therapy only (CPT-C) and written accounts (WA)--for the treatment of posttraumatic stress disorder (PTSD) and comorbid symptoms. The intent-to-treat (ITT) sample included 150 adult women with PTSD who were randomized into 1 of the 3 conditions. Each condition consisted of 2 hr of therapy per week for 6 weeks; blind assessments were conducted before treatment, 2 weeks following the last session, and 6 months following treatment. Measures of PTSD and depression were collected weekly to examine the course of recovery during treatment as well as before and after treatment. Secondary measures assessed anxiety, anger, shame, guilt, and dysfunctional cognitions. Independent ratings of adherence and competence were also conducted. Analyses with the ITT sample and with study completers indicate that patients in all 3 treatments improved substantially on PTSD and depression, the primary measures, and improved on other indices of adjustment. However, there were significant group differences in symptom reduction during the course of treatment whereby the CPT-C condition reported greater improvement in PTSD than the WA condition. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18377121 [PubMed - in process]

19: J Consult Clin Psychol. 2008 Apr;76(2):231-42.

Reduced autobiographical memory specificity predicts depression and posttraumatic stress disorder after recent trauma.

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Department of Psychology.

In this prospective longitudinal study, the authors examined the relationship between reduced specificity in autobiographical memory retrieval and the development of depression, posttraumatic stress disorder (PTSD), and specific phobia after injury in an assault. Assault survivors (N = 203) completed the Autobiographical Memory Test (J. M. G. Williams & K. Broadbent, 1986) at 2 weeks after the trauma as well as structured clinical interviews at 2 weeks and 6 months. Participants with acute stress disorder or major depression at 2 weeks, but not those with phobia, retrieved fewer specific autobiographical memories than those without the respective disorder. Reduced memory specificity at 2 weeks also predicted subsequent PTSD and major depression at 6 months over and above what could be predicted from initial diagnoses and symptom severity. Moderator analyses showed that low memory specificity predicted later depression in participants with prior episodes of major depression but not in those without prior depression. Mediation analyses suggested that rumination partly mediated and perceived permanent change fully mediated the effects of low memory specificity on posttrauma psychopathology at follow-up. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18377120 [PubMed - in process]

20: J Consult Clin Psychol. 2008 Apr;76(2):194-207.

The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health outcomes.

Campbell R, Greeson MR, Bybee D, Raja S.

Department of Psychology.

This study examined the co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment in a predominantly African American sample of 268 female veterans, randomly sampled from an urban Veterans Affairs hospital women's clinic. A combination of hierarchical and iterative cluster analysis was used to identify 4 patterns of women's lifetime experiences of violence co-occurrence. The 1st cluster experienced relatively low levels of all 4 forms of violence; the 2nd group, high levels of all 4 forms; the 3rd, sexual revictimization across the lifespan with adult sexual harassment; and the 4th, high intimate partner violence with sexual harassment. This cluster solution was validated in a theoretically driven model that examined the role of posttraumatic stress disorder (PTSD) as a mediator of physical health symptomatology. Structural equation modeling analyses revealed that PTSD fully mediated the relationship between violence and physical health symptomatology. Consistent with a bio-psycho-immunologic theoretical model, PTSD levels more strongly predicted pain-related physical health symptoms compared to nonpain health problems. Implications for clinical interventions to prevent PTSD and to

screen women for histories of violence in health care settings are discussed.
(PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18377117 [PubMed - in process]

21: Psychiatr Danub. 2008 Mar;20(1):80-4.

Relationship between combat related posttraumatic stress disorder (PTSD) and multiple sclerosis (MS).

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The interrelation between chronic stress and multiple sclerosis (MS) has always been known, but the biological foundation for this phenomenon has not yet been proven. Our case-study of 5 patients, both diagnosed with multiple sclerosis and PTSD, attempts to demonstrate various dimensions of interrelation between these two diseases. We have also tried to point out the problems and possible complications doctors might encounter during the treatment of an MS patient who is suffering from chronic stress. Our findings show the need for a multidisciplinary approach in the treatment of patients with chronic PTSD and co morbid multiple sclerosis, which will optimize treatment and result in more cost-effective care. Appropriate identification and optimal pharmacological interventions for both disorders might modify further chronicity of these disorders and thus achieve better outcome.

PMID: 18376335 [PubMed - in process]

22: Trauma Violence Abuse. 2008 Apr;9(2):100-13.

Cognitive-behavioral theory and preparation for professionals at risk for trauma exposure.

Whealin JM, Ruzek JI, Southwick S.

National Center for Posttraumatic Stress Disorder.

Military personnel, emergency first responders, and others whose work environments include exposure to traumatic events are at risk for developing posttraumatic stress disorder (PTSD). To help prevent negative sequelae, there is a strong need to identify well-operationalized, empirically supported, theoretically framed models of healthy adaptation to potentially traumatic events. Cognitive-behavioral theories (CBTs) describe etiological factors in trauma, guide research that has identified risk for PTSD, and help develop interventions that can effectively reduce posttrauma symptomatology. In this article, the authors draw on CBT and empirical research on post-traumatic stress to propose possible cognitive-behavioral mechanisms in trauma adaptation. They then suggest directions for future research, including areas for prevention interventions for at-risk professionals.

PMID: 18367753 [PubMed - in process]

23: Brain Inj. 2008 Apr;22(4):353-60.

Use of the emotional Stroop to assess psychological trauma following traumatic brain injury.

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Primary objective: A modified Stroop task was used to investigate the hypothesis that implicit memory may be a possible mechanism for the development of acute stress disorder (ASD) in patients who have suffered a closed head injury.

Research design: Three groups of hospital patients were compared within 1 month post-trauma: road traffic accident (RTA) patients with a brain injury (n = 15), RTA patients without a brain injury (n = 13) and a control group of orthopaedic and plastics patients (n = 15). Methods and procedures: Participants named colours of five types of words: RTA-related words, words related to hospitalization, obsessive-compulsive disorder (OCD) words, positive words and neutral words. Participants were also administered the Acute Stress Disorder Interview and the State-Trait Anxiety Inventory. Main outcomes and results: Both RTA patients with and without a brain injury demonstrated significant interference on words related to an RTA. Significant interference was unexpectedly observed for OCD words in RTA patients. Control patients did not display significant interference effects. Conclusions: Findings suggested that patients, both with and without explicit recall for an RTA, responded similarly on a task involving implicit memory for trauma. Possible implications for ASD and Post-traumatic Stress Disorder are discussed.

PMID: 18365849 [PubMed - in process]

24: Psychopharmacol Bull. 2008;41(1):8-18.

A placebo-controlled trial of guanfacine for the treatment of posttraumatic stress disorder in veterans.

Davis LL, Ward C, Rasmusson A, Newell JM, Frazier E, Southwick SM.

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Preclinical and clinical studies demonstrate a hyperactivity of the norepinephrine system in patients with posttraumatic stress disorder (PTSD). $\alpha(2)$ adrenergic agonists have been shown to ameliorate symptoms of PTSD, likely because of their ability to dampen noradrenergic tone. This study tests the ability of the $\alpha(2)$ adrenergic agonist, guanfacine, to reduce the symptoms of PTSD. Experimental Design: Patients with chronic PTSD were randomized (1:1) to an 8-week double-blind, placebo-controlled treatment of guanfacine followed by a 2 month open label extension phase. Patients were maintained on their stable doses of allowed antidepressants during the trial. Efficacy was measured by the following assessment scales: Clinician Administered PTSD Scale (CAPS), Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression-Severity (CGI-S), Clinical Global Impression-Improvement (CGI-I), and Davidson Trauma Scale (DTS, self-report). Principal Observations: There were no significant differences in the drug versus placebo responses for the clinician-administered or patient self-report outcome measures in this small sample of predominantly male combat veterans with PTSD. However, the medication was well tolerated.

Similar to previous findings, this small pilot study failed to show differences in the response to guanfacine versus placebo in a small sample of predominantly male combat veterans with PTSD.

PMID: 18362867 [PubMed - in process]

25: Med Care. 2008 Apr;46(4):388-393.

The Impact of Trauma Exposure and Post-Traumatic Stress Disorder on Healthcare Utilization Among Primary Care Patients.

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BACKGROUND:: Trauma exposure and post-traumatic stress disorder (PTSD) increase healthcare utilization in veterans, but their impact on utilization in other populations is uncertain. **OBJECTIVES::** To examine the association of trauma exposure and PTSD with healthcare utilization, in civilian primary care patients. **RESEARCH DESIGN::** Cross-sectional study. **SUBJECTS::** English speaking patients at an academic, urban primary care clinic. **MEASURES::** Trauma exposure and current PTSD diagnoses were obtained from the Composite International Diagnostic Interview. Outcomes were nonmental health outpatient and emergency department visits, hospitalizations, and mental health outpatient visits in the prior year from an electronic medical record. Analyses included bivariate unadjusted and multivariable Poisson regressions adjusted for age, gender, income, substance dependence, depression, and comorbidities. **RESULTS::** Among 592 subjects, 80% had ≥ 1 trauma exposure and 22% had current PTSD. In adjusted regressions, subjects with trauma exposure had more mental health visits [incidence rate ratio (IRR), 3.9; 95% confidence interval (CI), 1.1-14.1] but no other increased utilization. After adjusting for PTSD, this effect of trauma exposure was attenuated (IRR, 3.2; 95% CI, 0.9-11.7). Subjects with PTSD had more hospitalizations (IRR, 2.2; 95% CI, 1.4-3.7), more hospital nights (IRR, 2.6; 95% CI, 1.4-5.0), and more mental health visits (IRR, 2.2; 95% CI, 1.1-4.1) but no increase in outpatient and emergency department visits. **CONCLUSIONS::** PTSD is associated with more hospitalizations, longer hospitalizations, and greater mental healthcare utilization in urban primary care patients. Although trauma exposure is independently associated with greater mental healthcare utilization, PTSD mediates a portion of this association.

PMID: 18362818 [PubMed - as supplied by publisher]

26: J Holist Nurs. 2008 Mar 20 [Epub ahead of print]

A Spiritually Based Group Intervention for Combat Veterans With Posttraumatic

Stress Disorder: Feasibility Study.

Bormann JE, Thorp S, Wetherell JL, Golshan S.

Purpose: To assess the feasibility, effect sizes, and satisfaction of mantram repetition-the spiritual practice of repeating a sacred word/phrase throughout the day-for managing symptoms of posttraumatic stress disorder (PTSD) in veterans. Design: A two group (intervention vs. control) by two time (pre- and postintervention) experimental design was used. Methods: Veterans were randomly assigned to intervention (n = 14) or delayed-treatment control (n = 15). Measures were PTSD symptoms, psychological distress, quality of life, and patient satisfaction. Effect sizes were calculated using Cohen's d. Findings: Thirty-three male veterans were enrolled, and 29 (88%) completed the study. Large effect sizes were found for reducing PTSD symptom severity (d = -.72), psychological distress (d = -.73) and increasing quality of life (d = .70). Conclusions: A spiritual program was found to be feasible for veterans with PTSD. They reported moderate to high satisfaction. Effect sizes show promise for symptom improvement but more research is needed.

PMID: 18356284 [PubMed - as supplied by publisher]

27: JAMA. 2008 Mar 19;299(11):1291-305.

Association of FKBP5 polymorphisms and childhood abuse with risk of posttraumatic stress disorder symptoms in adults.

Binder EB, Bradley RG, Liu W, Epstein MP, Deveau TC, Mercer KB, Tang Y, Gillespie CF, Heim CM, Nemeroff CB, Schwartz AC, Cubells JF, Ressler KJ.

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CONTEXT: In addition to trauma exposure, other factors contribute to risk for development of posttraumatic stress disorder (PTSD) in adulthood. Both genetic and environmental factors are contributory, with child abuse providing significant risk liability. OBJECTIVE: To increase understanding of genetic and environmental risk factors as well as their interaction in the development of PTSD by gene x environment interactions of child abuse, level of non-child abuse trauma exposure, and genetic polymorphisms at the stress-related gene FKBP5. DESIGN, SETTING, AND PARTICIPANTS: A cross-sectional study examining genetic and psychological risk factors in 900 nonpsychiatric clinic patients (762 included for all genotype studies) with significant levels of childhood abuse as well as non-child abuse trauma using a verbally presented survey combined with single-nucleotide polymorphism (SNP) genotyping. Participants were primarily urban, low-income, black (>95%) men and women seeking care in the general medical care and obstetrics-gynecology clinics of an urban public hospital in Atlanta, Georgia, between 2005 and 2007. MAIN OUTCOME MEASURES: Severity of adult PTSD symptomatology, measured with the modified PTSD Symptom Scale, non-child abuse (primarily adult) trauma exposure and child abuse measured using the traumatic events inventory and 8 SNPs spanning the FKBP5 locus. RESULTS: Level of child abuse and non-child abuse trauma each separately predicted level of adult PTSD

symptomatology (mean [SD], PTSD Symptom Scale for no child abuse, 8.03 [10.48] vs > or =2 types of abuse, 20.93 [14.32]; and for no non-child abuse trauma, 3.58 [6.27] vs > or =4 types, 16.74 [12.90]; $P < .001$). Although FKBP5 SNPs did not directly predict PTSD symptom outcome or interact with level of non-child abuse trauma to predict PTSD symptom severity, 4 SNPs in the FKBP5 locus significantly interacted (rs9296158, rs3800373, rs1360780, and rs9470080; minimum $P = .0004$) with the severity of child abuse to predict level of adult PTSD symptoms after correcting for multiple testing. This gene x environment interaction remained significant when controlling for depression severity scores, age, sex, levels of non-child abuse trauma exposure, and genetic ancestry. This genetic interaction was also paralleled by FKBP5 genotype-dependent and PTSD-dependent effects on glucocorticoid receptor sensitivity, measured by the dexamethasone suppression test. CONCLUSIONS: Four SNPs of the FKBP5 gene interacted with severity of child abuse as a predictor of adult PTSD symptoms. There were no main effects of the SNPs on PTSD symptoms and no significant genetic interactions with level of non-child abuse trauma as predictor of adult PTSD symptoms, suggesting a potential gene-childhood environment interaction for adult PTSD.

Publication Types:

Multicenter Study
Research Support, N.I.H., Extramural
Research Support, Non-U.S. Gov't

PMID: 18349090 [PubMed - indexed for MEDLINE]

28: Annu Rev Public Health. 2008 Apr 21;29:115-129.

The Descriptive Epidemiology of Commonly Occurring Mental Disorders in the United States *

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Data are reviewed on the descriptive epidemiology of commonly occurring DSM-IV mental disorders in the United States. These disorders are highly prevalent: Roughly half the population meets criteria for one or more such disorders in their lifetimes, and roughly one fourth of the population meets criteria in any given year. Most people with a history of mental disorder had first onsets in childhood or adolescence. Later onsets typically involve comorbid disorders. Some anxiety disorders (phobias, separation anxiety disorder) and impulse-control disorders have the earliest age of onset distributions. Other anxiety disorders (panic disorder, generalized anxiety disorder, post-traumatic stress disorder), mood disorders, and substance disorders typically have later ages of onset. Given that most seriously impairing and persistent adult mental disorders are associated with child-adolescent onsets and high comorbidity, increased efforts are needed to study the public health implications of early detection and treatment of initially mild and currently largely untreated child-adolescent disorders.

PMID: 18348707 [PubMed - as supplied by publisher]

29: J Clin Psychiatry. 2008 Feb 6;;e1-e6 [Epub ahead of print]

Paroxetine CR Augmentation for Posttraumatic Stress Disorder Refractory to Prolonged Exposure Therapy.

Simon NM, Connor KM, Lang AJ, Rauch S, Krulewicz S, Lebeau RT, Davidson JR, Stein MB, Otto MW, Foa EB, Pollack MH.

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OBJECTIVE: Little is known about the efficacy of "next step" strategies for patients with post-traumatic stress disorder (PTSD) who remain symptomatic despite treatment. This study prospectively examines the relative efficacy of augmentation of continued prolonged exposure therapy (PE) with paroxetine CR versus placebo for individuals remaining symptomatic despite a course of PE. **METHOD:** Adult outpatients meeting DSM-IV criteria for PTSD were recruited from February 2003 to September 2005 at 4 academic centers. Phase I consisted of 8 sessions of individual PE over a 4- to 6-week period. Participants who remained symptomatic, defined as a score of ≥ 6 on the Short PTSD Rating Interview (SPRINT) and a Clinical Global Impressions-Severity of Illness scale (CGI-S) score ≥ 3 , were randomly assigned to the addition of paroxetine CR or matched placebo to an additional 5 sessions of PE (Phase II). **RESULTS:** Consistent with prior studies, the 44 Phase I completers improved significantly with initial PE (SPRINT: paired $t = 7.6$, $df = 41$, $p < .0001$; CGI-S: paired $t = 6.37$, $df = 41$, $p < .0001$). Counter to our hypothesis, however, we found no additive benefit of augmentation of continued PE with paroxetine CR compared to pill placebo for the 23 randomly assigned patients, with relatively minimal further gains overall in Phase II. **CONCLUSION:** Although replication with larger samples is needed before definitive conclusions can be drawn, our data do not support the addition of paroxetine CR compared with placebo to continued PE for individuals with PTSD who remain symptomatic after initial PE, suggesting that the development of novel treatment approaches for PTSD refractory to PE is needed. **CLINICAL TRIALS REGISTRATION:** ClinicalTrials.gov identifier NCT00215163.

PMID: 18348595 [PubMed - as supplied by publisher]

30: J Am Acad Psychoanal Dyn Psychiatry. 2007 Winter;35(4):575-89.

Combat veterans: impressions of an analytic observer in a non-analytic setting.

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The hallmark presentation of combat trauma-nightmares, waking hallucinations, intrusive traumatic memories, and extreme affective reactions to environmental triggers-may best be conceptualized as part of an adaptive mechanism intended to protect the individual against a repetition of trauma. Combat veterans continuously must cope with the extreme affects that combat induced. Fear, rage, guilt, and grief predominate. Their mental and emotional life is complicated by a conscience split between war zone and civilian morality and by the special group dynamics of combat. Optimal clinical understanding of combat-related trauma, whether in a psychoanalytic or general mental health setting, requires an awareness of the interaction of the personal dynamics of each individual with the specific characteristics of their combat situation.

PMID: 18335611 [PubMed - indexed for MEDLINE]

31: J Clin Psychiatry. 2008 Jan;69(1):e2.

Posttraumatic stress disorder: characteristics and treatment.

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This Distance Rounds reviews the DSM-IV definition of posttraumatic stress disorder (PTSD) and associated features. PTSD is a prevalent mental health problem that occurs in some people after combat or civilian trauma and is influenced by certain risk factors. Psychotherapy and pharmacotherapy have both been found efficacious, and treatment selection should be tailored to the individual patient. Pharmacotherapy options include selective serotonin reuptake inhibitors, tricyclic antidepressants, monoamine oxidase inhibitors, atypical antipsychotics, mood stabilizers, and medications for trauma-related nightmares. Treatment often involves multiple modalities.

Publication Types:

Interactive Tutorial

PMID: 18312029 [PubMed - indexed for MEDLINE]

32: Conn Med. 2008 Jan;72(1):13-7.

Comment in:

Conn Med. 2008 Jan;72(1):5-11.

Army health care operations in Iraq.

Young RS, Gillan E, Dingmann P, Casinelli P, Taylor C.

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Four years of warfare in the urban environment of Iraq have produced fundamental

changes in the Army's health-care system. First, improved communications and air evacuation have streamlined the transport of the wounded soldier from the battlefield to stateside medical centers. Second, individual ballistic armor has decreased the number of U.S. troops killed while the number of wounded soldiers has increased. Third, battling an unseen enemy has produced a marked increase in acute stress disorder, post-traumatic stress disorder and traumatic brain injury. Deployment of soldiers with chronic mental health disorders such as anxiety, attention deficit disorder, and depression is problematic. The stress of long combat tours has doubled the incidence of abuse and neglect in children of deployed service members. Compared to active-component soldiers, the prevalence of mental health disorders is twice as great in soldiers of the Army Reserve and Army National Guard. Finally, the difficulty in determining friend vs. foe in Iraq results in the incarceration of thousands of Iraqis creating both medical and ethical challenges for Army physicians.

Publication Types:
Review

PMID: 18286877 [PubMed - indexed for MEDLINE]

33: Curr Opin Psychiatry. 2008 Jan;21(1):74-7.

Post-traumatic stress disorder: facts and fiction.

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PURPOSE OF REVIEW: This review provides an update on contemporary perspectives on post-traumatic stress disorder and challenges myths about the disorder and its treatment. Post-traumatic stress disorder has recently attracted public attention because of the impact of international terrorism, although the vast majority of post-traumatic stress disorder cases actually relate to civilian events such as car accidents, rape and violent robbery. This disorder requires deeper understanding and consensus among professionals. **RECENT FINDINGS:** Advances have been made in elucidating the neurobiology of this disorder, partly by using an animal model of post-traumatic stress disorder. Recent studies have focused on memory processes and the therapeutic role played by plasticity of the hypothalamic-pituitary-adrenal axis, and how this fits (or does not fit) in with the current therapeutic interventions. Guidelines have been established by various bodies in an attempt to streamline treatment options. **SUMMARY:** Understanding of post-traumatic stress disorder is incomplete. Future research should attempt to determine what treatments given during the 'window of opportunity' - the time from exposure until post-traumatic stress disorder develops - are effective. Care should be taken not to interfere with spontaneous recovery.

Publication Types:
Review

PMID: 18281844 [PubMed - indexed for MEDLINE]

34: J Abnorm Psychol. 2008 Feb;117(1):236-41.

Reduced autobiographical memory specificity and posttraumatic stress: exploring the contributions of impaired executive control and affect regulation.

Dalgleish T, Rolfe J, Golden AM, Dunn BD, Barnard PJ.

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Reduced specificity of autobiographical memories retrieved to word cues on the Autobiographical Memory Test (AMT) is associated with increased posttraumatic stress in traumatized samples. Theoretical debates concerning the dominant influences on this effect have focused on affect regulation, whereby specific personal information is avoided more by those experiencing greater distress, versus compromised executive control, whereby increased distress is associated with an inability to set aside inappropriately general responses on the AMT. The present study compared these 2 views in a correlational design using a reversed version of the AMT (the AMT-R) for which trauma-exposed participants (N=36) had to generate general memories from the past and avoid specific memories. An emphasis on the role of affect regulation would predict that distress would be associated with reduced specificity (as in the standard AMT), whereas emphasis on the role of executive control would predict that this relationship would be reversed. The data supported the affect regulation account, with greater posttraumatic stress being associated with reduced memory specificity. (c) 2008 APA, all rights reserved

Publication Types:

Research Support, Non-U.S. Gov't

PMID: 18266501 [PubMed - indexed for MEDLINE]

35: J Abnorm Psychol. 2008 Feb;117(1):171-81.

Clinical and neural correlates of alexithymia in posttraumatic stress disorder.

Frewen PA, Lanius RA, Dozois DJ, Neufeld RW, Pain C, Hopper JW, Densmore M, Stevens TK.

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Individuals with posttraumatic stress disorder (PTSD) often exhibit deficits in emotional experience and expression, which suggests that certain individuals with PTSD may be alexithymic. In this study, in a sample of 105 individuals with PTSD, clinical correlates of alexithymia included reexperiencing, hyperarousal, numbing, dissociative symptoms, and retrospectively reported experiences of childhood emotional neglect. In a subsample of 26 individuals with PTSD related to a motor vehicle accident, functional neural responses to trauma-script imagery were associated with severity of alexithymia, including increased right posterior-insula and ventral posterior-cingulate activation and decreased bilateral ventral anterior-cingulate, ventromedial prefrontal, anterior-insula, and right inferior frontal cortex activation. Clinical and theoretical implications and future research directions are discussed. (c) 2008 APA, all rights reserved

Publication Types:

Research Support, Non-U.S. Gov't

PMID: 18266495 [PubMed - indexed for MEDLINE]

36: Bull Menninger Clin. 2007 Fall;71(4):273-90.

Mentalizing as a framework for integrating therapeutic exposure and relationship repair in the treatment of a patient with complex posttraumatic psychopathology.

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The concept of mentalizing-attending to mental states in oneself and others-provides an integrative conceptual framework to characterize the psychotherapeutic treatment of a patient with a history of attachment trauma and a comorbid schizoaffective disorder. The authors construe mentalizing failures in childhood attachment relationships as integral to the trauma and the promotion of mentalizing in the psychotherapy relationship as the cornerstone of healing. They employ mentalizing to conceptualize both the exposure-based interventions and the equally essential interruption of a problematic pattern of reenactment that continually fueled the patient's posttraumatic symptoms.

Publication Types:

Case Reports

PMID: 18254687 [PubMed - indexed for MEDLINE]

37: Psychother Psychosom. 2008;77(2):101-10. Epub 2008 Jan 25.

Randomized controlled comparison of cognitive behavior therapy with Rogerian supportive therapy in chronic post-traumatic stress disorder: a 2-year follow-up.

Cottraux J, Note I, Yao SN, de Mey-Guillard C, Bonasse F, Djamoussian D, Mollard E, Note B, Chen Y.

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BACKGROUND: To date, there have been no studies comparing cognitive behavior therapy (CBT) with Rogerian therapy in post-traumatic stress disorder. **METHOD:** Sixty outpatients with DSM-IV chronic post-traumatic stress disorder were randomized into two groups for 16 weekly individual sessions of CBT or Rogerian supportive therapy (ST) at two centers. No medication was prescribed. Measures included the Post-Traumatic Stress Disorder Checklist Scale (PCL), the Hamilton Anxiety Scale, Beck Depression Inventory, and Quality of Life. The general criterion of improvement (GCI) was a score of less than 44 on the PCL. **RESULTS:** Forty-two patients were evaluated at post-test, 38 at week 52 and 25 at week 104. At post-test, the rate of patients leaving the trial due to worsening or lack of effectiveness was significantly higher in the ST group ($p = 0.004$). At this point, no between-group difference was found on the GCI and any of the rating scales. Intent-to-treat analysis found no difference for the GCI, but patients in

the CBT group showed greater improvement on the PCLS and Hamilton Anxiety Scale.

Naturalistic follow-up showed sustained improvement without between-group differences at weeks 52 and 104. CONCLUSIONS: CBT retained significantly more patients in treatment than ST, but its effects were equivalent to those of ST in the completers. CBT was better in the dimensional intent-to-treat analysis at post-test.

Publication Types:

- Comparative Study
- Multicenter Study
- Randomized Controlled Trial
- Research Support, Non-U.S. Gov't

PMID: 18230943 [PubMed - indexed for MEDLINE]

38: Psychother Psychosom. 2008;77(2):93-100. Epub 2008 Jan 25.

Treating acute stress disorder and posttraumatic stress disorder with cognitive behavioral therapy or structured writing therapy: a randomized controlled trial.

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BACKGROUND: Writing assignments have shown promising results in treating traumatic symptomatology. Yet no studies have compared their efficacy to the current treatment of choice, cognitive behavior therapy (CBT). The present study evaluated the efficacy of structured writing therapy (SWT) and CBT as compared to a waitlist control condition in treating acute stress disorder (ASD) and posttraumatic stress disorder (PTSD). **METHODS:** A randomized controlled trial was conducted at an outpatient clinic. Participants (n = 125) (a) satisfied DSM-IV criteria for ASD or PTSD, (b) were 16 years or older, (c) were sufficiently fluent in Dutch or English, (d) had no psychiatric problems except ASD or PTSD that would hinder participation or required alternative clinical care, and (e) received no concurrent psychotherapy. Treatment consisted of five 1.5-hour sessions of CBT or SWT for participants with ASD or acute PTSD and ten 1.5-hour sessions for participants with chronic PTSD. Outcome measures included the Structured Clinical Interview for DSM-IV, Impact of Event Scale, Beck Depression Inventory, State-Trait Anxiety Inventory and the Dissociative Experiences Scale. **RESULTS:** At posttest and follow-up, treatment was associated with improved diagnostic status and lower levels of intrusive symptoms, depression and state anxiety, while a trend was noted for the reduction of avoidance symptoms. Treatment did not result in lower levels of trait anxiety or dissociation. No differences in efficacy were detected between CBT and SWT. **CONCLUSIONS:** The present study confirmed the efficacy of CBT for ASD and PTSD and identified SWT as a promising alternative treatment.

Publication Types:

- Randomized Controlled Trial
- Research Support, Non-U.S. Gov't

PMID: 18230942 [PubMed - indexed for MEDLINE]

39: Psychiatry Res. 2008 Jan 15;162(1):59-72.

Neural systems for executive and emotional processing are modulated by symptoms of posttraumatic stress disorder in Iraq War veterans.

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The symptom-provocation paradigms generally used in neuroimaging studies of posttraumatic stress disorder (PTSD) have placed high demands on emotion processing but lacked cognitive processing, thereby limiting the ability to assess alterations in neural systems that subservise executive functions and their interactions with emotion processing. Thirty-nine veterans from Iraq and Afghanistan underwent functional magnetic resonance imaging while exposed to emotional combat-related and neutral civilian scenes interleaved with an executive processing task. Contrast activation maps were regressed against PTSD symptoms as measured by the Davidson Trauma Scale. Activation for emotional compared with neutral stimuli was highly positively correlated with level of PTSD symptoms in ventral frontolimbic regions, notably the ventromedial prefrontal cortex, inferior frontal gyrus, and ventral anterior cingulate gyrus. Conversely, activation for the executive task was negatively correlated with PTSD symptoms in the dorsal executive network, notably the middle frontal gyrus, dorsal anterior cingulate gyrus, and inferior parietal lobule. Thus, there is a strong link between the subjectively assessed behavioral phenomenology of PTSD and objective neurobiological markers. These findings extend the largely symptom provocation-based functional neuroanatomy to provide evidence that interrelated executive and emotional processing systems of the brain are differentially affected by PTSD symptomatology in recently deployed war veterans.

Publication Types:

- Research Support, N.I.H., Extramural
- Research Support, Non-U.S. Gov't
- Research Support, U.S. Gov't, Non-P.H.S.

PMID: 18093809 [PubMed - indexed for MEDLINE]

40: Int J Psychoanal. 2007 Dec;88(Pt 6):1527-42.

The influence of extreme traumatization on body, mind and social relations.

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Extreme traumatization affects the individual's relation to others in several social and psychological ways. The post-traumatic experiences are characterized by helplessness, insecurity, anxiety, loss of basic trust, and fragmentation of perspectives on one's own life. Special considerations should be given to the destruction of the ability to regulate negative emotions (extreme fear, distress, anguish, anger, rage, shame) in relation to others and activate internal good and empathic object relations. Destruction of the capacity for symbolization of traumatic experience may threaten the mind with chaotic states against which the 'I' tries to defend itself and find a balanced psychic mise-en-scene. The authors

emphasize three dimensions that the analyst should observe in his understanding of the traumatized mind and its conflicts. The proposed dimensions are called the body-other dimension, the subject-group dimension, and the subject-discourse dimension. All three dimensions have specific structural characteristics that are expressed in the analytic relation. Extreme trauma causes disturbances in each of these dimensions. The authors present clinical material from a traumatized refugee to illustrate the analytic work.

Publication Types:
Case Reports

PMID: 18055381 [PubMed - indexed for MEDLINE]

41: Addict Behav. 2008 Jan;33(1):180-7. Epub 2007 Jun 9.

Behavioral couples therapy for comorbid substance use disorders and combat-related posttraumatic stress disorder among male veterans: an initial evaluation.

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Outcomes after behavioral couples therapy (BCT) were compared for 19 dually diagnosed veterans with combat-related PTSD and a substance use disorder (SUD, primarily alcohol dependence) and 19 veterans with SUD only. Clients with and without comorbid PTSD had very similar pre-treatment clinical profiles on dimensions of substance misuse, relationship functioning, and psychological symptoms. Further, both PTSD and non-PTSD clients showed good compliance with BCT, attending a high number of BCT sessions, taking Antabuse, and going to AA. Finally, both PTSD and non-PTSD groups improved from before BCT to immediately after and 12 months after BCT. Specific improvements noted were increased relationship satisfaction and reductions in drinking, negative consequences of drinking, male-to-female violence, and psychological distress symptoms. Extent and pattern of improvement over time were similar whether the client had PTSD or not. The present results suggest that BCT may have promise in treating clients with comorbid SUD and combat-related PTSD.

Publication Types:
Comparative Study
Research Support, N.I.H., Extramural
Research Support, U.S. Gov't, Non-P.H.S.

PMID: 17628345 [PubMed - indexed for MEDLINE]

42: J Anxiety Disord. 2008;22(2):319-27. Epub 2007 Mar 12.

The sensitivity and specificity of flashbacks and nightmares to trauma.

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Traumatic events are commonly re-experienced by trauma survivors through

nightmares and flashbacks. The current study examined the relative sensitivity and specificity of these two forms of re-experiencing trauma in female survivors of rape. The frequency of nightmares and flashbacks were assessed using the Nightmare Frequency Questionnaire (NFQ) and the Flashback Frequency Questionnaire (FFQ), respectively. The FFQ was developed for this study and is designed to assess the frequency and occurrence of flashbacks in trauma survivors. The NFQ, FFQ and a variety of other measures were completed by 34 female survivors of rape and 28 female control participants. Results provided support for the construct and criterion validity of the FFQ, and demonstrated that flashbacks are more sensitive and specific indicators of the presence of trauma than are nightmares.

Publication Types:
Comparative Study

PMID: 17434287 [PubMed - indexed for MEDLINE]

43: J Anxiety Disord. 2008;22(2):162-74. Epub 2007 Feb 23.

Factors impacting trauma treatment practice patterns: the convergence/divergence of science and practice.

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OBJECTIVE: This study surveyed the practice patterns of behavioral health providers to determine the degree to which providers in this study utilized evidence-based approaches when dealing with traumatized individuals and the extent to which these practice methods vary as a result of population density or provider characteristics. **METHOD:** A survey instrument was designed specifically for this study. The Trauma Practices Questionnaire (TPQ) a 22-item trauma treatment practice utilization scale was mailed to all licensed or certified behavioral health providers in a southern state (N=5752). Responses of 1121 professionals who represent seven disciplines are reported. **RESULTS:** Gender and the acquisition of specialized trauma training impacted the way providers practice. Discipline-specific differences became statistically nonsignificant when controlling for gender. Several areas of guideline convergence were uncovered (e.g. the frequent use of CBT) as well as practices that were divergent from best practice recommendations, especially with regards to the use of psychopharmacological interventions. **CONCLUSIONS:** Results highlight issues related to translational research dissemination and training practices, as well as factors that might affect clinician's acceptance of and compliance with evidence-based practices.

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44: Conscious Cogn. 2007 Dec;16(4):877-85. Epub 2006 Aug 9.

Trauma-related and neutral false memories in war-induced Posttraumatic Stress Disorder.

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Recent models of cognition in Posttraumatic Stress Disorder (PTSD) predict that trauma-related, but not neutral, processing should be differentially affected in these patients, compared to trauma-exposed controls. This study compared a group of 50 patients with PTSD related to the war in Bosnia and a group of 50 controls without PTSD but exposed to trauma from the war, using the DRM method to induce false memories for war-related and neutral critical lures. While the groups were equally susceptible to neutral critical lures, the PTSD group mistakenly recalled more war-related lures. Both false and correct recall were related more to depression than to self-rated trauma. Implications for accounts of false memories in terms of source-monitoring are discussed.

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