



Post-Traumatic Stress Disorder *November , 2003*

1: Am J Alzheimers Dis Other Demen. 2003 Jul-Aug;18(4):227-30.

Restraint procedures and dementia sufferers with psychological trauma.

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Restraint is an extreme response to an emergency situation in which there is imminent harm to self or others. Although some restrained patients become calm, others may become even more behaviorally disorganized. In some of these latter cases, the restrained patients may be victims of violence for whom the restraint procedure acts as a symbolic reminder of the past victimization. Elderly dementia sufferers may also be among these victims of violence. This paper provides a brief review of psychological trauma, research findings on psychological trauma in the elderly, and an approach to modifying restraint procedures that may be needed for dementia sufferers with a past history of victimization to minimize the disquiet associated with the needed restraint.

Publication Types:

Review

Review, Tutorial

PMID: 12955787 [PubMed - indexed for MEDLINE]

2: Am J Epidemiol. 2003 Sep 15;158(6):514-24.

Trends of probable post-traumatic stress disorder in New York City after the September 11 terrorist attacks.

Galea S, Vlahov D, Resnick H, Ahern J, Susser E, Gold J, Bucuvalas M, Kilpatrick D.

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The authors investigated trends in probable post-traumatic stress disorder (PTSD) prevalence in the general population of New York City in the first 6 months after the September 11 terrorist attacks. Three random digit dialing telephone surveys of adults in progressively larger portions of the New York

City metropolitan area were conducted 1 month, 4 months, and 6 months after September 11, 2001. A total of 1,008, 2,001, and 2,752 demographically representative adults were recruited in the three surveys, respectively. The current prevalence of probable PTSD related to the September 11 attacks in Manhattan declined from 7.5% (95% confidence interval: 5.7, 9.3) 1 month after September 11 to 0.6% (95% confidence interval: 0.3, 0.9) 6 months after September 11. Although the prevalence of PTSD symptoms was consistently higher among persons who were more directly affected by the attacks, a substantial number of persons who were not directly affected by the attacks also met criteria for probable PTSD. These data suggest a rapid resolution of most of the probable PTSD symptoms in the general population of New York City in the first 6 months after the attacks. The psychological consequences of a large-scale disaster in a densely populated urban area may extend beyond persons directly affected by the disaster to persons in the general population.

PMID: 12965877 [PubMed - indexed for MEDLINE]

3: Ann Pharmacother. 2003 Sep;37(9):1177-81.

Baclofen treatment for chronic posttraumatic stress disorder.

Drake RG, Davis LL, Cates ME, Jewell ME, Ambrose SM, Lowe JS.

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OBJECTIVE: Previous studies have shown the efficacy of gamma-aminobutyric acid B (GABA(B)) receptor agonists in treating anxiety in patients with panic disorder and in treating depression and anxiety in alcoholic patients. We hypothesized that baclofen, a GABA(B) agonist, would be an effective treatment in the symptomatic management of veterans with chronic posttraumatic stress disorder (PTSD). **METHODS:** Fourteen male veterans with chronic, combat-related PTSD were enrolled in an open-label, 8-week, monotherapy trial of baclofen titrated to a maximum of 80 mg/d in 3 divided doses. The primary outcome measure was the Clinician-Administered PTSD Scale (CAPS), and secondary outcome measures included the Hamilton Rating Scale for Anxiety, the Hamilton Rating Scale for Depression, the Global Assessment of Functioning Scale, and the Clinical Global Impressions. **RESULTS:** In the 11 patients who completed the 8-week trial, the mean total CAPS score decreased significantly from baseline (from 82.9 +/- 16.1 to 63.5 +/- 21.2). The avoidance and hyperarousal subscales showed significant decreases (from 36.2 +/- 6.2 to 26.5 +/- 9.6 and from 31.9 +/- 6.5 to 22.1 +/- 7.1, respectively), whereas the re-experiencing subscale remained unchanged. Significant improvements were also noted on all secondary outcome measures. Treatment response was noted within the first 4 weeks of treatment and was maintained throughout the trial. Baclofen therapy was well tolerated, as only 1 patient dropped out due to adverse effects. **CONCLUSIONS:** Baclofen therapy was effective in treating both the PTSD symptoms and accompanying depression and anxiety in patients with chronic PTSD due to combat. Larger, double-blind, placebo-controlled studies are needed to confirm the efficacy of baclofen in the treatment of PTSD.

Publication Types:
Clinical Trial

PMID: 12921495 [PubMed - indexed for MEDLINE]

4: Aust Fam Physician. 2003 Sep;32(9):683-7.

Post-traumatic stress disorder. A brief overview.

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BACKGROUND: Post-traumatic stress disorder (PTSD) is an anxiety disorder which occurs following exposure to a traumatic, potentially life threatening event. It is frequently comorbid with other anxiety and mood disorders, substance misuse and physical symptoms that may cloud its presentation. In itself, PTSD is a frequently chronic disabling condition associated with a marked impact on social, occupational and family functioning that also carries an increased risk of suicide. Early intervention once the disorder is present, represents the most effective chance of reducing disability. Appropriate diagnosis and referral are among the key skills required by the general practitioner to deal with this condition. **OBJECTIVE:** This article aims to provide an overview of PTSD for GPs including clinical features, epidemiological aspects, approach to assessment and treatment, and specialist resources available. **DISCUSSION:** Recent world events including terrorist attacks, wars in Afghanistan and Iraq, and Middle East turmoil have raised community awareness of the impact of trauma. General practitioners are in a unique position to be involved in the early diagnosis and treatment of PTSD, which has been shown to improve outcome.

Publication Types:

Review
Review, Tutorial

PMID: 14524201 [PubMed - indexed for MEDLINE]

5: Aust Fam Physician. 2003 Sep;32(9):679-81.

Working in a war zone. The impact on humanitarian health workers.

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BACKGROUND: The work challenges faced by doctors, nurses and other health professionals in the humanitarian field are overwhelming. **OBJECTIVE:** This article highlights the psychological effects on humanitarian workers and the support available, both while on a 'mission' and on return home. **DISCUSSION:** It is impossible not to be psychologically affected by witnessing gross acts of violence, starvation, epidemics, displacement and despair, or hearing tales of slaughter, rape and killing. Just as those populations who are subjected to traumatic experiences develop post-traumatic psychological problems, so too can those humanitarian workers who assist them.

PMID: 14524200 [PubMed - indexed for MEDLINE]

6: Biol Psychiatry. 2003 Oct 1;54(7):693-702.

Long-term treatment with paroxetine increases verbal declarative memory and hippocampal volume in posttraumatic stress disorder.

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BACKGROUND: Animal studies have shown that stress is associated with damage to the hippocampus, inhibition of neurogenesis, and deficits in hippocampal-based memory dysfunction. Studies in patients with posttraumatic stress disorder (PTSD) found deficits in hippocampal-based declarative verbal memory and smaller hippocampal volume, as measured with magnetic resonance imaging (MRI). Recent preclinical evidence has shown that selective serotonin reuptake inhibitors promote neurogenesis and reverse the effects of stress on hippocampal atrophy. This study assessed the effects of long-term treatment with paroxetine on hippocampal volume and declarative memory performance in PTSD. **METHODS:** Declarative memory was assessed with the Wechsler Memory Scale-Revised and Selective Reminding Test before and after 9-12 months of treatment with paroxetine in PTSD. Hippocampal volume was measured with MRI. Of the 28 patients who started the protocol, 23 completed the full course of treatment and neuropsychological testing. Twenty patients were able to complete MRI imaging. **RESULTS:** Patients with PTSD showed a significant improvement in PTSD symptoms with treatment. Treatment resulted in significant improvements in verbal declarative memory and a 4.6% increase in mean hippocampal volume. **CONCLUSIONS:** These findings suggest that long-term treatment with paroxetine is associated with improvement of verbal declarative memory deficits and an increase in hippocampal volume in PTSD.

PMID: 14512209 [PubMed - indexed for MEDLINE]

7: Br J Psychiatry. 2003 Sep;183:263.

Comment on:

Br J Psychiatry. 2003 Feb;182:158-63.

Flashbacks and PTSD in US veterans.

Kimbrell T, Myers M, Freeman T.

Publication Types:

Comment
Historical Article
Letter

PMID: 12949004 [PubMed - indexed for MEDLINE]

8: Clin Psychol Rev. 2003 Jul;23(4):587-603.

Posttraumatic disorders following injury: an empirical and methodological review.

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Although there has been a marked increase in research on psychological disorders following physical injury in recent years, there are many discrepancies between the reported findings. This paper reviews the prevalence outcomes of recent studies of the mental health sequelae of physical injury with a focus on posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and depression. The review critically outlines some of the methodological factors that may have contributed to these discrepancies. The phenomenological overlap between organic and psychogenic symptoms, the use of narcotic analgesia, the

role of brain injury, the timing and content of assessments, and litigation are discussed in terms of their potential to confound findings with this population. Recommendations are proposed to clarify methodological approaches in this area. It is suggested that a clearer understanding of the psychological effects of physical injury will require the widespread adoption of more rigorous, standardized and transparent methodological procedures.

Publication Types:
Review
Review, Tutorial

PMID: 12788111 [PubMed - indexed for MEDLINE]

9: Clin Psychol Rev. 2003 May;23(3):377-407.

Sleep and posttraumatic stress disorder: a review.

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Research seeking to establish the relationship between sleep and posttraumatic stress disorder (PTSD) is in its infancy. An empirically supported theory of the relationship is yet to emerge. The aims of the present paper are threefold: to summarise the literature on the prevalence and treatment of sleep disturbance characteristic of acute stress disorder (ASD) and PTSD, to critically review this literature, and to draw together the disparate theoretical perspectives that have been proposed to account for the empirical findings. After a brief overview of normal human sleep, the literature specifying the relation between sleep disturbance and PTSD is summarized. This includes studies of the prevalence of sleep disturbance and nightmares, content of nightmares, abnormalities in rapid eye movement (REM) sleep, arousal threshold during sleep, body movement during sleep, and breathing-related sleep disorders. In addition, studies of the treatment of sleep disturbance in individuals with PTSD are reviewed. We conclude that the role of sleep in PTSD is complex, but that it is an important area for further elucidating the nature and treatment of PTSD. Areas for future research are specified. In particular, a priority is to improve the methodology of the research conducted.

Publication Types:
Review
Review, Academic

PMID: 12729678 [PubMed - indexed for MEDLINE]

10: Clin Psychol Rev. 2003 May;23(3):339-76.

Psychological theories of posttraumatic stress disorder.

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We summarize recent research on the psychological processes implicated in posttraumatic stress disorder (PTSD) as an aid to evaluating theoretical models

of the disorder. After describing a number of early approaches, including social-cognitive, conditioning, information-processing, and anxious apprehension models of PTSD, the article provides a comparative analysis and evaluation of three recent theories: Foa and Rothbaum's [Foa, E. B. & Rothbaum, B. O. (1998). Treating the trauma of rape: cognitive behavioral therapy for PTSD. New York: Guilford Press] emotional processing theory; Brewin, Dalgleish, and Joseph's [Psychological Review 103 (1996) 670] dual representation theory; Ehlers and Clark's [Behaviour Research and Therapy 38 (2000) 319] cognitive theory. We review empirical evidence relevant to each model and identify promising areas for further research.

Publication Types:

Review
Review, Academic

PMID: 12729677 [PubMed - indexed for MEDLINE]

11: Clin Psychol Rev. 2003 May;23(3):481-99.

Single-session early psychological interventions following traumatic events.

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Single-session early psychological interventions became widely advocated during the 1980s and 1990s as a way to prevent the development of psychological sequelae following traumatic events. There have now been 13 randomised controlled trials of single-session interventions within 1 month of a traumatic event. Notwithstanding their methodological shortcomings and clinical heterogeneity, the results are neutral overall in terms of clinical effectiveness. Possible explanations include a failure to encourage individuals' personal coping mechanisms and defence mechanisms and that insufficient time was allowed for habituation to intense exposure to occur. With the present evidence, the routine use of single-session interventions following traumatic events cannot be justified. This does not mean that there should be nothing offered, as many individuals involved in traumatic events clearly have emotional needs. Hopefully, future research will identify alternative forms of early intervention that prove useful to those individuals who would otherwise develop more significant psychological difficulties.

Publication Types:

Review
Review, Academic

PMID: 12729681 [PubMed - indexed for MEDLINE]

12: Clin Psychol Rev. 2003 May;23(3):501-22.

Cognitive behaviour therapy for posttraumatic stress disorder.

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Following considerable empirical scrutiny, cognitive behaviour therapy (CBT) has proven to be a safe and effective treatment for posttraumatic stress disorder (PTSD). This article overviews the general principles of treatment and describes the components that comprise CBT for PTSD. We then move on to review the efficacy of CBT for the treatment of PTSD caused by various traumas, including assault, road traffic accident (RTA), combat, and terrorism. Recent advances in early intervention and in the treatment of disorders that are comorbid with PTSD are reviewed. Finally, future directions are discussed. In particular, it is proposed that randomised controlled trials (RCT) of CBT for PTSD must be conducted with enhanced methodological rigour and public health relevance.

Publication Types:

Review
Review, Academic

PMID: 12729682 [PubMed - indexed for MEDLINE]

13: Compr Psychiatry. 2003 May-Jun;44(3):177-83.

Social and health functioning in female primary care patients with post-traumatic stress disorder with and without comorbid substance abuse.

Zlotnick C, Bruce SE, Weisberg RB, Shea MT, Machan JT, Keller MB.

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The present study examined whether post-traumatic stress disorder (PTSD) and comorbid substance use disorder (SUD) is associated with greater social and health morbidity than PTSD without SUD in a sample of female primary care patients. Participants were administered diagnostic interviews and assessed for work productivity, quality of interpersonal relationships, and degree of health functioning. No significant differences were found between the women with current PTSD and a comorbid lifetime substance use disorder (N = 56) and those with current PTSD and no lifetime substance use disorders (N = 60) in degree of work productivity, interpersonal functioning, and overall well-being and health, as well as number of lifetime medical illnesses. These findings suggest that the presence of comorbid SUD may not explain the level of social and health difficulties associated with the dual diagnosis of PTSD and SUD.

Publication Types:

Multicenter Study

PMID: 12764704 [PubMed - indexed for MEDLINE]

14: Crit Care Med. 2003 Oct;31(10):2456-61.

Rehabilitation after critical illness: a randomized, controlled trial.

Jones C, Skirrow P, Griffiths RD, Humphris GH, Ingleby S, Eddleston J, Waldmann C, Gager M.

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OBJECTIVE: To evaluate the effectiveness of a rehabilitation program following critical illness to aid physical and psychological recovery. DESIGN: Randomized controlled trial, blind at follow-up with final assessment at 6 months. SETTING:

Two district general hospitals and one teaching hospital. PATIENTS: Patients were 126 consecutively admitted intensive care patients meeting the inclusion criteria. INTERVENTIONS: Control patients received ward visits, three telephone calls at home, and clinic appointments at 8 wks and 6 months. Intervention patients received the same plus a 6-wk self-help rehabilitation manual. MEASUREMENTS AND MAIN RESULTS: We measured levels of depression and anxiety (Hospital Anxiety and Depression Scale), phobic symptoms (Fear Index), posttraumatic stress disorder (PTSD)-related symptoms (Impact of Events Scale), and scores on the Short-Form Health Survey physical dimension 8 wks and 6 months after intensive care unit (ICU) treatment. Memory for ICU was assessed at 2 wks post-ICU discharge using the ICU Memory Tool. The intervention group improved, compared with the control patients, on the Short-Form Health Survey physical function scores at 8 wks and 6 months ($p = .006$), and there was a trend to a lower rate of depression at 8 wks (12% vs. 25%). However, there were no differences in levels of anxiety and PTSD-related symptoms between the groups. The presence of delusional memories was correlated significantly with both anxiety and Impact of Events Scale scores. CONCLUSIONS: A self-help rehabilitation manual is effective in aiding physical recovery and reducing depression. However, in those patients recalling delusional memories from the ICU, further psychological care may be needed to reduce the incidence of anxiety and PTSD-related symptoms.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14530751 [PubMed - indexed for MEDLINE]

15: *Depress Anxiety*. 2003;17(3):130-9.

The weaker sex? Gender and post-traumatic stress disorder.

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We discuss the gender-specific differences for traumatic events and Post-Traumatic Stress Disorder (PTSD) as found in the epidemiological literature. Recent research literature consistently reports three interesting findings: 1) men experience traumatic events more often, 2) women and men differ in the type of traumatic experiences they experience, and 3) women more often develop PTSD after the experience of a traumatic event. In the second part of the present article we provide some explanations for these differences. The reported higher vulnerability of women for PTSD could be due to the methodology used, the higher prevalence of childhood sexual abuse and rape in women, the different coping styles of women and men, or the more limited socio-economic resources of women. Copyright 2003 Wiley-Liss, Inc.

Publication Types:

Review

Review, Academic

PMID: 12768647 [PubMed - indexed for MEDLINE]

16: *Depress Anxiety*. 2003;17(3):107-10.

Anxiety disorders in women: a developmental and lifecycle perspective.

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PMID: 12768644 [PubMed - indexed for MEDLINE]

17: Int J Psychoanal. 2003 Aug;84(Pt 4):985-95.

Magnitude of trauma and personality change.

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In this paper the author postulates that, in post-traumatic personality structures caused by overwhelming traumatic experiences, pre-traumatic personality features and childhood experiences are of little or no relevance. Sixty-four survivors of Nazi concentration camps are examined, their concentration camp experiences detailed and pre-persecution histories and post-persecution psychopathology studied. The significance of a concentration camp experience is analytically discussed and evaluated. This study shows that 52 cases (81.2%) of the 64 survivors of concentration camps presented an almost identical depressive personality structure irrespective of their prepersecution life history. The 64 survivors of concentration camps are psychologically compared to 78 cases of people who, in view of the menacing circumstances, decided to emigrate and in this way were spared from becoming victims of the Nazi 'final solution'. Finally, the author discusses the value of psychoanalytical treatment.

PMID: 13678502 [PubMed - indexed for MEDLINE]

18: Int J Psychoanal. 2003 Aug;84(Pt 4):915-28.

Life within death: towards a metapsychology of catastrophic psychic trauma.

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In this paper the author offers a phenomenology and a metapsychology for the effects on the mind of catastrophic psychic trauma, defined as the reaction of the psyche to an utterly external event, which the person is helpless to resist, and against which there is no possible defense. The author affirms that the experience of 'infinite affliction' produces a radical break in being which disarticulates the psyche and causes a headlong descent to the most primitive levels of psychic functioning. When there is a complete surrender to the process of disarticulation, it continues until it extinguishes even the most basic level of mental activity, contact with sensation, producing psychic and then psychogenic death. The author then offers a phenomenological and metapsychological analysis of how the process of disarticulation is stopped so that the state of survival is assured, affirming that, faced with this situation of utter emergency, the survival urge instantly mobilizes the organism in furious activity to preserve life and regenerates psychic activity by sensing the ongoing existence of the psychesoma. Then anguish precipitates on to the

body and is sensed as psychophysical pain, which diverts conscious attention from the infinite destruction of utter affliction which is thus encapsulated so that, as an experience, it is no longer present to the mind. This assures survival, but it leaves the psyche in a state of non-integration and begins the unending battle for mastery over the deadly inner object which ceaselessly threatens to become present. This constitutes the precariousness of the state of survival.

PMID: 13678497 [PubMed - indexed for MEDLINE]

19: J Behav Ther Exp Psychiatry. 2003 Mar;34(1):25-43.

Screening for generalized anxiety disorder using the Penn State Worry Questionnaire: a receiver operating characteristic analysis.

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The present study examined the usefulness of the Penn State Worry Questionnaire (PSWQ) as a means of screening for generalized anxiety disorder (GAD). Using receiver operating characteristic analyses, the accuracy of the PSWQ in screening for GAD was examined in both clinical and analogue diagnosed GAD samples. Given high comorbidity between GAD and other emotional disorders, we also investigated the usefulness of the PSWQ in selecting non-cases of GAD that were also free of PTSD, social phobia, or depression versus non-cases of GAD that met criteria for one of these conditions. The overall usefulness of the PSWQ as a screening device is discussed.

PMID: 12763391 [PubMed - indexed for MEDLINE]

20: J Bone Joint Surg Am. 2003 Sep;85-A(9):1689-97.

Psychological distress associated with severe lower-limb injury.

McCarthy ML, MacKenzie EJ, Edwin D, Bosse MJ, Castillo RC, Starr A; LEAP study group.

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BACKGROUND: Little is known about the psychological morbidity associated with limb-threatening injuries. It was hypothesized that a substantial proportion of patients who sustain a severe lower-limb injury will report serious psychological distress. **METHODS:** Adult patients who were admitted to one of eight level-I trauma centers for treatment of an injury threatening the lower limb were enrolled during their initial hospitalization. Patients were recontacted at three, six, twelve, and twenty-four months after the injury and asked to complete the Brief Symptom Inventory (BSI), a fifty-three-item, self-reported measure of psychological distress. Patients who screen positive on the BSI are considered likely to have a psychological disorder and should receive a mental health evaluation. Longitudinal regression techniques were used to model positive case status (i.e., likely to have a psychological disorder) as a function of patient, injury, and treatment characteristics. **RESULTS:** Of the 569 patients enrolled, 545 (96%) completed at least one BSI and 385 (68%) completed all four. Forty-eight percent of the patients screened positive for a likely psychological disorder at three months after the injury, and this

percentage remained high (42%) at twenty-four months. Two years after the injury, almost one-fifth of the patients reported severe phobic anxiety and/or depression. While these two subscales reflected the highest prevalence of severe psychological distress, none of the BSI subscales reflected the prevalence expected from a normal sample (i.e., 2% to 3%). Factors associated with a likely psychological disorder included poorer physical function, younger age, non-white race, poverty, a likely drinking problem, neuroticism, a poor sense of self-efficacy, and limited social support. Relatively few patients reported receiving any mental health services following the injury (12% at three months and 22% at twenty-four months). CONCLUSIONS: Severe lower-limb injury is associated with considerable psychological distress. More attention to the psychological as well as the physical health of patients who sustain a limb-threatening injury may be needed to ensure an optimal recovery following these devastating injuries.

PMID: 12954826 [PubMed - indexed for MEDLINE]

21: J Consult Clin Psychol. 2003 Oct;71(5):901-9.

Interapy: a controlled randomized trial of the standardized treatment of posttraumatic stress through the internet.

Lange A, Rietdijk D, Hudcovicova M, van de Ven JP, Schrieken B, Emmelkamp PM.

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Online therapy offers many advantages over face-to-face therapy. Interapy includes psychoeducation, screening, effect measures, and a protocol-driven treatment via the Internet for people suffering from posttraumatic stress. The present article reports the results of a controlled trial on the Internet-driven treatment of posttraumatic stress and grief in a group of people who manifested mild to relatively severe trauma symptoms. Participants in the treatment condition (n=69) improved significantly more than participants in the waiting-list control condition (n=32) on trauma-related symptoms and general psychopathology. The effect sizes were large. On most subscales, more than 50% of the treated participants showed reliable change and clinically significant improvement, with the highest percentages being found for depression and avoidance.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14516238 [PubMed - indexed for MEDLINE]

22: J Psychiatr Ment Health Nurs. 2003 Aug;10(4):417-24.

Working with the psychological effects of trauma: consequences for mental health-care workers--a literature review.

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This literature review explores how interacting with seriously traumatized

people has the potential to affect health-care workers. The review begins with an introduction to post-traumatic stress disorder as being one of the possible negative consequences of exposure to traumatic events. The report proceeds with examining the concepts of vicarious traumatization, secondary traumatic stress, traumatic countertransference, burnout and compassion fatigue, as potential adverse consequences for workers who strive to help people who are traumatized. The differences between these concepts are also discussed. The notion of compassion satisfaction is examined as findings have demonstrated that it is a protective factor which can be used as a buffer to prevent the aforementioned concepts. Conversely, findings have shown that a history of previous stressful life events in helpers is a potential risk factor. The review concludes with an overview of the concepts considered, but cautions against generalization of the findings owing to the dearth of longitudinal studies into the issues raised and also the lack of investigation into the many different types of trauma.

Publication Types:

Review
Review, Academic

PMID: 12887633 [PubMed - indexed for MEDLINE]

23: Mil Med. 2003 Sep;168(9):x-xi.

Atypical antipsychotics, improved intrusive symptoms in patients with posttraumatic stress disorder.

Ahearn EP, Winston E, Mussey M, Howell T.

Publication Types:

Letter

PMID: 14529262 [PubMed - indexed for MEDLINE]

24: Psychother Psychosom. 2003 Jul-Aug;72(4):171-5.

Comment on:

Psychother Psychosom. 2003 Jul-Aug;72(4):176-84.

The utility of systematic reviews: the case of psychological debriefing after trauma.

Sensky T.

Publication Types:

Comment
Editorial

PMID: 12817571 [PubMed - indexed for MEDLINE]

25: Psychother Psychosom. 2003 Jul-Aug;72(4):195-202.

Posttraumatic embitterment disorder.

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BACKGROUND: Adjustment and reactive disorders are a heterogeneous group of mental disorders. Diagnostic criteria are vague and scientific research is limited despite the fact that these disorders play a major role in clinical practice. **METHODS:** The 'posttraumatic embitterment disorder' (PTED) is introduced as a new concept for a subgroup of adjustment disorders. A case vignette and diagnostic criteria are presented. **RESULTS:** Core criteria of PTED are: (1) a single exceptional negative life event precipitates the onset of the illness; (2) the present negative state developed in the direct context of this event; (3) the emotional response is embitterment and feelings of injustice; (4) repeated intrusive memories of the event; (5) emotional modulation is unimpaired, patients can even smile when engaged in thoughts of revenge, and (6) no obvious other mental disorder that can explain the reaction. Additional symptoms are feelings of helplessness, self-blame, rejection of help, suicidal ideation, dysphoria, aggression, down-heartedness, seemingly melancholic depression, unspecific somatic complaints, loss of appetite, sleep disturbances, pain, phobic symptoms in respect to the place or to persons related to the event, reduced drive. Duration is longer than 3 months. Performance in daily activities and roles is impaired. **CONCLUSIONS:** PTED is a frequent disorder. The diagnosis of PTED can lead to specific therapeutic interventions. PTED can be discriminated from PTSD, depression, anxiety disorders, and other adjustment disorders. Copyright 2003 S. Karger AG, Basel

Publication Types:

- Review
- Review of Reported Cases
- Review, Tutorial

PMID: 12792124 [PubMed - indexed for MEDLINE]

26: Psychother Psychosom. 2003 Jul-Aug;72(4):176-84.

Comment in:

Psychother Psychosom. 2003 Jul-Aug;72(4):171-5.

A systematic review of single-session psychological interventions ('debriefing') following trauma.

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BACKGROUND: Single-session psychological interventions such as psychological debriefing have become widely used following traumatic events. The evidence for their effectiveness has been widely debated. This review aimed to consider the evidence for the effectiveness of one-off early interventions within 1 month of a traumatic event. **METHODS:** A systematic review using the standard Cochrane Collaboration methodology. Literature searches of various databases were performed to identify randomised controlled trials. The methodological quality of the studies identified was determined using standard measures, and the results were pooled to consider the overall evidence for effectiveness. **RESULTS:** Eleven randomised controlled trials were found, all of individual or couple interventions. Three studies associated the intervention with a positive outcome, 6 demonstrated no difference in outcome between intervention and non-intervention groups and 2 showed some negative outcomes in the intervention

group (these studies had the longest follow-up periods). The methodological quality of the studies varied widely, but was generally poor. This review suggests that early optimism for brief early psychological interventions including debriefing was misplaced and that it should not be advocated for routine use. There remains an urgent need for randomised controlled trials of group debriefing and other early interventions. Copyright 2003 S. Karger AG, Basel

Publication Types:

Review
Review, Tutorial

PMID: 12792122 [PubMed - indexed for MEDLINE]

27: Twin Res. 2003 Jun;6(3):218-26.

A high risk twin study of combat-related PTSD comorbidity.

Koenen KC, Lyons MJ, Goldberg J, Simpson J, Williams WM, Toomey R, Eisen SA, True WR, Cloitre M, Wolfe J, Tsuang MT.

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Combat-related posttraumatic stress disorder (PTSD) is highly comorbid with other mental disorders. However, the nature of the relationship between PTSD and other mental disorders remains unclear. A discordant high-risk twin design was used on data from a sub-sample of the male-male twin pair members of the Vietnam Era Twin Registry to examine whether patterns of comorbidity are consistent with a psychopathological response to combat exposure or reflect familial vulnerability to psychopathology. Mental disorders were assessed via the Mental Health Diagnostic Interview Schedule Version III - Revised. Discordant monozygotic within-pair comparisons revealed that PTSD probands had higher symptom counts and diagnostic prevalences of mood and anxiety disorders than their non-combat exposed co-twins. Monozygotic co-twins of PTSD probands had significantly more mood disorder symptoms than monozygotic co-twins of combat controls or dizygotic co-twins of veterans with PTSD. These findings suggest that a) major depression, generalized anxiety disorder and panic disorder are part of a post-combat response syndrome; b) a shared familial vulnerability also contributes to the association between PTSD and major depression, PTSD and dysthymia, and c) this shared vulnerability is mediated by genetic factors.

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