



Post-Traumatic Stress Disorder December , 2003

1: Am J Psychother. 2003;57(3):374-83.

Trauma-focused psychotherapy after a trial of medication for chronic PTSD: pilot observations.

Marshall RD, Carcamo JH, Blanco C, Liebowitz M.

Columbia University College of Physicians and Surgeons, Anxiety Disorders Clinic, New York State Psychiatric Institute, USA.

BACKGROUND: To date, all clinical trials using a single therapeutic modality (psychotherapy or pharmacotherapy) have found that even the best validated treatments for adults with chronic Posttraumatic Stress Disorder (PTSD) leave a substantial proportion of patients with disabling residual symptoms. **METHOD:** We reviewed the treatment course of three research patients with PTSD who received trauma-focused psychotherapy after experiencing a partial response to medication. Structured diagnostic interviews, validated symptom measures, and standardized treatment approaches were used to assess treatment response. **RESULTS:** All patients partially benefited from medication treatment, and the degree of benefit varied substantially. Also, all patients experienced an additional reduction in PTSD symptoms after a time-limited course of prolonged exposure therapy (PE). This finding differs from anecdotal observations among U.S. War veterans and has never been documented systematically among civilian adults with chronic PTSD. **CONCLUSION:** Maximizing treatment outcome in adults with chronic PTSD may require additional psychotherapy after a partial medication response, and further study is warranted.

Publication Types:
Case Reports

PMID: 12961821 [PubMed - indexed for MEDLINE]

2: Aust N Z J Psychiatry. 2003 Jun;37(3):334-9.

Posttraumatic stress disorder: do electrical startle responses and thyroid function usefully supplement self-report? A study of Vietnam War veterans.

Wells JE, Williams TH, Macleod AD, Carroll GJ.

Department of Public Health and General Practice, Christchurch School of Medicine and Health Sciences, PO Box 4345, Christchurch, New Zealand.
elisabeth.wells@chmeds.ac.nz

OBJECTIVE: To investigate the usefulness of electrical startle responses and thyroid function as supplements to self-report measures of posttraumatic stress disorder (PTSD). **METHOD:** Invitations were sent to all New Zealand Vietnam War veterans known to be living in North Canterbury; 50 responded and the 35 living in or near Christchurch were included. Self-report measures of PTSD (the Davidson Trauma Scale (DTS) and the Symptom Check List (SCL-90-R)), an eye blink electrical startle response and thyroid function were measured. The DTS was re-administered one to two weeks later to assess short-term test-retest reliability. Six months later the DTS and the electrical startle response were measured again. **RESULTS:** The veterans reported a wide range of PTSD severity, with 15/35 reporting prior diagnosis of PTSD. The DTS showed high short-term test-retest reliability ($r = 0.93$) and a moderate correlation after 6 months ($r = 0.73$). It also showed sensitivity to change; in one to two weeks the scores increased by nearly half a standard deviation, possibly because of an imminent "homecoming" march. The DTS and a PTSD scale from the SCL-90-R were highly correlated ($r = 0.89$). The total triiodothyronine (T3) to free thyroxine (T4) ratio measure of thyroid function correlated poorly with self-report ($r < \text{or} = 0.27$). The electrical startle response also correlated poorly with self-report ($r < \text{or} = 0.26$), showed low internal consistency between left and right sides ($r = 0.43$), and correlated 0.39 over six months. It was disliked by the veterans and had increased slightly at 6 month follow-up, perhaps because of sensitization. **CONCLUSIONS:** The DTS was reliable and correlated highly with the SCL-90-R PTSD scale. Neither thyroid function nor eye blink electrical startle correlated with each other or with self-report, and reliability was not good for electrical startle. These two measures do not appear to add anything useful to the assessment of PTSD.

PMID: 12780473 [PubMed - indexed for MEDLINE]

3: J Nerv Ment Dis. 2003 Oct;191(10):682-4.

Posttraumatic stress disorder symptomatology in Vietnam veterans before and after September 11.

Niles BL, Wolf EJ, Kutter CJ.

PMID: 14555871 [PubMed - indexed for MEDLINE]

4: J Nerv Ment Dis. 2003 Oct;191(10):685-7.

Vigilance and avoidance during sleep in US Vietnam War veterans with posttraumatic stress disorder.

Kramer M, Kinney L.

Department of Psychiatry, University of Cincinnati, USA.

PMID: 14555872 [PubMed - indexed for MEDLINE]

5: Mil Med. 2003 Aug;168(8):606-13.

Comment in:

Mil Med. 2003 Oct;168(10):vi; author reply vi.

Chemical warfare and the Gulf War: a review of the impact on Gulf veterans' health.

Riddle JR, Brown M, Smith T, Ritchie EC, Brix KA, Romano J.

Office of the Assistant Secretary of Defense, Health Affairs, the Pentagon, Washington, DC, USA. james.riddle@otsg.amedd.army.mil

It is unlikely that Gulf War veterans are suffering chronic effects from illnesses caused by chemical warfare nerve agent exposure. Extensive investigation and review by several expert panels have determined that no evidence exists that chemical warfare nerve agents were used during the Gulf War. At no time before, during, or after the war was there confirmation of symptoms among anyone, military or civilian, caused by chemical warfare nerve agent exposure. However, studies of Gulf War veterans have found belief that chemical weapons were used, significantly associated with both severe and mild-moderate illnesses. The psychological impact of a chemical warfare attack, either actual or perceived, can result in immediate and long-term health consequences. The deployment or war-related health impact from life-threatening experiences of the Gulf War, including the perceived exposure to chemical warfare agents, should be considered as an important cause of morbidity among Gulf War veterans.

Publication Types:

Review

Review Literature

PMID: 12943034 [PubMed - indexed for MEDLINE]

6: Mil Med. 2003 Aug;168(8):662-70.

Time, gender, and regional trends in the application for service-related post-traumatic stress disorder disability benefits, 1980-1998.

Murdoch M, Nelson DB, Fortier L.

Center for Chronic Disease Outcomes Research and Section General Internal Medicine, Minneapolis VA Medical Center, Minneapolis, MN 55417, USA.

OBJECTIVES: The aim of this study was to describe time trends in the application and approval rates for Veterans Affairs post-traumatic stress disorder (PTSD) disability benefits and identify gender or regional differences in such rates after controlling for other available predictors. **METHODS:** This was an administrative, historical cohort study of all 180,039 veterans who filed PTSD disability claims between 1980 and 1998. **RESULTS:** Applications for PTSD disability benefits increased geometrically between 1985 and 1998. Observed claim approval rates for PTSD disability benefits were twice as high for combat-injured men and women than for uninjured men and women. Among uninjured veterans, women serving after the Vietnam conflict had higher estimated claim

approval rates than did comparable men, and estimated claim approval rates varied twofold across regions. CONCLUSIONS: Instead of a gender bias in claim approval rates for PTSD disability benefits, there may be a "combat injury bias" that disproportionately affects women. Research is needed to understand why claim approval rates vary by region.

PMID: 12943044 [PubMed - indexed for MEDLINE]

7: Nurs Law Regan Rep. 2003 Sep;44(4):2.

RN's comp. claim based on PTSD resulting from short staffing, etc. Case on point: Smith-Price v. Charter Pines Behavioral Ctr., 584 S.E.2d 881-NC.

[No authors listed]

Publication Types:
Legal Cases

PMID: 14564946 [PubMed - indexed for MEDLINE]

8: Psychosomatics. 2003 Nov-Dec;44(6):522-3.

Trauma in a nurse after patient suicide.

Akechi T, Sakuma K, Okamura M, Akizuki N, Oba A, Nakano T, Uchitomi Y.

Publication Types:
Case Reports
Letter

PMID: 14597691 [PubMed - indexed for MEDLINE]