



Post-Traumatic Stress Disorder *January , 2004*

1: Am J Orthopsychiatry. 2003 Jul;73(3):266-78.

Intergenerational communication of race-related trauma by Japanese American former internees.

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The present study investigated the intergenerational communications between Japanese Americans who were unjustly ordered into U.S. concentration camps during World War II and their offspring born after the war. Survey data were collected from 450 2nd-generation (Nisei) Japanese American former internees to assess patterns of communication with their children about the internment. The study and its results are discussed in relation to racial socialization and the influence of ethnicity on reactions to traumatic stress.

PMID: 12921207 [PubMed - indexed for MEDLINE]

2: Am J Psychiatry. 2003 Sep;160(9):1684-90.

Use of mental health services by veterans with PTSD after the terrorist attacks of September 11.

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OBJECTIVE: Community surveys have demonstrated significant psychological distress since the terrorist attacks of Sept. 11, 2001. Since people with posttraumatic stress disorder (PTSD) and other mental illnesses are especially vulnerable to stressful events, the authors examined the use of PTSD treatment services and other mental health services at Department of Veterans Affairs (VA) medical centers in New York City and elsewhere after the attacks. METHOD: Analysis of variance was used to compare changes in average daily service use in

the 6 months before and the 6 months after September 11, with changes in service use across the same months in the 2 previous years. Chi-square tests were used to examine differences from previous years in the proportion of new patients (i.e., who had not received treatment in the previous 6 months) entering treatment after September 11. RESULTS: There was no significant increase in the use of VA services for the treatment of PTSD or other mental disorders or in visits to psychiatric or nonpsychiatric clinics in New York City after September 11 and no significant change in the pattern of service use from previous years. Nor was there a significant increase in PTSD treatment in the greater New York area, Washington, D.C., or Oklahoma City or in the proportion of new patients. CONCLUSIONS: No increase was observed in the use of mental health services among VA patients with PTSD or other mental illnesses in response to the terrorist attacks of September 11.

PMID: 12944346 [PubMed - indexed for MEDLINE]

3: 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.

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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]

4: BMJ. 2003 Dec 13;327(7428):1370. *[Available in full-text via PubMed Central].*

Comment in:

BMJ. 2003 Dec 13;327(7428):1357-8.

Gulf war illness--better, worse, or just the same? A cohort study.

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OBJECTIVES: Firstly, to describe changes in the health of Gulf war veterans studied in a previous occupational cohort study and to compare outcome with comparable non-deployed military personnel. Secondly, to determine whether differences in prevalence between Gulf veterans and controls at follow up can be explained by greater persistence or greater incidence of disorders. **DESIGN:** Occupational cohort study in the form of a postal survey. **PARTICIPANTS:** Military personnel who served in the 1991 Persian Gulf war; personnel who served on peacekeeping duties to Bosnia; military personnel who were deployed elsewhere ("Era" controls). All participants had responded to a previous survey. **SETTING:** United Kingdom. **MAIN OUTCOME MEASURES:** Self reported fatigue measured on the Chalder fatigue scale; psychological distress measured on the general health questionnaire, physical functioning and health perception on the SF-36; and a count of physical symptoms. **RESULTS:** Gulf war veterans experienced a modest reduction in prevalence of fatigue (48.8% at stage 1, 43.4% at stage 2) and psychological distress (40.0% stage 1, 37.1% stage 2) but a slight worsening of physical functioning on the SF-36 (90.3 stage 1, 88.7 stage 2). Compared with the other cohorts Gulf veterans continued to experience poorer health on all outcomes, although physical functioning also declined in Bosnia veterans. Era controls showed both lower incidence of fatigue than Gulf veterans, and both comparison groups showed less persistence of fatigue compared with Gulf veterans. **CONCLUSIONS:** Gulf war veterans remain a group with many symptoms of ill health. The excess of illness at follow up is explained by both higher incidence and greater persistence of symptoms.

PMID: 14670878 [PubMed - indexed for MEDLINE]

5: Card Electrophysiol Rev. 2003 Jan;7(1):80-4.

Terrorism and the heart: implications for arrhythmogenesis and coronary artery disease.

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The destruction of the World Trade Center and associated terrorist activities of September 11, 2001 have spurred interest in understanding the medical consequences of terrorist activity. Currently, there is a paucity of data regarding this subject. Potential effects, however, can be garnered by studying the medical effects of other acute stressors, such as earthquakes, missile attacks, and the like. None of these stressors have been studied extensively, but there is enough data available concerning earthquakes to indicate that in some instances, the effects of the earthquake may last at least a period of weeks, if not months, following the earthquake. Since the World Trade Center attack was associated with a rise in post-traumatic stress syndrome and affective disorders afterwards, there is accordingly interest in both the acute and more prolonged health effects that could be engendered following terrorist attacks. Known pathophysiological effects of acute stress, whether produced in a laboratory environment or by studying naturally occurring acute stressors, include: the induction or potentiation of cardiac arrhythmias; the induction of myocardial ischemia in susceptible patients with underlying coronary artery disease; acute increases in arterial blood pressure with its ability to cause shear stress; the precipitation of worsening endothelial function and/or endothelial injury; coagulation abnormalities; and hemoconcentration. These all represent important areas for study following the occurrence of future terrorist activity. Based on existing epidemiological and pathophysiological data concerning the cardiac effects of acute life stressors, it would behoove physicians to closely monitor high-risk cardiac patients following future terrorist events. In addition, physician-scientists should be well prepared to use new epidemiological markers which could provide rapid information following future events, such as the evaluation of patients using pre-versus post-event serum markers or tracing records available among patients fitted with implantable cardioverter-defibrillators.

Publication Types:

Review

Review, Tutorial

PMID: 12766525 [PubMed - indexed for MEDLINE]

6: Int J Clin Exp Hypn. 2003 Oct;51(4):382-9.

Hypnotizability and posttraumatic stress disorder: a prospective study.

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Although there is converging evidence that posttraumatic stress disorder (PTSD) is associated with higher levels of hypnotizability, there are no studies concerning the stability of hypnotizability levels following trauma. Acutely traumatized participants with acute stress disorder (N = 45) were administered the Stanford Hypnotic Clinical Scale (SHCS) within 4 weeks of their trauma. Participants were subsequently administered a brief cognitive-behavior therapy

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program. Six months after treatment, participants were re-assessed with the SHCS. Although SHCS scores were generally stable ($r = .47$), two thirds of participants responded differently across the 2 assessments. Increased SHCS scores at the second assessment were correlated with elevated PTSD avoidance scores. This finding suggests that elevated hypnotizability in PTSD populations may not be entirely stable and may be associated with specific PTSD responses.

PMID: 14594186 [PubMed - indexed for MEDLINE]

7: J Med Screen. 2003;10(1):40-6.

Screening for vulnerability to psychological disorders in the military: an historical survey.

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OBJECTIVES: To evaluate attempts in the military to screen for vulnerability to psychological disorders from World War I to the present. **METHODS:** An extensive literature review was conducted by hand-searching leading medical and psychological journals relating to World Wars I and II. Recent publications were surveyed electronically and UK archives investigated for British applications. **RESULTS:** Despite the optimism shown in World War I and the concerted efforts of World War II, follow-up studies showed that screening programmes did not succeed in reducing the incidence of psychological casualties. Furthermore, they had a counter-productive effect on manpower, often rejecting men who would have made good soldiers. Continued experimentation with screening methods for psychiatric vulnerability failed to yield convincing results during the post-war period. **CONCLUSIONS:** Although well-measured variables, such as intelligence, have been shown to predict success in training and aptitude, no instrument has yet been identified which can accurately assess psychological vulnerability. Previous attempts have failed because of false-positives, false-negatives and reluctance in the target population because of stigma. Early findings suggest that psychological surveillance, if not screening, may yield valuable results when applied to military populations exposed to stress.

Publication Types:
Historical Article
Review
Review, Tutorial

PMID: 12790314 [PubMed - indexed for MEDLINE]

8: 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]

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

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

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PMID: 14555872 [PubMed - indexed for MEDLINE]

10: J Nerv Ment Dis. 2003 Sep;191(9):611-5.

Mental health in the aftermath of disasters: consensus and controversy.

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PMID: 14504571 [PubMed - indexed for MEDLINE]

11: J Womens Health (Larchmt). 2003 Oct;12(8):809-20.

Posttraumatic stress in women after the September 11 terrorist attacks in New York City.

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BACKGROUND: Women have been shown to be at higher risk than men of developing posttraumatic stress disorder (PTSD) after traumatic events. Women in New York City were more likely than men to have probable PTSD 5-8 weeks after the September 11, 2001, terrorist attacks on the World Trade Center. We explored the factors that could explain the higher prevalence of probable PTSD among women in the aftermath of the attacks. **METHODS:** Data from a telephone survey of a randomly selected group of residents of Manhattan living south of 110th street, conducted 5-8 weeks after September 11, were used in these analyses. The survey assessed demographic information, lifetime experience of traumatic events, life stressors, social support, event exposure variables, perievent panic attacks, postevent concerns, and probable PTSD related to the attacks. We determined the contribution of key covariates that could explain the gender-probable PTSD relation through stratified analyses and manual stepwise logistic regression

model building. RESULTS: Among 988 respondents, women were two times more likely than men to report symptoms consistent with probable PTSD after the September 11 attacks. When adjusted for potential confounders, the association between gender and probable PTSD diminished from OR = 2.2 (95% confidence interval [CI] 1.3-3.6) to OR = 1.2 (95% CI 0.7-2.2). CONCLUSIONS: These results suggest that specific behavioral and biographic factors (including previous traumatic experiences and psychological disorders, social responsibilities, and perievent emotional reactions) explained most of the excess burden of probable PTSD among women after a disaster. Isolating the characteristics that place women at greater risk for probable PTSD after disasters can inform public health prevention strategies and spur further research.

PMID: 14588131 [PubMed - indexed for MEDLINE]

12: Med Care. 2003 Dec;41(12):1417; author reply 1417-8.

Comment on:

Med Care. 2003 Aug;41(8):950-61.

Service connection for PTSD is not a gender issue: comment on Murdoch et al.

Gaudio BA.

Publication Types:

Comment

Letter

PMID: 14668674 [PubMed - indexed for MEDLINE]

13: 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.

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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]

14: Mil Med. 1994 May;159(5):415-8.

Treatment of post-traumatic stress disorders: an applied rear-echelon approach.

Margalit C, Rabinowitz S, Ezion T, Solomon Z, Ribak J.

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This paper presents an applied innovative rear-echelon approach for the treatment of recalcitrant soldiers suffering from post-traumatic stress disorder in the 1982 Lebanon-Israel War. This was used as an alternative to psychiatric hospitalization. Use was made of a short-term, goal-directed, multidisciplinary treatment approach within the confines of a clear military setting.

Reintegration into military and civilian life was an integral part of the program. Results indicated that at discharge, all soldiers showed a markedly improved clinical picture. Follow-up results 2.5 years later indicated that the percentage of regulars who returned to combat units doubled, whereas the reservists showed a slight tendency toward deterioration. Follow-up 6 years later showed the continuation of the same tendency. Ramifications of our findings are extensively discussed.

PMID: 14620415 [PubMed - indexed for MEDLINE]

15: Psychiatr Serv. 2003 May;54(5):627-9.

Practical psychotherapy: Adaptation of dialectical behavior therapy by a VA Medical Center.

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PMID: 12719492 [PubMed - indexed for MEDLINE]

16: Psychosom Med. 2003 Nov-Dec;65(6):993-6.

Relationship of self-reported asthma severity and urgent health care utilization to psychological sequelae of the September 11, 2001 terrorist attacks on the World Trade Center among New York City area residents.

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OBJECTIVE: Posttraumatic psychological stress may be associated with increases in somatic illness, including asthma, but the impact of the psychological sequelae of the September 11, 2001 terrorist attacks on physical illness has not been well documented. The authors assessed the relationship between the psychological sequelae of the attacks and asthma symptom severity and the utilization of urgent health care services for asthma since September 11.

MATERIALS AND METHODS: The authors performed a random digit dial telephone survey of adults in the New York City (NYC) metropolitan area 6 to 9 months after September 11, 2001. Two thousand seven hundred fifty-five demographically representative adults including 364 asthmatics were recruited. The authors assessed self-reported asthma symptom severity, emergency room (ER) visits, and unscheduled physician office visits for asthma since September 11.

RESULTS: After adjustment for asthma measures before September 11, demographics, and event exposure in multivariate models posttraumatic stress disorder (PTSD) were a significant predictor of self-reported moderate-to-severe asthma symptoms (OR = 3.4; CI = 1.2-9.4), seeking care for asthma at an ER since September 11 (OR = 6.6; CI = 1.6-28.0), and unscheduled physician visits for asthma since September 11 (OR = 3.6; CI = 1.1-11.5). The number of PTSD symptoms was also significantly related to moderate-to-severe asthma symptoms and unscheduled physician visits since September 11. Neither a panic attack on September 11 nor depression since September 11 was an independent predictor of asthma severity or utilization in multivariate models after September 11.

CONCLUSIONS: PTSD related to the September 11 terrorist attacks contributed to symptom severity and the utilization of urgent health care services among asthmatics in the NYC metropolitan area.

PMID: 14645777 [PubMed - indexed for MEDLINE]

17: *Transcult Psychiatry*. 2003 Sep;40(3):342-76.

'Hit by the wind' and temperature-shift panic among Vietnamese refugees.

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Surveying 60 Vietnamese patients with either current or past post-traumatic stress disorder, this article aims to phenomenologically characterize the syndrome of 'hit by the wind' in a multidimensional manner. This includes determining the patient conceptualization of the disorder, profiling 'hit by the wind' episodes suffered by patients in the previous month, and presenting case vignettes. Eighteen of the 60 patients (30%) suffered at least one episode of 'hit by the wind' in the last month; all 18 patients had at least one episode of

'hit by the wind' in the last month that met panic attack criteria. For the 18 patients, 33 episodes of 'hit by the wind' that met panic attack criteria were experienced in the previous month. For these 33 episodes, the most frequently reported DSM-IV panic attack symptoms were chills (100%; 33/33) and dizziness (88%; 29/33). Flashbacks played a role in the 'hit by the wind' episodes for 5 of the 18 patients (28%). In the discussion, a model of how the syndrome of 'hit by the wind' generates panic is adduced; also, possible Chinese origins of the disorder are discussed.

Publication Types:

Case Reports

Multicenter Study

PMID: 14649850 [PubMed - indexed for MEDLINE]