



Post-Traumatic Stress Disorder March 2004

1: Aging Ment Health. 2003 Sep;7(5):398-408.

The evacuation of British children during World War II: a preliminary investigation into the long-term psychological effects.

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The authors used attachment theory to hypothesize about the possible long-term psychological effects of evacuation during World War II, focusing on children who were evacuated unaccompanied by their parents. The study aimed to establish whether this experience had long-term effects on psychological well-being, and to investigate mediating and moderating factors. The study utilized a retrospective non-randomized design, comparing 169 former evacuees with 43 people who were children during the war but not evacuated. No differences between the groups were found in terms of demographic variables or exposure to war-related events. All participants completed a range of standardized self-report questionnaires. Findings indicated that former evacuees were more likely to have insecure attachment styles and lower levels of present psychological well-being. Satisfaction with, but not quantity of, current social support was found to mediate the relationship between attachment style and present psychological well-being. Conclusions are limited due to the method of measurement of attachment style, non-randomized design and method of recruitment. Nevertheless, findings offer an indication that the experience of evacuation is associated with long-term psychological vulnerability through its

relationship with insecure attachment.

PMID: 12959810 [PubMed - indexed for MEDLINE]

2: Am Fam Physician. 2003 Dec 15;68(12):2401-8.

Comment on:

Am Fam Physician. 2003 Dec 15;68(12):2409.

Diagnosis and management of post-traumatic stress disorder.

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Although post-traumatic stress disorder (PTSD) is a debilitating anxiety disorder that may cause significant distress and increased use of health resources, the condition often goes undiagnosed. The lifetime prevalence of PTSD in the United States is 8 to 9 percent, and approximately 25 to 30 percent of victims of significant trauma develop PTSD. The emotional and physical symptoms of PTSD occur in three clusters: re-experiencing the trauma, marked avoidance of usual activities, and increased symptoms of arousal. Before a diagnosis of PTSD can be made, the patient's symptoms must significantly disrupt normal activities and last for more than one month. Approximately 80 percent of patients with PTSD have at least one comorbid psychiatric disorder. The most common comorbid disorders include depression, alcohol and drug abuse, and other anxiety disorders. Treatment relies on a multidimensional approach, including supportive patient education, cognitive behavior therapy, and psychopharmacology. Selective serotonin reuptake inhibitors are the mainstay of pharmacologic treatment.

Publication Types:

Comment

Review

Review, Tutorial

PMID: 14705759 [PubMed - indexed for MEDLINE]

3: Am J Orthopsychiatry. 2003 Oct;73(4):381-91.

Cumulative adversity and posttraumatic stress disorder: evidence from a diverse community sample of young adults.

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The authors hypothesized that a history of adversities, whether they were objectively traumatic or not, predicts risk for 1st onset of PTSD. Survival analysis in a community sample of 1,803 young adults revealed that risk is associated with retrospectively reported adverse experiences that occurred in years prior to the focal traumatic event. Analyses control for clustering of events proximal to onset. Implications for etiology and preventive intervention are noted.

PMID: 14609400 [PubMed - indexed for MEDLINE]

4: Am J Orthopsychiatry. 2002 Jan;72(1):16-25.

Trauma in war and political persecution: expanding the concept.

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A contextual understanding of the concept of trauma is proposed through a study of its meaning in a Latin American context facing war and political repression. This article explores the contributions of narrative and liberation psychology to understanding politically based trauma. It critiques the relationship between the concept of trauma and the diagnosis of posttraumatic stress disorder. It analyzes how Colombian human rights activists make sense of the political persecution and trauma in their work. The author argues that the kind of experiences that these activists have endured go beyond the category of stress and can best be understood as traumatic within the context of the current medium-intensity war in Colombia.

Publication Types:

Case Reports

PMID: 14964591 [PubMed - indexed for MEDLINE]

5: Am J Psychiatry. 2004 Jan;161(1):176-7.

Improvement in PTSD patients who care for their grandchildren.

Hierholzer R.

Publication Types:
Letter

PMID: 14702274 [PubMed - indexed for MEDLINE]

6: Annu Rev Psychol. 2003;54:229-52. Epub 2002 Jun 10.

Progress and controversy in the study of posttraumatic stress disorder.

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Research on posttraumatic stress disorder (PTSD) has been notable for controversy as well as progress. This article concerns the evidence bearing on the most contentious issues in the field of traumatic stress: broadening of the definition of trauma, problems with the dose-response model of PTSD, distortion in the recollection of trauma, concerns about "phony combat vets," psychologically toxic guilt as a traumatic stressor, risk factors for PTSD, possible brain-damaging effects of stress hormones, recovered memories of childhood sexual abuse, and the politics of trauma.

PMID: 12172002 [PubMed - indexed for MEDLINE]

7: Arch Gen Psychiatry. 2004 Feb;61(2):168-76.

Regional cerebral blood flow in the amygdala and medial prefrontal cortex during traumatic imagery in male and female Vietnam veterans with PTSD.

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CONTEXT: Theoretical neuroanatomic models of posttraumatic stress disorder (PTSD) and the results of previous neuroimaging studies of PTSD highlight the potential importance of the amygdala and medial prefrontal regions in this disorder. However, the functional relationship between these brain regions in PTSD has not been directly examined. OBJECTIVE: To examine the relationship between the amygdala and medial prefrontal regions during symptom provocation in male combat veterans (MCVs) and female nurse veterans (FNVs) with PTSD. DESIGN: Case-control study. SETTING: Academic medical center. PARTICIPANTS: Volunteer sample of 17 (7 men and 10 women) Vietnam veterans with PTSD (PTSD group) and 19 (9 men and 10 women) Vietnam veterans without PTSD (control group). MAIN OUTCOME MEASURES: We used positron emission tomography and the script-driven imagery paradigm to study regional cerebral blood flow (rCBF) during the recollection of personal traumatic and neutral events. Psychophysiologic and emotional self-report data also were obtained to confirm the intended effects of script-driven imagery. RESULTS: The PTSD group exhibited rCBF decreases in medial frontal gyrus in the traumatic vs neutral comparison. When this comparison was conducted separately by subgroup, MCVs and FNVs with PTSD exhibited these medial frontal gyrus decreases. Only MCVs exhibited rCBF increases in the left amygdala. However, for both subgroups with PTSD, rCBF changes in medial frontal gyrus were inversely correlated with rCBF changes in the left amygdala and the right amygdala/periamygdaloid cortex. Furthermore, in the traumatic condition, for both subgroups with PTSD, symptom severity was positively related to rCBF in the right amygdala and negatively related to rCBF in medial frontal gyrus. CONCLUSIONS: These results suggest a reciprocal relationship between medial prefrontal cortex and amygdala function in PTSD and

opposing associations between activity in these regions and symptom severity consistent with current functional neuroanatomic models of this disorder.

PMID: 14757593 [PubMed - indexed for MEDLINE]

8: Arch Intern Med. 2004 Feb 23;164(4):394-400.

Posttraumatic stress disorder in female veterans: association with self-reported health problems and functional impairment.

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BACKGROUND: The purpose of this report is to identify self-reported health problems and functional impairment associated with screening positive for posttraumatic stress disorder (PTSD) in women seen for care at a Department of Veterans Affairs (VA) medical center. **METHODS:** A survey was mailed to all women (N = 1935) who received care at the VA Puget Sound Health Care System between October 1996 and January 1998. The survey inquired about health history and habits. It included the PTSD Checklist-Civilian Version (PCL-C) and validated screening measures for other psychiatric disorders. The veteran's version of the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36-V) was included to assess health-related quality of life. **RESULTS:** Of the 1259 eligible women who completed the survey, 266 women (21%) screened positive for current PTSD (PCL-C score \geq 50). In age-adjusted bivariate analyses, women who screened positive for PTSD reported more psychiatric problems, substance abuse, and lifetime exposure to domestic violence. They were significantly more likely to endorse physical health problems including obesity, smoking, irritable bowel syndrome, fibromyalgia, chronic pelvic pain, polycystic ovary disease, asthma, cervical cancer, and stroke. In fully adjusted multivariate models, a PCL-C score of 50 or greater was independently associated with scoring in the lowest quartile on SF-36-V subscales and composite scales. **CONCLUSIONS:** Symptoms of PTSD are common in women treated at VA facilities. In addition, PTSD is

associated with self-reported mental and physical health problems and poor health-related quality of life in these patients. These findings have implications for the design of VA primary care services for the growing population of female veterans.

PMID: 14980990 [PubMed - indexed for MEDLINE]

9: CNS Spectr. 2003 Aug;8(8 Suppl 1):31-9.

WCA Recommendations for the long-term treatment of posttraumatic stress disorder.

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Posttraumatic stress disorder (PTSD) is a common and disabling condition. In addition to combat-related PTSD, the disorder occurs in civilians exposed to severe traumatic events, with the community prevalence rate for the combined populations reaching as high as 12%. If left untreated, PTSD may continue for years after the stressor event, resulting in severe functional and emotional impairment and a dramatic reduction in quality of life, with negative economic consequences for both the sufferer and society as a whole. Although PTSD is often overlooked, diagnosis is relatively straightforward once a triggering stressor event and the triad of persistent symptoms-reexperiencing the traumatic event, avoiding stimuli associated with the trauma, and hyperarousal have been identified. However, comorbid conditions of anxiety and depression frequently hamper accurate diagnosis. Treatment for PTSD includes psychotherapy and pharmacotherapy. The latter includes selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, and monoamine oxidase inhibitors. Only SSRIs have been proven effective and safe in long-term randomized controlled trials. Current guidelines from the Expert Consensus Panel for PTSD recommend treatment of chronic PTSD for a minimum of 12-24 months.

Publication Types:
Guideline

Practice Guideline
Review
Review, Academic

PMID: 14767396 [PubMed - indexed for MEDLINE]

10: Cogn Behav Neurol. 2003 Dec;16(4):219-24.

Reduced hippocampal volume in alcohol and substance naive Vietnam combat veterans with posttraumatic stress disorder.

Hedges DW, Allen S, Tate DF, Thatcher GW, Miller MJ, Rice SA, Cleavinger HB, Sood S, Bigler ED.

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OBJECTIVE: This pilot study was undertaken to exclude the effects of alcohol and other substances on brain morphology in posttraumatic stress disorder. **BACKGROUND:** Posttraumatic stress disorder and alcohol use are among the conditions associated with decreased hippocampal volume. The possible confounding contribution of alcohol and other substances of abuse to decreased hippocampal volume in posttraumatic stress disorder has not been previously explored directly. **METHOD:** In this pilot study, magnetic resonance imaging scans of 4 substance naive subjects with combat-related posttraumatic stress disorder and of 4 controls were quantified. **RESULTS:** Bilateral hippocampal volumes were significantly smaller in posttraumatic stress disorder subjects. No significant differences were found between posttraumatic stress disorder subjects and the comparison group for total brain, gray and white matter, and ventricular volumes. **CONCLUSIONS:** These findings suggest that posttraumatic stress disorder in the absence of alcohol and other substance abuse may be associated with reduced hippocampal volume. The significance of reduced hippocampal volume in posttraumatic stress disorder is discussed.

PMID: 14665821 [PubMed - indexed for MEDLINE]

11: Death Stud. 2004 Jan;28(1):1-17.

Death anxiety as a predictor of posttraumatic stress levels among individuals with spinal cord injuries.

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Because the onset of a spinal cord injury may involve a brush with death and because serious injury and disability can act as a reminder of death, death anxiety was examined as a predictor of posttraumatic stress levels among individuals with disabilities. This cross-sectional study used multiple regression and multivariate multiple regression to examine whether death denial

and death awareness predicted posttraumatic stress disorder (PTSD) among veterans and civilians with spinal cord injuries (N = 313). The results indicated that death anxiety (after controlling for demographic and disability-related variables) predicted a significant amount of the total levels of posttraumatic stress reactions among individuals with spinal cord injuries. Further, death awareness, pain level, and spiritual/religious coping significantly predicted the posttraumatic stress clusters of reexperiencing, avoidance, and hyperarousal. Death denial significantly predicted only hyperarousal. Because death anxiety predicts various aspects of PTSD reactions, one possible therapeutic implication is that addressing death-related topics may help to reduce PTSD reactions. Further research is needed to better ascertain the possible causality among these variables.

PMID: 14969275 [PubMed - indexed for MEDLINE]

12: Health Care Women Int. 2003 Dec;24(10):853-67.

None of us will ever be the same again: reactions of American midlife women to 9/11.

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According to terror management theory (TMT), an event that heightens awareness

of death produces the need to defend against existential anxiety. The horrifying events of September 11, 2001 (9/11), created an unparalleled opportunity to apply TMT beyond the laboratory. This study examined post-9/11 stress (via perceived stress scale [PSS] scores) and interview responses of a diverse community sample of American midlife women (ages 35-60). Previous studies showed that many women have high stress during midlife, suggesting that 9/11 could have a unique impact on this segment of the U.S. population. Education of the sample ranged from 12 to 23 years. Seventy-five percent had children and 70.6% were married. Data analysis showed that 4 to 6 months after 9/11, 61% of the women were still distressed, exhibiting symptoms of fear, sadness, anger, powerlessness, distrust, and vigilance. Highly stressed women (upper 25% on PSS) differed in several respects from low-stress women (lower 25% on PSS). As predicted by TMT, core values central to a woman's world view were activated by 9/11. Patriotism and altruism increased, but bigotry intensified as well. Major changes (e.g., marriage, moving) were undertaken only by a small percentage (18%), but all expressed the view, "None of us will ever be the same again." Women who had experienced previous trauma felt that their background actually helped them cope.

PMID: 14742125 [PubMed - indexed for MEDLINE]

13: Heart Lung. 2003 Sep-Oct;32(5):300-7.

Posttraumatic stress disorder in first-time myocardial infarction patients.

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OBJECTIVES: The objectives of this study were to investigate the prevalence of posttraumatic stress disorder in patients with a first myocardial infarction compared with a random sample of healthy controls and to determine variables associated with the disorder. **DESIGN:** A questionnaire was distributed to 112 consecutive patients 4 to 6 weeks after infarction and to 115 healthy controls

selected randomly from the general population. Objective clinical measures were obtained from the patients' medical records. RESULTS: Twenty-five (22%) patients qualified for a diagnosis of posttraumatic stress disorder (PTSD) compared with 8 (7%) controls with patients being more than a three-fold (OR: 3.84; 95% CI: 1.65 to 8.94) risk of having the disorder. When adjusting for other variables, the risk was reduced to above a two-fold risk (OR: 2.71; 95% CI: 0.99-7.41). In patients and controls, depression and neuroticism were associated with a diagnosis of PTSD adjusting for other variables. In patients, anxiety was associated with a diagnosis of PTSD adjusting for other variables. Left ventricular ejection fraction and symptoms of angina pectoris were not related to a diagnosis of PTSD in the patient group. CONCLUSIONS: Given that previous research has shown that persons with PTSD are at increased risk of cardiovascular diseases, cardiac patients with the disorder may be at a higher risk of recurrent cardiac events. Although longitudinal studies are needed to confirm such a relationship, this disorder should not be overlooked because of its potential role in reinfarctions and mortality.

PMID: 14528187 [PubMed - indexed for MEDLINE]

14: Int J Psychophysiol. 2004 Jan;51(2):127-33.

Can premorbid episodes of diminished vagal tone be detected via histological markers in patients with PTSD?

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While laboratory methods for estimating genetic susceptibility for adult psychopathology have received much recent attention, laboratory methods for objectively estimating a person's early autonomic nervous system perturbations have been under-researched. Research on heart rate variability suggests that early life episodes of diminished vagal tone may predict poor stress resilience

in adults. This article will detail a research method for retrospectively estimating in adults the chronology of diminished vagal tone episodes experienced prior to age 10. This method makes use of the developing enamel matrix, one of very few tissues that cannot recover after being stressed.

Publication Types:

Review
Review, Tutorial

PMID: 14693362 [PubMed - indexed for MEDLINE]

15: J Am Acad Psychiatry Law. 2003;31(3):327-32.

Comment in:

J Am Acad Psychiatry Law. 2003;31(3):333-5.

PTSD and the law of psychiatric injury in England and Wales: finally coming closer?

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With the increase in terrorism in several parts of the world, more people are exposed to traumatic events that could cause psychiatric injury either to them or to members of their families. In Britain, terrorist attacks or other catastrophes are not unknown; indeed, the case law relating to psychiatric injury is vast. However, the intersection between medicine and the law is minimal. The result is a law that lags behind the scientific evidence and, on occasion, may seem unfair.

Publication Types:

Legal Cases
Review
Review, Tutorial

PMID: 14584532 [PubMed - indexed for MEDLINE]

16: J Anxiety Disord. 2003;17(5):479-99.

Prolonged exposure counterconditioning as a treatment for chronic posttraumatic

stress disorder.

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A counterconditioning model is presented from which the behavioral treatment prolonged exposure counterconditioning (PEC) was developed. The first part of a PEC session is intended to increase trauma exposure tolerance and counter numbing symptoms, the second to elicit trauma responses fully, and the third to weaken trauma responses. The first client with chronic posttraumatic stress disorder (PTSD) who was treated with PEC is presented. A statistical technique for analyzing single-case subject designs was used to evaluate the treatment. PEC effectively decreased the client's PTSD and associated psychopathology. Crucial differences between PEC and other behavioral treatments are discussed. An associative functional model is presented as a potentially useful conceptualization of PTSD, depression, and other anxiety disorders.

Publication Types:
Case Reports

PMID: 12941361 [PubMed - indexed for MEDLINE]

17: J Appl Meas. 2004;5(1):15-30.

Comparing traditional and Rasch analyses of the Mississippi PTSD Scale: revealing limitations of reverse-scored items.

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This study examined whether Rasch analysis could provide more information than true score theory (TST) in determining the usefulness of reverse-scored items in the Mississippi Scale for Posttraumatic Stress Disorder (M-PTSD). Subjects were 803 individuals in inpatient PTSD units at 10 VA sites. TST indicated that the M-PTSD performed well and could be improved slightly by deleting one item.

Factor analysis using raw scores indicated that the reverse-scored items formed the second factor and had poor relationships with normally scored items. However, since item-total correlations supported their usefulness, they were kept. The subsequent Rasch analysis indicated that five of the seven worst fitting items were reverse-scored items. We concluded that using reversed items with disturbed patients can cause confusion that reduces reliability. Deleting them improved validity without loss of reliability. The study supports the use of Rasch analysis over TST in health research since it indicated ways to reduce respondent burden while maintaining reliability and improving validity.

Publication Types:
Clinical Trial

PMID: 14757989 [PubMed - indexed for MEDLINE]

18: J Insur Med. 2003;35(2):114-24.

Tracking levels of psychiatric distress associated with the terrorist events of September 11, 2001: a review of the literature.

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BACKGROUND: Early publicized predictions of an onslaught of psychiatric distress following the terrorist events of September 11, 2001, have not materialized, and it remains unlikely at present that the medical and insurance communities will experience a significant increase in psychiatric utilization rates secondary to September 11. A handful of research studies have begun to characterize the psychiatric impact of the events associated with the September 11 terrorist attacks. Information related to the manifestation of psychiatric distress following disasters is of particular interest to the scientific, clinical and disability insurance communities given the ongoing threat of further terrorist attacks. **METHODS:** A comprehensive literature search was completed to identify articles that address our current understanding of posttraumatic stress disorder (PTSD) and patterns of psychiatric distress that typically follow manmade disasters. To help in conveying such a conceptual framework, we integrated basic research relating to PTSD with epidemiological data relating to past disasters

(e.g., the Oklahoma City bombing) and the events of September 11.

RESULTS AND

CONCLUSIONS: A critical analysis of the September 11 research literature is offered with suggestions for research that would strengthen our understanding of the manifestation of psychiatric distress associated with manmade disasters.

Publication Types:

Review

Review, Tutorial

PMID: 14733033 [PubMed - indexed for MEDLINE]

19: J Marital Fam Ther. 2003 Oct;29(4):455-67.

Healing loss, ambiguity, and trauma: a community-based intervention with families of union workers missing after the 9/11 attack in New York City.

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A team of therapists from Minnesota and New York worked with labor union families of workers gone missing on September 11, 2001, after the attack on the

World Trade Center, where they were employed. The clinical team shares what they

did, what was learned, the questions raised, and preliminary evaluations about

the multiple family meetings that were the major intervention. Because of the

vast diversity, training of therapists and interventions for families aimed for cultural competence. The community-based approach, preferred by union families,

plus family therapy using the lens of ambiguous loss are proposed as necessary

additions to disaster work.

PMID: 14593688 [PubMed - indexed for MEDLINE]

20: J Occup Environ Med. 2003 Oct;45(10):1040-8.

Unexplained symptoms after terrorism and war: an expert consensus statement.

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Twelve years of concern regarding a possible "Gulf War syndrome" has now given way to societal concerns of a "World Trade Center syndrome" and efforts to prevent unexplained symptoms following the most recent war in Iraq. These events serve to remind us that unexplained symptoms frequently occur after war and are likely after terrorist attacks. An important social priority is to recognize, define, prevent, and care for individuals with unexplained symptoms after war and related events (eg, terrorism, natural or industrial disasters). An international, multidisciplinary, and multiinstitutional consensus project was completed to summarize current knowledge on unexplained symptoms after terrorism and war.

Publication Types:

Consensus Development Conference
Review

PMID: 14534444 [PubMed - indexed for MEDLINE]

21: J Stud Alcohol. 2003 Sep;64(5):601-6.

Rates and symptoms of PTSD among cocaine-dependent patients.

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OBJECTIVE: This study evaluated lifetime traumatic events and current posttraumatic stress disorder (PTSD) symptoms in a substance abuse sample.

METHOD: Participants in the study consisted of 558 (75.1% male) cocaine-dependent individuals who completed self-report measures of trauma and

PTSD symptoms prior to entry into treatment. **RESULTS:** Results showed a high

number of lifetime traumatic events, even among those without PTSD.

General

disaster was the most prevalent. Current PTSD was found in 10.9% of the

participants, with a significantly higher rate among women (21.6%) than among men (7.2%). For those with PTSD, the most prominent PTSD symptom cluster was arousal, and the most common symptoms were restricted affect, detachment and irritability. Participants with PTSD endorsed a large number of symptoms, almost double that needed to meet diagnostic criteria; however, neither number of traumas nor type of trauma was associated with their level of PTSD symptoms. Even among those not meeting PTSD criteria, subthreshold symptoms were found, with avoidance the most prominent cluster. Sociodemographic and recent cocaine use variables did not differentiate the PTSD from non-PTSD groups.

CONCLUSIONS:

PTSD is present in a sizeable percentage of cocaine-dependent treatment-seeking patients, particularly women. Clinicians might address arousal symptoms in particular, which were the most prominent symptom cluster, and which may be exacerbated by cocaine use. Even among those without PTSD, lifetime trauma is substantial and subthreshold PTSD symptoms are common. Vulnerability to PTSD needs further study, as sociodemographic and cocaine use variables did not distinguish between PTSD and non-PTSD groups.

Publication Types:

- Clinical Trial
- Multicenter Study
- Randomized Controlled Trial

PMID: 14572180 [PubMed - indexed for MEDLINE]

22: Nord J Psychiatry. 2003;57(5):351-5.

Quantitative electroencephalogram (qEEG) in combat veterans with post-traumatic stress disorder (PTSD).

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Only a small number of studies have used quantitative electroencephalography

(qEEG) in research of the post-traumatic stress disorder (PTSD). The results are not consistent. The aim of the present investigation was to compare qEEG in combat veterans with and without PTSD. The hypothesis is that differences among qEEG characteristics will be found regarding the presence/absence of PTSD. Seventy-nine combat veterans with PTSD comprised the experimental group and 37 veterans without PTSD were included as controls. After the informed consent, they were investigated by the resting EEG recordings. The results demonstrate that PTSD veterans had decreased alpha power and increased beta power. These results suggest an altered neurobiology in PTSD. Various explanations have been offered for alpha activity decrease observed in PTSD veterans. Increased beta rhythm may play a role as a potential marker in differentiating subtypes of PTSD.

PMID: 14522608 [PubMed - indexed for MEDLINE]

23: Nurs Stand. 2004 Jan 14-20;18(18):36-9.

Post-traumatic stress disorder in asylum seekers.

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Asylum seekers can present with a wide range of psychological problems caused by traumatic experiences in the country they have fled. They may also experience adjustment problems in the host country. This article describes a nurse-led, three-phased model of intervention to aid recovery in stages, addressing the biological, psychological and social needs of the individual.

Publication Types:

Review
Review, Tutorial

PMID: 14768231 [PubMed - indexed for MEDLINE]

24: Nursing. 2004 Feb;34(2):52-3.

Confronting posttraumatic stress disorder.

Fagan N, Freme K.

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PMID: 14758331 [PubMed - indexed for MEDLINE]

25: Percept Mot Skills. 2003 Oct;97(2):360-4.

Stress symptoms of two groups before and after the terrorist attacks of 9/11/01.

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This study investigated stress symptoms before and after the September 11, 2001

terrorist attack on the World Trade Center. Responses to the Smith Stress Symptoms Inventory were compared for Chicago area college students assessed 1 to

5 weeks after 9/11 (n=149) and a comparable sample tested up to 5 months prior

to 9/11 (n=320). Post-9/11 participants scored higher on Attention Deficit.

Contrary to prior research, post-9/11 participants did not score higher on distress, including Worry, Autonomic Arousal/Anxiety, Striated Muscle Tension,

Depression, and Anger. It is suggested that those indirectly exposed to a terrorist attack may display traditional symptoms of distress and arousal (as suggested by previous research). Later symptoms of attention deficit and distancing may emerge. This work was based on independent pre- and post-9/11

samples and must be replicated longitudinally as a test-retest to draw conclusions regarding change over time.

PMID: 14620217 [PubMed - indexed for MEDLINE]

26: Psychiatr Serv. 2003 Dec;54(12):1610-7.

Post-september 11 admission symptoms and treatment response among veterans with posttraumatic stress disorder.

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OBJECTIVE: Evidence has been found of significant psychological distress after the terrorist attacks of September 11, 2001, even in communities that were not directly affected. Persons with preexisting posttraumatic stress disorder (PTSD) may be especially vulnerable to such distress. The authors examined clinical data on veterans who had a diagnosis of PTSD to determine whether the attacks exacerbated their symptoms. METHOD:S: Outcome-monitoring data were analyzed from a national sample of more than 9,000 veterans who were treated in specialized intensive PTSD programs of the Department of Veterans Affairs (VA) from March 11, 1999, to March 11, 2002. Analysis of variance was used to compare symptom levels at admission and clinical improvement during the six months before and six months after September 11 and in comparison with the same periods in 1999 and 2000. RESULTS: Veterans who were admitted after September 11, 2001, had less severe symptoms than those admitted before September 11, a pattern that was significantly different from previous years. Veterans who were followed up after September 11 showed significantly more improvement in PTSD symptoms than those who were followed up before then, which also represented a significant difference from previous years. CONCLUSION:S: VA patients with preexisting PTSD were, unexpectedly, less symptomatic at admission after September 11 than veterans admitted before September 11, and patients who had follow-up assessments after September 11 showed more improvement. It is possible that these veterans benefited from the shared feelings of national unity, pride, and patriotism in the months after September 11 as well as from the normalization of PTSD-like reactions by the news media and a sense of mastery at having past experience in coping with trauma.

PMID: 14645800 [PubMed - indexed for MEDLINE]

27: Psychiatr Serv. 2003 Dec;54(12):1618-21.

Prescribing patterns for patients with posttraumatic stress disorder.

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OBJECTIVE: The little information available about prescribing patterns for persons with posttraumatic stress disorder comes from male combat-veteran populations treated through programs of the Department of Veterans Affairs. The objective of this study was to comprehensively evaluate prescribing patterns for persons with a diagnosis of posttraumatic stress disorder (PTSD) in a community-based nonveteran sample in which women were well represented. **METHODS:** Prescription claims paid in December 1999 for New Hampshire Medicaid recipients with diagnostic codes for PTSD were analyzed. Frequencies of prescriptions for categories of medication were compared between patients with PTSD (N=165) and patients with major depression alone (N=2,208) and those with major depression co-occurring with PTSD (N=171). **RESULTS:** The patients with PTSD were predominantly women who were receiving services at community mental health centers. Selective serotonin reuptake inhibitors were more frequently prescribed for major depression (32 percent of cases) than for PTSD (23 percent). Other novel antidepressants were more frequently prescribed for major depression co-occurring with PTSD (25 percent of cases) than for major depression alone (18 percent). Atypical antipsychotic medications were more frequently prescribed for PTSD (17 percent of cases) and for major depression co-occurring with PTSD (20 percent) than for major depression alone (9 percent). Benzodiazepines and related hypnotics, trazodone, and mood stabilizers were more frequently prescribed for major depression co-occurring with PTSD than for major depression alone. **CONCLUSIONS:** The findings suggest that many outpatients who have PTSD are treated aggressively with medication, particularly when PTSD co-occurs with

major depression, and that there are discrepancies between actual prescribing patterns and prescribing guidelines. These findings overlap trends observed in veteran populations.

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Volume of VA patients with posttraumatic stress disorder in the New York metropolitan area after September 11.

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The authors examined data from the Veterans Integrated Service Network of New York and New Jersey to determine whether the number of veterans who were treated for posttraumatic stress disorder (PTSD) increased significantly after the terrorist attacks of September 11, 2001. They analyzed the number of veterans treated for PTSD at Veterans Healthcare Administration facilities in New York and New Jersey from September 1999 through June 2002. The number of veterans treated for PTSD in these facilities after September 11 exceeded projections based on secular trends, and the increase was more pronounced than for other diagnostic groups. The results highlight the need to ensure adequate availability of services in the wake of traumatic events.

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Exposure to traumatic events and experiences: aetiological relationships with personality function.

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Empirical research has shown that the odds of experiencing traumatic events are influenced by genetic factors and the heritability of trauma exposure varies with the type of trauma. Traumatic events per se are unlikely to be heritable; more likely to be inherited are factors such as personality that influence the person's risk for entering into, or creating, potentially hazardous situations. With data from 406 twin pairs (222 monozygotic and 184 dizygotic twin pairs) from the urban general population, the present study used multiple regression analysis to identify personality variables associated with exposure to trauma, and estimated the degree to which these relationships were mediated by genetic factors. The experience of violent assaultive traumatic events was predicted by antisocial personality traits, specifically juvenile antisocial behavior, self-harming behavior, Psychoticism (e.g. adult antisocial behavior and substance misuse), and being open to new ideas and experiences. Genetic factors were found to partially mediate these relationships as indexed by the genetic correlation coefficient. The values of the genetic correlations were statistically significant and ranged from 0.14 to 0.36, accounting for 5-11% of the observed correlation between personality and trauma exposure. These findings suggest that heritable personality characteristics explain part of the variance in the likelihood of exposure to some classes of traumatic events.

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