



Post-Traumatic Stress Disorder *June 2004*

1: Arch Gen Psychiatry. 2004 May;61(5):508-16.

Sleep in lifetime posttraumatic stress disorder: a community-based polysomnographic study.

Breslau N, Roth T, Burduvali E, Kapke A, Schultz L, Roehrs T.

Department of Epidemiology, College of Human Medicine, Michigan State University, East Lansing 48824, USA. breslau@epi.msu.edu

BACKGROUND: Sleep complaints are common in posttraumatic stress disorder (PTSD) and are included in the DSM criteria. Polysomnographic studies conducted on small samples of subjects with specific traumas have yielded conflicting results. We therefore evaluated polysomnographic sleep disturbances in PTSD. **METHODS:** A representative cohort of young-adult community residents followed-up for 10 years for exposure to trauma and PTSD was used to select a subset for sleep studies for 2 consecutive nights and the intermediate day. Subjects were selected from a large health maintenance organization and are representative of the geographic area except for the extremes of the socioeconomic status range. The subset for the sleep study was selected from the 10-year follow-up of the cohort (n = 913 [91% of the initial sample]). Eligibility criteria included (1) subjects exposed to trauma during the preceding 5 years; (2) others who met PTSD criteria; and (3) a randomly preselected subsample. Of 439 eligible subjects, 292 (66.5%) participated, including 71 with lifetime PTSD. Main outcomes included standard polysomnographic measures of sleep induction, maintenance, staging, and fragmentation; standard measures of apnea/hypopnea and periodic leg movement; and results of the multiple sleep latency test. **RESULTS:** On standard measures of sleep disturbance, no differences were detected between subjects with PTSD and control subjects, regardless of history of trauma or major depression in the controls. Persons with PTSD had higher rates of brief arousals from rapid eye movement (REM) sleep. Shifts to lighter sleep and wake were specific to REM and were significantly different between REM and non-REM sleep ($F(1,278) = 5.92$; $P = .02$). **CONCLUSIONS:** We found no objective evidence for clinically relevant sleep disturbances in PTSD. An increased number of brief arousals from REM sleep was detected in subjects with PTSD. Sleep complaints in PTSD might represent amplified perceptions of brief arousals from REM sleep.

PMID: 15123496 [PubMed - indexed for MEDLINE]

2: Brain Dev. 2004 Mar;26(2):113-7.

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Veterans Health Administration

Post-traumatic syndrome after minor head injury cannot be predicted by neurological investigations.

Korinthenberg R, Schreck J, Weser J, Lehmkuhl G.

Division of Neuropaediatrics and Muscular Diseases, Department of Paediatrics and Adolescent Medicine, University Hospital, Mathildenstrassw 1, D-79106 Freiburg, Germany. rudokori@kikli.ukl.uni-freiburg.de

The aim of this study is to investigate predictive factors of post-traumatic syndrome in children with minor head injury. Prospective neurological, electroencephalographic and psychological investigations were performed in 98 children aged 3-13 years within 24 h after the trauma and 4-6 weeks later. Inclusion criteria for mild head injury were unconsciousness <10 min or none at all, lack of overt neurological symptoms and other complications requiring intensive care. Twenty-six of the children had been unconscious for a short period. Ten had suffered a skull fracture. Within the first 24 h, nearly all children reported acute symptoms of concussion and 64 of 98 showed abnormal EEG findings. After 4-6 weeks, 23 of 98 still exhibited post-traumatic complaints with headache, fatigue, sleep disturbances, anxiety and affect instability. Such post-traumatic symptoms did not correlate with somatic, neurological or electroencephalographic findings observed immediately after the injury or at the follow-up investigation. As opposed to the situation in more severe head trauma, post-traumatic syndrome after minor head injury in children is apparently not due to central nervous injury detectable by neurological examination or electroencephalography. Irrespective of the necessity of neuroradiological investigations and repeated EEGs in more severe and complicated head trauma, we discourage the routine EEG examination in very slight head injury and instead rather recommend parent and patient counselling.

PMID: 15036430 [PubMed - indexed for MEDLINE]

3: Bull Menninger Clin. 2004 Winter;68(1):1-8.

Expanding the frame: psychoanalysis after September 11.

Serani D.

Derner Institute Postdoctoral Programs in Psychoanalysis and Psychotherapy, Garden City, New York, USA. drsera@optonline.net

The psychological impact that has emerged following the terrorist attacks on September 11, 2001, raises unique and challenging treatment considerations for the psychoanalyst. The shared trauma of these horrifying events affected many individuals on many levels. This essay considers how analysts will need to demonstrate greater mastery regarding psychological and physiological acute trauma states, further insight into the object-related dynamics of good and evil, and what the analytic frame needs to incorporate to positively influence treatment outcomes.

PMID: 15113030 [PubMed - indexed for MEDLINE]

4: Child Maltreat. 2004 Feb;9(1):18-29.

Risk for intimate partner violence and child physical abuse: psychosocial characteristics of multirisk male and female Navy recruits.

Merrill LL, Crouch JL, Thomsen CJ, Guimond JM.

Naval Health Research Center, San Diego, CA 92186-5122, USA.

This study examined psychosocial characteristics of individuals at risk for perpetrating both intimate partner violence (IPV risk) and child physical abuse (CPA risk). The sample consisted of 775 female and 592 male Navy recruits. The psychosocial variables assessed included symptoms of dysphoria, posttraumatic stress, self-dysfunction, alcohol-related problems, and drug use. IPV risk and CPA risk were positively associated with approximately 9% of the total sample considered multirisk (i.e., positive for both IPV risk and CPA risk). Results of regression analyses revealed that patterns of predictors (demographic and psychosocial variables) for IPV-risk only and CPA-risk only differed with multirisk individuals characterized by the combined predictors of both types of violence risk. Nearly half (47.2%) of the multirisk individuals were characterized by multiple (i.e., two or more) clinical elevations on the psychosocial characteristics assessed.

PMID: 14870995 [PubMed - indexed for MEDLINE]

5: Curr Pain Headache Rep. 2004 Apr;8(2):111-5.

The prevalence of post-traumatic stress disorder in chronic pain patients.

Sharp TJ.

University of Sydney, Suites 101/102, 74 Pitt Street, Sydney NSW 2000, Australia.
timothysharp@bigpond.com

Several of the more common causes of chronic pain include traumatic events such as motor vehicle accidents and work-related incidents. Therefore, it is not unusual for patients presenting with chronic pain to also describe significant levels of distress including post-traumatic symptomatology and, in the more severe cases, post-traumatic stress disorder (PTSD). Throughout the past few decades, the literature relating to chronic pain and PTSD has become progressively more sophisticated, resulting in well-supported theories and treatments for sufferers. However, only a handful of studies have specifically attended to the co-occurrence of these two disorders. This review presents a summary of the literature relating to the two disorders in terms of symptoms, prevalence, and comorbidity. It also briefly describes the main empirically supported psychologic theories of chronic pain and PTSD and briefly reviews the evidence regarding what factors maintain the disorders. Treatment implications and issues for future research are considered.

Publication Types:

Review

Review, Tutorial

PMID: 14980145 [PubMed - indexed for MEDLINE]

6: Disabil Rehabil. 2004 Jan 7;26(1):27-34.

A long time getting home: Vietnam Veterans' experiences in a community exercise rehabilitation programme.

Otter L, Currie J.

Faculty of Health Sciences, Australian Catholic University, NSW, Australia.

PURPOSE: We aimed to qualitatively evaluate the experiences of a group of 14 Australian Vietnam Veterans, including five who stated being diagnosed with Posttraumatic Stress Disorder, participating in a 40-week exercise programme. **METHOD:** The veterans provided prospective feedback on perceptions, attitudes and opinions related to the programme via a series of three focus groups. A content analysis using the grounded theory approach was used to categorize the main themes to emerge from the transcribed data. **RESULTS:** The main findings included (a) the group's perceived lifestyle prior to participating in the programme, such as working long hours, social isolation and low motivation levels, (b) lifestyle and psychological changes as a result of the exercise programme, such as decreased anger levels, increased mental awareness, energy levels and daily resilience, and (c) increased social support. The veterans nominated the interaction and support arising from the classes, in addition to participation in the exercise per se, as being associated with the perceived benefits in personal lifestyle. **CONCLUSIONS:** The findings suggest that physical activity programmes set up within the community specifically for Vietnam Veterans may benefit them psychologically as well as physically.

PMID: 14660196 [PubMed - indexed for MEDLINE]

7: Epidemiology. 2004 Mar;15(2):135-42.

Comment in:

Epidemiology. 2004 Mar;15(2):129-30.

Gulf War veterans with anxiety: prevalence, comorbidity, and risk factors.

Black DW, Carney CP, Peloso PM, Woolson RF, Schwartz DA, Voelker MD, Barrett DH, Doebbeling BN.

Department of Psychiatry, The University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, Iowa 52242, USA. donaldblack@uiowa.edu

BACKGROUND: Veterans of the first Gulf War have higher rates of medical and psychiatric symptoms than nondeployed military personnel. **METHODS:** To assess the prevalence of and risk factors for current anxiety disorders in Gulf War veterans, we administered a structured telephone interview to a population-based sample of 4886 military personnel from Iowa at enlistment. Participants were randomly drawn from Gulf War regular military, Gulf War National Guard/ Reserve, non-Gulf War regular military, and non-Gulf War National Guard/Reserve. Medical and psychiatric conditions were assessed through standardized interviews and questionnaires in 3695 subjects (76% participation). Risk factors were assessed using multivariate logistic regression models. **RESULTS:** Veterans of the first Gulf War reported a markedly higher prevalence of current anxiety disorders than nondeployed military personnel (5.9% vs. 2.8%; odds ratio = 2.1; 95% confidence interval = 1.3-3.1),

and their anxiety disorders are associated with co-occurring psychiatric disorders. Posttraumatic stress disorder, panic disorder, and generalized anxiety disorder were each present at rates nearly twice expected. In our multivariate model, predeployment psychiatric treatment and predeployment diagnoses (posttraumatic stress disorder, depression, or anxiety) were independently associated with current anxiety disorder. Participation in Gulf War combat was independently associated with current posttraumatic stress disorder, panic disorder, and generalized anxiety disorder. CONCLUSIONS: Current anxiety disorders are relatively frequent in a military population and are more common among Gulf War veterans than nondeployed military personnel. Predeployment psychiatric difficulties are robustly associated with the development of anxiety. Healthcare providers and policymakers need to consider panic disorder and generalized anxiety disorder, in addition to posttraumatic stress disorder, to ensure their proper assessment, treatment, and prevention in veteran populations.

PMID: 15127904 [PubMed - indexed for MEDLINE]

8: *Epidemiology*. 2004 Mar;15(2):129-30.

Comment on:

Epidemiology. 2004 Mar;15(2):135-42.

War and anxiety disorders.

Vlahov D, Galea S.

Center for Urban Epidemiologic Studies, New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029, USA. dvlahov@NYAM.ORG

Publication Types:

Comment

PMID: 15127901 [PubMed - indexed for MEDLINE]

9: *Gen Hosp Psychiatry*. 2004 Jan-Feb;26(1):70-7.

Acceptance of a trauma-focused survey: do personality and health matter?

Willebrand M, Wikehult B, Ekselius L.

Department of Neuroscience, Psychiatry, Uppsala University, Uppsala, Sweden. mimmie.willebrand@plastic.uu.se

Health evaluations after trauma are often performed by postal surveys, although previous studies show that some participants experience distress reactions afterwards. The aim was to explore how former burn patients react to filling in a trauma-related survey and whether the reactions are related to individual factors. The survey contained 307 questions, of which one was an open question to elicit reactions to participation. Personality was measured with the Swedish universities Scales of Personality, health with the Burn Specific Health Scale-Brief, and psychological health with the Hospital Anxiety and Depression Scale and Impact of Event Scale-Revised. Participants were 78 (67%) adult burn patients, injured on

average 3.9 years previously. Three groups of reactions were identified: positive/beneficial (55%), effort/time-consuming (32%), and negative/intrusive (13%). Only four participants expressed that the survey had been intrusive. Negative reactions were associated with maladaptive personality traits, poorer relationships, and more stress symptomatology, but not with burn severity or sociodemographic variables. Patients with self-inflicted injuries were evenly spread across the groups, but those with negative reactions were responsible for most of the group differences in individual factors. While a small subgroup reacted negatively, the majority accepted the trauma-focused survey and even found it beneficial.

PMID: 14757306 [PubMed - indexed for MEDLINE]

10: Int J Emerg Ment Health. 2004 Winter;6(1):25-31.

Coping with traumatic loss: an interview with the parents of TWA 800 crash victims and implications for disaster mental health professionals.

Levin BG.

babs.levin@comcast.net

The stories of survivors of traumatic events can be instructive to professionals who provide crisis intervention and/or psychotherapy to the bereaved. This paper provides excerpts from an interview with a middle-age married couple who lost two children in the 1996 explosion of TWA 800 over Long Island Sound. Their story illustrates important methods of coping with grief and sheds light on the value to survivors of recovering victims' remains. This case study is followed by a discussion about some elements of the interview that are helpful to an understanding of the grief process.

Publication Types:
Case Reports

PMID: 15132000 [PubMed - indexed for MEDLINE]

11: Int J Emerg Ment Health. 2004 Winter;6(1):15-24.

Gender related correlates of posttraumatic stress symptoms in a World Trade Center tragedy sample.

Sciancalepore R, Motta RW.

Hofstra University, Hempstead, NY, USA. rspurple@aol.com

Previous research has documented that women are more susceptible to developing posttraumatic stress disorder than men. This study examines the relationships between gender, ruminative coping, traditional gender role characteristics, trauma-related cognitions, and posttraumatic stress symptoms. Participants were 123 victims of the September 11, 2001, terrorist attacks, including 72 males and 51 females. Results indicated that female victims had more posttraumatic stress symptoms than male victims. Ruminative coping was positively correlated with posttraumatic stress symptoms. Victims who were categorized as 'feminine' had

significantly higher levels of posttraumatic stress symptoms than victims categorized as 'androgynous.' Multiple regression and path analyses were used to determine whether ruminative coping, traditional gender role characteristics, and trauma-related cognitions mediated the gender difference in posttraumatic stress symptoms. The mediational model was not supported by these data.

PMID: 15131999 [PubMed - indexed for MEDLINE]

12: Int J Emerg Ment Health. 2004 Winter;6(1):5-14.

The effectiveness of critical incident stress debriefing with primary and secondary trauma victims.

Jacobs J, Horne-Moyer HL, Jones R.

USAF, Charleston AFB, SC, USA. julie.jacobs@charleston.af.mil

Critical incident stress debriefing (CISD) (Mitchell, 1983) has been under intense scrutiny recently in the psychology literature. Several authors have concluded that CISD has no effect or even negative effects on victims of trauma (Bisson, McFarlane, & Rose, 2000; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). This review calls these conclusions into question by critically contrasting: (1) studies that utilize CISD with emergency services personnel ("secondary" victims of trauma, for whom the CISD and the larger Critical Incident Stress Management models were first created) and (2) studies that utilize CISD with primary victims of trauma. This review suggests that CISD is an effective method of reducing risk for PTSD-related symptoms in emergency services personnel. However, when debriefings are conducted with primary victims of traumatic events (e.g., accident victims, burn victims still in the hospital), the results are much less promising. The authors conclude that protocols are needed for interventions with primary victims to help mitigate the impact of trauma on this population. Appropriate interventions might include risk assessment and appropriate referral services, or in some instances, focused psycho-educational group debriefings. Further research is clearly warranted to examine the effectiveness of alternative interventions for the primary victim population.

PMID: 15131998 [PubMed - indexed for MEDLINE]

13: Int J Group Psychother. 2004 Apr;54(2):145-75.

Group-based interpersonal psychotherapy for posttraumatic stress disorder: theoretical and clinical aspects.

Robertson M, Rushton PJ, Bartrum D, Ray R.

Mayo Wesley Centre, Taree, Australia. michael.robertson@mayo.net.au

Posttraumatic stress disorder (PTSD) is a condition that engenders both symptomatic distress and severe disruption in interpersonal and social functioning. Most of the empirical research on treatment has emphasized interventions that aim to alleviate the symptoms of PTSD, despite the persisting impairments in social, occupational, and interpersonal functioning. In clinical practice, achieving relief from symptoms

such as irritability or phobic avoidance is a worthwhile goal, yet significant distress and disability derived from disruptions to interpersonal attachments, social networks, and confiding intimate relationships persist. Interpersonal psychotherapy (IPT) has been shown to be efficacious in research settings for depression and eating disorders, in both group and individual formats. Recent pilot data also suggests the potential usefulness of IPT in anxiety disorders. The aim of this paper is to provide a rationale for the use of group-based IPT as an intervention for PTSD as part of a management package, arguing from theoretical and clinical viewpoints. The integration of IPT therapeutic processes with the therapeutic group process is discussed, and a detailed case discussion is presented as an illustration.

PMID: 15104000 [PubMed - indexed for MEDLINE]

14: Issues Ment Health Nurs. 2004 Apr-May;25(3):223-5.

From the editor--the debate about posttraumatic stress disorder and some thoughts about 9/11.

Thomas SP.

Publication Types:
Editorial

PMID: 14965843 [PubMed - indexed for MEDLINE]

15: J Affect Disord. 2004 Jan;78(1):37-48.

Partial posttraumatic stress disorder revisited.

Mylle J, Maes M.

Department of Psychology, Royal Military Academy (RMA), Renaissancelaan, 30, B1000 Brussels, Belgium. jacques.mylle@psps.rma.ac.be

BACKGROUND: It is thought that the decision rule for a positive diagnosis of Posttraumatic Stress Disorder (PTSD) may be too restrictive, leaving too many victims of a trauma out in the cold for care, compensation, etc. Several authors have proposed the concept of Subthreshold or Partial PTSD (PPTSD). This concept considers that a subject may present a number of symptoms below threshold for criteria C or D (subthreshold syndromes) and may even present without any symptom for one or more of the criteria B, C and D (partial syndromes). **METHOD:** Data have been collected by means of the Composite International Diagnostic Interview (CIDI) PTSD-module, in a group exposed to two different traumatic events (130 fire victims and 55 car accident victims). The syndrome patterns has been assessed by means of hierarchical class analyses. Each of the criteria B, C and D has been analyzed separately, showing the symptom patterns as hierarchically order clusters. **RESULTS:** Depending on the threshold used for criterion C (i.e. 3 or 2 symptoms), 18.4 and 22.7% of the subjects respectively satisfy the criteria for PTSD. 8.7% of the subjects show subthreshold syndromes. 60.7% of the subjects show partial syndromes and 16.7% of the subjects have partial syndromes while fulfilling criterion F, i.e. a clinically significant impairment in functioning. **CONCLUSIONS:** The results show a considerable number of partial and subthreshold

syndromes. It is argued that subthreshold syndromes and partial syndromes, which fulfill criterion F, should be regarded as specific nosological categories or as specified PTSD subcategories, i.e. subsyndromal or partial PTSD.

Publication Types:

Review

Review, Academic

PMID: 14672795 [PubMed - indexed for MEDLINE]

16: J Anxiety Disord. 2004;18(1):51-68.

The relations of PTSD symptoms to alcohol use and coping drinking in volunteers who responded to the Swissair Flight 111 airline disaster.

Stewart SH, Mitchell TL, Wright KD, Loba P.

Department of Psychology, Dalhousie University, 1355 Oxford St, Halifax, NS, Canada B3H 4J1. sherry.stewart@dal.ca

We investigated the effects of the 1998 Swissair Flight 111 (SA 111) disaster on a variety of indices of alcohol use among volunteer responders. We retrospectively administered standardized questionnaires and a semi-structured interview to 13 volunteer disaster workers recruited from the community. According to the interview, 54% of the volunteers were exposed to human remains. According to Modified Post-Traumatic Stress Disorder (PTSD) Symptoms Scale responses, 46% met DSM-IV criteria for PTSD. Frequency and severity of PTSD symptoms, but not human remains exposure, per se, were positively correlated with coping-motivated drinking (but not social or mood enhancement drinking) and with alcohol use to forget. The re-experiencing and hyper-arousal PTSD symptom dimensions showed the strongest and most consistent correlations with the alcohol use indices. We discuss ways in which the information gleaned from this sample can be used to improve disaster response planning to minimize the probability of maladaptive coping drinking among volunteers.

PMID: 14725868 [PubMed - indexed for MEDLINE]

17: J Clin Psychiatry. 2004;65 Suppl 5:29-33.

Use of benzodiazepines in social anxiety disorder, generalized anxiety disorder, and posttraumatic stress disorder.

Davidson JR.

Department of Psychiatry and Behavioral Sciences, Duke University Medical Center South, Durham, NC 27710, USA. jonathan.davidson@duke.edu

Benzodiazepines are advantageous treatments for anxiety disorders because they work quickly. However, benzodiazepines can vary in terms of efficacy across anxiety disorders. Benzodiazepines have been found to be a superior treatment in social anxiety disorder. While benzodiazepines are effective in the treatment of generalized anxiety disorder, other treatments such as selective serotonin reuptake inhibitors

may be more effective. Also, research indicates that benzodiazepines may not be effective in the treatment of posttraumatic stress disorder. Therefore, physicians need to consider the type of anxiety disorder before prescribing a benzodiazepine as a treatment.

Publication Types:

Review

Review, Academic

PMID: 15078116 [PubMed - indexed for MEDLINE]

18: J Nerv Ment Dis. 2004 May;192(5):389-90.

Relationship of alcohol craving to symptoms of posttraumatic stress disorder in combat veterans.

Freeman T, Kimbrell T.

Mental Health Service, Central Arkansas Veterans Healthcare System, USA.

To examine the relationship of alcohol craving to symptoms of posttraumatic stress disorder (PTSD), 129 male veterans with chronic PTSD were asked to complete the Obsessive Compulsive Drinking Scale (OCDS), the Mississippi Scale for combat-related PTSD symptoms, and other instruments to assess general psychopathology and lifetime alcohol and substance use. No correlations were found between current PTSD symptoms and alcohol craving, although significant correlations were found between the OCDS and measures of lifetime alcohol and substance use.

PMID: 15126895 [PubMed - indexed for MEDLINE]

19: J Rehabil Res Dev. 2003 Sep-Oct;40(5):397-405.

An examination of the relationship between chronic pain and post-traumatic stress disorder.

Otis JD, Keane TM, Kerns RD.

Psychology Service, Department of Veterans Affairs Boston Healthcare System, Boston, MA 02130-4893, USA. john.otis@med.va.gov

Chronic pain and post-traumatic stress disorder (PTSD) are frequently observed within the Department of Veterans Affairs healthcare system and are often associated with a significant level of affective distress and physical disability. Clinical practice and research suggest that these two conditions co-occur at a high rate and may interact in such a way as to negatively impact the course of either disorder; however, relatively little research has been conducted in this area. This review summarizes the current literature pertaining to the prevalence and development of chronic pain and PTSD. Research describing the comorbidity of both conditions is reviewed, and several theoretical models are presented to explain the mechanisms by which these two disorders may be maintained. Future directions for research and clinical implications are discussed.

PMID: 15080224 [PubMed - indexed for MEDLINE]

20: Neuroendocrinol Lett. 2003 Dec;24(6):468.

The cellular immunodeficiency associated with post-traumatic stress disorder may be the result of sympathetic overactivity and be correctable by beta-2-blockers.

Namazi MR.

Publication Types:
Letter

PMID: 15073578 [PubMed - indexed for MEDLINE]

21: Neurosci Biobehav Rev. 2004 Mar;28(1):65-94.

Adaptive and maladaptive psychobiological responses to severe psychological stress: implications for the discovery of novel pharmacotherapy.

Bonne O, Grillon C, Vythilingam M, Neumeister A, Charney DS.

Mood and Anxiety Disorders Program, National Institute of Mental Health, National Institute of Health, 15K North Drive, Rm. 200, Bethesda, MD 20892-2670, USA.
bonneo@intra.nimh.nih.gov

Post-traumatic stress disorder (PTSD) is one of the few DSM-IV diagnoses contingent upon a psychosocial stressor. In this context, there is an urgent need to acquire a better understanding of both the adaptive and maladaptive psychobiological responses to traumatic stress. Preclinical investigators have utilized a variety of animal models to identify the behavioral and neurobiological features of the organism's response to stress. However, given the complexity of the healthy and pathological human response to physiological and psychological stress, the extent to which the animal data is immediately transferable to human remains to be fully determined. This review draws upon preclinical and clinical literature to examine the transformation of an adaptive human stress response into a maladaptive and debilitating mental disorder. An integrative psychobiological model for PTSD is presented, linking psychological processes and behavioral patterns with current findings in neurocircuitry, neurochemistry and psychophysiology. The implications of this model for the discovery of novel pharmacological approaches to the treatment of severe psychological distress are discussed.

Publication Types:
Review
Review, Tutorial

PMID: 15036934 [PubMed - indexed for MEDLINE]

22: Psychiatr Q. 2003 Winter;74(4):401-20.

Contextualizing trauma: using evidence-based treatments in a multicultural community after 9/11.

Marshall RD, Suh EJ.

Trauma Studies and Services, New York State Psychiatric Institute Unit 69, 1051 Riverside Drive, New York, NY 10032, USA. randall@nypsi.cpmc.columbia.edu

The mental health community was caught unaware after 9/11 with respect to treatment of survivors of terrorist attacks. Because this form of trauma was quite rare in the U.S., few trauma specialists had extensive experience, or taught regularly on this subject. Since the primary objective of terrorism is the creation of demoralization, fear, and uncertainty in the general population, a focus on mental health from therapeutic and public health perspectives is critically important to successful resolution of the crisis. Surveys after 9/11 showed unequivocally that symptomatology related to the attacks were found in hundreds of thousands of people, most of whom were not escapees or the families of the deceased. Soon after 9/11, our center formed a collaboration with other academic sites in Manhattan to rapidly increase capacity for providing state-of-the-art training and treatment for trauma-related psychiatric problems. Our experience suggests that evidence-based treatments such as Prolonged Exposure Therapy have proven successful in treating 9/11-related PTSD. However, special clinical issues have arisen, such as the influence of culture on clinical presentation and treatment expectations in a multiethnic community; the need to focus on more subtle aspects of relative risk appraisal in examining trauma-related avoidance; the range of changes in daily life that constitute adaptation to ongoing threat; the difficulties in working as a therapist who is also a member of the traumatized community; and grappling with multiple secondary consequences of 9/11 such as unemployment, work relocation, grief, and apocalyptic fears leading to a dramatically foreshortened vision of the future.

Publication Types:

Case Reports

PMID: 14686462 [PubMed - indexed for MEDLINE]

23: Psychiatr Serv. 2004 Mar;55(3):319-20; author reply 320.

Comment on:

Psychiatr Serv. 2003 Oct;54(10):1380-2.

Pentagon employees after September 11, 2001.

Hoge CW, Messer SC, Castro CA.

Publication Types:

Comment

Letter

PMID: 15001739 [PubMed - indexed for MEDLINE]

24: Psychiatr Serv. 2004 Mar;55(3):318-9; author reply 319.

Comment on:

Psychiatr Serv. 2003 Dec;54(12):1571.

Trauma and tragedy in New York City.

McQuiston HL.

Publication Types:

Comment

Letter

PMID: 15001736 [PubMed - indexed for MEDLINE]

25: Psychiatr Serv. 2004 Mar;55(3):274-83.

Mental health service and medication use in New York City after the September 11, 2001, terrorist attack.

Boscarino JA, Galea S, Adams RE, Ahern J, Resnick H, Vlahov D.

New York Academy of Medicine, 1216 Fifth Avenue, DHSP Room 552, New York, NY 10029, USA. jboscarino@nyam.org

OBJECTIVE: A survey assessed use of mental health services and psychiatric medications in New York City four to five months after the September 11, 2001, attack on the World Trade Center. **METHODS:** A telephone survey using random-digit dialing was conducted among 2,001 adult householders. **RESULTS:** During the interviews, 7.6 percent of respondents reported use of mental health services in the past 30 days and 7.7 percent reported use of psychiatric medications. Factors associated with service use included experiencing four or more lifetime traumatic events, experiencing two or more stressful life events in the past 12 months, having posttraumatic stress disorder (PTSD), and having depression. African-American and Hispanic respondents were less likely than white respondents to use services. Greater service use after the attack was associated with a graduate education, increased alcohol use after the attack, and depression. Factors associated with medication use included being in either of two age groups (25 to 44 years and 45 to 64 years), having a primary care physician, experiencing two or more stressful life events in the past 12 months, and having depression. African-American and Hispanic respondents were less likely than white respondents to be taking medications. Greater use after the attack was associated with having depression. Mental health visits in Manhattan appeared to decrease compared with the first two months after the attack. However, among respondents with PTSD or depression, those who were nonwhite, younger, without a primary care physician, or without health insurance were less likely to use postdisaster services. **CONCLUSIONS:** Service use after the terrorist attack was related to mental status and to the amount of trauma and stress experienced. Overall, white respondents, those aged 25 to 64 years, and those with a primary care physician were more likely to use services.

PMID: 15001728 [PubMed - indexed for MEDLINE]

26: Psychiatr Serv. 2004 Feb;55(2):157-62.

Trauma history screening in a community mental health center.

Cusack KJ, Frueh BC, Brady KT.

South Carolina Department of Mental Health, Charleston, South Carolina 29403, USA. kjc42@dmh.state.sc.us

OBJECTIVE: This study assessed the lifetime prevalence of traumatic events among consumers of a community mental health center by using a brief trauma screening instrument. This study also examined the relationship between trauma exposure and physical and mental health sequelae and determined whether the routine administration of a trauma screening measure at intake would result in increased diagnoses of posttraumatic stress disorder (PTSD) and in changes in treatment planning in a practice setting. **METHODS:** A 13-item self-report trauma screening instrument, a shortened version of the Trauma Assessment of Adults instrument, was incorporated into the intake assessment process at a community mental health center (CMHC). A total of 505 out of 515 consumers who presented to the CMHC consecutively were surveyed from May 1, 2001, to January 31, 2002. Data from the initial assessment on trauma exposure and on rate of PTSD diagnosis were examined, and a chart review was conducted on 97 cases (19 percent) to determine the extent to which CMHC services addressed trauma-related problems. **RESULTS:** Data indicated that 460 consumers (91 percent) had been exposed to one or more traumatic life experiences. The number of traumatic events was negatively correlated with physical and mental health functioning on the 12-item Short-Form Health Survey (SF-12). Subjects with a history of sexual abuse scored significantly higher on the SF-12, reflecting poorer physical and mental health. Although the rate of PTSD diagnosis increased after implementation of the trauma screening instrument, the rates of actual PTSD treatment services provided did not change. **CONCLUSIONS:** This study strongly suggests that screening for trauma history should be a routine part of mental health assessment and may significantly improve the recognition rate of PTSD. However, much work remains to be done in implementing appropriate treatment.

Publication Types:
Evaluation Studies

PMID: 14762240 [PubMed - indexed for MEDLINE]

27: Psychiatry Res. 2003 Dec 1;121(2):133-43.

Memory for trauma-related information in Holocaust survivors with PTSD.

Golier JA, Yehuda R, Lupien SJ, Harvey PD.

Department of Psychiatry, Mount Sinai School of Medicine, New York, NY 10029, USA. julia.golier@med.va.gov

The impact of trauma-related information on memory performance in aging Holocaust survivors with post-traumatic stress disorder (PTSD) was evaluated. Explicit and implicit memory for neutral and Holocaust-related words was assessed in Holocaust survivors with PTSD (PTSD+, n=31), in Holocaust survivors without PTSD (PTSD-, n=17), and in healthy Jewish adults not exposed to the Holocaust (non-exposed, n=34) using the paired associates learning and word-stem completion tests, respectively. The PTSD+ group had significantly poorer paired associate recall than the PTSD- and non-exposed groups, and showed a significantly different response to the introduction of Holocaust-related words. The PTSD+ group recalled

significantly more words from the Holocaust-related than the neutral word pairs, whereas word type had little effect on paired associate recall in the other two groups. In contrast, there were no group differences in implicit memory performance or in the effect of Holocaust-related words on implicit memory. Among Holocaust survivors, explicit recall of Holocaust-related word pairs was associated with intrusive PTSD symptoms. These results suggest that aging Holocaust survivors with PTSD preferentially form new associations with trauma-related stimuli as compared with neutral stimuli. The presence of such a disturbance of associative learning decades after the Holocaust may underlie the persistence of psychological symptoms and, in particular, the intrusive symptoms of PTSD. This trauma-related facilitation of explicit memory, together with generally poorer explicit memory, may help to explain the bi-directional nature of the memory impairments in PTSD.

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Post-traumatic stress disorder among patients with chronic pain and chronic fatigue.

Roy-Byrne P, Smith WR, Goldberg J, Afari N, Buchwald D.

Department of Psychiatry and Behavioral Science, University of Washington, Seattle, WA, USA.

BACKGROUND: Fibromyalgia (FM), a chronic pain condition of unknown aetiology often develops following a traumatic event. FM has been associated with post-traumatic stress disorder (PTSD) and major depression disorder (MDD). **METHOD:** Patients seen in a referral clinic (N=571) were evaluated for FM and chronic fatigue syndrome (CFS) criteria. Patients completed questionnaires, and underwent a physical examination and a structured psychiatric evaluation. Critical components of the diagnostic criteria of FM (tender points and diffuse pain) and CFS (persistent debilitating fatigue and four of eight associated symptoms) were examined for their relationship with PTSD. **RESULTS:** The prevalence of lifetime PTSD was 20% and lifetime MDD was 42%. Patients who had both tender points and diffuse pain had a higher prevalence of PTSD (OR=3.4, 95% CI 2.0-5.8) compared with those who had neither of these FM criteria. Stratification by MDD and adjustment for sociodemographic factors and chronic fatigue revealed that the association of PTSD with FM criteria was confined to those with MDD. Patients with MDD who met both components of the FM criteria had a three-fold increase in the prevalence of PTSD (95% CI 1.5-7.1); conversely, FM patients without MDD showed no increase in PTSD (OR=1.3, 95% CI 0.5-3.2). The components of the CFS criteria were not significantly associated with PTSD. **CONCLUSION:** Optimal clinical care for patients with FM should include an assessment of trauma in general, and PTSD in particular. This study highlights the importance of considering co-morbid MDD as an effect modifier in analyses that explore PTSD in patients with FM.

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Client-centred therapy, post-traumatic stress disorder and post-traumatic growth: theoretical perspectives and practical implications.

Joseph S.

Department of Psychology, University of Warwick, Coventry, UK.
s.joseph@warwick.ac.uk

In practice it is not unusual for client-centred therapists to work with people who have experienced traumatic events. However, client-centred therapy is not usually considered within texts on traumatic stress and questions have been raised over the appropriateness of client-centred therapy with trauma survivors. The present study shows how, although he was writing well before the introduction of the term 'post-traumatic stress disorder', Carl Rogers provided a theory of therapy and personality that contains an account of threat-related psychological processes largely consistent with contemporary trauma theory. Rogers' theory provides the conceptual underpinnings to the client-centred and experiential ways of working with traumatized people. Furthermore, Rogers' theory provides an understanding of post-traumatic growth processes, and encourages therapists to adopt a more positive psychological perspective to their understanding of how people adjust to traumatic events.

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Post-traumatic stress disorder: considerations for dentistry.

Wright EF, Thompson RL, Paunovich ED.

Department of Restorative Dentistry, South Texas Veterans Health Care System, San Antonio, Texas 78229-3900, USA. wrighte@uthscsa.edu

A dental patient with post-traumatic stress disorder (PTSD) may present with greater dental and behavioral challenges than most dental patients. The background review of PTSD's initiating factors, diagnostic criteria, and medical management should help practitioners better understand and manage these challenges. Many of the challenges the clinician may encounter and managing recommendations are described. A case report of a PTSD patient complaining of constant bilateral tooth pain of the maxillary and mandibular bicuspids and molars is presented. Recommended techniques for identifying the tooth pain source and contributing factors are provided. The primary contributing factor for the patient's tooth pain was determined to be his severe tooth clenching activity. A maxillary acrylic appliance provided some pain reduction and a subsequent mandibular soft occlusal appliance worn opposing the maxillary appliance provided additional relief.

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