Post-Traumatic Stress Disorder
September , 2003

Al-Saffar S, Borga P, Edman G et al. The aetiology of posttraumatic stress disorder in four ethnic groups in outpatient psychiatry. Soc Psychiatry Psychiatr Epidemiol 2003; 38 (8):456-62.
BACKGROUND: PTSD is one of few diagnoses to be defined by its aetiology. At treatment centres specialising in a certain type of trauma, like war, torture or sexual abuse, the aetiology may be regarded as self-explanatory. Recent surveys of general populations reveal high rates of PTSD, often following exposure to multiple traumatic events. Traumas are frequently overlooked in general psychiatric settings and PTSD is underestimated. Such findings indicate the need to conceptualise trauma in terms of multiple events and to examine the aetiology of PTSD amongst patients in everyday psychiatric practice. The present study examines aetiological factors of PTSD in three minority groups at a general psychiatric outpatient clinic. Arabs, Iranians and Turks selected from an entire year's cohort of patients-and a sample of Swedish patients of similar age and gender distribution. METHODS: Histories were collected from 115 patients, both regarding their own traumas and traumas involving relatives and close friends, by means of a questionnaire. A self-rating instrument for PTSD, with no reference to a specific trauma, was used in order to study the relationship between trauma and PTSD outcome. RESULTS: Of the patients, 89% had experienced at least one trauma, and 77% multiple traumatic events. The prevalence of probable PTSD varied between ethnic groups: Iranians 69%, Arabs 59%, Turks 53% and Swedes 29%. In a logistic regression analysis, probable PTSD outcome was associated with multiplicity of relatives' traumas (OR = 3.14), multiplicity of own traumas (OR = 2.56) and belonging to an ethnic minority (OR = 2.44), but not with gender. No patient without a trauma history was positively assessed for probable PTSD. CONCLUSION: The symptomatic syndrome of probable PTSD does not appear in the absence of extreme trauma, lending empirical support to the definition of PTSD. Prevalence increases with multiplicity of traumas, including those involving a relative or close friend. The high prevalence of probable PTSD found in this study warrants screening for trauma among patients, their relatives and close friends, in outpatient psychiatry.
12910342

Amundson JK, Alladin A, Eamon G. Efficacy vs. effectiveness research in psychotherapy: implications for clinical hypnosis. Am J Clin Hypn 2003; 46 (1):11-29.
Empirically supported therapy (EST) has become a major focus and trend for mental health practice. When hypnosis is involved, this may mean satisfying a standard that is entirely too narrow in its emphasis. In this article "efficacy"-based research in

clinical practice is contrasted with "effectiveness" -focused research, and they are discussed from the perspective of hypnosis. When clinicians can consider trans-theoretical factors as well as those that are treatment-enhancing, possibilities for improved treatment outcome increase. The "effectiveness" perspective also serves as a counter point for hypnosis in contrast with the dubious efficacy-based gold standard currently proposed for therapy in general, and hypnosis in particular.
12894928

Birmes P, Brunet A, Carreras D et al. The predictive power of peritraumatic dissociation and acute stress symptoms for posttraumatic stress symptoms: a three-month prospective study. Am J Psychiatry 2003; 160 (7):1337-9.
OBJECTIVE: The authors prospectively examined the power of peritraumatic dissociation and acute stress symptoms in predicting posttraumatic stress disorder (PTSD) symptoms. METHOD: Thirty-five assault victims were assessed with the Peritraumatic Dissociative Experiences Questionnaire within 24 hours of the assault. Participants were reassessed 2 weeks after the trauma with the Stanford Acute Stress Reaction Questionnaire and 3 months after the trauma with the Clinician-Administered PTSD Scale and the Impact of Event Scale. Correlational analyses and a hierarchical multiple regression were conducted. RESULTS: Peritraumatic dissociation and acute stress symptoms were correlated with later PTSD symptoms and diagnosis. Together, peritraumatic dissociation and acute stress symptoms accounted for 33% of the variance in PTSD symptoms. CONCLUSIONS: These results support earlier findings that peritraumatic dissociative experiences and acute stress are robust predictors of PTSD. Such symptoms may be of use for identifying at an early stage individuals at highest risk of remaining symptomatic. Future studies should investigate the predictive power of specific peritraumatic and acute stress disorder symptom clusters.
12832251

Bolton EE, Glenn DM, Orsillo S et al. The relationship between self-disclosure and symptoms of posttraumatic stress disorder in peacekeepers deployed to Somalia. J Trauma Stress 2003; 16 (3):203-10.
The challenges of peacekeeping place individuals at risk for the development of significant psychological distress (e.g., B. T. Litz, S. Orsillo, M. Freidman, P. Ehlich, & A. Batres, 1997). Self-disclosure has been shown to ameliorate psychological distress following exposure to potentially traumatic events (J. W. Pennebaker & K. D. Harber, 1993). Sharing, or self-disclosure of deployment-related experiences, was the focus of this study and was hypothesized to be associated with adaptation. As part of a larger investigation, 426 U.S. military personnel who served as peacekeepers in Somalia were administered a comprehensive psychosocial questionnaire that included measures of exposure to negative and potentially traumatic experiences, reception at homecoming, self-disclosure, and PTSD symptom severity. The results indicate that adjustment to peacekeeping is significantly related to self-disclosure, especially to supportive significant others.
12816331

Brown S, Freeman T, Kimbrell T et al. In vivo proton magnetic resonance spectroscopy of the medial temporal lobes of former prisoners of war with and without posttraumatic stress disorder. J Neuropsychiatry Clin Neurosci 2003; 15 (3):367-70.
Proton magnetic resonance spectroscopy was used to compare medial temporal lobe (MTL) concentrations of N-acetylaspartate and choline between former prisoners of war (POWs) with and without posttraumatic stress disorder (PTSD). MTL N-acetylaspartate and reexperiencing symptoms correlated strongly in the POW

subjects with PTSD, suggesting a relationship between reexperiencing symptoms and the integrity of MTL structures.
12928515

Carter-Snell C, Hegadoren K. Stress disorders and gender: implications for theory and research. Can J Nurs Res 2003; 35 (2):34-55.
Numerous epidemiological studies report increased prevalence rates for women as compared to men for stress-related disorders such as acute stress disorder, post-traumatic stress disorder, and major depressive disorder. Stress disorders disrupt work and home life and pose a high risk for suicide. Multiple factors contribute to the increased vulnerability in women. Physiological differences account for some of the differential. Other factors that make a significant contribution to the overall risk for health problems in response to stressors or trauma include the nature and meaning of the trauma, accessibility of resources, and restrictive diagnostic categories. Increasing our knowledge of the individual impact of each factor as well as the interactions among the factors is central to understanding the development of stress disorders. Comprehensive sex- and gender-sensitive middle-range theory, which explores the role of key factors identified in qualitative and quantitative research, is required. The authors discuss structural equation modelling as one method of theory testing.
12908196

Elhai JD, Forbes D, Creamer M et al. Clinical symptomatology of posttraumatic stress disorder-diagnosed Australian and United States Vietnam combat veterans: an MMPI-2 comparison. J Nerv Ment Dis 2003; 191 (7):458-64.
The authors compared MMPI-2 scores of 95 Australian and 96 US Vietnam combat veterans diagnosed with posttraumatic stress disorder (PTSD) from structured PTSD clinical interviews. Groups were strikingly similar on the MMPI-2 clinical and validity scales but were different on two content scales, with higher scores on FRS (fears) and BIZ (bizarre mentation) for the US sample. Employment status was included as a factor, because it too discriminated groups, but it did not interact with the veteran group variable to produce scale differences. The roles of employment status and disability payments are considered in accounting for differences in the psychiatric presentations of the groups. Results suggest that American and Australian Vietnam combat PTSD samples are very similar to each other, with implications for the treatment outcome literature.
12891093

Franklin CL, Repasky SA, Thompson KE et al. Assessment of response style in combat veterans seeking compensation for posttraumatic stress disorder. J Trauma Stress 2003; 16 (3):251-5.
This study examined response styles of veterans seeking compensation for PTSD (N = 204). Veterans were classified as having a valid or overreporting response style based on their scores on three MMPI-2 validity scales that measure overreporting F, F(p), F-K. Sixteen percent of veterans had valid scores on all three scales. The number of veterans classified as having an overreporting response style differed depending on which scale was used. This finding highlights the importance of using multiple validity scales to measure response style. Veterans who were and were not classified as overreporters were compared on measures of combat exposure, PTSD, and depression.
12816337

Grossman R, Yehuda R, New A et al. Dexamethasone suppression test findings in subjects with personality disorders: associations with posttraumatic stress disorder and major depression. Am J Psychiatry 2003; 160 (7):1291-8.

OBJECTIVE: Previous studies using the 1.0-mg dexamethasone suppression test (DST) in subjects with personality disorders have produced mixed results. However, these studies focused on major depression and did not consider the possible effects of the comorbidity of posttraumatic stress disorder (PTSD). PTSD has been shown to be associated with increased cortisol suppression. To investigate the effect of PTSD, the authors conducted a 0.5-mg DST, which is more sensitive than the 1.0-mg DST for detection of increased cortisol suppression, in a group of subjects with personality disorders. METHOD: Subjects with personality disorders (N=52) ingested 0.5 mg of dexamethasone. Pre- and postfasting blood samples were drawn for measurement of cortisol levels. A three-way analysis of covariance was used to test for the main effects of major depression, PTSD, and gender on percent cortisol suppression, with plasma dexamethasone concentration as a covariate. Secondary analyses assessed for main and interaction effects of age at which trauma(s) occurred and a diagnosis of borderline personality disorder. RESULTS: Neither major depression nor gender had a significant effect on percent cortisol suppression. Subjects with PTSD had significantly higher percent cortisol suppression than subjects with major depression. Age at which trauma(s) occurred and a borderline personality disorder diagnosis had no significant main or interaction effects on cortisol suppression. CONCLUSIONS: A high level of cortisol suppression was associated with PTSD in subjects with personality disorder. This finding is similar to published findings for PTSD subjects without personality disorders. Major depression, gender, age when trauma(s) occurred, and a diagnosis of borderline personality disorder did not have significant main or interaction effects on cortisol suppression.
12832244

Kramer TL, Booth BM, Han X et al. Service utilization and outcomes in medically ill veterans with posttraumatic stress and depressive disorders. J Trauma Stress 2003; 16 (3):211-9.
This study examined behavioral health service utilization, health-related quality of life, and psychological distress in medically hospitalized male veterans (N = 743) with and without current or lifetime comorbid posttraumatic stress disorder (PTSD) and depressive disorder. Participants completed psychiatric and psychosocial self-report measures at baseline and follow-up. Clinical/functional status and service utilization rates were compared for patients with PTSD only, depressive disorder only, comorbid PTSD/depressive disorder, and neither disorder. Patients with PTSD/depressive disorder were more likely to use mental health/substance abuse services, have longer lengths of stay, and report more psychological distress than others. Results indicate that screening, early detection, and referral are critical in treating these comorbid patients because of increased psychological distress and high service-use rates.
12816332

Lang AJ, Laffaye C, Satz LE et al. Sensitivity and specificity of the PTSD checklist in detecting PTSD in female veterans in primary care. J Trauma Stress 2003; 16 (3):257-64.
PTSD affects a substantial number of women in medical settings and is associated with significant distress and impairment. There are effective methods of treating trauma-related distress, but a minority seek such care. Thus, primary care is an important setting in which to identify individuals with PTSD. We sent questionnaires, including the PTSD Checklist--Civilian Version (PCL-C), to 419 female veterans who were seen in our primary care clinic in 1998; 56% (N = 221) returned the measures. A random subset (n = 49) was interviewed to establish psychiatric diagnoses. The results provide qualified support for the use of the PCL-C total score with a lowered cutoff score as a screening measure for PTSD in female veterans in primary care.
12816338

Mezey G. Ethnic differences in prisoners: describing trauma and stress. Br J Psychiatry 2003; 183:170-1.

12893673

Murdoch M, Hodges J, Hunt C et al. Gender Differences in service connection for PTSD. Med Care 2003; 41 (8):950-61.
BACKGROUND: Mentally ill female veterans obtain a smaller proportion of their care from Department of Veterans Affairs (VA) facilities than mentally ill male veterans do, possibly because women are less likely than men to be service connected for psychiatric disabilities. "Service connected" veterans have documented, compensative conditions related to or aggravated by military service, and they receive priority for enrollment into the VA healthcare system. OBJECTIVES: To see if there are gender discrepancies in rates of service connection for posttraumatic stress disorder (PTSD) and, if so, to see if these discrepancies could be attributed to appropriate subject characteristics (eg, differences in symptom severity or impairment). RESEARCH DESIGN: Mailed survey linked to administrative data. Claims audits were conducted on 11% of the sample. SUBJECTS: Randomly selected veterans seeking VA disability benefits for PTSD. Women were oversampled to achieve a gender ratio of 1:1. RESULTS: A total of 3337 veterans returned usable surveys (effective response rate, 68%). Men's unadjusted rate of service connection for PTSD was 71%; women's, 52% ($P < 0.0001$). Adjustment for veterans' PTSD symptom severity or functional impairment did not appreciably reduce this discrepancy, but adjustment for dissimilar rates of combat exposure did. Estimated rates of service connection were 53% for men and 56% for women after adjusting for combat exposure. This combat preference could not be explained by more severe PTSD symptoms or greater functional impairment. CONCLUSIONS: Instead of a gender bias in awards for PTSD service connection, we found evidence of a combat advantage that disproportionately favored men. The appropriateness of this apparent advantage is unclear and needs further investigation.
12886174

Yen S, Shea MT. Recent developments in research of trauma and personality disorders. Curr Psychiatry Rep 2001; 3 (1):52-8.
Although the association between trauma and personality disorders, particularly borderline personality disorder (BPD), has been well established, the etiologic role of trauma in the development of personality disorders has been a topic of debate. Numerous mediation models have been put forth to explain how trauma can serve as a risk factor for the subsequent development of BPD. The symptomatic overlap between the proposed complex post-traumatic stress disorder diagnosis and BPD has fueled research efforts aimed at determining whether these are distinct disorders or should both be considered as trauma spectrum disorders. Treatment implications of this diagnostic differentiation are discussed.
11177760

Zatzick D. Posttraumatic stress, functional impairment, and service utilization after injury: a public health approach. Semin Clin Neuropsychiatry 2003; 8 (3):149-57.
Each year in the United States approximately 2.5 million Americans incur injuries so severe that they require inpatient admissions to acute care medical settings. This article reviews the development of posttraumatic stress disorder (PTSD) and related comorbid medical conditions among injured trauma survivors. Between 10% and 40% of injured trauma survivors appear to develop PTSD in the weeks and months after their injury. The symptoms of PTSD are clearly linked to a broad spectrum of functional impairment and diminished well-being in injured patients. Although PTSD,

depression, somatic amplification, and recurrent substance use are common disturbances after injury, it appears that few symptomatic trauma survivors receive formal mental health evaluation or treatment. Substantial perceived and structural barriers to accessing care exist for injured trauma survivors. The public health significance of these findings is discussed and implications for future intervention development are explored in the following chapters.
12874735

Zatzick D, Roy-Byrne P. Developing high-quality interventions for posttraumatic stress disorder in the acute care medical setting. Semin Clin Neuropsychiatry 2003; 8 (3):158-67.
The secondary prevention of posttraumatic stress disorder (PTSD) and related comorbidities among injured trauma survivors constitutes an important public health problem. This article outlines quality-of-care criteria that are intended to guide intervention development for PTSD in the acute care medical setting. The multiple demographic, injury, and service delivery system factors that characterize the acute care setting's clinical heterogeneity are discussed. A model of intervention development that begins with population-based descriptive studies and small pilots of efficacious PTSD treatments and evolves to the development of larger-scale multifaceted collaborative interventions is introduced. Collaborative interventions hold promise for injured trauma survivors treated in acute care settings because they combine evidence-based PTSD interventions and patient-centered supportive care.
12874736

Zatzick D, Roy-Byrne P. Psychopharmacologic approaches to the management of posttraumatic stress disorders in the acute care medical sector. Semin Clin Neuropsychiatry 2003; 8 (3):168-74.
This pharmacotherapy chapter outlines a series of recommendations regarding the delivery of medications for patients who present with posttraumatic stress disorders (PTSD) and related behavioral and emotional disturbances in the acute care medical setting. These recommendations integrate information previously articulated in PTSD treatment guidelines with clinical experiences derived from real world effectiveness trials. Information from clinical trials suggests that there are patient, provider, and system level considerations that serve to influence the delivery of pharmacotherapeutic interventions targeting PTSD in acute care. The current pharmacotherapy recommendations also integrate considerations regarding the delivery of psychotherapeutic interventions targeting PTSD among injured trauma survivors.
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