



CTU-ONLINE

Clinician's Trauma Update

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Treatment

Prolonged Exposure is effective for treating PTSD in female veterans and active duty personnel:

PTSD prevalence is elevated among women who have served in the military. In the first study to be conducted on PTSD treatment for these women, 284 female veterans and active duty personnel were recruited from 9 VA Medical Centers, 2 Vet Centers, and 1 military hospital. They were randomized to receive 10 sessions of either Prolonged Exposure (PE) or Present-Centered Therapy (PCT), which was used to control for the nonspecific benefits of treatment. The 52 female therapists in the study, who were not required to be CBT experts, were randomly assigned to which treatment they delivered; analyses accounted for therapist effects. On average, the index (worst) trauma occurred 23 years before the study and was sexual trauma for 70% of the sample. Women who received PE had greater symptom reduction than women who received PCT. The effect size was small ($d=0.27$) but generally comparable to prior studies of PE that have used a treated control group (none of which had such a stringent control or adjusted the effect size for therapist effects). The PE group was 1.8 times more likely to no longer meet diagnostic criteria and 2.4 times more likely to achieve remission. These findings show that PE can be an effective treatment for female veterans and active duty personnel in a range of clinical settings.

[Read the article](#) Schnurr, P.P., Friedman, M.J., Engel, C.C., Foa, E.B., Shea, M.T., Chow, B.K., Resick, P.A., Thurston, V., Orsillo, S.M., Haug, R., Turner, C. & Bernardy, N. (2007). Cognitive behavioral

therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Journal of the American Medical Association*, 297, 820-830. PILOTS ID 29137.

Are drugs or therapy more effective for treating PTSD? Clinicians are sometimes asked by their PTSD (and other) patients whether it is better to undergo psychotherapy or take medications. Patients may have strong preferences for one modality or the other. Clinicians may have strong beliefs as well. A recent study addressed this important question by comparing two treatments with demonstrated efficacy for PTSD: Eye Movement Desensitization and Reprocessing (EMDR) and fluoxetine, a selective serotonin reuptake inhibitor. The 88 male and female patients, most of whom were nonveterans, were randomized to 8 sessions of EMDR, 8 weeks of fluoxetine (which was then discontinued), or placebo. At the end of treatment, there were no overall differences among groups according to intention-to-treat analysis. At 6 months, the EMDR group was more likely than the fluoxetine group to experience reductions in PTSD symptom severity and remission; the EMDR group also had greater reductions in depression symptoms. These results suggest that EMDR and fluoxetine are equivalent in their effect on PTSD, but that medication must be continued in order for fluoxetine to maintain its effect. When interpreting the results, it is important to remember that the small sample size gave the investigators adequate power to detect only large differences between EMDR and fluoxetine—something that might not be expected between two active treatments.

[Read the article](#) van der Kolk, B.A., Spinazzola, J., Blaustein, M.E., Hopper, J.W., Hopper, E.K., Korn, D.L., & Simpson, W.B. (2007). A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: Treatment effects and long-term maintenance. *Journal of Clinical Psychiatry*, 68, 37-46. PILOTS ID 29236.

Early intervention with cognitive-behavioral therapy—CBT—increases the rate of recovery in the early months after a traumatic event: Many people believe that early intervention prevents the development of PTSD. In fact, although CBT is effective for preventing PTSD or accelerating recovery in selected subgroups of individuals, e.g., patients with acute stress disorder, the utility of CBT for more general samples is unknown. A recent study in Holland attempted to fill this gap. In this study, 143 patients who met PTSD symptom criteria for a traumatic event experienced within the prior 3 months were randomly assigned to 4 weekly sessions of CBT or a waiting list control condition. Roughly 30% had been traumatized less than 1 month before entering the study; the remaining patients met criteria for acute PTSD. At the end of treatment, the CBT group had fewer symptoms than the control group. By 4 months the control group caught up to the CBT group. In subgroup analyses, the investigators found that CBT was more effective among patients with baseline comorbid depression and among those who entered the trial within 1 month after their traumatic experience. The latter finding is particularly important because it suggests that intervention should occur before patients have had a chance to develop PTSD. The study highlights the need for further research on this important topic. It also lends support to practice guidelines that recommend early CBT treatment for patients with severe initial traumatic response.

[Read the article](#) Sijbrandij, M., Olf, M., Reitsma, J.B., Carlier, I.V.E., de Vries, M.H., & Gersons, B.P.R. (2007). Treatment of acute posttraumatic stress disorder with brief cognitive behavioral therapy: A randomized controlled trial. *American Journal of Psychiatry*, 164, 82-90. PILOTS ID 29007.

Patient treatment preference influences the development of therapeutic alliance: Good therapeutic alliance is related to better treatment outcome. Therefore, it is important to understand what fosters the development of alliance. A recent study examined patient treatment preference as one such factor. In the study, 75 patients were followed while enrolled in a randomized clinical trial comparing the efficacy of

supportive-expressive psychotherapy with sertraline or pill placebo for the treatment of major depressive disorder. Therapeutic alliance was assessed before treatment and at intervals through the 9th week of treatment. Changes in alliance over time depended on the interaction of preferences with type of treatment. Among patients who preferred psychotherapy, alliance increased among those who were randomized to receive psychotherapy and decreased among those who received medication or placebo. Among patients who preferred pharmacotherapy, alliance did not change over time and did not vary as a function of treatment received. Although the findings are preliminary and specific to major depression, the study is important because it illustrates the potential for the therapeutic relationship (be it good or bad) to affect the success of therapy. If the therapeutic relationship is an essential ingredient determining outcome, and if a person's treatment preference influences the development of the therapeutic alliance, perhaps more attention should be focused on these issues in clinical trials of PTSD treatment.

[Read the article](#) Iacoviello, B.M., McCarthy, K.S., Barrett, M.S., Rynn, M., Gallop, R., & Barber, J.P. (2007). Treatment preferences affect the therapeutic alliance: Implications for randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 75, 194-198. PILOTS ID 29157.

OIF/OEF Veterans

Mental health diagnoses are common in OIF/OEF veterans who access VA healthcare: Data from several studies indicated a substantial prevalence of mental health problems among OIF/OEF active duty personnel. A recent study was the first to report on the prevalence of mental health disorders among 103,788 returnees who accessed VA healthcare for the first time from September 2001 through September 2005. In this nationwide sample, 13% were female, 54% were under age 30, 31% were non-White, and 48% had served in the National Guard or Reserves. The findings were striking: 25% had an outpatient mental health visit, and 42% of the 3,213 veterans who had an inpatient visit were admitted for a mental health problem. Overall, 25% of veterans received a mental health diagnosis. PTSD was most common, occurring in 52% of veterans who received a mental health diagnosis and 13% of the total sample. Sixty-percent of the diagnoses were made outside of mental health, mostly in primary care. These data are important because they call attention to the need for mental health services among OIF/OEF veterans. One important caveat, however, is that the data cover the period through the end of FY 2005 only. The continued war and additional tours experienced by some veterans are likely to increase the need even further.

[Read the article](#) Seal, K.H., Bertenthal, D., Miner, C.R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental health disorders among 103,788 US veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs facilities. *Archives of Internal Medicine*, 167, 476-482. PILOTS ID 29179.

Iraq War veterans who have PTSD also suffer a sizeable burden of medical health problems:

Current research has established a high prevalence of PTSD (12%-13%) among returning Iraq War veterans. It is also known that PTSD predicts poor health among Gulf War, Korean War and WWII veterans. Does the same hold true for Iraq War active duty soldiers? A recent study is the first to examine the relationship between PTSD and physical health in healthy OIF/OEF veterans. The researchers collected self-report survey data from 2,863 soldiers. The survey included assessment of symptoms of PTSD, somatic complaints, alcohol use, self-rated health condition, missed work days, and sick call visits. The prevalence of PTSD was 16.6%. Soldiers who screened positive for PTSD reported more somatic symptoms than those who did not. Additionally, soldiers with PTSD were more likely to report poor health, sick call visits, and missed work days as compared to soldiers without PTSD. This study finds

similar results for our younger veterans as have been found in our older veterans – PTSD has a significant impact on physical health. Moreover, soldiers may present with somatic complaints rather than PTSD. Clinicians should be alerted to these issues and implement early screening for PTSD. Providing appropriate referrals and treatment may improve care, lower barriers and make a positive impact on the physical health of soldiers suffering from PTSD.

[Read the article](#) Hoge, C.W., Terhakopian, A., Castro, C.A., Messer, S.C., & Engel, C.C. (2007). Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq War veterans. *American Journal of Psychiatry*, 164,150-153. PILOTS ID 28960.

Utilization

Which veterans seeking PTSD compensation are engaged in mental health treatment? One might expect the vast majority of veterans who file a PTSD disability claim to be engaged in mental health care. Presumably, the fact that a veteran had such severe symptoms and functional impairment would indicate a need for care. Yet service utilization is influenced not just by a person's need, but also by predisposing factors such as demographic characteristics and enabling factors such as health insurance. A recent study of 151 male and 3 female veterans who filed a PTSD claim tried to identify who is receiving treatment (or conversely, who is not). On average, veterans were assessed 34 days after filing a claim, but in all cases, before the PTSD evaluation. Only 55% of the veterans were receiving mental health treatment. According to univariate analysis, utilization was associated with greater need (higher PTSD symptom severity), 4 predisposing factors (younger age, non-White race, greater education, and lower perceived social support), and 1 enabling factor (public or VA health insurance). Multivariate analysis identified younger age, being married, and using public/VA health insurance as predictors of utilization. This study confirms prior findings that many veterans with severe PTSD are not receiving mental health treatment. It is important because the results can help us target veterans who need may need assistance to become engaged in the care they need.

[Read the article](#) Sayer, N.A., Clothier, B., Spont, M., & Nelson, D.B. (2007). Use of mental health treatment among veterans filing claims for posttraumatic stress disorder. *Journal of Traumatic Stress*, 20, 15-25. PILOTS ID 80611.

Dramatic drop in use of health care services by veterans displaced by Hurricane Katrina: Hurricane Katrina was one of the most destructive and costly hurricanes ever experienced by the U.S. In an effort to examine the impact of a major disaster on a health care system, researchers examined health care use before and after Katrina among veterans seeking services from VA facilities affected by the storm. In the period from September to December 2005, veterans were 73% and 41% less likely to use outpatient services at the New Orleans and Biloxi-Gulfport facilities, respectively, as compared to their 2003-2004 cohorts. The analyses were adjusted for baseline characteristics that might affect utilization, including sex, age, race, and service connection. These marked changes were greatest for mental health and substance use services, particularly among veterans with PTSD. Despite the difficulties, many veterans were able to find services at near by facilities. Nonetheless, a concern remains for veterans with mental health and substance use problems, as these populations may be particularly vulnerable. The findings from this study indicate that a health safety net and timely rebuild of mental health infrastructure is of great importance following major disasters.

[Read the article](#) Druss, B. G., Henderson, K.L., & Rosenheck, R.A. (2007). Swept away: Use of general medical and mental health services among veterans displaced by Hurricane Katrina. *American Journal of Psychiatry*, 164, 154-156. PILOTS ID 28991.

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