



CTU-Online is an electronic newsletter produced by the VA National Center for PTSD. Subscribe at: www.ptsd.va.gov

CTU-Online contains summaries of clinically relevant research publications including links to the full article (Trouble accessing? See below*) and the PILOTS ID number for easy access. ([What is PILOTS?](#))

Editor: Paula P. Schnurr, Ph.D.

Associate Editors: Susan Stevens, Psy.D.

Editorial Manager: Elizabeth Forshay, M.S.W.

Erin Barnett, Ph.D.

CLINICIAN'S TRAUMA UPDATE 3(4), AUGUST 2009

Treatment

New study reports that OEF/OIF Veterans have problems with treatment adherence: Anecdotal evidence indicates that Veterans of the wars in Iraq and Afghanistan are more difficult than other Veterans to engage in treatment for PTSD, i.e., that extra efforts are needed to get these newest Veterans into mental health care, and if they do make appointments, that they are more likely to drop out. Now findings from the Minneapolis VAMC confirm these observations. The investigators used data from 106 OEF/OIF Veterans and 54 Vietnam era Veterans at an outpatient PTSD clinic to examine differences between cohorts in clinical presentation and treatment adherence. The OEF/OIF Veterans reported lower levels of PTSD and dissociative symptoms, comparable levels of anger and acting out, and higher levels of alcohol problems. The OEF/OIF Veterans also had higher rates of dropout and no-show sessions, and attended fewer sessions overall. The question is why. Analyses indicated that differences in the number of sessions attended were not explained by need (as reflected in symptom presentation). A comparable number of Veterans in each cohort were employed, making higher work obligations in OEF/OIF Veterans an unlikely explanation as well. The investigators suggest short-term treatments and motivational enhancement interventions as potential remedies, but readily acknowledge that evidence is needed to determine whether these strategies can solve the problem. Another caveat is that these data come from one clinic and need to be replicated across a wider range of sites before broad generalizations can be made. Read the article... <http://dx.doi.org/10.1037/a0016662>

Erbes, C.R., Curry, K.T., & Leskela, J. (2009). Treatment presentation and adherence of Iraq/Afghanistan era veterans in outpatient care for posttraumatic stress disorder. *Psychological Services*, 6, 175-183. PILOTS ID 32845.

Medication adherence fails to predict relapse in Veterans discharged from inpatient PTSD care: It can be difficult to ensure that patients transition to appropriate care after discharge and remain adherent to treatment regimens established during an inpatient stay. Studies of depressed patients have shown that medication adherence is important to help prevent relapse. Investigators at the Lexington VAMC PTSD residential rehabilitation program tested whether adherence predicts outcomes in PTSD. What they found was surprising. Of the 117 patients discharged from the program during a 2-year period spanning 2005-2006, 82 received a prescription for an antidepressant and 64 filled the prescription; 28 (34%) were considered to be adherent. The rate of readmission was almost identical in adherent (21.4%) and nonadherent (20.4%) groups. The results of this study suggest the need for further examination of how patients' behavior after discharge affects the course of PTSD. Low statistical power is an implausible explanation for the lack of difference between adherent and nonadherent patients given the similarity of relapse across groups. One issue to consider is that rehospitalization is an inadequate way to fully understand relapse; patients may worsen without needing or wanting to be rehospitalized. Lack of information about clinical status, as well as other treatments

patients might have used in aftercare, is a concern also; for example, medication discontinuation could be a sign of good outcome that occurs either spontaneously or because of benefits derived from psychotherapy. Such information is necessary for understanding the factors related to relapse in PTSD.

Read the article... <http://dx.doi.org/10.1345/aph.1M017>

Lockwood, A., Steinke, D.T., & Botts, S.R. (2009). Medication adherence and its effect on relapse among patients discharged from a Veterans Affairs posttraumatic stress disorder treatment program. *The Annals of Pharmacotherapy*, 43, 1227-1232. PILOTS ID 32903.

Differential predictors of dropout and efficacy in PTSD treatment: One of the most important challenges for clinicians and researchers is to understand what enables a patient to get through a clinician's door, engage in treatment, and leave satisfied with the outcome. Evidence suggests that these processes are influenced by patient and clinician characteristics and even the setting in which treatment occurs, but the existing evidence is not definitive—which makes the findings of a recent study of female sexual assault survivors particularly useful. The investigators examined how cognitive and affective variables related to dropout and outcome in 145 women who were randomly assigned to receive Cognitive Processing Therapy or Prolonged Exposure as treatment for PTSD. The cognitive variables—younger age, lower intelligence, and lower education—were related to higher dropout, but not with outcome. In contrast, the affective variables—depression, guilt, and anger—were unrelated to dropout, but higher levels of depression and guilt were related to better outcome. The authors explain the relationship between the cognitive variables and dropout by speculating that these variables reflect openness to experience, i.e., openness to new ways of thinking. An alternative explanation is that they reflect access to resources (e.g., transportation, work leave, child-care), which can affect dropout in obvious ways. The authors were surprised that higher depression and guilt related to better PTSD outcomes, but note that the good news for clinicians is that comorbid affective symptoms do not appear to hinder treatment outcome. Read the article... <http://dx.doi.org/10.1016/j.brat.2009.06.003>

Rizvi, S.L., Vogt, D.S., & Resick, P.A. (2009). Cognitive and affective predictors of treatment outcome in cognitive processing therapy and prolonged exposure for posttraumatic stress disorder. *Behaviour Research and Therapy*, article in press June 10, 2009. PILOTS ID 32886.

Prolonged Exposure therapy can improve physical health and social functioning: The effects of PTSD extend far beyond its symptoms. PTSD can affect both physical and mental health as well as quality of life in multiple ways. Therefore, investigators have increasingly examined how PTSD treatment improves these other domains. In the last issue of *CTU-Online* we reported a study showing that Cognitive Processing Therapy, a type of cognitive-behavioral therapy, improves physical health and sleep. [http://www.ptsd.va.gov/professional/newsletters/ctu-online/CTU_June_2009.pdf] According to a new study, Prolonged Exposure improves physical health and social functioning. The investigators randomized 107 women with PTSD to receive Prolonged Exposure with or without cognitive restructuring or to a waitlist control condition. The women treated with either type of Prolonged Exposure reported better social functioning compared with the women in the control group, and their social functioning continued to improve even 12 months after the therapy concluded. The women in the exposure groups also reported fewer physical symptoms after treatment than the women in the control group. However, the symptoms were considered by the patients as still significantly uncomfortable. These findings add to a growing list of studies showing that effective treatment for PTSD improves functioning. What is new is the evidence of how treating PTSD affects physical health. Although the evidence at this point is limited to self-reported health outcomes, it is encouraging to think that PTSD treatment can offer such wide-ranging benefits to patients.

Read the article... <http://dx.doi.org/10.1002/da.20518>

Rauch, S.A.M., Grunfeld, T.E.E., Yadin, E., Cahill, S.P., Hembree, E., & Foa, E.B. (2009). Changes in reported physical health symptoms and social function with prolonged exposure therapy for chronic posttraumatic stress disorder. *Depression and Anxiety*, published online in Wiley Interscience (<http://www.interscience.wiley.com>). PILOTS ID 31222.

PTSD may reduce the benefits of chiropractic care: Research examining treatment for PTSD and co-morbid conditions such as chronic pain is burgeoning. In line with this timely topic, investigators at the VA of Western New York and New York Chiropractic College explored the impact of chiropractic care on ratings of

neck and low back disability in 130 Veterans. Despite similar pre-treatment disability ratings, Veterans who had PTSD (n = 21) did not show improvements (5% improvement), while their counterparts without PTSD (n = 119) reported 20% improvement. So, on the basis of this study, can we conclude that Veterans with PTSD are unresponsive to chiropractic care? Not yet. Less than half of the patients who initiated care completed treatment, and the authors do not report whether those Veterans with and without PTSD dropped out at the same rates. The study needs to be replicated using intent-to-treat analyses and more complete follow-up of patients who drop out of treatment. Nevertheless, the findings are consistent with evidence on how psychosocial factors serve as hurdles to successful pain management. Veterans with co-morbid PTSD and health problems or pain might best be served by treating psychiatric symptoms before or in concert with physical symptoms. Read the article... <http://www.amsus.org>

Dunn, A.S., Passmore, S.R., Burke, J., & Chicoine, D. (2009). A cross-sectional analysis of clinical outcomes following chiropractic care in veterans with and without posttraumatic stress disorder. *Military Medicine*, 174, 578-583. PILOTS ID 82798.

OEF/OIF Veterans

Mental disorders are associated with risk factors for cardiovascular disease in OEF/OIF Veterans:

Individuals with PTSD, depression, and other mental disorders have an increased risk of physical health problems. For example, there is substantial evidence linking depression with cardiovascular disorders, and there is increasing evidence of a similar association for PTSD. The etiology is thought to be multiply-determined, involving behavioral, psychological, and biological processes that combine over time to adversely affect health. A recent report on OEF/OIF Veterans by investigators at the San Francisco VAMC shows that the effects of mental disorders on physical health can emerge soon after exposure to a traumatic stressor. The data came from over 300,000 new VA patients who served in OEF or OIF and sought care between 2001 and 2008. The Veterans averaged just 31 years of age. PTSD was the most common diagnosis, occurring in 24% of the sample, although the majority of PTSD patients had at least one other mental health disorder. In separate analyses for men and women, both Veterans with PTSD and those with a mental disorder other than PTSD had increased risk of smoking, hypertension, dyslipidemia, obesity, and diabetes. These findings are sobering given the young age of the sample, but they also suggest important clinical targets for prevention, such as smoking cessation and weight loss interventions in addition to mental health treatment. One caveat is that the data were derived from records review and not from comprehensive clinical exams, which is an important direction for future research to confirm the provocative results.

Read the article... <http://dx.doi.org/10.1001/jama.2009.1084>

Cohen, B.E., Marmar, C., Ren, L., Bertenthal, D., & Seal, K.H. (2009). Association of cardiovascular risk factors with mental health diagnoses in Iraq and Afghanistan war veterans using VA health care. *Journal of the American Medical Association*, 302, 489-492. PILOTS ID 32840.

PTSD is the most common mental health diagnosis among OEF/OIF Veterans who seek VA Care: More than 1.6 million men and women have now served in the US military in Iraq or Afghanistan. Just over 40% have sought VA care, which is a very high percentage compared with utilization by Veterans of other eras. A new report from investigators at the San Francisco VAMC shows that mental health needs in this cohort have increased dramatically since the war began. The prevalence of mental health diagnoses among OEF/OIF Veterans increased from 6.4% in 2002 to 36.9% in 2008. The increase in new PTSD diagnoses was especially dramatic—from 0.2% to 21.8%—but there were increases in other disorders too. For example, by 2008, 17.4% had received a diagnosis of depression, and 7.1% had received a diagnosis of alcohol use disorder. Women were at elevated risk of depression, whereas men were at elevated risk of drug use disorders. The investigators suggest that screening and evidence-based treatment are important for trying to prevent chronic mental health problems and dysfunction. Read the article... <http://dx.doi.org/10.2105/AJPH.2008.150284>

Seal, K.H., Metzler, T.J., Gima, K.S., Bertenthal, D., Maguen, S., & Marmar, C. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *American Journal of Public Health*, published ahead of print on July 16, 2009. PILOTS ID 32734.

Vietnam Veterans

Elevations of physical and mental health problems in Australian Vietnam Veterans: A recent study examined how mental and physical health unfold over time in combat Veterans. The Australian investigators conducted two sets of interviews with 3,700 Veterans, with the first interviews taking place in 1990 to 1993, and the second in 2005 to 2006; 391 Veterans participated in both waves. Comparisons of Veterans with the general population often are affected by what is known as the “healthy warrior” effect—Veterans may appear healthier than nonveterans as a consequence of enlistment screening programs that rule out less healthy recruits. However, of 67 conditions, the prevalences of 47 were higher than in the general population; only 4 were lower. Physical health declined over the years in all Veterans, but the decline was greatest for the Veterans who had developed PTSD at a younger age. PTSD due to nonmilitary events was more prevalent in Veterans compared to the general population. Some investigators have speculated that PTSD can lead to accelerated aging, basing their conclusion on the results of cross-sectional studies showing that PTSD is associated with poor health. This study is important because there have been very few longitudinal studies documenting the hypothesized increase in physical problems among individuals with PTSD over time. Read the article... <http://dx.doi.org/10.1093/aje/kwp146>

O’Toole, B.I., Catts, S.V., Outram, S., Pierse, K.R., & Cockburn, J. (2009). The physical and mental health of Australian veterans 3 decades after the war and its relation to military service, combat, and posttraumatic stress disorder. *American Journal of Epidemiology*, advance access published online June 29, 2009. PILOTS ID 32873.

[Subscribe to the CTU-Online](#) newsletter published 6 times per year and sent via email. To search archives of the CTU-Online, use the [Advanced Search](#) and put CTU-Online in the “title field”.

CTU-Online is published by the Executive Division of the VA National Center for Posttraumatic Stress Disorder in White River Junction, VT. We welcome feedback from readers about content and format. Please email us at ncptsd@va.gov.

*Articles authored by National Center for PTSD staff we make available in full text. For other articles we provide a link to where you might be able to view or download the full text. VA clinicians might have privileges through their university affiliation, however VA firewalls sometimes block the permissions to access reference materials. If you cannot access the Full Text version of any of these articles, we advise that you contact your local librarian or web/internet technical person.