

ISSUE 7(4) August 2013

In This Issue:

Treatment
Assessment
Comorbidity

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U.S. Department of Veterans Affairs

Treatment

Patient outcomes from VA's Prolonged Exposure training

In 2007, VA launched a national training initiative in Prolonged Exposure. Led by the National Center for PTSD, the program evaluation of this effort builds on PE's existing evidence base, providing real-world data on the treatment's effectiveness. The 804 clinician trainees who participated in the evaluation were mostly psychologists (57.4%) and social workers (37.0%), treating Veterans in an outpatient PTSD (35.4%) or general mental health (29.9%) clinic. Training in PE consisted of a 4-day workshop followed by weekly consultation on at least 2 patients. The sample of 1,931 patients attended, on average, 9 sessions of PE. The effect of PE on PTSD was large ($d = .87$) and on depression moderate ($d = .66$), with even better outcomes among the 72% of patients who completed at least the minimum recommended 8 sessions (PCL $d = 1.21$, BDI-II $d = .95$). Symptoms improved irrespective of gender, war era, or trauma type; however, drop out was higher among

women, those whose primary trauma was military sexual trauma, and non-Vietnam era Veterans. Although the evaluation lacked a control group and follow-up assessments, the results offer support for VA's implementation of PE in routine PTSD care settings. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id40815.pdf>

Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in Veterans Affairs care. *JAMA Psychiatry*. Advance online publication. PILOTS ID: 40815

Positive initial findings for prazosin in active duty soldiers

The VA/DoD Practice Guideline for PTSD recommends prazosin as an adjunct treatment targeting nightmares, noting insufficient evidence for its use as a stand-alone PTSD treatment. A small randomized controlled trial of prazosin for sleep and PTSD in active duty soldiers helps to fill the gap. All 67 study participants had PTSD with combat-related nightmares. During the 15-week trial, men received

Special Notices

Special journal issue on violence and human rights: The August 7 issue of *JAMA Psychiatry* covers research and clinical aspects of topics related to violence and human rights, including suicide in military personnel, mass casualty events, refugee health, and gun violence. Read the issue...Flanagin, A., & T. B. Cole, T. B. (Eds.). (2013). Violence/Human Rights [Special issue]. *JAMA*, 310(5).

RAND report supports the "D" in PTSD: A new report by the RAND Corporation concludes that the "D" in PTSD matters, contrary to the position taken by some senior military leaders. Read the report...Fisher, M. P., & Schell., T. L. (2013). *The role and importance of the 'D' in PTSD*. Santa Monica, CA: RAND Corporation. Retrieved from http://www.rand.org/pubs/occasional_papers/OP389

Evidence review on intimate partner violence: The VA Evidence-based Synthesis Program recently released a report on intimate partner violence (IPV), covering prevalence of IPV among Veterans and active duty personnel, as well as intervention approaches. This ESP Report is available for VA staff only on the VA intranet... http://vawww.hsrd.research.va.gov/publications/esp/partner_violence.cfm

a daily morning dose of 5mg and an evening dose of 20mg. The study authors set lower dosages for women based on clinical observations of greater sensitivity to the benefits and side effects of prazosin. Compared with the placebo group, participants who received prazosin reported fewer nightmares, better sleep quality, and improved functioning. Those on prazosin also experienced greater improvement in overall PTSD and hyperarousal symptoms. Unexpectedly, participants taking SSRIs ($n = 7$) had less positive outcomes from prazosin than participants not on SSRIs. The authors suggest that SSRI's negative effects on sleep may have offset prazosin's benefits but recommend caution when interpreting their finding, given the very small sample. The study suggests prazosin may decrease both sleep problems and overall PTSD in active duty Servicemembers. A large multi-site VA RCT of prazosin for combat-related PTSD in Veterans is currently underway. Read the article...<http://dx.doi.org/10.1176/appi.ajp.2013.12081133>

Raskind, M. R., Peterson, K., Williams, T., Hoff, D. J., Hart, K., Holmes, H., . . . Peskind, E. R. (2013). A trial of prazosin for combat trauma PTSD with nightmares in active duty soldiers returned from Iraq and Afghanistan. *American Journal of Psychiatry*. Advance online publication. PILOTS ID: 41028

Combined treatment for comorbid PTSD and alcohol dependence

A study of treatment for comorbid PTSD and alcohol dependence examined the separate and combined effects of two established treatments: naltrexone, which is effective for treating alcohol problems, and Prolonged Exposure, which is effective for treating PTSD. The investigators, based at the University of Pennsylvania and Philadelphia VAMC, expected that combined treatment would be more effective than either treatment alone, but that is not what they found. A total of 165 male and female Veterans and non-Veterans were randomized to receive either 18 sessions of PE alone, naltrexone alone, PE and naltrexone, or pill placebo. All participants were assigned to receive 18 counseling sessions that included medication management, compliance enhancement, psychoeducation, and support. Naltrexone, with or without PE, was more effective than placebo for reducing number of drinking days. There was no effect of PE on PTSD symptoms, although both PE groups had less increase than both no PE groups in drinking days at 6 months. Treatment dropout was acceptable for this population (26%-38%), but participants assigned to PE received an average of only 6 PE sessions—perhaps too few to have benefit. Nevertheless, PE was not associated with worsening of alcohol problems, a concern that may lead clinicians to avoid using PE with alcohol-dependent patients. Read the article... <http://dx.doi.org/10.1001/jama.2013.8268>

Foa, E. B., Yuskov, D. A., McLean, C. P., Suvak, M. K., Bux, D. A., Oslin, D., . . . Volpicelli, J. (2013). Concurrent naltrexone and prolonged exposure therapy for patients with comorbid alcohol dependence and PTSD: A randomized clinical trial. *JAMA*, 310(5), 488-495. PILOTS ID: 40905

Online intervention for problem drinking works for PTSD too

VetChange is a web-based cognitive-behavioral intervention targeting recently returned Veterans with problem drinking. A team led by the National Center for PTSD and Boston University report that, based on their randomized controlled trial, VetChange improves not only drinking but also PTSD symptoms. The RCT included 600 self-identified OEF/OIF Veterans who screened positive for alcohol misuse on an online survey. Participants were either granted immediate access to the intervention ($n = 404$) or were allocated to an 8-week delayed access group ($n = 196$). The majority in each group (62% and 59%, respectively) met criteria for PTSD. Even though only one-third of participants completed all 8 modules, the immediate access group reported greater reductions in drinking frequency, intensity, and PTSD symptoms during the intervention than the delayed access group reported during the waiting period. Further improvements across outcomes were seen at 3-month follow-up. Reduction in PTSD may have been related to modules addressing coping with combat reminders, mood and stress management, and sleep hygiene. Given that dropout was greater for those with more severe alcohol use, the investigators suggest that VetChange may be most appropriate for Veterans with moderate levels of problem drinking. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id41030.pdf>

Brief, D. J., Rubin, A., Keane, T. M., Enggasser, J. L., Roy, M., Helmuth, E., . . . Rosenbloom, D. (2013). Web intervention for OEF/OIF Veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*. Advance online publication. PILOTS ID: 41030

What accounts for differential prescribing for women Veterans with PTSD?

Women are the fastest growing segment of the Veteran population. Recently, researchers from the National Center for PTSD and Iowa VAMC examined whether VA providers are more likely to prescribe psychotropic medications for women than for men with PTSD. Using VA administrative pharmacy utilization data for fiscal years 1999 through 2009, the researchers found that women were more likely than men to receive a prescription for any type of psychotropic medication except prazosin. Demographic characteristics and comorbidities largely explained gender differences for atypical antipsychotics (adjusted odds ratio for women vs. men = 1.08), but not for benzodiazepines (1.47). Moreover, women with substance use disorder were actually more likely than women without this comorbidity to receive benzodiazepines, whereas the opposite was found for men. Prescriptions for SSRIs/SNRIs and atypical antipsychotics were more in line with the 2004 VA/DoD Practice Guideline for PTSD. Future studies will help answer whether prescriptions for atypical antipsychotics are reduced following the revised 2010 guideline, which no longer recommends

atypical antipsychotics as adjunctive PTSD treatment. It also appears that more efforts are needed to improve adherence with recommendations found in both versions of the guideline against benzodiazepine use, particularly among women Veterans with PTSD and substance use. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id40550.pdf>

Bernardy, N. C., Lund, B. C., Alexander, B., Jenkyn, A. B., Schnurr, P. P., & Friedman, M. J. (2013). Gender differences in prescribing among Veterans diagnosed with posttraumatic stress disorder. *Journal of General Internal Medicine*, 28, 542-548. PILOTS ID: 40550

Role of patient characteristics in predicting type of PTSD treatment referral

Providers and patients may consider many factors when choosing a PTSD treatment. Investigators at the Houston VA Medical Center examined how patient demographic and clinical characteristics do, and do not, influence the kind of PTSD treatment for which a patient is referred. The investigators examined records for 388 OEF/OIF Veterans (8% female, 51% Caucasian) seen for an initial assessment within one specialty PTSD clinic. Close to 80% of Veterans received a medication referral, compared with 39% for individual and 24% for group therapy. Nearly 40% of Veterans were referred for medication management only and less than 8% were referred for individual therapy only. According to logistic regression analyses, being a woman or having lower global functioning conferred an increased chance of individual therapy referral, whereas being older, an ethnic minority, unemployed, or having a comorbid anxiety disorder increased the chance of referral for group psychotherapy. No characteristics predicted medication referral. The generalizability of the findings is limited, as they came from only one clinic. Nevertheless, the results suggest a reliance on medication for PTSD treatment that is not driven by patient characteristics. The investigators propose that medication may serve as a gateway treatment to encourage engagement when access to psychotherapy is limited. Read the article...<http://dx.doi.org/10.1007/s11414-013-9352-0>

Mott, J., Barrera, T., Hernandez, C., Graham, D., & Teng, E. (2013). Rates and predictors of referral for individual psychotherapy, group psychotherapy, and medications among Iraq and Afghanistan Veterans with PTSD. *The Journal of Behavioral Health Services & Research*. Advance online publication. PILOTS ID: 41032

Why patients choose sertraline or Prolonged Exposure

Understanding what drives PTSD treatment preferences may improve treatment initiation and engagement. Researchers from the University of Washington and Case Western Reserve University report on a qualitative study in a treatment-seeking sample, finding that the reasons for choosing psychotherapy versus medication differ substantially. Most (75.5%) of the 200 participants were women. All had a primary diagnosis of PTSD,

most frequently related to childhood or adult abuse. After viewing two 5-minute videos describing the procedures, hypothesized mechanism, and side effects of Prolonged Exposure and sertraline, participants were asked which treatment they preferred and the reasons for their preference. Qualitative analyses revealed that participants who chose PE were most likely to cite treatment mechanism (e.g., talking about the trauma, processing the memory) (41.5% of reasons), while those who chose sertraline were most likely to mention efficacy (41.4%). Potential health concerns or side effects were noted much less often (22.3%), and practical concerns (e.g., travel) even less frequently (5.4%). Demographic factors, treatment history, and perceived helpfulness of past treatment did not predict the type of reason given; PTSD or depression severity was only weakly related. Although participants cited practical concerns infrequently, the researchers suggest these concerns be discussed early due to their influence on treatment follow-through. Read the article...<http://dx.doi.org/10.1097/NMD.0b013e31829c50a9>

Chen, J. A., Keller, S. M., Zoellner, L. A., & Feeny, N. C. (2013). "How Will It Help Me?": Reasons underlying treatment preferences between sertraline and Prolonged Exposure in posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, 201, 691-697. PILOTS ID: 41031

Meta-analysis demonstrates greater efficacy of psychotherapy than medication for PTSD

The VA/DoD Practice Guideline for PTSD recommends cognitive-behavioral therapy, EMDR, and serotonin reuptake inhibitors (SSRIs and SNRIs) as primary treatments for PTSD. A recent meta-analysis by investigators at the White River Junction VA Medical Center and National Center for PTSD reinforces the Guideline's recommendations but suggests that all of these treatments are not equal. The study sample consisted of 137 comparisons drawn from 112 randomized clinical trials of treatment for PTSD in adults. The between-groups effect size (g) was 1.14 for psychotherapy, 1.25 for somatic treatment, and .42 for medication. Psychotherapy was more effective than medication, regardless of the type of comparison group used in the psychotherapy studies. Somatic treatment, which had 5 comparisons, did not differ from either psychotherapy or medication, but this finding should be interpreted cautiously because the overall effect was due to 1 acupuncture study. With the large variety of effective treatments available for PTSD, the VA/DoD Guideline emphasizes the importance of patient preference in determining choice of treatment. The findings of this study can help patients and clinicians make an informed decision. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id41029.pdf>

Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *Journal of Clinical Psychiatry*, 74, e541-e550. PILOTS ID: 41029

Assessment

Validating a screen for intimate partner violence among women Veterans

Identifying Veterans at risk for intimate partner violence, or IPV, may improve their safety and mitigate negative mental and physical health effects. As part of VA's initiative to develop national guidelines for IPV care, researchers from the National Center for PTSD evaluated the usefulness of an existing screening tool among women Veterans enrolled in VA; results are promising. The study compared the 4-item Hurt/Insult/Threaten/Scream (HITS) questionnaire with the 39-item Conflict Tactics Scale-Revised (CTS-2), the gold standard measure, in assessing past-year intimate partner violence. The researchers surveyed 581 randomly selected women Veterans; 179 completed both IPV measures and reported an intimate relationship within the past year. Nearly 29% of these 179 women reported past-year intimate partner violence on the CTS-2. Using the CTS-2 as a reference, the HITS performed well; a cutoff score of 6 resulted in optimal accuracy (79%), correctly identifying 61% of true positives and 90% of true negatives. Although the HITS does not specifically ask about sexual IPV, it demonstrated good agreement with the CTS-2 sexual IPV subscale (74% accuracy). These findings suggest that the HITS offers clinicians a quick and accurate screen for recent intimate partner violence that is physical, psychological, or sexual. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id41033.pdf>

Iverson, K. M., King, M. W., Resick, P. A., Gerber, M. R., Kimerling, R., & Vogt, D. (2013). Clinical utility of an intimate partner violence screening tool for female VHA patients. *Journal of General Internal Medicine*. Advance online publication. PILOTS ID: 41033

Comorbidity

Unexpected findings on combat deployment as a risk factor for suicide

A rise in suicide rates among active duty Servicemembers since 2005 has drawn attention to the potential role of combat deployment as a risk factor. However, results of a new study suggest that other risk factors may account for the increase. Investigators from the Naval Health Research Center exam-

ined the rate of death by suicide through December 31, 2008, in the Millennium Cohort Study, a longitudinal study of over 150,000 active duty personnel and Veterans that began in 2001. The crude rate of suicide per 100,000 person years was 10.7 among participants who did not deploy to OEF/OIF, 12.8 in those who deployed without combat, and 12.4 in those with OEF/OIF combat experience; rates were almost identical among participants who did and did not have combat deployment before 2001. In unadjusted analyses, OEF/OIF deployment, number of deployments, and number of days deployed were unrelated to rate of suicide; following adjustment for age and sex, a higher number of days was related to decreased risk. Depression, manic-depression, and alcohol problems were related to increased risk, indicating the importance of identifying and treating mental health problems in Servicemembers and Veterans. Read the article...<http://dx.doi.org/10.1001/jama.2013.65164>

LeardMann, C. A., Powell, T. M., Smith, T. C., Bell, M. R., Smith, B., Boyko, E. J., . . . Hoge, C. (2013). Risk factors associated with suicide in current and former US military personnel. *JAMA*, 310(5), 496-506. PILOTS ID: 40906

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