National Center for PTSD
Posttraumatic Stress Disorder

CTU Online

CLINICIAN'S TRAUMA UPDATE

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ISSUE 5(4) August 2011

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

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Treatment

Risperidone is not the answer for treatment-resistant PTSD

Although almost 90% of VA patients are treated with a serotonin reuptake inhibitor (SRI) such as sertraline or paroxetine, many patients fail to respond adequately. Because atypical antipsychotics are often used to treat SRI-resistant PTSD symptoms, a team led by investigators from the National Center for PTSD and Yale University examined whether the atypical antipsychotic risperidone is an effective adjunctive treatment for patients who have not responded to SRIs alone. The investigators randomly assigned 296 patients with a history of inadequate SRI response to receive up to 4 mg/day of risperidone or placebo for 6 months; 247 (83%) provided outcome data. On average, they had severe and chronic PTSD. Most patients (97%) were male combat veterans who served in either Vietnam or prior conflicts (72%) or OEF/OIF (24%). Results were disappointing. Although PTSD symptoms in the risperidone and placebo groups improved by a clinically meaningful amount, the groups did not differ in total PTSD severity, depression, anxiety, or functional impairment. Patients who received risperidone had statistically but not clinically significant improvements in reexperiencing and numbing symptoms. There also were more side effects in the risperidone group, including self-reported (but not measured) weight gain, fatigue, and sleepiness. As a result of the study's findings, the new VA/DoD PTSD Practice Guideline, which had recommended risperidone as an adjunctive treatment for PTSD, is being revised to indicate that this is not an effective treatment strategy. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id36863.pdf.

Krystal, J. H., Rosenheck, R. A., Cramer, J. A., Vessicchio, J. C., Jones, K. M., Vertrees, J. E.,...Stock, C. for the Veterans Affairs Cooperative Study No. 504 Group. (2011). Adjunctive risperidone treatment for antidepressant-resistant symptoms of chronic military service–related PTSD: A randomized trial. *JAMA, 306*, 493-502. PILOTS ID: 36863

Journal Special Issues:

Research on Women's Health in the VA and the Military: Check out the July 2011 Supplement of *Women's Health Issues*. The 24 articles in the special issue address many aspects of women's health, diseases and conditions, utilization patterns, features of service delivery, and other topics. The issue is available for free at http://www.whijournal.com/supplements.

Markus, A. R. (Ed.). (2011). Health and health care of women veterans and women in the military: Research informing evidence-based practice and policy [Special issue]. *Women's Health Issues, 21*(4S).

9/11: Lessons Learned: The September 2011 special issue of the *American Psychologist* provides a series of review articles covering the psychological impacts of 9/11 on the individual and on society, as well as the changes in knowledge and responses to terrorism that have developed in the last decade. The issue can be found at http://psycnet.apa.org/journals/amp/66/6/.

Anderson, N. B. (Ed.). (2011). 9/11: Ten years later [Special issue]. *American Psychologist, 66*(6).

Encouraging initial findings about group Cognitive Processing Therapy

Group therapy is widely practiced in VA, although there is limited evidence of efficacy. Cognitive Processing Therapy, which has been widely disseminated across the VA, is a highly effective treatment that can be delivered in group format. Group CPT is being used in some VA settings, while a large randomized trial is being conducted to compare group and individual formats. In the interim, results from two new studies suggest that the group format is effective.

In one study, investigators at the VA Palo Alto Healthcare System compared 2 cohorts of male Veterans treated in a residential PTSD treatment program: 104 treated after the program began using group CPT, and 93 treated before the change was implemented (who received trauma-focused group therapy). Given changes in VA's patient population, the cohorts differed in expected ways, e.g., the CPT cohort was younger (4 years), had fewer Vietnam veterans (64% vs. 94%), and was less likely to be receiving PTSD disability compensation (52% vs. 68%) relative to the controls. But even when these factors were statistically controlled, the CPT cohort had better outcomes, e.g., a drop of 8.5 points on the PTSD Checklist versus 4.0 points in the controls. Results from a quasi-experiment like this are not definitive, but they do suggest that group CPT may offer a better way of delivering group therapy to VA PTSD patients. However, both cohorts in this study remained symptomatic at discharge, which indicates that additional strategies may be needed to help inpatients recover more fully. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id36777.pdf.

Alvarez, J., McLean, C., Harris, A. H. S., Rosen, C. S.; Ruzek, J. I., & Kimerling, R. (2011). The comparative effectiveness of cognitive processing therapy for male veterans treated in a VHA posttraumatic stress disorder residential rehabilitation program. *Journal of Consulting and Clinical Psychology, 79*, 590-599. PILOTS ID: 36777

The other study was a pilot trial of group CPT delivered using telehealth. Investigators at the National Center for PTSD in Honolulu randomly assigned 13 male Veterans to receive treatment by video-teleconferencing or in-person. The groups did not differ in participation, alliance, or treatment response. For example, median decreases on the Clinician-Administered PTSD Scale were 13.5 points in the video-teleconferencing group and 15.0 points in the in-person group. Satisfaction with the teleconferencing format was high too. Given the small sample size, the lack of difference between conditions should be interpreted cautiously. The most important point of this study is that it demonstrates the feasibility and acceptability of another way to increase access to PTSD care for Veterans. Read the article…http://www.ptsd.va.gov/professional/articles/article-pdf/id85514.pdf.

Morland, L. A., Hynes, A. K., Mackintosh, M., Resick, P. A., & Chard, K. M. (2011). Group Cognitive Processing Therapy delivered to veterans via telehealth: A pilot cohort. *Journal of Traumatic Stress, 24*, 465–469. PILOTS ID: 85514

Who seeks information about PTSD online?

Web-based mental health treatment such as DE-STRESS have shown positive results in trials. In a new study, Australian investigators report on the characteristics of people with PTSD symptoms who may be more inclined to use online information and treatment. The study examined a convenience sample of adults who completed an unsolicited online survey about PTSD and trauma. Out of the 308 individuals who responded to the survey, 244 reported a traumatic event at least one month prior and a total score of at least 44 on the PTSD Checklist-Civilian version (M = 60.4). This Internet sample was more educated, psychologically distressed, and disabled than a comparison group of 400 who received a PTSD diagnosis during a national epidemiological mental health survey. Nearly a third (29%) of the internet sample indicated a preference for internet rather than in-person treatment, a third indicated the opposite, and a third had no preference. Out of the 41% with a history of PTSD treatment, 69% had received CBT. The top two barriers to starting or continuing in-person therapy were lack of money (43%) and lack of benefit from previous therapy (30%). The findings of this study are relevant to VA and DoD efforts to reach Veterans and Service Members through the Internet. If the findings can be generalized, this study indicates that individuals who are drawn to online PTSD information may be distressed, but are open to web-based interventions. Read the article... http://dx.doi.org/10.1371/journal.pone.0021864

Spence, J., Titov, N., Solley, K., Dear, B. F., Johnston, L., Wootton, B.,...Choi, I. (2011). Characteristics and treatment preferences of people with symptoms of posttraumatic stress disorder: An internet survey. *PLoS ONE 6*(7): e21864. PILOTS ID: 37122

OEF/OIF/OND Veterans

Impact of deployment on military children's mental health

A study reported in the February 2010 issue of *CTU-Online* documented that extended deployments are associated with increased likelihood of mental health disorders in Army wives. Now, the same research team reports similar findings for military children. The investigators analyzed medical records of over 300,000 children of Active Duty Army parents ages 5 to 17 who were seen for outpatient medical visits between 2003 and 2006. The group of children who had a deployed parent had 6,579 more mental health diagnoses documented in the study time-frame compared with children whose parents did not deploy, and the number of disorders increased with length of deployment. Compared to those children whose parents did not deploy, for every 1000 children, there were 160 excess cases of mental health diagnoses among children whose parents were deployed 1 to 11 months and 259 excess cases

when parents were deployed longer than 11 months. The implications go beyond the needs of military children, as the added stress of children's and partners' mental health concerns can complicate the transition process of returning OEF/OIF Veterans. Recognizing the effects of family difficulties on the readjustment of service members, the VA has increased its offering of family services. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id37121.pdf.

Mansfield, A. J., Kaufman, J. S., Engel, C. C., & Bradley, N. G. (2011, July 4). Deployment and mental health diagnoses among children of US Army personnel. *Archives of Pediatric & Adolescent Medicine.* Advance online publication. PILOTS ID: 37121

The emotional toll of combat predicts risk-taking and unhealthy behaviors

Waves of service members from the wars in Iraq and Afghanistan are transitioning home. According to researchers at the Walter Reed Army Institute of Research, readjusting into a safe and healthy lifestyle might mean addressing feelings of anger and alienation and PTSD symptoms in a timely manner post-deployment. The investigators validated the Combat-to-Home Transition Scale on samples of 1,651 and 647 Active Duty soldiers after deployment and examined how transition factors predicted risky and unhealthy behaviors 4 months later. Post-deployment anger and alienation, PTSD symptoms, and, to a lesser degree, guilt and remorse, predicted later behaviors such as looking to start a fight, carrying an unneeded weapon, drinking alcohol, and eating junk food. Anger and alienation were especially strong risk factors, even after the investigators controlled for PTSD symptoms. On a more positive note, soldiers reported high levels of appreciation and moderate levels of perceived psychological benefits upon return, and these protective factors predicted fewer unsafe and unhealthy behaviors 4 months later. The findings suggest consideration of both negative and positive transition factors when designing reintegration programs for service members. Clinicians providing readjustment services are also well-positioned to offer education about the link between post-deployment distress and risky behaviors, an association that may not be clear to many Veterans. Read the article... http://dx.doi.org/10.1002/jts.20665.

Adler, A. B., Britt, T. W., Castro, C. A., McGurk, D., & Bliese, P. D. (2011). Effect of transition home from combat on risk-taking and health-related behaviors. *Journal of Traumatic Stress, 24*, 381–389. PILOTS ID: 85303

Traumatic Brain Injury

PTSD, not mTBI, associated with Post-Concussive Syndrome

Post-concussive syndrome (PCS) is the label used to describe the constellation of cognitive and physical symptoms reported by patients who have experienced a mild traumatic brain injury (mTBI). Now, a new prospective study by Australian investigators suggests that, rather than mTBI, posttraumatic stress and psychiatric history predict PCS. Patients admitted to a trauma center within 24 hours of either sustaining an mTBI (n = 62) or a nonbrain injury (n = 58) were assessed initially within 14 days of admission and then again at a 3-month follow-up. Neuropsychological performance and the percentage of patients reporting post-concussive symptoms was similar for both groups at both time points (mTBI = 40.3% and 46.8%; Trauma Control = 50.0% and 48.3%). Irrespective of mTBI, patients with at least one pre-injury affective disorder or anxiety disorder other than PTSD were 3 times more likely to report PCS at 3 months. Follow-up PCS was also predicted by acute stress disorder symptoms at the initial assessment and associated with follow-up PTSD. The study suggests that addressing pre-existing mood disorders and acute stress disorder may reduce the risk of PCS, while treating PTSD may alleviate concurrent PCS, regardless of mTBI. Further research is needed to replicate these findings in larger and military samples. Read the article...http://dx.doi.org/10.1037/a0022580.

Meares, S., Shores, E. A., Taylor, A. J., Batchelor, J., Bryant, R. A., Baguley, I. J.,...Marosszeky, J. E. (2011). The prospective course of postconcussion syndrome: The role of mild traumatic brain injury. *Neuropsychology, 25*, 454-465. PILOTS ID: 36812

Comorbidity

Community support may protect against hazardous drinking

In response to unhealthy alcohol use by military personnel, the Air Force implemented community-based prevention efforts. But the risk factors for hazardous drinking impacted by community functioning have not been examined, until now. A new study provides a theoretical model of the mediators between military community factors and alcohol intake. A large representative Air Force sample (n = 52,780) completed an anonymous web-based survey in 2006. Approximately half of the sample had been deployed in the past year. In the analyses, the construct of community functioning was a composite of measures assessing aspects of both Air Force on- and off-base communities, including support, safety, cohesion, and resources. Using structural equation modeling, study authors found that better military community functioning was associated with lower hazardous drinking for men and women by decreasing depression and perceived financial stress and increasing satisfaction with the Air Force. In the model for men, relationship satisfaction was an additional mediator between community functioning and drinking. Although cross-sectional, these results highlight the value of initiatives, such as regional networks, aimed at increasing military community support. Longitudinal research is needed to verify that community-based approaches may not only reduce emotional distress and promote readjustment, but may also prevent problematic coping. Read the article...http://dx.doi.org/10.1037/a0024110.

Foran, H. M., Heyman, R. E., Slep, A. M., & Smith, A. M. (2011). Hazardous drinking and military community functioning: Identifying mediating risk factors. *Journal of Consulting and Clinical Psychology, 79*, 521-532. PILOTS ID: 37120

Posttraumatic symptoms linked to problematic eating and dieting

VA is placing high priority on implementing programs to promote healthy lifestyle choices. Prior studies have shown that PTSD is linked to health risks such as smoking, excessive alcohol consumption, and obesity. A recent study expands knowledge about how PTSD relates to disordered eating and has implications for understanding how PTSD affects young female Veterans and Service Members. Researchers at the University of Texas Medical Branch reported that greater number of PTSD symptoms was related to more soda and fast food consumption and higher odds of using unhealthy dieting strategies (e.g., vomiting, smoking) in a multi-ethnic, low-income sample of 3,181 young women. For each additional posttraumatic symptom endorsed, there was a 5% increase in likelihood of consuming both more fast food in the past week and more than one soda per day, as well as a 21% increase in the likelihood of using more than one unhealthy dieting strategy. People may use food to cope with psychiatric symptoms, and in impoverished communities, fast food and soda are affordable and convenient choices. Although this study was based on civilian women, the findings are relevant for screening, education, and treatment for patients with PTSD in VA and DoD settings. Specifically, clinicians can ask patients about their health behaviors and clarify the connections between PTSD symptoms and unhealthy eating and dieting. Read the article... http://dx.doi.org/10.1089/jwh.2010.2675

Hirth, J. M., Rahman, M., & Berenson, A. B. (2011). The association of posttraumatic stress disorder with fast food and soda consumption and unhealthy weight loss behaviors among young women. *Journal of Women's Health, 20*, 1141-1149. PILOTS ID: 36983

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