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Treatment

PE versus sertraline for PTSD: Which is more cost-effective?

In the Optimizing PTSD Treatment Trial, investigators from the University of Washington and Case Western Reserve University compared Prolonged Exposure and the SSRI sertraline; both treatments improved PTSD and effectiveness was enhanced when patients received their preferred treatment. Using data from this trial, a recent study looked at the cost-effectiveness of PE and sertraline—and examined whether allowing patients to choose their treatment leads to more cost-effective care. Two-hundred participants with PTSD were randomly assigned to either a “no choice” condition, in which they were randomized to receive PE or sertraline, or to a “choice” condition, where they could select either treatment. To estimate cost in the following year, the investigators considered the price of the intervention, other health care received, and indirect costs such as wages lost due to attending appointments. Overall, PE was more cost-effective; compared to sertraline, PE was less expensive and resulted in greater improvement in

health. The manner in which participants were assigned to treatment also had cost implications. Participants who chose their treatment—whether PE or sertraline—had lower cost and greater improvement than randomized participants. These results suggest that patient involvement in care decisions has advantages to both the patient and the healthcare system. Read the article... <http://dx.doi.org/10.4088/JCP.13m08719>

Le, Q. A., Doctor, J. N., Zoellner, L. A., & Feeny, N. C. (2014). Cost-effectiveness of prolonged exposure therapy versus pharmacotherapy and treatment choice in posttraumatic stress disorder (the Optimizing PTSD Treatment Trial): A doubly randomized preference trial. *The Journal of Clinical Psychiatry*, 75, 222-230. PILOTS ID: 42591

Is the “adequate” dose of PTSD treatment adequate?

For patients with PTSD, how much treatment is enough? Some researchers have suggested that 8 sessions within 14 weeks represents an adequate dose of psychotherapy. When it comes to pharmacotherapy, the [VA/DoD PTSD Clinical Practice Guideline](#) recommends an initial medication trial lasting 2-

Special Notices

Defining trauma-related professional competencies

In April 2013, a national consensus conference was held in New Haven, CT, to outline trauma competencies for mental health providers working with populations exposed to trauma: knowledge, assessment, intervention, professionalism, and systems. Read about the recommendations... <http://www.ptsd.va.gov/professional/articles/article-pdf/id42643.pdf>

Cook, J. M., Newman, E., & The New Haven Trauma Competency Group. (2014). A consensus statement on trauma mental health: The New Haven Competency Conference process and major findings. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6, 300-307. PILOTS ID: 42643

Innovations in VA and military mental health care

The [August 2014 issue of Psychological Services](#) features nine articles specific to Service-member and Veteran mental health, covering issues such as non-mental health settings, novel assessment methods, outcomes of supported housing, psychotherapy use, and pastoral care.

3 months. But, do patients who meet these benchmarks actually fare better than those who receive less treatment? Researchers from the Long Beach VA and National Center for PTSD investigated. The study enrolled 482 Veterans with PTSD who completed surveys assessing their PTSD symptoms at baseline and again within the next year. Investigators also tracked participants' use of psychotherapy or medications (SSRIs and SNRIs) for PTSD over a one-year period. Only 8.1% of the sample received 8 psychotherapy sessions within 14 weeks. Surprisingly, these Veterans did not demonstrate greater improvement in PTSD compared with Veterans who received fewer sessions. With respect to medications, 37.1% of participants received a 90-day continuous supply of an SSRI or SNRI. Yet, participants who completed a 90-day medication trial showed less improvement in PTSD than those who did not meet this benchmark. These unexpected findings may have been driven by the Veterans with more severe PTSD, who received more treatment but improved less than Veterans who started out with lower severity. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id42562.pdf>

Shin, H. J., Greenbaum, M. A., Jain, S., & Rosen, C. S. (2014). Associations of psychotherapy dose and SSRI or SNRI refills with mental health outcomes among Veterans with PTSD. *Psychiatric Services*. Advance online publication. PILOTS ID: 42562

Characteristics and outcomes of Veterans in VA PTSD residential treatment

VA PTSD residential treatment programs offer a semi-structured, 24-hour care environment where Veterans can access a range of treatments, including evidence-based psychotherapies for PTSD and other comorbid conditions. Two recent studies report on the characteristics of Veterans who participate in VA PTSD residential treatment and examine how PTSD symptoms change over the course of these programs.

Providers may assume that residential patients have more severe symptoms and will therefore show less response to treatment than those treated in outpatient settings. A new study led by investigators at the San Diego and Cincinnati VAs evaluated this assumption by comparing 478 Veterans who received Cognitive Processing Therapy in a residential PTSD program to 514 Veterans who received CPT in an outpatient PTSD program. Veterans who received residential care for PTSD did indeed differ from those who received outpatient care; residential patients had more severe baseline PTSD and depressive symptoms. And although PTSD symptoms improved significantly in both groups, outpatients showed greater improvement than residential patients. Read the article... <http://dx.doi.org/10.1037/a0037075>

A separate study led by investigators at the University of South Alabama tracked 805 Veterans who received residential PTSD treatment between 2000 and 2007. The investigators observed that a Veteran's response to the residential program could usually be classified into one of three types. Half of the

sample (48.8%) had moderate PTSD symptoms that decreased steadily. Another group (41.0%) had more severe symptoms that improved during treatment, but then returned to baseline levels by 4-month follow-up. Lastly, a smaller group (10.2%) had the lowest PTSD symptoms to begin with and showed little change after treatment. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id42644.pdf>

The first study indicates that VA clinicians are appropriately matching Veterans to level of PTSD care based on symptom severity. The second study suggests that once in residential care, Veterans with moderate PTSD symptoms may benefit the most; perhaps this level of distress is enough to motivate a patient to make changes, without creating challenges that limit progress. Both studies suggest that PTSD residential treatment is effective—and that patients' response has a lot to do with where their symptoms are at the start.

Walter, K. H., Varkovitzky, R. L., Owens, G. P., Lewis, J., & Chard, K. M. (2014). Cognitive Processing Therapy for Veterans with post-traumatic stress disorder: A comparison between outpatient and residential treatment. *Journal of Consulting and Clinical Psychology*, 82, 551-561. PILOTS ID: 42645

Currier, J. M., Holland, J. M., & Drescher, K. D. (2014). Residential treatment for combat-related posttraumatic stress disorder: Identifying trajectories of change and predictors of treatment response. *PLoS ONE*, 9, e101741. PILOTS ID: 42644

Topirimate for treatment of comorbid PTSD and alcohol dependence

Though topirimate, an anticonvulsant medication, is not considered a first line treatment for PTSD, a number of meta-analyses provide some support for its effectiveness in reducing PTSD symptoms. Findings from a study led by investigators at the San Francisco VA suggest that topirimate is also effective for treating PTSD co-occurring with alcohol use disorder. In this double-blind randomized trial, 30 Veterans with comorbid PTSD and alcohol dependence received 12 weeks of either topirimate (up to 300 mg/day) or placebo. Compared with the placebo group, the topirimate group had greater posttreatment reductions in alcohol cravings, alcohol use, and PTSD symptoms (15-point drop on the PTSD Checklist, on average). These results suggest that topirimate is effective for a difficult to treat comorbidity—however, the medication was not without side effects. Topirimate was associated with slight reductions in learning and memory, especially at the start of treatment. It will be important to evaluate whether these side effects are observed in larger samples so that patients can have a clearer understanding of the risks and benefits of this treatment. Read the article... <http://dx.doi.org/10.1111/acer.12496>

Batki, S. L., Pennington, D. L., Lasher, B., Neylan, T. C., Metzler, T., Waldrop, A., ... & Herbst, E. (2014). Topiramate treatment of alcohol use disorder in Veterans with posttraumatic stress disorder: A randomized controlled pilot trial. *Alcoholism: Clinical and Experimental Research*, 38, 2169-2177. PILOTS ID: 42646

A new trial of yoga for PTSD

The first published randomized controlled trial of yoga for PTSD found that yoga was feasible and acceptable but failed to find evidence of effectiveness (see [April 2014 CTU-Online](#)). A recent trial reports better PTSD outcomes. Participants were 63 women with PTSD were randomized to receive 10 weekly sessions of either trauma-informed hatha yoga or a women's health education class. Although the class did not discuss trauma, a main goal was to increase self-efficacy to discuss health and uncomfortable body issues. Although both groups decreased in self-reported PTSD at mid-treatment, only the yoga group maintained its gains at posttreatment; also, 51.6% of yoga participants and only 20.7% of participants in the health class no longer met PTSD diagnostic criteria. Why this study showed benefits of yoga while the earlier study did not is unclear; perhaps it was the different yoga styles (hatha vs. kripalu), the higher socioeconomic status of participants in the current study, or the fact that the yoga group in the current study had a higher rate of employment at baseline than the comparison group. The study adds to knowledge about complementary and alternative treatments for PTSD. Among the questions raised by this study is how yoga compares to first-line PTSD treatments. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id42647.pdf>

van der Kolk, B. A., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *Journal of Clinical Psychiatry*, 75, e559-e565. PILOTS ID: 42647

Pilot trial of an intervention to prevent couples conflict and violence

Intimate partner violence (IPV) is more common among military personnel than the general public, yet few evidence-based interventions exist. Investigators from the National Center for PTSD recently reported preliminary findings on *Strength-at-Home*, a 10-session program for preventing IPV among OEF/OIF/OND male Veterans with PTSD. *Strength at Home* combines elements from cognitive-behavioral therapy for IPV, anger management and assertiveness training, and relationship-focused PTSD treatment. Two cohorts of 3 couples each received *Strength-at-Home* and 1 cohort of 3 couples received supportive therapy. There were no differences between the interventions. Analyses focused on 6-month posttreatment outcome data from 9 couples who attended at least 7 of the 10 sessions. Among couples in *Strength-at-Home*, both Veteran- and partner-perpetrated physical and psychological IPV declined from baseline to follow-up. Among couples in supportive therapy, there were no incidents of Veteran-perpetrated physical IPV at either baseline or follow-up, but partner-perpetrated physical IPV increased. Veteran- and partner-perpetrated psychological IPV decreased among the couples in supportive therapy. PTSD severity among the Veterans and relationship

satisfaction did not change in either group. Although these findings do not offer conclusive support for the effectiveness of *Strength-at-Home*, the investigators hope their ongoing larger trial of the program will help confirm its benefits. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id42648.pdf>

Taft, C. T., Howard, J., Monson, C. M., Walling, S. M., Resick, P. A., & Murphy, C. M. (2014). "Strength at Home" intervention to prevent conflict and violence in military couples: Pilot findings. *Partner Abuse*, 5, 41-57. PILOTS ID: 42648

Assessment

Measuring functioning in military personnel

Healthy working people—those who appear trouble-free to the outside world—may nevertheless experience functional difficulties. But mild issues can be challenging to detect using existing measures. This is why investigators at Walter Reed Army Institute of Research developed a questionnaire to assess functioning in active duty military personnel. The new measure consists of 14 items that cover 4 domains: physical, occupational, social, and personal functioning. Analyses based on 3,380 Army combat personnel show that the scale has excellent reliability and validity, although one item—ability to do PT (physical training, which is required for military personnel)—showed poor discrimination between individuals with low versus high impairment. A 13-item version of the scale without this item showed similarly excellent psychometric properties. Although only 11.2% of soldiers had depression and 13.3% had PTSD, over 30% of each group had the highest levels of impairment on both versions. The investigators note that they did not compare the new scale with other measures of functioning, which would be necessary to determine if the new scale was actually better than existing scales in this population. Read the article... <http://dx.doi.org/10.1037/a0037347>

Herrell, R. K., Edens, E. N., Riviere, L. A., Thomas, J. L., Bliese, P. D., & Hoge, C. W. (2014). Assessing functional impairment in a working military population: The Walter Reed Functional Impairment Scale. *Psychological Services*, 11, 254-264. PILOTS ID: 42649

Comorbidity

Joining the military as a way out

Many studies have documented a high prevalence of childhood adversities in military populations, leading to the hypothesis that some individuals volunteer in order to escape these adversities. A new study led by investigators at the Pittsburgh VA used a novel strategy to test this hypothesis by comparing individuals without a military background to individuals who had served in the military during two different eras: the all-volunteer

era and the draft era, when the draft should have attenuated the effect of volunteering. The investigators used data from the Behavioral Risk Factor Surveillance System, an ongoing national survey by the Centers for Disease Control. Questions about 11 types of childhood adversity were added to the survey for one year in 2010. The final sample consisted of 60,378 US adults, including 7.4% with military service experience during the all-volunteer era and 21.7% military service experience during the draft era. Among draft-era men, there were few differences between those with and without military service. In contrast, among volunteer-era men, those with military service experience reported a higher prevalence of all 11 types of adversity. Findings for the comparable groups of women were less clear-cut, as might be expected given that draft-era women were not subject to the draft. These results are unlikely to surprise clinicians who work with Veterans and Servicemembers. But by clearly documenting the problems of childhood adversity in the all-volunteer force, this study may advance broader understanding of challenges faced by today's military. Read the article... <http://dx.doi.org/10.1001/jamapsychiatry.2014.724>

Blosnich, J. R., Dichter, M. E., Cerulli, C., Batten, S. V., & Bossarte, R. M. (2014). Disparities in adverse childhood experiences among individuals with a history of military service. *JAMA Psychiatry*, 71, 1041-1048. PILOTS ID: 42603

Look beyond PTSD for predictors of suicide

Studies that help explain observed relationships between PTSD and suicide ideation or behavior could suggest novel targets for suicide prevention among Veterans. Two new studies led by VA investigators do just that. Suicidal ideation may be a precursor to suicidal behavior. Deliberate self-harm has been proposed as a risk factor for both. The first study estimates the prevalence of deliberate self-harm among OEF/OIF Veterans with PTSD and provides clinically-relevant data on the types of self-harm associated with suicidal ideation. The rarity of completed suicide makes it difficult to identify predictors, yet the second study meets this challenge by using data from a large national sample of Veterans. The findings from both studies show that PTSD is not the only factor that predicts suicide and suicidal ideation in Veterans.

In the first study, investigators from the Durham VA and Palo Alto University assessed 214 male OEF/OIF Veterans presenting for an initial evaluation at a PTSD clinic. Nearly half (45.3%) reported deliberate self-harm in the past 2 weeks. The most frequently reported type was skin scratching/picking (36.9%), followed by hitting oneself (11.2%); burning or cutting were rare (4.2% and 3.3%, respectively). In multivariate analyses, PTSD severity and

self-harm increased the odds of suicidal ideation (ORs = 1.03 and 3.88, respectively). In further analyses, burning emerged as the strongest predictor (OR = 17.14), followed by hitting (OR = 7.93). Read the article... <http://dx.doi.org/10.1002/jts.21932>

In the second study, investigators from VA's Center of Excellence for Suicide Prevention and Office of Mental Health Operations linked data from the CDC's National Death Index with demographic and diagnostic data from the medical records of the nearly 6 million Veterans in VA care during 2007-2008. A diagnosis of PTSD increased the risk of suicide 34.0%. After the effects of demographic variables, OEF/OIF status, and multiple deployments were taken into account, the impact of PTSD remained nearly unchanged. However, after further adjustment for other mental disorder diagnoses, Veterans with PTSD had a 22.6% lower suicide risk than Veterans without PTSD. Further analyses indicated that the effect of PTSD on suicide was mediated by substance use and depressive disorders, with major depressive disorder having the largest impact. Read the article... <http://dx.doi.org/10.1016/j.jad.2014.04.067>

Although these studies cannot confirm that PTSD or other factors cause suicide or suicidal ideation, the studies challenge the assumption that PTSD is the main factor behind suicide among Veterans. The first study did not examine if self-harm was associated with completed suicide. Nevertheless, findings suggest a need to assess self-harm in Veterans presenting for PTSD care. The second study does not explain why PTSD was associated with lowered suicide risk after other comorbid disorders are taken into account. However, the investigators make a clear suggestion: to help prevent suicide, identify and treat Veterans who have depression and other mental health issues.

Kimbrel, N. A., Johnson, M. E., Clancy, C., Hertzberg, M., Collie, C., Van Voorhees, E. E., ... & Beckham, J. C. (2014). Deliberate self-harm and suicidal ideation among male Iraq/Afghanistan-era Veterans seeking treatment for PTSD. *Journal of Traumatic Stress*, 27, 474-477. PILOTS ID: 42652

Conner, K. R., Bossarte, R. M., He, H., Arora, J., Lu, N., Tu, X. M., & Katz, I. R. (2014). Posttraumatic stress disorder and suicide in 5.9 million individuals receiving care in the Veterans Health Administration health system. *Journal of Affective Disorders*, 166, 1-5. PILOTS ID: 42651

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