In This Issue:
Treatment
OEF/OIF/OND Veterans
Co-Occurring Problems
C&P Issues

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Special Notice:

Survey of Soldier Health and Behavioral Issues: On January 19th, the Army released Army 2020 Generating Health and Discipline in the Force Ahead of the Strategic Reset, a 3-year study on physical and behavioral health, disciplinary problems, and policy in the Army Force. Findings indicate that the number of suicides decreased in the past year and more Soldiers are seeking treatment for their problems. Data on PTSD, TBI, substance use, violent crimes, and other issues are also covered.

Treatment

Gains after cognitive-behavioral therapy for PTSD maintained years later

Cognitive-behavioral therapy is an effective treatment for PTSD. But how long do the benefits last? Clinical trials, which typically monitor patients for 6-9 months find that improvements made during treatment are maintained. A new study shows that these improvements can last years—good news for patients and clinicians alike. A team led by investigators at the National Center for PTSD at the Boston VAMC followed up with female sexual assault survivors who had been treated 5-10 years earlier with either Cognitive Processing Therapy or Prolonged Exposure. The 126 participants were comparable to the 171 participants in the original trial. All of the women had PTSD before treatment. When assessed an average of 6 years later, 80% no longer had PTSD—22.2% of the CPT group and 17.5% of the PE group. Almost 90% had experienced a drop of at least 20 points on the Clinician-Administered PTSD Scale; the average decrease was just under 50 points. The benefits of CPT and PE did not differ for PTSD, depression, or other outcomes, and were not explained by treatment that patients received after the original study. These findings convincingly demonstrate that PTSD does not need to be a chronic disorder. Although the study was conducted with non-veteran women, the results offer hope for Veterans because both of the treatments studies have been shown to be effective in Veteran samples. Read more...http://www.ptsd.va.gov/professional/articles/article-pdf/id37854.pdf


Enhancing the effects of psychotherapy with medication

A new study by investigators at Columbia University reports that the antidepressant paroxetine increased the benefits of Prolonged Exposure in a sample of men and women with PTSD related to the 9/11 attacks on the World Trade Center. The study is important because few trials have examined the effect of combined treatment relative to psychotherapy alone, despite the combined use of medication and psychotherapy in both clinical practice and research. The investigators randomized 37 patients to receive either paroxetine or placebo while undergoing 10 sessions of PE. Average improvement was substantial: 50
Prolonged exposure for Veterans with mild to moderate TBI

In the June 2011 issue of CTU-Online we reported on a study from the Cincinnati VAMC showing that Veterans with mild, moderate, or severe traumatic brain injury and PTSD can benefit from Cognitive Processing Therapy. Preliminary findings from a study on Prolonged Exposure provide additional support for the use of evidence-based treatments for PTSD among Veterans with TBI. The study used a clinical sample of 10 male OEF/OIF Veterans treated in outpatient OEF/OIF, polytrauma, and PTSD clinics at 2 VA Medical Centers. All patients had a documented history of TBI, ongoing cognitive deficits, and current diagnosis of PTSD. Based on a comprehensive TBI evaluation, 6 of the patients met criteria for mild TBI and 4 for moderate TBI. Modifications to the standard PE protocol included increased structure (e.g., mid-week phone contact), use of memory-enhancing strategies (e.g., electronic calendars), and extending session length by 30 minutes. The average number of sessions was 13.4. Reductions in PTSD and depression symptoms were significant and large (PCL: $d = 3.64$; Beck Depression Inventory-II: $d = 1.82$), with 9 out of 10 Veterans no longer meeting criteria for PTSD based on a PCL of ≥50 at posttreatment. Whether the Veterans would have improved just as much without the treatment modifications is unknown. However, the study clearly shows that prolonged exposure with minimal procedural enhancements is feasible for treating PTSD and depression in Veterans with TBI. Read more...http://dx.doi.org/10.1097/HTR.0b013e31823cd01f


Efficacy of group therapy for PTSD

Group therapy is frequently used to treat PTSD patients in VA and non-VA settings. Literature reviews of this approach suggest positive outcomes but no rigorous meta-analysis of the research had been done, until now. Results of the new study were mixed. A team led by the National Center for PTSD at the Boston VAMC indentified randomized controlled trials of outpatient group therapy for either PTSD or trauma survivors. The final sample of 16 was limited to studies that included a PTSD-related symptom measure and sufficient information to calculate an effect size. The investigators adjusted effect sizes to statistically account for the effect of group clustering for the 13 studies that had failed to do so (omitting this correction can yield an overestimate of the treatment effect). The overall pre-post effect size was .71, which is smaller than the 1.0-1.5 typically observed in studies of individual therapy. The between-group effect size was small ($d = .24$); effect sizes were greater when group treatment was compared with wait-list ($d = .56$) versus active treatment conditions ($d = .09$). No studies compared group therapy with individual therapy or examined treatments such as group Cognitive Processing Therapy. The findings suggest that group therapies for PTSD (69% of which were cognitive behavioral therapy) are better than no treatment in reducing PTSD but comparable to other active group treatments such as supportive therapy and less effective than individual therapy. When interpreting these results it is important to remember that the investigators examined PTSD outcomes only. The findings of limited benefit may not generalize to other important outcomes. Read more...http://www.ctu-online.va.gov/professional/articles/article-pdf/id37918.pdf


Decreasing use of benzodiazepines among Veterans with PTSD

Benzodiazepines are often prescribed for immediate relief of anxiety and insomnia. Lack of evidence for their efficacy as a treatment for PTSD and possible long-term harms led the VA and DoD to specifically recommend against benzodiazepine use in the 2010 Clinical Practice Guideline for PTSD. A recent analysis of VA national administrative data reveals that prescribing practices are heading in the right direction but at a slow pace. Investigators linked inpatient and outpatient encounter datasets with prescription records from fiscal years 1999 through 2009. During this time, the number of Veterans
receiving care for PTSD in the VA increased nearly 3-fold. Analyses revealed that the overall frequency of benzodiazepine use in Veterans with PTSD decreased steadily from 36.7% in 1999 to 30.6% in 2009. The percentage of long-term users (defined as greater than 90 days of continuous treatment and at least 2 refills) declined slightly, from 69.2% in 2000 to 64.1%. Although the likelihood of receiving benzodiazepines was lowest for patients newly diagnosed with PTSD (20.5% in 2009) and highest for patients with at least 3 years of PTSD treatment (36.2% in 2009), each group had a decline in prescribing over the study period. Promoting the use of evidence-based pharmacotherapy for PTSD among providers and Veterans, along with guidance on safe discontinuation of benzodiazepines, may encourage the trend toward reduced reliance on benzodiazepines. Read more...http://www.ptsd.va.gov/professional/articles/article-pdf/id37919.pdf


Mindfulness via telehealth for combat PTSD

A survey by the VA Healthcare Analysis & Information Group in 2011 found that 89% of VA facilities offered some type of Complementary and Alternative Medicine (CAM), most commonly meditation. However, a 2011 review by HSR&D’s Evidence Synthesis Program found limited evidence on the effectiveness of meditation for PTSD—which makes the results of a new study by researchers from the National Center for PTSD and VA Boston especially useful. The investigators randomized 33 male Veterans with PTSD to receive mindfulness meditation training or psychoeducation. Both interventions consisted of 2 45-minute face-to-face sessions, followed by 6 20-minute telephone sessions that reviewed content from treatment-specific patient handbooks. The mindfulness group was also provided with CDs of guided mindfulness exercises. Twenty-seven Veterans (82%) completed treatment. Both interventions received high satisfaction ratings. There were no significant changes in PTSD at any time for the psychoeducation group. The mindfulness group experienced clinically meaningful pre- to posttreatment improvement on the Clinician Administered PTSD Scale and the PTSD Checklist. However, PCL scores returned to pretreatment levels at the 6-week follow-up (the CAPS was not re-administered). Participants completed more mindfulness practice during treatment than assigned ($M = 137$ minutes per week). Amount of practice correlated with improvement in CAPS scores ($r = -.66$). Although practice was not assessed at follow-up, the investigators speculated that lack of practice may have caused the increase in PTSD symptoms after treatment. This study suggests that a mindfulness-based intervention for PTSD, with minimal therapist contact but significant skills practice, is feasible and associated with short-term benefit. Read more...http://www.ptsd.va.gov/professional/articles/article-pdf/id37920.pdf


OEF/OIF/OND Veterans

Veterans transitioning into student life face mental health challenges

Many OEF/OIF Veterans are choosing to enter college rather than the work force, in part due to the enactment of the 9/11 GI Bill. Although most of these Veterans are navigating the transition into student life, a recent study suggests that many are also struggling with PTSD symptoms and other readjustment difficulties. <BREAK> Six hundred twenty-eight members of Student Veterans of America, a student led organization in colleges and universities across the country, responded to an on-line mental health survey. One in five Veterans reported suicidal ideation with a plan, nearly a quarter endorsed moderate depression, over a third indicated high levels of anxiety, and close to half (46%) experienced significant PTSD symptoms (PCL > 28). The authors highlight outreach from college administration and student organizations as one solution, along with equipping counseling centers with relevant information and training. However, these efforts are not likely to reach Veterans enrolled in on-line or 2-year programs that do not offer such resources or the large proportion of student Veterans who do not seek care at campus counseling centers. To address these challenges, a new VA website for Veteran students and their families offers fact sheets and links to resources. Read more...http://dx.doi.org/10.1037/a0025164


Co-Occurring Problems

A promising strategy for reducing unemployment in Veterans with PTSD

For some individuals, work problems are one of the most significant consequences of PTSD. PTSD can decrease the ability to get and keep a job, and can lead to impaired work performance. Prior research has demonstrated poor outcomes among Veterans with PTSD who participated in compensated work therapy, an approach that provides sheltered jobs. A new study led by investigators at the Tuscaloosa VAMC suggests that helping Veterans engage in competitive employment through individual placement and support (IPS) is a better strategy to help unemployed Veterans return to the workforce.
IPS is an evidence-based intervention with demonstrated effectiveness for individuals with serious mental illness, but it had not been evaluated previously in PTSD. Investigators randomized 95 Veterans with PTSD to receive either standard vocational rehabilitation or IPS, both of which were offered through VA’s Vocational Rehabilitation Program. Veterans who received IPS were 2.7 times more likely than Veterans who received standard vocational rehabilitation to obtain competitive employment, a difference of 76% versus only 28%, respectively. The IPS group also became employed sooner, spent more time working, and had higher income. The authors state that their results suggest VA should consider providing IPS for Veterans with PTSD. A larger multisite trial of IPS is underway to confirm these initial findings, which offer real hope that unemployed Veterans with PTSD can return to meaningful jobs in the workforce as part of their recovery. Read more...


Compensation and Pension Issues

Veterans seek disability benefits for varied reasons

Motives for pursuing compensation for service-related PTSD reach beyond financial need, according to a new qualitative study by researchers from the Minneapolis VA. Moreover, motives differ depending on age and service era. The researchers interviewed 44 Veterans applying for benefits and purposefully recruited men and women Veterans from both Vietnam and OEF/ OIF/OND eras. Major themes related to seeking benefits were consistent across service era and gender. Individual motivations included receipt of tangible benefits and help with clarifying their problems. Factors external to the individuals were also important, such as encouragement and assistance from others. Within these broad themes, the researchers uncovered unique reasons for pursuing disability depending on era. Vietnam Veterans reported a desire to understand their past difficulties and physical and mental health concerns related to aging, whereas younger OEF/ OIF/OND Veterans hoped to secure service-connection for current difficulties and in anticipation of potential worsening of symptoms. Some Veterans also wrongly believed that a compensation and pension evaluation was the only way to receive treatment and stated that the disability application process was easier than getting into treatment. These findings suggest that Veterans need more information about treatment and the benefits process in order to help them receive optimal services. Read more...


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