Treatment

Can hydrocortisone help patients benefit from PE?

With a number of evidence-based psychotherapies for PTSD available, researches are increasingly focusing on ways to make these existing treatments work better or faster. Prior studies of medication-enhanced psychotherapy for PTSD, such as trials examining D-cycloserine as a supplement to exposure therapy, have met with mixed results (See December 2013 CTU-Online). A new study led by researchers at the Bronx VA examined whether a different medication, hydrocortisone, can improve the effectiveness of Prolonged Exposure for PTSD. Twenty-four Veterans with PTSD were randomized to receive either hydrocortisone (30mg) or a placebo pill before PE sessions. Compared with the placebo group, Veterans who received hydrocortisone showed greater reductions on the Clinician Administered PTSD Scale after a 10-week course of PE. Hydrocortisone was also associated with lower treatment dropout—which may be one explanation why the hydrocortisone group showed greater symptom improvement than the placebo group. (Another is that the hydrocortisone enhanced the effectiveness of PE.) Veterans with more severe lifetime PTSD and those with greater glucocorticoid sensitivity (measured with a blood test) were most likely to benefit from hydrocortisone. The finding that certain patients responded more than others was also observed in trials of D-cycloserine plus PE, suggesting that medication-enhanced psychotherapy is likely not a one-size-fits-all approach. Read the article…

http://dx.doi.org/10.1016/j.psyneuen.2014.08.004


Special Notices

The pros and cons of PTSD biomarkers

Investigators from the Bronx VA review the various ways biomarkers for PTSD may be applied and the possible positive and negative clinical, social, legal, and ethical implications, particularly within a military context. Read the article… http://dx.doi.org/10.3402/ejpt.v5.23797


Commentaries on VA’s dissemination of EBPs

The October 2014 issue of American Psychologist includes several commentaries on an article by Karlin and Cross in the journal’s January 2014 issue. Karlin and Cross’ original paper described the VA’s national training programs in evidence-based psychotherapies (EBPs) and spurred comments on definitions and selection of EBPs, the evidence behind trauma-focused treatments, and the relationship between clinicians and researchers in advancing evidence-based care. Karlin and Cross also offer a reply.

Effectiveness and safety of yoga for common conditions in Veterans

Investigators from the VA Evidence-based Synthesis Program examined systematic reviews and RCTs on yoga for low back pain, prevention of falls, depressive disorders, generalized anxiety disorder, panic disorder, PTSD, or insomnia. Their findings, including a map of the evidence, are now published. Read the report… http://www.hsrdr.research.va.gov/publications/esp/yoga.cfm
An up-to-date look at patient and provider attitudes toward PE

Myths about exposure therapy for PTSD, such as the claim that exposure harms patients, have largely been debunked by prior research. But are patients and providers comfortable with the idea of using exposure to treat PTSD? Two recent VA studies—one focused on patients and the other on providers—indicate that the answer is (mostly) yes.

In the first study, investigators examined preferences for PTSD treatment among 58 National Guard Iraq War Veterans who screened positive for PTSD. Veterans heard a script describing PE and antidepressant treatment and then selected their preferred treatment. Most Veterans (53.4%) chose PE, 36.2% chose the antidepressant, and 8.6% chose no treatment, and one Veteran could not decide. The most common reason for choosing PE was that it seemed credible and helpful, whereas a history of using medication was the most commonly cited reason for choosing the antidepressant. Read the article… http://dx.doi.org/10.1002/jts.21935

A separate study, led by investigators at the National Center for PTSD, examined provider perspectives on PE by surveying 1,275 VA mental health staff prior to a midday PE training. Generally, providers viewed PE positively and believed that PE would benefit their PTSD patients. Although providers had some concern that PE could distress patients, most providers also believed that the potential benefits of PE outweighed the risk that a patient would become distressed. Perspectives on PE differed depending on the provider’s training and background; psychologists, providers from specialized PTSD programs, and providers with a cognitive-behavioral orientation were most receptive to PE. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42659.pdf

Some characteristics of these studies make it difficult to know whether findings will apply to other types of clinicians and patients. In the first study, Veterans were given only two treatment options and heard standardized treatment descriptions. In practice, patients often have a larger menu of treatment options and providers may differ in how they describe these options to patients. In the second study, providers were attending a voluntary PE training, so they were likely more open to PE than providers not seeking out such training. Despite these limitations, these studies show that many VA providers and Veterans with PTSD believe PE is beneficial—and therefore hold perspectives that are aligned with a large body of research showing that exposure for PTSD is safe and effective.


CPT with male military sexual trauma survivors

A recent randomized controlled trial led by investigators at the Dallas VA showed that Cognitive Processing Therapy was effective in reducing PTSD among a mostly female group of Veterans with a history of military sexual trauma. To explore the effectiveness of CPT for male survivors of MST, a new follow-up study took a closer look at the men in the trial. The study focused on the 11 male Veterans randomized to CPT. All of the men completed a full 12-session course of CPT, and PTSD symptoms improved with treatment. On average, participants’ scores on the PTSD Checklist dropped 12 points by the end of treatment (Cohen’s d = 1.16), and improvements were maintained during a 6-month follow-up period. Despite these gains, PTSD symptoms remained high, with approximately 75% of the sample having a score of 44 or more on the PCL after treatment. Because only 2 men in the larger trial were randomized to the comparison treatment (Present Centered Therapy), the investigators could not examine how CPT compares to other interventions when it comes to treating male MST survivors. Although CPT has most often been tested in women, these results show that men with a history of MST can complete CPT and benefit from it, adding to growing evidence suggesting that CPT should not be reserved for a specific trauma type—or a specific gender. Read the article… http://dx.doi.org/10.1016/j.janxdis.2014.09.004


Randomized controlled trial of breathing-based meditation for PTSD in Veterans

Of the few well-done controlled studies of meditation for PTSD, most have focused on mindfulness meditation. A new randomized controlled trial led by investigators from Stanford University and the University of Wisconsin-Madison examined the effects of a breathing-based yoga meditation among OEF/OIF Veterans. Findings are promising. Investigators randomly assigned 21 Veterans recruited from the community to a waitlist group or Sudarshan Kriya yoga, a group-based manualized 7-day intervention focused on various breathing exercises. Participants in the yoga group met daily for three hours; 10 of the 11 participants completed the intervention. Intent-to-treat analysis indicated that participants in the yoga group, but not the waitlist group, experienced post-intervention reductions in PCL scores (from 36.55 to 26.00), as well as in re-experiencing, hyperarousal, and anxiety symptoms, that were maintained at 1-year follow-up. Between-group effects were medium to large. A reduction in respiration rate was also observed post-intervention, but was not correlated with symptom improvements. The yoga intervention did not improve avoidance or depression symptoms, a finding that may not be surprising given the intervention’s focus on physiological relaxation. Su-
A simple strategy to help Veterans get back to work

The effect of disability payments for PTSD and other mental disorders on Veteran’s incentives is a controversial topic, with opponents of the current system arguing that it creates disincentives to work. Regardless of whether that is true or false, it is important to help Veterans work to the extent possible in order to promote recovery. A new study suggests that brief benefits counseling is helpful. Investigators at the West Haven VAMC and Yale University randomly assigned 84 Veterans who had applied for service connection for a psychiatric disorder (24 with PTSD) to receive 4 brief sessions on either benefits counseling or general information about VA services. Veterans completed an average of 2.6 sessions in the benefits condition and 2.2 in the general information condition. At 6-month follow-up, work for pay in the prior 28 days increased by 4 days in the benefits condition, from an average of 6.6 days to 10.5 days and remained unchanged in the general information condition, a statistically significant difference ($d = .69$). There also was increased treatment engagement in the benefits condition, although the increase did not mediate work outcomes. The findings have important implications for helping Veterans toward recovery. The authors suggest that we should focus not only on what a Veteran cannot do, as in the disability process, but also should focus on what a Veteran can do by helping Veterans access treatment and vocational support. Read the article… [link]


**Assessment**

**New findings on the prevalence of PTSD among OEF/OIF Veterans**

Based on the National Health Study for a New Generation of U.S. Veterans (NewGen), investigators from the VA Office of Public Health report data on the prevalence of probable PTSD among deployed and nondeployed Veterans. The sample includes both users and nonusers of VA care. The NewGen study includes 30,000 Veterans deployed to OEF/OIF, sampled from the DoD Defense Manpower Data Center personnel roster, and 30,000 Veterans who served during the OEF/OIF era but were not deployed to either conflict, sampled from a VA/DoD dataset used to assist in determining Veteran benefits. The investigators analyzed data from a total of 20,563 Veterans (64% deployed) who completed the study questionnaire. The overall weighted population prevalence of probable PTSD based on the PTSD Checklist was 13.5%, similar to findings in prior studies. PTSD prevalence was higher among deployed (15.7%) versus nondeployed (10.9%) Veterans. Among Veterans who served in OEF/OIF, VA health care users were much more likely to screen positive (24.7%) versus nonusers (9.8%); the same finding held for nondeployed Veterans. Men had higher odds of PTSD, but only among deployed Veterans. The study confirms the high proportion of Veterans with probable PTSD within the VA healthcare system and highlights how prevalent PTSD is even among nondeployed Veterans. Read the article… [link]


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