

APRIL 2010 Medline Topic Alert

1. J Pediatr Psychol. 2010 Mar 29. [Epub ahead of print]

Commentary: Childhood Abuse: New Insights into its Association with Posttraumatic Stress, Suicidal Ideation, and Aggression.

Teicher MH.

Department of Psychiatry, Harvard Medical School.

PMID: 20350964 [PubMed - as supplied by publisher]

2. Aust N Z J Psychiatry. 2010 Apr;44(4):384-9.

Vulnerability factors for disaster-induced child post-traumatic stress disorder: the case for low family resilience and previous mental illness.

McDermott BM, Cobham VE, Berry H, Stallman HM.

Kids in Mind Research: Mater Center for Service Research in Mental Health, Level 2, Community Services Building, Annerley Road, South Brisbane, Qld 4101, Australia. brett.mcdermott@mater.org.au

OBJECTIVE: The aim of the present study was to investigate whether parent report of family resilience predicted children's disaster-induced post-traumatic stress disorder (PTSD) and general emotional symptoms, independent of a broad range of variables including event-related factors, previous child mental illness and social connectedness. **METHODS:** A total of 568 children (mean age = 10.2 years, SD = 1.3) who attended public primary schools, were screened 3 months after Cyclone Larry devastated the Innisfail region of North Queensland. Measures included parent report on the Family Resilience Measure and Strengths and Difficulties Questionnaire (SDQ)-emotional subscale and child report on the PTSD Reaction Index, measures of event exposure and social connectedness. **RESULTS:** Sixty-four students (11.3%) were in the severe-very severe PTSD category and 53 families (28.6%) scored in the poor family resilience range. A lower family resilience score was associated with child emotional problems on the SDQ and longer duration of previous child mental health difficulties, but not disaster-induced child PTSD or child threat perception on either bivariate analysis, or as a main or moderator variable on multivariate analysis (main effect: adjusted odds ratio (OR(adj)) = 0.57, 95% confidence interval (CI) = 0.13-2.44). Similarly, previous mental illness was not a significant predictor of child PTSD in the multivariate model (OR(adj) = 0.75, 95%CI = 0.16-3.61). **CONCLUSION:** In this post-disaster sample children with existing mental health problems and those of low-resilience families were not at elevated risk of PTSD. The possibility that the aetiological model of disaster-induced child PTSD may differ from usual child and adolescent conceptualizations is discussed.

PMID: 20307172 [PubMed - in process]

3. Child Abuse Negl. 2010 Mar 18. [Epub ahead of print]

Stabilizing group treatment for Complex Posttraumatic Stress Disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study.

Dorrepaal E, Thomaes K, Smit JH, van Balkom AJ, van Dyck R, Veltman DJ, Draijer N.

Stichting GGZ InGeest, Amsterdam, The Netherlands; EMGO Institute, VU University Medical Center, Amsterdam, The Netherlands.

OBJECTIVE: This study tests a Stabilizing Group Treatment protocol, designed for the management of the long-term sequelae of child abuse, that is, Complex Posttraumatic Stress Disorder (Complex PTSD). Evidence-based treatment for this subgroup of PTSD patients is largely lacking. This stabilizing treatment aims at improving Complex PTSD using psycho-education and cognitive behavioral interventions. **METHOD:** Thirty-six patients with a history of childhood abuse, Complex PTSD and severe co-morbidity entered a 20-week treatment with pre-, post-, and follow-up-assessments. **RESULTS:** Improvement was found for PTSD and borderline symptoms. Post-treatment 64% and after 6 months 78% of patients no longer met criteria for Complex PTSD. **CONCLUSIONS:** This open study indicates both the feasibility of investigating treatment outcome and the initial efficacy of stabilizing group treatment in severely ill patients with Complex PTSD related to childhood abuse. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20303592 [PubMed - as supplied by publisher]

4. Anxiety Stress Coping. 2010 Mar 17:1-16. [Epub ahead of print]

Impact of exposure to community violence, Hurricane Katrina, and Hurricane Gustav on posttraumatic stress and depressive symptoms among school age children.

Salloum A, Carter P, Burch B, Garfinkel A, Overstreet S.
School of Social Work, University of South Florida, Tampa, FL, USA.

This study examined the relationship between exposure to Hurricane Gustav and distress among 122 children (ages 7-12) to determine whether that relationship was moderated by prior experiences with Hurricane Katrina and exposure to community violence (ECV). Measures of hurricane experiences, ECV, posttraumatic stress (PTS) symptoms, and depression were administered. Assessments occurred after the third anniversary of Katrina, which coincided with the landfall of Gustav. Results indicated that the relation between exposure to Gustav and PTS was moderated by prior experiences. There was a positive association between Gustav exposure and PTS for children who experienced high Katrina exposure and low ECV, with a similar trend for children with high ECV and low Katrina exposure. There was no relationship between Gustav exposure and PTS for children with low Katrina and low ECV or for children with high Katrina and high ECV. The relationship between exposure to Gustav and depression was not moderated by children's prior experience. However, there was a relationship between Katrina exposure and depression for children with high ECV. Results suggest that prior trauma may amplify the relationship between hurricane exposure and distress, but children with high cumulative trauma may remain highly symptomatic regardless of disaster exposure.

PMID: 20301008 [PubMed - as supplied by publisher]

5. Prog Neuropsychopharmacol Biol Psychiatry. 2010 Mar 16. [Epub ahead of print]

Aripiprazole augmentation for the treatment of an adolescent with posttraumatic stress disorder.

Yeh CC, Chou JY, Hsieh MH, Chen VC.
Department of Psychiatry, Chung Shan Medical University Hospital, Taichung, Taiwan; Department of Psychiatry, Taichung Hospital, Department of Health, Taichung, Taiwan.

PMID: 20298737 [PubMed - as supplied by publisher]

6. Lancet. 2010 Mar 13;375(9718):880-1.
Sri Lanka struggles with mental health burden.

Siva N.

PMID: 20232497 [PubMed - indexed for MEDLINE]

7. Science. 2010 Mar 5;327(5970):1192-3.
Psychiatry. Anything but child's play.

Miller G.

PMID: 20203026 [PubMed - indexed for MEDLINE]

8. Am J Epidemiol. 2010 Mar 15;171(6):721-7. Epub 2010 Feb 16.
Posttraumatic stress disorder and completed suicide.

Gradus JL, Qin P, Lincoln AK, Miller M, Lawler E, Sørensen HT, Lash TL.
National Center for PTSD, VA Boston Healthcare System, Boston, MA 02130, USA.
jaimie.gradus@va.gov

Most research regarding posttraumatic stress disorder (PTSD) and suicide has focused on suicidal ideation or attempts; no known study of the association between PTSD and completed suicide in a population-based sample has been reported. This study examined the association between PTSD and completed suicide in a population-based sample. Data were obtained from the nationwide Danish health and administrative registries, which include data on all 5.4 million residents of Denmark. All suicides between January 1, 1994, and December 31, 2006, were included, and controls were selected from a sample of all Danish residents. Using this nested case-control design, the authors examined 9,612 suicide cases and 199,306 controls matched to cases on gender, date of birth, and time. Thirty-eight suicide cases (0.40%) and 95 controls (0.05%) were diagnosed with PTSD. The odds ratio associating PTSD with suicide was 9.8 (95% confidence interval: 6.7, 15). The association between PTSD and completed suicide remained after controlling for psychiatric and demographic confounders (odds ratio = 5.3, 95% confidence interval: 3.4, 8.1). Additionally, persons with PTSD and depression had a greater rate of suicide than expected based on their independent effects. In conclusion, a registry-based diagnosis of PTSD based on International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, is a risk factor for completed suicide.

PMID: 20160171 [PubMed - indexed for MEDLINE]

9. Am Fam Physician. 2010 Feb 15;81(4):489-95.
Sexual assault of women.

Luce H, Schrage S, Gilchrist V.
Department of Family Medicine at University of Wisconsin School of Medicine and Public Health Wausau Family Medicine Residency Program, Wausau, WI 54401, USA.
helen.luce@fammed.wisc.edu

Summary for patients in:

Am Fam Physician. 2010 Feb 15;81(4):496.

Sexual violence affects up to one third of women during their lifetime. Sexual assault is underreported, and more than one half of assaults are committed by

someone known to the survivor. Although both men and women can be sexually assaulted, women are at greatest risk. Some groups are more vulnerable, including adolescents; survivors of childhood sexual or physical abuse; persons who are disabled; persons with substance abuse problems; sex workers; persons who are poor or homeless; and persons living in prisons, institutions, or areas of military conflict. Family physicians care for sexual assault survivors immediately and years after the assault. Immediate care includes the treatment of injuries, prophylaxis for sexually transmitted infections, administration of emergency contraception to prevent pregnancy, and the sensitive management of psychological issues. Family physicians should collect evidence for a "rape kit" only if they are experienced in treating persons who have been sexually assaulted because of the legal ramifications of improper collection and storage of evidence. Sexual assault may result in long-term mental and physical health problems. Presentations to the family physician may include self-destructive behaviors, chronic pelvic pain, and difficulty with pelvic examinations. Prevention of sexual assault is societal and should focus on public health education. Safety and support programs have been shown to reduce sexual assaults.

PMID: 20148503 [PubMed - indexed for MEDLINE]

10. Am J Prev Med. 2010 Jan;38(1 Suppl):S108-16.

Traumatic brain injury hospitalizations of U.S. army soldiers deployed to Afghanistan and Iraq.

Wojcik BE, Stein CR, Bagg K, Humphrey RJ, Orosco J.
U.S. Army Medical Department Center and School, Fort Sam Houston, Texas, USA.
barbara.wojcik@amedd.army.mil

BACKGROUND: Traumatic brain injury (TBI) is a life-altering condition that has affected many of our soldiers returning from war. In the current conflicts, the improvised explosive device (IED) has greatly increased the potential for soldiers to sustain a TBI. This study's objective was to establish benchmark admission rates for U.S. Army soldiers with TBIs identified during deployment to Iraq and Afghanistan. **METHODS:** The study population consisted of U.S. Army soldiers deployed to Iraq and Afghanistan from September 11, 2001, through September 30, 2007. Population data were merged with admission data to identify hospitalizations during deployment. Using the international Borell Injury Diagnosis Matrix, TBI-related admissions were categorized into Type 1 (the most severe), Type 2, and Type 3 (the least severe). All analyses were performed in 2008. **RESULTS:** Of the 2898 identified TBI inpatient episodes of care, 46% were Type 1, 54% were Type 2, and less than 1% were Type 3. Over 65% of Type 1 injuries resulted from explosions, while almost half of all TBIs were non-battle-related. Overall TBI admission rates were 24.6 for Afghanistan and 41.8 for Iraq per 10,000 soldier-years. TBI hospitalization rates rose over time for both campaigns, although U.S. Army soldiers in Iraq experienced 1.7 times higher rates overall and 2.2 times higher Type 1 admission rates than soldiers in Afghanistan. The TBI-related proportion of all injury hospitalizations showed an ascending trend. **CONCLUSIONS:** Future surveillance of TBI hospitalization rates is needed to evaluate the effectiveness of implementation of preventive measures. Published by Elsevier Inc.

PMID: 20117583 [PubMed - indexed for MEDLINE]

11. Arch Womens Ment Health. 2010 Feb;13(1):49-50.

Should childbirth be considered a stressor sufficient to meet the criteria for PTSD?

Vythilingum B.

Division of Consultation Liaison Psychiatry and Women's Mental Health, Department of Psychiatry, University of Cape Town, Cape Town, South Africa.
Bavanisha.vythilingum@uct.ac.za

PMID: 20127456 [PubMed - indexed for MEDLINE]

12. Sleep. 2010 Jan 1;33(1):69-74.

Sleep disturbance immediately prior to trauma predicts subsequent psychiatric disorder.

Bryant RA, Creamer M, O'Donnell M, Silove D, McFarlane AC.

University of New South Wales, Sydney, Australia. r.bryant@unsw.edu.au

STUDY OBJECTIVES: This study investigated the extent to which sleep disturbance in the period immediately prior to a traumatic event predicted development of subsequent psychiatric disorder. **DESIGN:** Prospective design cohort study. **SETTING:** Four major trauma hospitals across Australia. **PATIENTS:** A total of 1033 traumatically injured patients were initially assessed during hospital admission and followed up at 3 months (898) after injury. **MEASURES:** Lifetime psychiatric disorder was assessed in hospital with the Mini-International Neuropsychiatric Interview. Sleep disturbance in the 2 weeks prior to injury was also assessed using the Sleep Impairment Index. The prevalence of psychiatric disorder was assessed 3 months after traumatic injury. **RESULTS:** There were 255 (28%) patients with a psychiatric disorder at 3 months. Patients who displayed sleep disturbance prior to the injury were more likely to develop a psychiatric disorder at 3 months (odds ratio: 2.44, 95% CI: 1.62-3.69). In terms of patients who had never experienced a prior disorder (n = 324), 96 patients (30%) had a psychiatric disorder at 3 months, and these patients were more likely to develop disorder if they displayed prior sleep disturbance (odds ratio: 3.16, 95% CI: 1.59-4.75). **CONCLUSIONS:** These findings provide evidence that sleep disturbance prior to a traumatic event is a risk factor for development of posttraumatic psychiatric disorder.

PMID: 20120622 [PubMed - indexed for MEDLINE]

13. Med Arh. 2009;63(3):124-7.

Contact network and satisfaction with contacts in children whose parents have post traumatic stress disorder.

Selimbasic Z, Sinanovic O, Avdibegovic E, Kravic N.

Clinic for Psychiatry, University Clinical Center Tuzla, Bosnia and Herzegovina.
selimbav@hotmail.com

AIM: The aim was to analyse contacts network and satisfaction with contacts among children of parents with post traumatic stress disorder (PTSD). **SUBJECT AND METHODS:** The sample consisted of 100 pupils (age 10 to 15) from two randomly chosen schools. Children were selected from general population, lived with both parents who have had war traumatic experiences. They agreed to participate in psychometric research. We divided them in two groups: observed (O) group of children (N=50) whose parents were showing symptoms of post traumatic stress disorder (PTSD) and control (C) group of children (N=50) whose parents did not show symptoms of PTSD (evaluated by Harvard trauma questionnaire-BiH version). Contact network was examined by a Map of Contact Network which includes contact and satisfaction with persons in close environment. In relation to gender

representatives of fathers and mothers, sample was homogenous. RESULTS: The most important persons in children whose parents are showing symptoms of PTSD were schoolmates (88.0%), home mate (86.0%), mother (72.0%), and father (2.0%). At children whose parents did not show symptoms of PTSD, most important persons were schoolmate (94.0%), mother (80.0%), brother (6.0%), grandfather (8.0%), and father (14.0%). The most distinct disappointment in contacts in children with parents with PTSD symptoms were family, relatives and friends, in school and formal contacts ($p < 0.001$). CONCLUSION: Children of parents who have had symptoms of post traumatic stress disorder (PTSD), the most important persons that they communicate were schoolmates and they had problem in communicating with fathers and males. According to satisfaction children whose parents suffered from PTSD were showing distinction in contacts with their families, relatives, schoolmates and formal contacts.

PMID: 20088155 [PubMed - indexed for MEDLINE]

14. J Head Trauma Rehabil. 2010 Jan-Feb;25(1):1-8.

Prevalence and psychological correlates of traumatic brain injury in operation iraqi freedom.

MacGregor AJ, Shaffer RA, Dougherty AL, Galarneau MR, Raman R, Baker DG, Lindsay SP, Golomb BA, Corson KS.
Naval Health Research Center, San Diego, California 92106, USA.

OBJECTIVE: To describe the prevalence and psychological correlates of traumatic brain injury (TBI) among injured male combatants in the Iraq conflict.
PARTICIPANTS: A total of 781 men injured during military combat between September 2004 and February 2005. MAIN OUTCOME MEASURES: Mental health diagnosis (ICD-9 290-319), particularly posttraumatic stress disorder and mood/anxiety disorders, assigned through November 2006. RESULTS: 15.8% met criteria for TBI (13.4% mild, 2.4% moderate-severe TBI), 35.0% other head injury, and 49.2% non-head injury. Multivariate logistic regression suggested lower rates of posttraumatic stress disorder and mood/anxiety disorders among those with mild and moderate-severe TBI. CONCLUSIONS: These findings could reflect a problem with differential diagnosis or, conversely, a low rate of self-presentation for symptoms. Further research is needed to elucidate the psychological consequences, clinical implications, and overall impact of TBI among military combat veterans.

PMID: 20051901 [PubMed - indexed for MEDLINE]

15. Perspect Psychiatr Care. 2010 Jan;46(1):56-64.

Health consequences of childhood sexual abuse.
Wilson DR.
Middle Tennessee State University School of Nursing, USA.
Debrarosewilson@comcast.net

PURPOSE: This article provides a summary for advocacy, court testimony, assessment, treatment, prevention, and further research studies in the field of childhood sexual abuse. FINDINGS: A literature review identifies the psychiatric, social, and disease disorders to which this population is predisposed. Adult survivors experience more depression, obesity, autoimmune disorders (irritable bowel syndrome, asthma, fibromyalgia), eating disorders, and addictions. PRACTICE IMPLICATIONS: A holistic perspective allows understanding of health consequences for survivors. A model through which to consider these phenomena is presented. CONCLUSIONS: The long-term consequences of childhood sexual abuse must be assessed and addressed by healthcare professionals.

PMID: 20051079 [PubMed - indexed for MEDLINE]

16. Perspect Psychiatr Care. 2010 Jan;46(1):14-25.

Prevalence of negative birth perception, disaffirmation, perinatal trauma symptoms, and depression among postpartum women.

Sorenson DS, Tschetter L.

PURPOSE: This study documented new case and estimated annual case prevalence, and relationships among women's negative birth perceptions, provider disaffirmation, perinatal trauma symptoms, and depression at 6-7 months postpartum. **DESIGN AND METHODS:** An exploratory investigation of 71 White women (20.8% of the total population) was conducted. **CONCLUSIONS:** New case prevalence of negative birth perceptions (9.6:100), perinatal trauma symptoms (10.2:100), disaffirmation (8.6:100), and depression (15.7:100) are greater than other prominent high burden diseases. Variables were significantly correlated. **PRACTICE IMPLICATIONS:** Findings reinforce the need for psychiatric liaison advanced practice nurses caring for childbearing women, including roles for detection/screening, educating professionals in communication, legislative/advocacy for funding, and further research.

PMID: 20051075 [PubMed - indexed for MEDLINE]

17. Am J Psychiatry. 2010 Mar;167(3):312-20. Epub 2010 Jan 4.

The psychiatric sequelae of traumatic injury.

Bryant RA, O'Donnell ML, Creamer M, McFarlane AC, Clark CR, Silove D. School of Psychology, University of New South Wales, Sydney, New South Wales 2052, Australia. r.bryant@unsw.edu.au

OBJECTIVE: Traumatic injury affects millions of people each year. There is little understanding of the extent of psychiatric illness that develops after traumatic injury or of the impact of mild traumatic brain injury (TBI) on psychiatric illness. The authors sought to determine the range of new psychiatric disorders occurring after traumatic injury and the influence of mild TBI on psychiatric status. **METHOD:** In this prospective cohort study, patients were drawn from recent admissions to four major trauma hospitals across Australia. A total of 1,084 traumatically injured patients were initially assessed during hospital admission and followed up 3 months (N=932, 86%) and 12 months (N=817, 75%) after injury. Lifetime psychiatric diagnoses were assessed in hospital. The prevalence of psychiatric disorders, levels of quality of life, and mental health service use were assessed at the follow-ups. The main outcome measures were 3- and 12-month prevalence of axis I psychiatric disorders, levels of quality of life, and mental health service use and lifetime axis I psychiatric disorders. **RESULTS:** Twelve months after injury, 31% of patients reported a psychiatric disorder, and 22% developed a psychiatric disorder that they had never experienced before. The most common new psychiatric disorders were depression (9%), generalized anxiety disorder (9%), posttraumatic stress disorder (6%), and agoraphobia (6%). Patients were more likely to develop posttraumatic stress disorder (odds ratio=1.92, 95% CI=1.08-3.40), panic disorder (odds ratio=2.01, 95% CI=1.03-4.14), social phobia (odds ratio=2.07, 95% CI=1.03-4.16), and agoraphobia (odds ratio=1.94, 95% CI=1.11-3.39) if they had sustained a mild TBI. Functional impairment, rather than mild TBI, was associated with psychiatric illness. **CONCLUSIONS:** A significant range of psychiatric disorders occur after traumatic injury. The identification and treatment of a range of psychiatric disorders are important for optimal adaptation after traumatic injury.

PMID: 20048022 [PubMed - indexed for MEDLINE]

18. Psychiatr Serv. 2010 Jan;61(1):64-9.

Subgroups of New York City children at high risk of PTSD after the September 11 attacks: a signal detection analysis.

Rosen CS, Cohen M.

National Center for PTSD, Department of Veterans Affairs Palo Alto Health Care System, Menlo Park, CA 94025, USA. craig.rosen@va.gov

OBJECTIVE: Case finding is an important challenge in mental health programs responding to large-scale disasters. Most people who experience psychological symptoms after such events return to normal functioning within a few months. Yet a significant minority continues to experience enduring symptoms. This study demonstrated the use of signal detection analyses of community survey data to identify subgroups of children who were at highest risk of posttraumatic stress disorder (PTSD) after the September 11 attacks. **METHODS:** This study reanalyzed results of a needs assessment survey conducted six months after the World Trade Center attacks on September 11, 2001, with a representative sample of 7,832 New York City public school students in grades 4 to 12. Receiver operating characteristic (ROC) analyses conducted on half the sample resulted in a decision tree for classifying children into groups at varying levels of risk of PTSD. These decision rules were subsequently retested on the second half of the sample. **RESULTS:** We could reliably classify children into groups with varying probabilities of screening positive on a PTSD screen. Nearly two-thirds of children in grades 4 to 12 who screened positive for probable PTSD were concentrated among 4th graders (35%) and among children who had a friend or family member directly exposed to the attacks (28%). **CONCLUSIONS:** Signal detection analysis of community needs assessment surveys can identify community subgroups most likely to screen positive for mental health problems after a disaster or terrorist attack. This information can help target screening and outreach efforts to community segments that have the highest need for services.

PMID: 20044420 [PubMed - indexed for MEDLINE]

19. Afr J Psychiatry (Johannesbg). 2009 Nov;12(4):270-4.

Screening for HIV-related PTSD: sensitivity and specificity of the 17-item Posttraumatic Stress Diagnostic Scale (PDS) in identifying HIV-related PTSD among a South African sample.

Martin L, Fincham D, Kagee A.

Department of Psychology, Stellenbosch University, Cape Town, South Africa.

OBJECTIVES: The identification of HIV-positive patients who exhibit criteria for Posttraumatic Stress Disorder (PTSD) and related trauma symptomatology is of clinical importance in the maintenance of their overall wellbeing. This study assessed the sensitivity and specificity of the 17-item Posttraumatic Stress Diagnostic Scale (PDS), a self-report instrument, in the detection of HIV-related PTSD. An adapted version of the PTSD module of the Composite International Diagnostic Interview (CIDI) served as the gold standard. **METHOD:** 85 HIV-positive patients diagnosed with HIV within the year preceding data collection were recruited by means of convenience sampling from three HIV clinics within primary health care facilities in the Boland region of South Africa. **RESULTS:** A significant association was found between the 17-item PDS and the adapted PTSD module of the CIDI. A ROC curve analysis indicated that the 17-item PDS correctly

discriminated between PTSD caseness and non-caseness 74.9% of the time. Moreover, a PDS cut-off point of ≥ 15 yielded adequate sensitivity (68%) and 1-specificity (65%). The 17-item PDS demonstrated a PPV of 76.0% and a NPV of 56.7%. CONCLUSION: The 17-item PDS can be used as a brief screening measure for the detection of HIV-related PTSD among HIV-positive patients in South Africa.

PMID: 20033108 [PubMed - indexed for MEDLINE]

20. AIDS Care. 2009 Oct;21(10):1298-305.

The effect of post-traumatic stress disorder on HIV disease progression following hurricane Katrina.

Reilly KH, Clark RA, Schmidt N, Benight CC, Kissinger P.
Tulane University Health Sciences Center, School of Public Health and Tropical Medicine, New Orleans, LA, USA.

Post-traumatic stress disorder (PTSD) is a common psychological outcome of any disaster. The purpose of this study was to examine the effects of PTSD on disease progression among HIV-infected persons in metropolitan New Orleans post-hurricane Katrina. One-year post-storm, a convenience sample of 145 HIV-infected patients who returned to care at the HIV Outpatient Program clinic in New Orleans were interviewed. Clinical factors pre and one and two years post-disaster were abstracted from medical records and compared by PTSD status. Of the 145 participants, 37.2% had PTSD. Those with PTSD were more likely than those without PTSD to have detectable plasma viral loads at both follow-up time points post-disaster and more likely to have CD4 cell counts $<200/\text{mm}^3$ two years post-disaster. They were also more likely to have had medication interruptions immediately post-disaster. Our findings corroborate the findings of others that PTSD accelerates HIV disease progression. Disaster planners should consider the special counseling and medication safeguards needs of HIV-infected persons.

PMID: 20024706 [PubMed - indexed for MEDLINE]

21. J Trauma Stress. 2009 Dec;22(6):557-65.

The cortisol response during physiological sexual arousal in adult women with a history of childhood sexual abuse.

Rellini AH, Hamilton LD, Delville Y, Meston CM.
Department of Psychology, The University of Vermont, Burlington, VT 05461, USA.
arellini@uvm.edu

Many women with a history of childhood sexual abuse (CSA) experience difficulties becoming sexually aroused. This study measured cortisol and physiological sexual arousal during exposure to sexual stimuli in women with and without a history of CSA. Childhood sexual abuse survivors showed a smaller decrease in cortisol during sexual arousal than the nonsexually abused, control group potentially due to an increase in cortisol in some of the participants in the CSA group. Physiological sexual arousal was weaker in CSA survivors compared to women with no history of sexual abuse and posttraumatic stress disorder symptoms showed characteristics consistent with mediation for the relationship between a history of CSA and inhibited sexual arousal responses.

PMID: 19960549 [PubMed - indexed for MEDLINE]

22. J Trauma Stress. 2009 Dec;22(6):505-15.

The influence of news events on health after disaster: a longitudinal study in general practice.

ten Veen PM, Morren M, Yzermans CJ.

Netherlands Institute for Health Services Research, Utrecht, The Netherlands.

This study investigates the influence of local and international news events on utilization of health services resources and health complaints as presented by victims of a fireworks depot disaster. It was hypothesized that victims (N = 2,854) will show more utilization and health complaints to their general practitioner (GP) in the week after 11 local news reports of events relating to the specific index trauma and 6 unrelated disasters reported in international print news, than the week before. Health data of victims and matched controls were extracted from electronic medical records, covering 4-years postdisaster. Especially local news events concerning the cause of the disaster were associated in both victims and controls with an increase of GP utilization and health complaints, including medically unexplained physical symptoms, chronic diseases, and psychological problems. No difference between victims and controls were found.

PMID: 19960548 [PubMed - indexed for MEDLINE]

23. J Trauma Stress. 2009 Dec;22(6):489-96.

Anxiety sensitivity and posttrauma stress symptoms in female undergraduates following a campus shooting.

Stephenson KL, Valentiner DP, Kumpula MJ, Orcutt HK.

Department of Psychology, Northern Illinois University, DeKalb, IL 60115, USA.

Participants were recruited from female undergraduate students participating in an ongoing longitudinal study at the time of a campus shooting. Eighty-five percent (N = 691) of the 812 students who were invited to participate in the current study completed questionnaires an average of 27 days following a campus shooting. In a mixed cross-sectional and longitudinal design, the cognitive and the physical concerns dimensions of postshooting anxiety sensitivity accounted for unique variance in posttrauma stress symptom severity (cross-sectional), after controlling for preshooting psychological symptoms (longitudinal). The cognitive concerns dimension showed the strongest relationship. Anxiety sensitivity also appeared to moderate the relationships of hyperarousal symptoms with reexperiencing and numbing symptoms.

PMID: 19960522 [PubMed - indexed for MEDLINE]

24. J Trauma Stress. 2009 Dec;22(6):534-9.

The role of the dopamine transporter (DAT) in the development of PTSD in preschool children.

Drury SS, Theall KP, Keats BJ, Scheeringa M.

Tulane University Health Sciences Center, New Orleans, LA 70112, USA.

sdrury@tulane.edu

Population-based association studies have supported the heritability of posttraumatic stress disorder (PTSD). This study explored the influence of genetic variation in the dopamine transporter (DAT) 3' untranslated region variable number tandem repeat on the development of PTSD in preschool children

exposed to Hurricane Katrina, diagnosed using a developmentally appropriate semistructured interview. A diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV; American Psychiatric Association, 1994), total symptoms, and specifically Criterion D symptoms were significantly more likely to be found in children with the 9 allele. This study replicates a previous finding in adults with PTSD. The specificity of this finding to the increased arousal symptoms of Criterion D suggests that dopamine and the DAT allele may contribute to one heritable path in a multifinality model of the development of PTSD.

PMID: 19960520 [PubMed - indexed for MEDLINE]

25. J Trauma Stress. 2009 Dec;22(6):585-92.

Effects of trauma-focused psychotherapy upon war refugees.

Kruse J, Joksimovic L, Cavka M, Wöller W, Schmitz N.
Department of Psychosomatic Medicine, University Giessen, Friedrichstrasse 33,
35392 Giessen, Germany. Johannes.kruse@psycho.med.uni-giessen.de

The aim of this study is to evaluate the effects of a trauma-focused psychotherapy upon war refugees from Bosnia. Seventy refugees who met the criteria for posttraumatic stress disorder (PTSD) and somatoform disorders were included. The first 35 refugees were offered psychotherapy and the following 35 refugees received usual care. Outcome variables were changes in self-reported PTSD symptoms, psychological symptoms, and health status. At 12-month follow-up, participants in the intervention group reported significantly lower scores on the PTSD scale and the measure of psychological symptoms than the comparison group participants. Our results suggest that psychotherapy reduces symptoms of PTSD and somatoform disorders among war refugees even in the presence of insecure residence status.

PMID: 19960519 [PubMed - indexed for MEDLINE]

26. J Trauma Stress. 2009 Dec;22(6):612-21.

The application of mixed methods designs to trauma research.

Creswell JW, Zhang W.
Department of Educational Psychology, University of Nebraska-Lincoln, Lincoln, NE
68502, USA. jcreswell1@unl.edu

Despite the use of quantitative and qualitative data in trauma research and therapy, mixed methods studies in this field have not been analyzed to help researchers designing investigations. This discussion begins by reviewing four core characteristics of mixed methods research in the social and human sciences. Combining these characteristics, the authors focus on four select mixed methods designs that are applicable in trauma research. These designs are defined and their essential elements noted. Applying these designs to trauma research, a search was conducted to locate mixed methods trauma studies. From this search, one sample study was selected, and its characteristics of mixed methods procedures noted. Finally, drawing on other mixed methods designs available, several follow-up mixed methods studies were described for this sample study, enabling trauma researchers to view design options for applying mixed methods research in trauma investigations.

PMID: 19960518 [PubMed - indexed for MEDLINE]

27. J Trauma Stress. 2009 Dec;22(6):566-74.

A prospective study of sex differences in the lifetime risk of posttraumatic stress disorder among abused and neglected children grown up.

Koenen KC, Widom CS.

Department of Society, Human Development, and Health, Harvard School of Public Health, Boston, MA 02115, USA. kkoenen@hsph.harvard.edu

In the general population, women's lifetime risk of developing posttraumatic stress disorder (PTSD) is twice that of men's. However, evidence is contradictory as to whether this sex difference is present among child abuse/neglect victims. The authors examined sex differences in PTSD among a sample of 674 individuals with documented child abuse/neglect histories assessed for PTSD in adulthood. Across all types of abuse/neglect, women were more than twice as likely to develop PTSD as men. The sex difference was greatest among sexual abuse victims. Female victims' greater revictimization explained a substantial proportion (39%) of the sex differences in PTSD risk. Future research should identify mechanisms that make female victims particularly vulnerable to revictimization and the development of PTSD.

PMID: 19937646 [PubMed - indexed for MEDLINE]

28. J Trauma Stress. 2009 Dec;22(6):497-504.

The effect of traumatic bereavement on tsunami-exposed survivors.

Johannesson KB, Lundin T, Hultman CM, Lindam A, Dyster-Aas J, Arnberg F, Michel PO.

National Center for Disaster Psychiatry, Uppsala University, Uppsala, Sweden. kerstin.bergh.johannesson@neuro.uu.se

Fourteen months after the 2004 tsunami, mental health outcome was assessed in 187 bereaved relatives, 308 bereaved friends, and in 3,020 nonbereaved Swedish survivors. Of the bereaved relatives, 41% reported posttraumatic stress reactions and 62% reported impaired general mental health. Having been caught or chased by the tsunami in combination with bereavement was associated with increased posttraumatic stress reactions. Complicated grief reactions among relatives were almost as frequent as posttraumatic stress reactions. The highest levels of psychological distress were found among those who had lost children. Traumatic bereavement, in combination with exposure to life danger, is probably a risk factor for mental health sequelae after a natural disaster.

PMID: 19937645 [PubMed - indexed for MEDLINE]

29. J Obstet Gynecol Neonatal Nurs. 2009 Nov-Dec;38(6):654-66.

The influence of prior perinatal loss on parents' psychological distress after the birth of a subsequent healthy infant.

Armstrong DS, Hutti MH, Myers J.

School of Nursing, University of Louisville, K-4043 Health Sciences Campus, Louisville, KY 40292, USA. dsarms01@louisville.edu

OBJECTIVE: To evaluate the long-term influence of a previous perinatal loss on parents' psychological distress during a subsequent childbearing experience.
DESIGN AND SAMPLE: A cohort design was used to examine 36 couples with a history of prior perinatal loss. Data were collected during the third trimester of pregnancy, 3 months postpartum, and again 8 months after birth. **MEASURES:** Outcome

measures included posttraumatic stress (The Impact of Event Scale), depressive symptoms (Center for Epidemiologic Studies-Depression Scale), anxiety (Spielberger State-Trait Anxiety Inventory), and parental concerns and attitudes (Maternal/Paternal Attitudes Questionnaire). RESULTS: Levels of depressive symptoms ($p < .001$), anxiety ($p < .001$), and posttraumatic stress ($p = .046$) significantly decreased over time in this population. However, levels of posttraumatic stress remained in the moderate range even at 8 months after birth. Depression was significantly correlated with posttraumatic stress at each time point. In addition, depression was significantly related to posttraumatic stress, anxiety, and concerns parents had about their infant's well-being at T3. CONCLUSION: While levels of anxiety and depressive symptoms decreased for parents who have experienced a previous perinatal loss, posttraumatic stress levels remained moderately high. It is unclear how this compares to parents without losses. These may be the unique symptoms and concerns these parents have about their new infant. Parents with a history of prior loss should have assessments carefully tailored to their experiences to anticipate continued psychological distress.

PMID: 19930279 [PubMed - indexed for MEDLINE]

30. J Trauma Stress. 2009 Dec;22(6):540-8.

Mutual influence of posttraumatic stress disorder symptoms and chronic pain among injured accident survivors: a longitudinal study.

Jenewein J, Wittmann L, Moergeli H, Creutzig J, Schnyder U.
Department of Psychiatry, University Hospital, Zurich, Switzerland.

The relationship between acute stress disorder (ASD), posttraumatic stress disorder symptoms (PTSD), and chronic pain was investigated in a longitudinal study of injured accident victims ($N = 323$, 64.7% men). Assessments took place 5 days (T1), 6 (T2) months, and 12 (T3) months postaccident. Relations between pain and posttraumatic stress symptoms were tested by structural equation modeling. Subjects diagnosed with full or subsyndromal PTSD at T2 and at T3 (14 and 19%) reported significantly higher pain intensity. Cross-lagged panel analysis yielded a mutual maintenance of pain intensity and ASD or PTSD symptoms across T2. Across the second half year, PTSD symptoms impacted significantly on pain but not vice versa. Clinicians need to pay careful attention to PTSD symptoms in accident survivors suffering from chronic pain.

PMID: 19924822 [PubMed - indexed for MEDLINE]

31. J Trauma Stress. 2009 Dec;22(6):658-62.

Is maternal PTSD associated with greater exposure of very young children to violent media?

Schechter DS, Gross A, Willheim E, McCaw J, Turner JB, Myers MM, Zeanah CH, Gleason MM.

Child and Adolescent Psychiatry Service, University of Geneva Hospitals, University of Geneva, Geneva, Switzerland. daniel.schechter@hcuge.ch

This study examined media viewing by mothers with violence-related posttraumatic stress disorder (PTSD) and related media exposure of their preschool-age children. Mothers ($N = 67$) recruited from community pediatric clinics participated in a protocol involving a media-preference survey. Severity of maternal PTSD and dissociation were significantly associated with child exposure to violent media. Family poverty and maternal viewing behavior were also

associated. Maternal viewing behavior mediated the effects specifically of maternal PTSD severity on child exposure. Clinicians should assess maternal and child media viewing practices in families with histories of violent trauma exposure and related psychopathology.

PMID: 19924819 [PubMed - indexed for MEDLINE]

32. Psychother Psychosom. 2010;79(1):56-7. Epub 2009 Nov 18.

Towards an explanation of inconsistent rates of posttraumatic stress disorder across different countries: infant mortality rate as a marker of social circumstances and basic population health.

Matsuoka Y, Nishi D, Yonemoto N, Nakajima S, Kim Y.

PMID: 19923876 [PubMed - indexed for MEDLINE]

33. Clin Child Psychol Psychiatry. 2010 Jan;15(1):5-25. Epub 2009 Nov 18.

A wait-list controlled pilot study of eye movement desensitization and reprocessing (EMDR) for children with post-traumatic stress disorder (PTSD) symptoms from motor vehicle accidents.

Kemp M, Drummond P, McDermott B.

Murdoch University, Australia. michael.kemp@murdoch.edu.au

The present study investigated the efficacy of four EMDR sessions in comparison to a six-week wait-list control condition in the treatment of 27 children (aged 6 to 12 years) suffering from persistent PTSD symptoms after a motor vehicle accident. An effect for EMDR was identified on primary outcome and process measures including the Child Post-Traumatic Stress-Reaction Index, clinician rated diagnostic criteria for PTSD, Subjective Units of Disturbance and Validity of Cognition scales. All participants initially met two or more PTSD criteria. After EMDR treatment, this decreased to 25% in the EMDR group but remained at 100% in the wait-list group. Parent ratings of their child's PTSD symptoms showed no improvement, nor did a range of non-trauma child self-report and parent-reported symptoms. Treatment gains were maintained at three and 12 month follow-up. These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison studies are required.

PMID: 19923161 [PubMed - indexed for MEDLINE]

34. Clin Child Psychol Psychiatry. 2010 Jan;15(1):27-38. Epub 2009 Nov 13.

Treatment manual for trauma-exposed youth: case studies.

Carrion VG, Hull K.

Stanford Early Life Stress Research Program, Stanford University, 401 Quarry Road, Stanford, CA 94305, USA. vcarrion@stanford.edu

Witnessing community violence and experiencing abuse in the home are two examples of interpersonal trauma that can have a devastating impact on children and adolescents. Recent research on the treatment of children exposed to interpersonal violence has focused on cognitive-behavioral interventions, often delivered in school settings. We describe the application of a new manual-based psychotherapy protocol for treating pediatric trauma in a middle school. Two case studies illustrate the protocol application to children from an inner-city neighborhood. The Stanford Cue-Centered Therapy (CCT) is a short-term, multimodal therapy for youths who have experienced trauma, focusing primarily on exposure to trauma-related cues. These cases provide early data on the feasibility and

effectiveness of providing CCT for high-risk youth within a school setting and training of school mental-health personnel in the use of the Stanford CCT Manual.

PMID: 19914939 [PubMed - indexed for MEDLINE]

35. J Trauma Stress. 2009 Dec;22(6):549-56.

A diagnostic interview for acute stress disorder for children and adolescents.

Miller A, Enlow MB, Reich W, Saxe G.
Department of Psychiatry, Children's Hospital Boston, Boston, MA 02115, USA.
Alisa.Miller@childrens.harvard.edu

The goal of this study was to develop a semistructured clinical interview for assessing acute stress disorder (ASD) in youth and test its psychometric properties. Youth (N = 168) with an acute burn or injury were administered the acute stress disorder module of the Diagnostic Interview for Children and Adolescents (DICA-ASD). The DICA-ASD demonstrated strong psychometric properties, including high internal consistency ($\alpha = .97$) and perfect diagnostic interrater agreement ($\kappa = 1.00$). Participants diagnosed with ASD scored significantly higher than those not diagnosed on validated traumatic stress symptomatology measures but not on other symptomatology measures, providing evidence of convergent and discriminant validity. Preliminary evidence supports the reliability and validity of the first semistructured clinical interview for diagnosing ASD in youth.

PMID: 19902464 [PubMed - indexed for MEDLINE]

36. J Trauma Stress. 2009 Dec;22(6):634-8.

The effect of interpersonal psychotherapy for depression on insomnia symptoms in a cohort of women with sexual abuse histories.

Pigeon WR, May PE, Perlis ML, Ward EA, Lu N, Talbot NL.
Department of Psychiatry, University of Rochester Medical Center, Rochester, NY 14642-8409, USA. Wilfred.Pigeon@URMC.rochester.edu

Insomnia frequently occurs with trauma exposure and depression, but can ameliorate with improvements in depression. Insomnia was assessed by the insomnia subscale of the Hamilton Rating Scale for Depression in 106 women with childhood sexual abuse (CSA) and major depression receiving interpersonal psychotherapy (IPT) in an uncontrolled pilot (n = 36) and an immediately subsequent randomized controlled trial (n = 70) comparing IPT to treatment as usual. Depression improved in each study and in both treatment conditions; insomnia had smaller, nonsignificant improvements. Overall, 95 women (90%) endorsed insomnia on the Structured Clinical Interview for DSM-IV at baseline and, of those, 90% endorsed insomnia following treatment. Despite improvements in depression, insomnia persists for most women with CSA.

PMID: 19885874 [PubMed - indexed for MEDLINE]

37. Int J Soc Psychiatry. 2010 Jan;56(1):15-22. Epub 2009 Oct 29.

Follow-up study of female delinquent adolescents in a detention centre: effectiveness of psychiatric intervention as a mental health service.

Ariga M, Uehara T, Takeuchi K, Ishige Y, Nakano R, Mikuni M.
Department of Psychiatry, Nozominosono, National Center for Persons with Severe Intellectual Disabilities, Takasaki, Japan.

BACKGROUND: RESULTS: of previous studies suggest that many female offenders have co-morbid psychiatric disorders, which require mental health services. However, few longitudinal studies examined subjects during incarceration or detention. This study compares depressive symptoms, abnormal eating behaviour and impulsivity before release from a detention centre and after incarceration, thereby indicating the effectiveness of psychiatric intervention in a Japanese detention centre. **METHOD:** Of 64 young women, 36 were followed up. Self-report measures were used to assess depression, eating behaviour and impulsivity after incarceration and one month before release. **RESULT: s:** Of the 36 participants, nine were diagnosed using the MINI-kids as needing mental health services. Those who received psychiatric intervention were diagnosed as having major depression and/or post-traumatic stress disorder. Significant main effects of intervention and effects of time were shown in the DSD. The EAT-26 score demonstrated the significance of the effects of time and interaction. In the BIS-11 scores, neither intervention nor time showed significant effects. **CONCLUSIONS:** Results of this study showed that the time course and psychiatric intervention contributed to recovery of depression and therapeutic intervention. The time course might reduce eating problems. Psychiatric intervention might be necessary for female juvenile detainees, which presents an important issue for future studies.

PMID: 19875623 [PubMed - indexed for MEDLINE]

38. J Adv Nurs. 2009 Nov;65(11):2274-92.

Psychological adjustments made by postburn injury patients: an integrative literature review.

Klinge K, Chamberlain DJ, Redden M, King L.

School of Nursing & Midwifery, Faculty of Health Sciences, Flinders University, Adelaide, South Australia.

TITLE: Psychological adjustments made by postburn injury patients: an integrative literature review. **AIM:** This paper is a report of a review examining the variables that predispose individuals to significant psychological maladjustment following burn injury. **BACKGROUND:** The psychological sequelae of burn injury are well documented; however, the variables that influence individuals' adjustment following burn injury lack consideration. **DATA SOURCES:** MEDLINE, Cumulative Index of Nursing and Allied Health, and Psychological Abstracts were searched using the keywords burn injury, psychological, psychosocial, rehabilitation, premorbid psychopathology, adjustment, reintegration, body image, post-traumatic stress disorder, depression, coping. Other sources were found from a manual search of nursing, medical and psychological literature and references of identified and related papers. The search strategy was limited to English-language research published between 1997 and 2008. **REVIEW METHODS:** An integrative review of the studies was conducted over a 6-month time period during 2007-2008. **RESULTS:** Burn patients are a heterogeneous group and typically have comorbidities. While preburn personality and coping strategies can influence long-term psychological adjustment, the relationship between postburn adjustment and burn size and severity, and gender are poorly understood. Much of the literature focuses on the prevalence of psychological maladjustment rather than on identifying variables that influence psychological adjustment. **CONCLUSION:** The diversity and complexity that characterize burn patients lead to unique adjustment difficulties.

Recognizing these difficulties is the first step to offering appropriate intervention and treatment for this unique patient group.

PMID: 19832748 [PubMed - indexed for MEDLINE]

39. J Trauma Stress. 2009 Dec;22(6):516-24.

Impact of a technological disaster on young children: a five-year postdisaster multiinformant study.

Boer F, Smit C, Morren M, Roorda J, Yzermans J.
Academic Medical Centre, Department of Child and Adolescent Psychiatry/de
Bascule, Amsterdam, the Netherlands. f.boer@amc.uva.nl

Children exposed to a technological disaster during an understudied part of the lifespan, preschool age and early middle childhood, were assessed in a 5-year follow-up regarding mental health problems, anxiety disorder symptoms, depressive symptoms, physical symptoms, and posttraumatic stress symptoms. Exposed children and their parents (n = 264) reported significantly more problems than controls (n = 515). The differences were greater for conduct problems (including hyperactivity) and physical symptoms, than for anxiety and depression. The long-term effects of a technological disaster on children of pre-school age at exposure appear to differ from those in children, who were victimized at a later age. This may reflect interference with completion of specific developmental tasks.

PMID: 19824065 [PubMed - indexed for MEDLINE]

40. Behav Res Ther. 2010 Jan;48(1):19-27. Epub 2009 Sep 6.

The impact of dissociation and depression on the efficacy of prolonged exposure treatment for PTSD.

Hagenaars MA, van Minnen A, Hoogduin KA.
Department of Clinical-, Health, and Neuropsychology, PO Box 9555, 2300 RB
Leiden, The Netherlands. mhagenaars@fsw.leidenuniv.nl

This study investigates the impact of dissociative phenomena and depression on the efficacy of prolonged exposure treatment in 71 patients with posttraumatic stress disorder (PTSD). Diagnoses, comorbidity, pretreatment depressive symptoms, PTSD symptom severity, and dissociative phenomena (trait dissociation, numbing, and depersonalization) were assessed at pretreatment using semi-structured interviews and questionnaires. In a pretreatment behavioral exposure test, patients were imaginatively exposed to (part of) their trauma memory for 9 min, during which subjective fear was assessed. At posttreatment and 6 months follow-up PTSD, depressive and dissociative symptoms were again assessed in the completers (n = 60). Pretreatment levels of dissociative and depressive symptoms were similar in dropouts and completers and none of the dissociative phenomena nor depression predicted improvement. Against expectations, dissociative phenomena and depression were associated with enhanced rather than impeded fear activation during the behavioral exposure test. However, these effects disappeared after controlling for initial PTSD severity. Hence, rather than supporting contraindication, the current results imply that patients presenting with even severe dissociative or depressive symptoms may profit similarly from exposure treatment as do patients with minimal dissociative or depressive symptoms. Copyright 2009 Elsevier Ltd. All rights reserved.

PMID: 19766987 [PubMed - indexed for MEDLINE]

41. J Pediatr Oncol Nurs. 2010 Jan-Feb;27(1):10-20. Epub 2009 Aug 17.

Feasibility and preliminary outcomes from a pilot study of coping skills training for adolescent--young adult survivors of childhood cancer and their parents.

Judge Santacroce S, Asmus K, Kadan-Lottick N, Grey M.

Family Health Division, and the Carol A Beerstecher-Blackwell Distinguished Scholar, School of Nursing, The University of North Carolina at Chapel Hill, NC, USA.

Uncertainty is a central feature of long-term childhood cancer survivorship during which time it principally has to do with late effects. Therefore, the purposes of this article are (a) to assess feasibility of a randomized clinical trial of a telephone-delivered coping skills training (CST) intervention in terms of recruitment, retention, and timeline, as well as the performance of the study measures; and (b) to demonstrate trends in change on outcomes within the context of a small pilot study. The results of this pilot study suggest that HEROS PLUS CST has clinical relevance and that in-person long-term follow-up plus telephone-delivered psychosocial care is a practical way to deliver integrated care to adolescent-young adult childhood cancer survivors and their parents.

PMID: 19687468 [PubMed - indexed for MEDLINE]

42. Eur Child Adolesc Psychiatry. 2010 Feb;19(2):125-33. Epub 2009 Jul 29.

Some clinical characteristics of children who survived the Marmara earthquakes.

Demir T, Demir DE, Alkas L, Copur M, Dogangun B, Kayaalp L.

Department of Child and Adolescent Psychiatry, Bakirköy State Hospital for Psychiatric and Neurological Disorders, Istanbul, Turkey. tdemir@isbank.net.tr

The Marmara earthquakes occurred in the Marmara Region (North West) of Turkey in 1999 and resulted in a death toll of approximately 20,000. This paper investigates the relationships between diagnoses and certain variables in children who developed emotional and/or behavioral disturbances in the aftermath of the Marmara earthquakes and were subsequently seen at a child psychiatry outpatient clinic. The variables evaluated are gender, age, the location where the earthquake was experienced, and the degree of losses, bodily injuries, and damage to the residence. Medical records of 321 children and adolescents ranging in age from 2 to 15 years who presented at the clinic due to problems associated with the earthquake between August 1999 and February 2000 were reviewed. Of the patients, 25.5% were diagnosed with post-traumatic stress disorder (PTSD), 16.5% with acute stress disorder (ASD) and 38% with adjustment disorder. No relationship is found between gender and diagnosis. Younger age groups tended to be diagnosed with adjustment disorder. Those who had lost relatives, friends or neighbors were more frequently diagnosed with ASD or PTSD. The same was true for children whose residence was heavily damaged. Children and adolescents constitute the age group that is most severely affected by natural disasters and display significant emotional-behavioral disturbances. The frequency of ASD and PTSD found in our study is considerably high. Although rarely mentioned in the literature, adjustment disorder appears to be one of the most common reactions of children to trauma.

PMID: 19639383 [PubMed - indexed for MEDLINE]

43. Int J Soc Psychiatry. 2010 Jan;56(1):35-49. Epub 2009 Jul 10.

Traumatic events and mental health in the community: a New Zealand study.

Kazantzis N, Flett RA, Long NR, MacDonald C, Millar M, Clark B.
School of Psychological Science, La Trobe University, Australia.
N.Kazantzis@massey.ac.nz [corrected]

Erratum in:

Int J Soc Psychiatry. 2010 Jan;56(1):104.

BACKGROUND: Adverse mental health effects in response to a variety of distressing events in specific populations are well documented. However, comparatively little research has been conducted within large community samples outside North America. **AIMS:** To assess the prevalence and psychological impact of specific traumatic events in a New Zealand community sample. **METHODS:** Prevalence and psychological impact of 12 traumatic events was examined in a community sample of 1,500 New Zealand adults using a three-stage cluster sampling method. Traumatic events, psychological distress, psychological well-being, and post-traumatic stress disorder symptoms were assessed using modified versions of the Traumatic Stress Schedule, Mental Health Inventory, and Civilian Mississippi Scale. The effects of age, gender and ethnicity were controlled for while assessing impact of traumatic events. **RESULTS:** Sixty-one per cent of the sample experienced trauma events in their lifetime, with 9% experiencing events in the past year. Accident-related events were most common in the present sample. Violent crime produced the greatest impact. Tests of interactions involving age, gender, and ethnicity were not significant. **CONCLUSIONS:** New Zealand community-residing individuals experience post-traumatic stress symptoms, reduced psychological well-being, and increased psychological distress following the experience of violent crime and accidents specifically. Study limitations and suggestions for future research are discussed.

PMID: 19592431 [PubMed - indexed for MEDLINE]

44. J Interpers Violence. 2010 Feb;25(2):358-73. Epub 2009 Jun 16.

Tonic immobility in childhood sexual abuse survivors and its relationship to posttraumatic stress symptomatology.

Humphreys KL, Sauder CL, Martin EK, Marx BP.
University of California, Los Angeles, USA.

Past research has shown that 37% to 52% of sexual assault survivors report experiencing a set of peritraumatic responses, which include gross motor inhibition, analgesia, and fixed or unfocused staring. This response set closely resembles a set of unconditioned responses, collectively known as Tonic Immobility (TI). This study examined TI among childhood sexual abuse (CSA) survivors and its relation to PTSD symptomatology. Participants were 131 female college undergraduates who completed questionnaires assessing sexual abuse history, TI, and PTSD symptom severity. Results showed that TI partially mediated the relation between peritraumatic fear and overall PTSD symptom severity and completely mediated the relation between fear and the PTSD reexperiencing symptoms. Although peritraumatic fear is associated with TI, the mediation findings provide evidence for the notion that these responses are separate from one another. These results suggest that TI during CSA may play an important role in the subsequent PTSD symptomatology in adulthood.

PMID: 19531633 [PubMed - indexed for MEDLINE]

45. Soc Psychiatry Psychiatr Epidemiol. 2010 Mar;45(3):405-12. Epub 2009 May 29.
Brief measure of posttraumatic stress reactions: impact of Event Scale-6.

Thoresen S, Tambs K, Hussain A, Heir T, Johansen VA, Bisson JI.
Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien 166, 0407,
Oslo, Norway. siri.thoresen@nkvts.unirand.no

BACKGROUND: The Impact of Event Scale-revised (IES-R) is one of the most widely used measures of posttraumatic stress reactions. However, for some purposes, such as large epidemiological studies, there is a need for briefer instruments. The aim of this study was to develop and validate an abbreviated version of the IES-R that could capture the three current symptom clusters of posttraumatic stress disorder (PTSD). **METHODS:** Stepwise multiple regression was applied to abbreviate the IES-R in one sample. The abbreviated version was then tested in three separate samples of individuals exposed to different kinds of potentially traumatic events. Agreement with a reference measure of PTSD, the PTSD checklist (PCL), was calculated for the abbreviated and the full-scale versions of IES. **RESULTS:** The abbreviation procedure resulted in a subset of six items (the IES-6), which correlated highly (pooled correlation = 0.95) with the IES-R across samples. Correlations between the IES-6 and IES-R subscales were somewhat lower ($r = 0.78-0.94$). Both the IES-6 and IES-R were in high agreement with the PCL. **CONCLUSION:** The IES-6 appears to be a robust brief measure of posttraumatic stress reactions. It may be useful for research in epidemiological studies, and it may also have a role as a screening instrument in clinical practice.

PMID: 19479171 [PubMed - indexed for MEDLINE]

46. Scand J Psychol. 2010 Feb;51(1):56-62. Epub 2009 Apr 15.
Victimization and PTSD in a Faroese youth total-population sample.

Petersen T, Elklit A, Olesen JG.
Department of Psychology, University of Aarhus, Denmark.

The prevalence of twenty traumatic events and negative life events in relation to posttraumatic stress disorder (PTSD) was studied in a Faroese total-population sample of 687 eighth-grade students with a mean age of 14.2 years. Ninety-four percent of the females and 89% of the males were directly exposed to or had witnessed at least one traumatic event or a negative life event. The odds ratios for PTSD after direct and indirect exposure to specific events are described. The lifetime prevalence of PTSD was 20%, whereas another 14% reached a subclinical level of PTSD. After exposure, females had PTSD more than twice as often as males. Being exposed to multiple traumatic events, living with a single parent, and having experienced a traumatic event or a negative life event within the last year were all associated with PTSD and its subscales.

PMID: 19392941 [PubMed - indexed for MEDLINE]

47. Adm Policy Ment Health. 2009 May;36(3):206-14. Epub 2009 Apr 14.
Cognitive behavioral therapy for postdisaster distress: a community based treatment program for survivors of Hurricane Katrina.

Hamblen JL, Norris FH, Pietruszkiewicz S, Gibson LE, Naturale A, Louis C.
National Center for PTSD, VA Medical Center, 215 North Main Street, White River
Junction, VT 05009, USA. jessica.hamblen@dartmouth.edu

Many disaster survivors suffer from postdisaster distress regardless of whether or not they meet criteria for specific psychiatric diagnoses. Cognitive Behavior Therapy for Postdisaster Distress (CBT-PD), a ten-session manualized intervention, was developed to address a range of cognitive, emotional, and behavioral reactions to disaster. Trained community-based therapists provided CBT-PD to adult survivors of Hurricane Katrina as part of InCourage, a program sponsored by the Baton Rouge Area Foundation. Participants (n = 88) who were assessed at referral, pretreatment, intermediate treatment, and posttreatment showed significant and large improvements. The overall pre-post effect size was 1.4 in intention-to-treat analyses. Improvements were comparable for persons with more severe distress and persons with moderate distress at referral. Benefits were maintained at follow-up for the 66 adults who have been assessed.

PMID: 19365725 [PubMed - indexed for MEDLINE]

48. Injury. 2009 May;40(5):498-505. Epub 2009 Mar 29.

Severity of injury does not have any impact on posttraumatic stress symptoms in severely injured patients.

Quale AJ, Schanke AK, Frøslie KF, Røise O.
Sunnaas Rehabilitation Hospital/University of Oslo, 1450 Nesoddtangen, Norway.
anette.johansen@sunnaas.no

BACKGROUND: Due to improved surgical techniques and more efficient decision making in treating severely injured patients, survival rates have increased over the years. This study was initiated to evaluate the incidence and identify risk factors for developing posttraumatic stress symptoms, using both extensive trauma-related data and data assessing the psychological trauma, in a population of severely injured patients. **PATIENTS AND METHODS:** 79 patients admitted to the Department of Multitrauma and Spinal Cord Injury at Sunnaas Rehabilitation Hospital from 2003 to 2005, prospectively completed semistructured psychological interviews and questionnaires, such as Impact of Event Scale-Revised. In addition, extensive injury-related data, such as injury severity score (ISS), new injury severity score (NISS), and probability of survival (PS) were collected. **RESULTS:** 39% had multiple trauma, 34% had multiple injuries including spinal cord injuries, and 27% had isolated spinal cord injuries. Mean NISS was 31.5 (S.D. 13.7). 6% met diagnostic criteria for posttraumatic stress disorder (PTSD) and 9% met the criteria for subsyndromal PTSD. Injury-related data did not influence the prevalence of posttraumatic stress symptoms, however, some psychosocial variables did have a significant impact. **CONCLUSIONS:** We found a low incidence of PTSD and subsyndromal PTSD. No significant differences were found between the patients suffering from posttraumatic stress symptoms and the non-symptoms group in relation to injury-related data such as ISS/NISS, PS, or multiple trauma versus spinal cord injury. The most evident risk factors for developing posttraumatic stress symptoms were symptoms of anxiety, female gender and negative attitudes toward emotional expression.

PMID: 19332345 [PubMed - indexed for MEDLINE]

49. Brain Inj. 2009 Apr;23(4):345-52.

Sensitivity and specificity of the 3-item memory test in the assessment of post traumatic amnesia.

Andriessen TM, de Jong B, Jacobs B, van der Werf SP, Vos PE.

Department of Neurology, Radboud University Nijmegen Medical Centre, The Netherlands. tmjc.andriessen@neuro.umcn.nl

PRIMARY OBJECTIVE: To investigate how the type of stimulus (pictures or words) and the method of reproduction (free recall or recognition after a short or a long delay) affect the sensitivity and specificity of a 3-item memory test in the assessment of post traumatic amnesia (PTA). **METHODS:** Daily testing was performed in 64 consecutively admitted traumatic brain injured patients, 22 orthopedically injured patients and 26 healthy controls until criteria for resolution of PTA were reached. Subjects were randomly assigned to a test with visual or verbal stimuli. Short delay reproduction was tested after an interval of 3-5 minutes, long delay reproduction was tested after 24 hours. Sensitivity and specificity were calculated over the first 4 test days. **RESULTS:** The 3-word test showed higher sensitivity than the 3-picture test, while specificity of the two tests was equally high. Free recall was a more effortful task than recognition for both patients and controls. In patients, a longer delay between registration and recall resulted in a significant decrease in the number of items reproduced. **CONCLUSIONS:** Presence of PTA is best assessed with a memory test that incorporates the free recall of words after a long delay.

PMID: 19330596 [PubMed - indexed for MEDLINE]