1: Psychooncology. 2009 Jan 28. [Epub ahead of print]
Symptoms of post-traumatic stress in children with cancer: does personality trump health status?

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Objective: To examine the symptoms of post-traumatic stress (PTSS) in children as a function of health status (cancer vs healthy) and adaptive style.

Methods: Children with cancer (N=199) and healthy acquaintance control children (N=108) completed a standardized measure of PTSS. Measures of trait anxiety and defensiveness were obtained to characterize the adaptive style of respondents.

Results: Within the cancer group, levels of PTSS did not differ as a function of diagnosis, time since diagnosis, or whether children were on- or off-treatment. The only cancer-related factor associated with elevated PTSS was a history or relapse or recurrence. Children with cancer reported significantly fewer symptoms of re-experiencing/intrusion than did healthy children, but also reported greater symptoms of numbing/avoidance. However, there were no differences in total PTSS scores between children with cancer and controls. In contrast, a significant effect of adaptive style on PTSS was observed, with children identified as repressors or low anxious obtaining lower scores on total PTSS and all PTSS subscales than high-anxious children, regardless of health status. Estimates of the number of children meeting criteria for post-traumatic stress disorder did not differ between children with cancer and healthy children, and were low in both groups.

Conclusions: Children with cancer report levels of PTSS that are not higher than that of their healthy peers. Personality factors such as adaptive style are a much more salient determinant of PTSS than is health history. These findings raise further questions regarding the value of a traumatic stress model for understanding the experiences of children with cancer.

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PMID: 19177432 [PubMed - as supplied by publisher]


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Child maltreatment has been associated with different psychiatric disorders. Studies on both animals and humans have suggested that some brain areas would be directly affected by severe psychological trauma. The pathophysiology of
post-traumatic stress disorder (PTSD) appears to be related to a complex interaction involving genetic and environmental factors. Advanced neuroimaging techniques have been used to investigate neurofunctional and neurostructural abnormalities in children, adolescents, and adults with PTSD. This review examined structural brain imaging studies that were performed in abused and traumatized children, and discusses the possible biological mechanisms involved in the pathophysiology of PTSD, the implications and future directions for magnetic resonance imaging (MRI) studies. Published reports in refereed journals were reviewed by searching Medline and examining references of the articles related to structural neuroimaging of PTSD. Structural MRI studies have been performed in adults and children to evaluate the volumetric brain alterations in the PTSD population. In contrast with studies involving adults, in which hippocampus volumetric reduction was the most consistent finding, studies involving children and adolescents with PTSD have demonstrated smaller medial and posterior portions of the corpus callosum.

PMID: 19154207 [PubMed - in process]

A model linking uncertainty, post-traumatic stress, and health behaviors in childhood cancer survivors.

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PURPOSE/OBJECTIVES: To consolidate the literature and provide a model to explain the links among uncertainty, post-traumatic stress syndrome, and health behaviors in adolescent and young adult childhood cancer survivors. DATA SOURCES: A systemic review of related literature and theory was used for the proposed model. The literature pertaining to the Uncertainty in Illness Theory, childhood cancer late effects, post-traumatic stress, and health behaviors was reviewed and critiqued from three data sets from 1979-2007: MEDLINE, PsycInfo, and CINAHL. Key words used for the search were uncertainty and post-traumatic stress as well as health behaviors, including smoking, alcohol use, unsafe sex, sunscreen use, and physical inactivity. DATA SYNTHESIS: Childhood cancer survivors living with chronic uncertainty may develop a new view of life and, as a result, adopt more health-promotion behaviors and engage in less health-risk behaviors. However, survivors living with chronic uncertainty may generate symptoms similar to post-traumatic stress disorder and, therefore, adopt fewer health-promotion behaviors and engage in more health-risk behaviors. CONCLUSIONS: The uncertainty that pervades the childhood cancer experience can lead to the development of symptoms that resemble those of post-traumatic stress. The symptoms can interfere with the adoption of healthy lifestyle behaviors and avoidance of health-risk behaviors. IMPLICATIONS FOR NURSING: The theoretically derived model outlined in this article can be used to guide clinical interventions and additional research into the health behaviors of childhood cancer survivors.

PMID: 19136328 [PubMed - in process]
Childhood trauma and risk for chronic fatigue syndrome: association with neuroendocrine dysfunction.

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CONTEXT: Childhood trauma appears to be a potent risk factor for chronic fatigue syndrome (CFS). Evidence from developmental neuroscience suggests that early experience programs the development of regulatory systems that are implicated in the pathophysiology of CFS, including the hypothalamic-pituitary-adrenal axis. However, the contribution of childhood trauma to neuroendocrine dysfunction in CFS remains obscure. OBJECTIVES: To replicate findings on the relationship between childhood trauma and risk for CFS and to evaluate the association between childhood trauma and neuroendocrine dysfunction in CFS. Design, Setting, and PARTICIPANTS: A case-control study of 113 persons with CFS and 124 well control subjects identified from a general population sample of 19,381 adult residents of Georgia. MAIN OUTCOME MEASURES: Self-reported childhood trauma (sexual, physical, and emotional abuse; emotional and physical neglect), psychopathology (depression, anxiety, and posttraumatic stress disorder), and salivary cortisol response to awakening. RESULTS: Individuals with CFS reported significantly higher levels of childhood trauma and psychopathological symptoms than control subjects. Exposure to childhood trauma was associated with a 6-fold increased risk of CFS. Sexual abuse, emotional abuse, and emotional neglect were most effective in discriminating CFS cases from controls. There was a graded relationship between exposure level and CFS risk. The risk of CFS conveyed by childhood trauma further increased with the presence of posttraumatic stress disorder symptoms. Only individuals with CFS and with childhood trauma exposure, but not individuals with CFS without exposure, exhibited decreased salivary cortisol concentrations after awakening compared with control subjects. CONCLUSIONS: Our results confirm childhood trauma as an important risk factor of CFS. In addition, neuroendocrine dysfunction, a hallmark feature of CFS, appears to be associated with childhood trauma. This possibly reflects a biological correlate of vulnerability due to early developmental insults. Our findings are critical to inform pathophysiological research and to devise targets for the prevention of CFS.

PMID: 19124690 [PubMed - indexed for MEDLINE]

Anxiety, depressed mood, self-esteem, and traumatic stress symptoms among distant witnesses of the 9/11 terrorist attacks: transitory responses and psychological resilience.

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Posttraumatic stress related to the September 11, 2001 terrorist attacks and general psychological distress were examined in six cohorts of college students (N=5412) enrolled at an American public university between Spring 2000 and Fall 2002 some 2,500 miles from New York. Consistent with data from Schuster et al.'s (2001) national survey, which used a very low threshold criterion, our findings revealed that 44% of women and 32% of men experienced at least one symptom of posttraumatic stress 6-17 days after the attacks. In contrast to these results, depression levels showed only small differences, and self-esteem and trait anxiety showed no changes. Findings indicate that 9/11-related stress responses among distant witnesses were very mild, transitory and focused in scope, suggesting resilience with respect to broader psychological and psychopathological reactions. Findings are discussed with respect to the role of physical and psychological proximity on the reactions to traumatic events in the general population.

PMID: 18988435 [PubMed - indexed for MEDLINE]

Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence.

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This correlational-predictive study addresses the associations between intimate partner violence (IPV) and physical health and posttraumatic stress disorder (PTSD) symptoms, including: 1) detailed physical health symptoms reported and health care sought by women in intimate abusive relationships, 2) relationships between physical health symptoms, IPV, and PTSD, and 3) unique predictors of physical health symptoms. An ethnically diverse sample of 157 abused women was recruited from crisis shelters and the community. The women averaged almost 34 years of age and had been in the abusive relationship for slightly more than 5 years. The women experienced physical health symptoms falling into 4 groups: neuromuscular, stress, sleep, and gynecologic symptoms. Women experiencing more severe IPV reported more physical health and PTSD symptomatology. PTSD avoidance and threats of violence or risk of homicide uniquely predicted physical health. More than 75% of the women had sought treatment from a health care professional in the previous 9 months. Implications for practice are discussed.

PMID: 18984510 [PubMed - indexed for MEDLINE]

Mental health, demographic, and risk behavior profiles of pregnant survivors of childhood and adult abuse.

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Our objective was to address the gap in knowledge about the extent to which perinatal mental health and risk behaviors are associated with childhood and adult experiences of abuse that arises because of barriers to screening and disclosure about past and current abuse. Survey data from an ongoing study of the effects of posttraumatic stress on childbearing were used to describe four groups of nulliparous women: those with no abuse history, adult abuse only, childhood abuse only, and abuse that occurred during both periods. The rates of abuse history disclosure were higher in the research context than in the clinical settings. Mental health morbidity and risk behaviors occurred in a dose-response pattern with cumulative abuse exposure. Rates of current posttraumatic stress disorder ranged from 4.1% among those never abused to 11.4% (adult only), 16.0% (childhood only), and 39.2% (both periods). Women abused during both periods also were more likely to be using tobacco (21.5%) and drugs (16.5%) during pregnancy. We conclude that mental health and behavioral risk sequelae affect a significant portion of both childhood and adult abuse survivors in prenatal care. The integration into the maternity setting of existing evidence-based interventions for the mental health and behavioral sequelae of abuse is needed.

PMID: 18984507 [PubMed - indexed for MEDLINE]

The psychometric and psychosocial dimension of Albanian immigration: data from a preliminary study.

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The present study is part of a wider ministerial project aimed at analysing--both the healthcare and psychological aspects--the phenomenon of illegal immigration, in particular Albanian immigration in Apulia. The CBA 2.0 Primary Scale was duly translated, in accordance with the guidelines set out in literature, to allow for identification and future use of psychological tools in Albanian and therefore assess the psychological dimension of a sample group of adult Albanians. Moreover, the eventual presence of Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) in subjects who arrived in Italy after a traumatic journey was studied. 82 Albanians were chosen (47 male and 35 female) having lived in Italy for over a year. All subjects were given the Albanian version of CBA 2.0 Primary Scale; subjects who had entered Italy illegally were asked to answer the DSM-IV questionnaire to assess PTSD and MDD and a semi-structured questionnaire made up to evaluate their experiences, before, during and after the trauma of their journey. CBA 2.0 translated into Albanian does not reveal psychological disturbances of clinical significance but did reveal values of hardship significantly lower than the normal Italian standards. Only 3 cases of PTSD and 6 of MDD arose from the questionnaire regarding the assessment of PTSD and MDD.
Diurnal cortisol patterns and stress reactivity in child Holocaust survivors reaching old age.

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OBJECTIVES: Late-life implications of early traumatic stress for the adreno-cortical system were examined in a sample of 133 child survivors of the Holocaust, who were subjected to Nazi persecution during infancy. METHOD: In a non-convenience sample of child survivors, born between 1935 and 1944, basal circadian cortisol release and cortisol reactivity to a stressor were assessed. RESULTS: Age, parental loss during the Holocaust, current depression, post-traumatic stress disorder (PTSD) and physical illness were not associated with differences in basal diurnal cortisol levels. Neuro-endocrine effects, however, were found in stress reactivity through elevated cortisol levels in male respondents in the youngest age group (born 1941-1945), and in male respondents suffering from PTSD-related functional impairment. CONCLUSION: The youngest survivors of Nazi persecution show late-life effects of traumatic stress during early childhood, evidenced by the early onset of differential neuroendocrine pathways to stress-regulating strategies.

PMID: 18855179 [PubMed - indexed for MEDLINE]

Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States.

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OBJECTIVES: We present the prevalence of exposure to political violence (PV) among Latino immigrants in the US, and perceived need for and correlates of mental health services use among this population. METHODS: We use the National Latino and Asian American Study (NLAAS), a nationally representative epidemiological survey of US Latinos, including a probability sample of 1630 immigrant Latinos. Our conceptual framework assumes a strong role of social and cultural factors in understanding the risk for psychopathology and mental health service use. RESULTS: Eleven percent of all immigrant Latinos reported PV exposure and 76% described additional lifetime traumas. Among those with a history of PV, an increased likelihood of using mental health services was associated with female gender, English language proficiency, experiencing personal assaults, higher perceived discrimination, and having an anxiety or substance disorder. Latino men and specific subgroups of Latinos were less likely to access mental health services after experiencing PV. Perceived need for mental
health services use is the strongest correlate of any lifetime and last-12-months service use. CONCLUSIONS: Individuals who come from countries with a history of political violence often have multiple traumatic experiences. This suggests a need for systematic screening for trauma and related psychiatric disorders. Specific outreach interventions focused on perceptions of need could be helpful for subgroups of Latinos including men who are particularly underrepresented in mental health services but who exhibit significant trauma histories.

PMID: 18850369 [PubMed - indexed for MEDLINE]

Early detection of posttraumatic stress disorder in children.

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Surviving trauma patients are at an increased risk for developing posttraumatic stress disorder (PTSD) symptoms. An estimated 1 million American children develop some form (acute, chronic) of PTSD every year. The purpose of this study was to benchmark detection of PTSD in children at our trauma center against the national average and develop a guideline that would identify children who might need referral for screening prior to discharge. A collaborative effort among the trauma, rehabilitation, neuropsychology, and pediatric personnel resulted in a guideline to address early detection of PTSD in children. After implementation of the guideline, there was a 40% increase in detection of PTSD symptoms in identified children who were screened. We conclude that a systematic identification of PTSD triggers increases the detection rate of PTSD and opportunities for screening and intervention.

PMID: 18820561 [PubMed - indexed for MEDLINE]

Complex sequelae of psychological trauma among Kosovar civilian war victims.

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AIMS: The impact of war trauma on civilians may include, but also extend beyond, post-traumatic stress disorder (PTSD) to include complex sequelae such as those described by the syndrome of Disorders of Extreme Stress Not Otherwise Specified (DESNOS). METHODS: In the present study, 102 civilian war victims were interviewed in Kosovo, assessing traumatic life events, PTSD, DESNOS, and depression. RESULTS: Full DESNOS rarely occurred (2% prevalence), however, clinically significant DESNOS symptoms of somatization, altered relationships, and altered systems of meaning were reported by between 24-42% of respondents. Although DESNOS symptoms were correlated with PTSD symptoms, DESNOS symptoms were associated with poorer overall psychological functioning, self-evaluations, satisfaction with life, and social support independent of the effects of PTSD.
CONCLUSION: The findings suggest that DESNOS warrants attention in addition to PTSD in the assessment and treatment of civilians who have been exposed to war and genocide.

PMID: 18786904 [PubMed - indexed for MEDLINE]

Comment on:

Interventions to reduce psychological harm from traumatic events among children and adolescents: a commentary on the application of findings to the real world of schools.

Wong M.

PMID: 18779033 [PubMed - indexed for MEDLINE]

Test of a single-item posttraumatic stress disorder screener in a military primary care setting.

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BACKGROUND: Posttraumatic stress disorder (PTSD) is prevalent in primary care, frequently goes undetected and can be highly debilitating when untreated.
OBJECTIVE: We assessed the operating characteristics of a single-item PTSD screener (SIPS) for primary care and compared it to a commonly used four-item primary care PTSD screener (PC-PTSD). The SIPS asks: "Were you recently bothered by a past experience that caused you to believe you would be injured or killed ... not bothered, bothered a little, or bothered a lot?" METHODS: A total of 3,234 patients from three Washington, DC, area military primary care clinics completed the SIPS. Independent, blinded assessments using a structured diagnostic PTSD interview were completed in 213 of these patients. RESULTS: The SIPS yielded a reasonable range of likelihood ratios, suggesting capacity to discriminate between low- and high-probability PTSD patients. However, the SIPS sensitivity was only 76% for those reporting "bothered a little" and the four-item PC-PTSD yielded significantly better test characteristics on Receiver-Operator Curve analysis. CONCLUSION: A single, user-friendly primary care PTSD screening question with three response options, while sensible and worth further investigation, failed to offer sound test characteristics for PTSD screening. Ways of improving SIPS performance are discussed.

PMID: 18774421 [PubMed - indexed for MEDLINE]

Comment on:
Helping adolescents affected by war, trauma, and displacement.

Cohen JA.

PMID: 18714193 [PubMed - indexed for MEDLINE]

Pediatric primary care providers and depression in community settings.

Schlesinger AB.

PMID: 18714192 [PubMed - indexed for MEDLINE]

Comment on:

Childhood abuse, suicidal behavior and the concept of post-traumatic mood disorder.

Sher L.

PMID: 18694629 [PubMed - indexed for MEDLINE]


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Although there is abundant evidence that mass traumas are associated with adverse mental health consequences, few studies have used nationally representative samples to examine the impact of war on civilians, and none have examined the impact of the Israel-Hezbollah War, which involved unprecedented levels of civilian trauma exposure from July 12 to August 14, 2006. The aims of this study were to document probable post-traumatic stress disorder (PTSD), determined by the PTSD Symptom Scale and self-reported functional impairment, in Jewish and Arab residents of Israel immediately after the Israel-Hezbollah War and to assess potential risk and resilience factors. A telephone survey was conducted August 15-October 5, 2006, following the cessation of rocket attacks. Stratified random sampling methods yielded a nationally representative population sample of 1200 adult Israeli residents. The rate of probable PTSD was 7.2%. Higher risk of probable PTSD was associated with being a woman, recent trauma exposure, economic loss, and higher psychosocial resource loss. Lower risk of probable PTSD was
associated with higher education. The results suggest that economic and psychosocial resource loss, in addition to trauma exposure, have an impact on post-trauma functioning. Thus, interventions that bolster these resources might prove effective in alleviating civilian psychopathology during war.

PMID: 18667263 [PubMed - indexed for MEDLINE]

Self-evaluative appraisals of coping capability and posttraumatic distress following motor vehicle accidents.

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This study tested the importance of coping self-efficacy (CSE) perceptions and change in perceptions of CSE for recovery from motor vehicle accident (MVA) trauma. Data were collected 7 days following the accident (Time 1; n = 163), 1 month after the accident (Time 2; n = 91), and 3 months after the accident (Time 3; n = 70). Early changes in CSE (i.e., from Time 1 to Time 2) predicted posttraumatic distress at 3 months after MVA trauma, even after controlling for Time 1 or Time 2 posttraumatic distress and other trauma-related variables (i.e., accident responsibility, litigation involvement, and peritraumatic dissociation). Early changes in CSE perceptions, however, neither moderated nor mediated the effects of early posttraumatic distress (Time 1) on 3-month posttraumatic distress. Time 2 CSE levels, however, did mediate the relationship between acute posttraumatic distress (Time 1) and 3-month posttraumatic distress (Time 3). These findings highlight the importance of early interventions aimed at strengthening self-efficacy after MVA trauma. Copyright 2008 APA, all rights reserved.

PMID: 18665695 [PubMed - indexed for MEDLINE]

A longitudinal investigation of interpersonal violence in relation to mental health and substance use.

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The authors examined longitudinally the mental health status of women as a function of different types and combinations of exposure to interpersonal violence. A structured telephone interview was administered to a household probability sample of 4,008 women (18-89 years of age), who were then recontacted for 1- and 2-year follow-up interviews. Interviews assessed lifetime violence history (i.e., sexual assault, physical assault, witnessed serious injury or violent death), past-year mental health functioning (i.e., posttraumatic stress syndrome, depression, substance use disorder), and treatment utilization. The results suggest that exposure to interpersonal violence is associated with increased risk for mental health problems and substance use, even after controlling for demographic and psychosocial factors. Copyright 2008 APA, all rights reserved.
disorder [PTSD, depression, and substance use problems], and new instances of violence occurring after the baseline interview. Results indicate that (a) lifetime violence exposure was associated with increased risk of PTSD, depression, and substance use problems; (b) odds of PTSD, depression, and substance use problems increased incrementally with the number of different types of violence experienced; (c) relations were fairly stable over a 2-year period; and (d) new incidents of violence between the baseline and follow-up interviews were associated with heightened risk of PTSD and substance use problems. Greater understanding of the cumulative impact of violence exposure will inform service provision for individuals at high risk. Copyright 2008 APA, all rights reserved.

PMID: 18665691 [PubMed - indexed for MEDLINE]

Comment in:

Social support buffers the effects of terrorism on adolescent depression: findings from Sderot, Israel.

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OBJECTIVE: This prospective study of 29 Israeli middle school students experiencing terror attacks by Qassam rockets addressed whether higher levels of baseline social support protected adolescents from adverse psychological effects of exposure to rocket attacks. METHOD: Participants were assessed at two time points 5 months apart, before and after a period of military escalation from May to September 2007. Adolescent self-reported depression was measured at both time points, using the Center for Epidemiological Studies-Child Depression Scale. Social support from family, friends, and school was measured at time 1, via a short form of the Perceived Social Support Scale. Adolescents also reported their exposure to rocket attacks at both time points. RESULTS: There was a significant interaction between social support and exposure to rocket attacks predicting depression over time. As hypothesized, baseline levels of social support buffered against the effect of exposure to rocket attacks on increased depression. Conversely, social support was associated with increased depression for adolescents who were not exposed to rocket attacks. CONCLUSIONS: Findings highlight the potential importance of community mental health efforts to bolster schools, families, and peer groups as protective resources in times of traumatic stress.

PMID: 18664998 [PubMed - indexed for MEDLINE]

Comment in:
Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: a randomized controlled trial.

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OBJECTIVE: To evaluate the comparative effectiveness of a classroom-based psychoeducation and skills intervention (tier 1) and a school-based trauma- and grief-focused group treatment (tier 2) of a three-tiered mental health program for adolescents exposed to severe war-related trauma, traumatic bereavement, and postwar adversity. METHOD: A total of 127 war-exposed and predominantly ethnic Muslim secondary school students attending 10 schools in central Bosnia who reported severe symptoms of posttraumatic stress disorder (PTSD), depression, or maladaptive grief and significant impairment in school or relationships were randomly assigned to one of two experimental conditions. These included either an active-treatment comparison condition (tier 1), consisting of a classroom-based psychoeducation and skills intervention alone (n = 61, 66% girls, mean age 16.0 years, SD 1.13) or a treatment condition composed of both the classroom-based intervention and a 17-session manual-based group therapy intervention (tier 2), trauma and grief component therapy for adolescents (n = 66, 63% girls, mean age 15.9 years, SD 1.11). Both interventions were implemented throughout the school year. Distressed students who were excluded from the study due to acute risk for harm (n = 9) were referred for community-based mental health services (tier 3). RESULTS: Program effectiveness was measured via reductions in symptoms of PTSD, depression, and maladaptive grief assessed at pretreatment, posttreatment, and 4-month follow-up. Analysis of mean-level treatment effects showed significant pre- to posttreatment and posttreatment to 4-month follow-up reductions in PTSD and depression symptoms in both the treatment and comparison conditions. Significant pre- to posttreatment reductions in maladaptive grief reactions were found only in the treatment condition. Analyzed at the individual case level, the percentages of students in the treatment condition who reported significant (p < .05) pre- to posttreatment reductions in PTSD symptoms (58% at posttreatment, 81% at 4-month follow-up) compare favorably to those reported in controlled treatment efficacy trials, whereas the percentages who reported significant reductions in depression symptoms (23% at posttreatment, 61% at follow-up) are comparable to, or higher than, those found in community treatment settings. Lower but substantial percentages of significant symptom reduction were found for PTSD (33% at posttreatment, 48% at follow-up) and depression symptoms (13% at posttreatment; 47% at follow-up) in students in the comparison condition. The odds of significant symptom reduction were higher for PTSD symptoms at both posttreatment and 4-month follow-up and for maladaptive grief at posttreatment (no follow-up was conducted on maladaptive grief). Rates of significantly worsened cases were generally rare in both the treatment and comparison conditions. CONCLUSIONS: A three-tiered, integrative mental health program composed of schoolwide dissemination of psychoeducation and coping skills (tier 1), specialized trauma- and grief-focused intervention for severely traumatized and traumatically bereaved youths (tier 2), and referral of youths at acute risk
for community-based mental health services (tier 3) constitutes an effective and
efficient method for promoting adolescent recovery in postwar settings.

PMID: 18664995 [PubMed - indexed for MEDLINE]

Post-traumatic stress and psychiatric disorders in Palestinian adolescents
following intifada-related injuries.

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This study was designed to assess the occurrence of post-traumatic stress
disorder (PTSD) and psychiatric disorders (i.e., anxiety and depression) in
Palestinian adolescents following intifada-related injuries. It was hypothesized
that a combination of pre-trauma variables (e.g., age, geographic location),
trauma-specific variables such as trauma recency, type of trauma (deliberately
violent vs. accidental), and post-trauma variables (e.g., social support, coping
strategies, belief in fate) would be predictive of these psychological sequelae.
The participants were 179 boys who were injured during Al-Aqsa intifada and as a
result sustained a permanent physical disability. They ranged in age from 12 to
18 years (M=16.30, SD=1.64). Questionnaires were administered in an interview
format with adolescents at home. Approximately 76.5% of the injured victims
qualify as having PTSD and that the disorder had a heterogeneous course, with
excess risk for chronic symptoms and comorbidity with other psychiatric disorders
such as anxiety and depression. Among all the predictors in the PTSD, anxiety and
depression models, only geographical location, fatalism, and negative coping were
significant predictors. In conclusion, post-traumatic reactions and psychiatric
disorders in adolescents involved in armed conflict injuries can persist for
several months. Given the apparent significant relationship between psychological
sequelae of intifada-related injuries and certain predictors (i.e., negative
coping style and fatalism), treatments such as trauma-focused cognitive behaviour
therapy may yield positive results. Negative coping and fatalism should be
addressed more directly during therapy.

PMID: 18657343 [PubMed - indexed for MEDLINE]

Trauma, stressful life events and depression predict HIV-related fatigue.

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Despite the fact that fatigue is a common and debilitating symptom among
HIV-infected persons, we know little about the predictors of fatigue in this
population. The goal of this cross-sectional study was to examine the effects of
early childhood trauma, recent stressful life events and depression on intensity
and impairment of fatigue in HIV, over and above demographic factors and clinical characteristics. We studied 128 HIV-infected men and women from one southern state. The median number of childhood traumatic events was two and participants tended to have at least one moderate recent stressful event. Multiple regression findings showed that patients with less income, more childhood trauma, more recent stressful events and more depressive symptoms had greater fatigue intensity and fatigue-related impairment in daily functioning. Recent stresses were a more powerful predictor of fatigue than childhood trauma. None of the disease-related measures (e.g. CD4, viral load, antiretroviral medication) predicted fatigue. Although stress and trauma have been related to fatigue in other populations, this is the first study to examine the effects of traumatic and recent stressful life events on fatigue in an HIV-infected sample.

PMID: 18608079 [PubMed - indexed for MEDLINE]

Trauma exposure and posttraumatic stress disorder in the elderly: a community prevalence study.

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OBJECTIVE: Little prevalence data exist on trauma exposure and posttraumatic stress disorder (PTSD) in the elderly. The authors examined lifetime exposure to trauma and 12-month PTSD in a large community sample. METHOD: Data were drawn from the Australian National Survey of Mental Health. Of the total 10,641 participants, 1,792 were over the age of 65. The Composite International Diagnostic Interview provided trauma exposure and diagnostic status. RESULTS: A curvilinear pattern of lifetime exposure to trauma across the lifespan was obtained for women, whereas men showed a linear increase. This difference was explained by combat exposure. PTSD prevalence reduced with age and participants over 65 reported negligible rates. Around 10% of the elderly reported reexperiencing symptoms. CONCLUSIONS: PTSD rates are lower in older age cohorts, although reasons for this are unclear. With 10% reporting reexperiencing symptoms associated with past events, however, greater awareness of treatments that target traumatic memories may be beneficial.

PMID: 18474685 [PubMed - indexed for MEDLINE]

Coping self-efficacy mediates the effects of negative cognitions on posttraumatic distress.

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Although cognitive distortions have predicted posttraumatic distress after various types of traumatic events, the mechanisms through which cognitive distortions influence posttraumatic distress remain unclear. We hypothesized that coping self-efficacy, the belief in one's own ability to manage posttraumatic recovery demands, would operate as a mediator between negative cognitions (about self, about the world, and self-blame beliefs) and posttraumatic distress. In the cross-sectional Study 1, data collected among 66 adult female victims of child sexual abuse indicated that coping self-efficacy mediated the effects of negative cognitions about self and about the world on posttraumatic distress. The same pattern of results was found in a longitudinal Study 2, conducted among 70 survivors of motor vehicle accidents. Coping self-efficacy measured at 1 month after the trauma mediated the effects of 7-day negative cognitions about self and about the world on 3-month posttraumatic distress. In both studies self-blame was not related to posttraumatic distress and the effect of self-blame on posttraumatic distress was not mediated by coping self-efficacy. The results provide insight into a mechanism through which negative cognitions may affect posttraumatic distress and highlight the potential importance of interventions aimed at enhancing coping self-efficacy beliefs.

PMID: 18456241 [PubMed - indexed for MEDLINE]

The symptom structure of posttraumatic stress disorder in the National Comorbidity Replication Survey.

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Previous research has provided mixed findings for the validity of various three- and four-factor models of posttraumatic stress disorder (PTSD) symptomatology. However, much of this research has been restricted to clinical samples rather than nationally representative community-based samples. The current study employed confirmatory factor analysis to evaluate the validity of three competing models of PTSD symptom structure using the DSM-IV-based National Comorbidity Replication Survey (part II of the NCS-R: N=5692). Individuals with a lifetime diagnosis of PTSD (N=588) were selected and symptom assessment was based on the World Health Organization Composite International Diagnostic Interview. Strong support was found for both the DSM-IV three-factor model and a four-factor model of PTSD symptoms by King et al. [King, D. W., Leskin, G. A., King, L. A., & Weathers, F. W. (1998). Confirmatory factor analysis of the clinician-administered PTSD scale: evidence for the dimensionality of posttraumatic stress disorder. Psychological Assessment,10, 90-96], a variation of the DSM-IV model in which avoidance and numbing are viewed as separate factors. There was some evidence, however, that the King et al. [King, D. W., Leskin, G. A., King, L. A., & Weathers, F. W. (1998). Confirmatory factor analysis of the clinician-administered PTSD scale: evidence for the dimensionality of posttraumatic stress disorder. Psychological Assessment,10, 90-96] model demonstrated a significantly superior fit over the DSM-IV
three-factor model. Because this study provided support for both the DSM-IV three-factor model and the King et al., four-factor model of PTSD symptoms, further research is still necessary to provide more definitive conclusions in this area.

PMID: 18440773 [PubMed - indexed for MEDLINE]

Prevalence and correlates of sleep paralysis in adults reporting childhood sexual abuse.

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Sleep paralysis (SP) occurs when rapid eye movement (REM) activity and concomitant paralysis of the skeletal muscles persist as an individual awakens and becomes conscious of his/her surroundings. SP is often accompanied by frightening hallucinations that some researchers suggest may be confounded with memories of childhood sexual abuse (CSA; [ McNally, R. J., & Clancy, S. A. (2005). Sleep paralysis in adults reporting repressed, recovered, or continuous memories of childhood sexual abuse. Journal of Anxiety Disorders, 19, 595-602]). The purpose of this study was to evaluate relationships between CSA and SP. Based on self-report, participants (n=263) were categorized into three CSA groups: confirmed, unconfirmed, or no history of CSA. Relative to participants reporting no CSA history, those reporting CSA reported more frequent and more distressing episodes of SP. Post hoc analyses revealed that participants with clinically significant post-traumatic symptoms (irrespective of CSA history) also reported more frequent and more distressing episodes of SP. Significant correlations were found among SP indices and measures of post-traumatic symptoms, depression, dissociation, and absorption. Implications and future research directions are discussed.

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Psychometric properties of seven self-report measures of posttraumatic stress disorder in college students with mixed civilian trauma exposure.

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In this study psychometric properties of seven self-report measures of posttraumatic stress disorder (PTSD) were compared. The seven scales evaluated were the Davidson Trauma Scale (DTS), the PTSD Checklist (PCL), the Posttraumatic Stress Diagnostic Scale (PDS), the Civilian Mississippi Scale (CMS), the Impact of Event Scale-Revised (IES-R), the Penn Inventory for Posttraumatic Stress Disorder (Penn), and the PK scale of the MMPI-2 (PK). Participants were 239 (79 male and 160 female) trauma-exposed undergraduates. All seven measures exhibited good test-retest reliability and internal consistency. The PDS, PCL and DTS
demonstrated the best convergent validity; the IES-R, PDS, and PCL demonstrated the best discriminant validity; and the PDS, PCL, and IES-R demonstrated the best diagnostic utility. Overall, results most strongly support the use of the PDS and the PCL for the assessment of PTSD in this population.

PMID: 18436427 [PubMed - indexed for MEDLINE]


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This article describes the psychometric properties of a novel questionnaire, i.e. the Trauma Relevant Assumptions Scale (TRAS). The added value of the TRAS over previous trauma relevant belief questionnaires is that the TRAS enables measuring valence and rigidity of beliefs simultaneously. Both aspects are thought to be predictive of the development of chronic PTSD symptoms. For the exploratory factor analysis, the TRAS was administered to 309 adult volunteers. Principal components analysis yielded two factors: Assumptions about Self and Assumptions about the World. The two-factor structure was confirmed in a sample of 185 traumatized individuals. The TRAS seems to be a valid and reliable instrument, which is strongly related to post-trauma symptoms and has good discriminative validity. Apart from research settings, the TRAS may also be suitable in therapeutic settings to identify the severity of dysfunctional assumptions, and to assess the progress in change from negative assumptions to more positive assumptions.

PMID: 18424063 [PubMed - indexed for MEDLINE]


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The present investigation evaluated the relations among anxiety and depressive disorder comorbidity and quality of life (QOL) by utilizing self-report measures of life satisfaction and functional disability. Participants were 94 individuals who were presented for treatment at an outpatient anxiety disorders clinic and 26 nonclinical participants. Results indicated that participants diagnosed with anxiety disorders reported lower QOL than did nonclinical participants. Anxiety disorder comorbidity did not additionally impact QOL; however, presence of a depressive disorder comorbid with an anxiety disorder did negatively impact QOL as these individuals reported significantly more functional disability and less
life satisfaction than did individuals with anxiety disorders alone or those without a psychiatric diagnosis. These results highlight the negative nature of anxiety disorders and improve clarification on the role of diagnostic comorbidity on QOL among those with an anxiety disorder.

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Predicting children's post-traumatic stress symptoms following hospitalization for accidental injury: combining the Child Trauma Screening Questionnaire and heart rate.

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This study investigated the utility of combining the Child Trauma Screening Questionnaire (CTSQ) [Kenardy, J. A., Spence, S. H., & Macleod, A. C. (2006). Screening for post-traumatic stress disorder in children after accidental injury. Pediatrics, 118, 1002-1009] and children's heart rate (HR; emergency department and 24-h post-admission) to identify children likely to develop post-traumatic stress disorder (PTSD) symptoms at 1 and 6 months post-injury. Children completed the CTSQ within 2 weeks of injury. PTSD symptoms were assessed with the Anxiety Disorders Interview Schedule for DSM-IV [Silverman, W. K., & Albano, A. M. (1996). Anxiety Disorders Interview Schedule for DSM-IV, Child Version, Parent Interview Schedule. Orlando, Florida: The Psychological Corporation], for 79 children aged 7-16 years. A combination of the CTSQ plus HR (CTSQ-HR) was better than the CTSQ alone or HR alone at identifying children likely to develop PTSD symptoms. These findings suggest that the CTSQ-HR screen may increase identification of children who are likely to develop PTSD symptoms, enabling development of targeted prevention programs.

PMID: 18394860 [PubMed - indexed for MEDLINE]

Psychiatric disorders after an accident: predictors and the influence of the psychiatric condition prior to an accident.

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BACKGROUND: The goal of this study is to assess prevalence and incidence of psychiatric sequelae in a sample of inpatient accident survivors. Such an attempt to assess psychiatric conditions that originate due to an accident seems to be important; this does not include psychiatric conditions already present prior to the accident. METHOD: 208 accident victims were consecutively examined over a period of 12 months using DSM-IV diagnostic assessment, CAPS, and self-evaluating questionnaires as well as ISS for injury severity. A predictor model for
psychiatric disorders was set up. RESULTS: Incidence of newly developed Axis I disorders in our sample was 14.2% (6months) and 12.3% (12months). Incidence of PTSD was 5.9% (6months) and 2.5% (12months). Comorbidity was a general phenomenon. The psychiatric condition prior to the accident could be identified as a predictor for the development of Axis I disorders. The subjectively evaluated intensity of experienced threat to life and female gender were the main predictors for the development of PTSD. CONCLUSIONS: Accidents can lead to different psychiatric disorders. PTSD as a single diagnosis is rare. Without taking into account pre-existing disorders, the incidence may be overestimated. Two predictor models for the development of PTSD and other mental disorders are presented.

PMID: 18374545 [PubMed - indexed for MEDLINE]


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Although sexual dysfunction of childhood sexual abuse survivors has received considerable attention, other sexual difficulties experienced by survivors of CSA, such as sexual fantasies to cues of sexual abuse, have received less attention. In this A-B design case study, a young adult female survivor of childhood sexual abuse presented for treatment at a Midwest rape crisis center. After successful treatment of post-traumatic stress disorder, she complained of unwanted sexual fantasies to sexual abuse cues and concomitant guilt and shame. Following baseline data collection, treatment consisted of self-applied aversion therapy to unwanted sexual arousal to sexual abuse cues. Decrease in sexual arousal to these cues was concurrent with the introduction of treatment. A concomitant decrease in guilt and shame occurred while self-ratings of control increased.

PMID: 18355799 [PubMed - indexed for MEDLINE]


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OBJECTIVE: This study evaluated an early intervention for children and their parents following pediatric accidental injury. METHOD: Information booklets provided to participants within 72 h of the initial trauma detailed common responses to trauma, the common time course of symptoms, and suggestions for minimizing any post-trauma distress. Following admission for traumatic injuries
sustained in motor vehicle accidents, falls and sporting injuries a total of 103 children (aged 7-15) and their parents were evaluated at pre-intervention, 1 month, and 6 months post-trauma. The intervention (N = 33) was delivered to one of two hospitals, the second hospital was the control (N = 70). RESULTS: Analyses indicated that the intervention reduced child anxiety symptoms at 1-month follow-up and parental posttraumatic intrusion symptoms and overall posttraumatic symptoms at the 6-month follow-up. No other differences between the intervention and control groups were found. CONCLUSION: Overall, the information-based early intervention is simple, cost-effective method of reducing child and parent distress post-trauma.

PMID: 18350366 [PubMed - indexed for MEDLINE]


Several studies have employed confirmatory factor analysis (CFA) to evaluate the latent structure of posttraumatic stress disorder (PTSD) assessment measures among various trauma-exposed populations. Findings have generally failed to support the current three-factor DSM-IV PTSD conceptualization, demonstrating the need to consider alternative models. The present study used CFA to evaluate seven models, including intercorrelated and hierarchical versions of two models with the most empirical support. Data were utilized from a heterogeneous trauma-exposed sample of general medical patients (n=252). Based on several indices, the three-factor DSM-IV PTSD model was shown to be inferior to alternative models. The strongest support was found for an intercorrelated four-factor model, separating avoidance and numbing symptoms into distinct factors. Validity for this model was partially supported by divergent relations between factors and external variables. Implications of the results are discussed, and a framework is proposed for resolving discrepant findings in the PTSD CFA literature.

PMID: 18337058 [PubMed - indexed for MEDLINE]


Behaviour Research and Therapy, 38, 319-345] propose that a predominance of data-driven processing during the trauma predicts subsequent PTSD. We wondered whether, apart from data-driven encoding, sustained data-driven processing after the trauma is also crucial for the development of PTSD. Both hypotheses were tested in two analogue experiments. Experiment 1 demonstrated that relative to conceptually-driven processing (n=20), data-driven processing after the film (n=14), resulted in more intrusions. Experiment 2 demonstrated that relative to the neutral condition (n=24) and the data-driven encoding condition (n=24), conceptual encoding (n=25) reduced suppression of intrusions and a trend emerged for memory fragmentation. The difference between the two encoding styles was due to the beneficial effect of induced conceptual encoding and not to the detrimental effect of data-driven encoding. The data support the viability of the distinction between data-driven/conceptually-driven processing for the understanding of the development of PTSD.

PMID: 18328462 [PubMed - indexed for MEDLINE]

Comment on:

Childhood psychological trauma and psychosis.

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PMID: 18257939 [PubMed - indexed for MEDLINE]


PMTS and stress response sequences in parents of children with spina bifida.

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OBJECTIVE: To test the presence and progress of Pediatric Medical Traumatic Stress (PMTS) symptoms in parents of children with spina bifida (SB). METHODS: Parents of 23 newborns with SB were interviewed prospectively and parents of 58 school-aged children with SB were interviewed retrospectively. PMTS symptoms were assessed with 17 DSM-IV criteria for the clusters Intrusion, Avoidance, and Increased Arousal. RESULTS: Within 3 months after the SB diagnosis, 75% of the parents met diagnostic criteria for symptoms of Intrusion and Increased Arousal, but not of Avoidance. In parents of school-aged children with SB, PMTS symptoms had declined in the first 4 years of the child's life and stabilized during the school years. Approximately 30% of the mothers and 20% of the fathers still met diagnostic criteria for Intrusion, Avoidance and Increased Arousal. In mothers of children with open SB, symptoms of Intrusion and Increased Arousal had decreased.
more slowly than in mothers of children with closed SB. CONCLUSIONS: An SB
diagnosis initially provokes traumatic stress symptoms in three-quarters of the
parents; however, in most of them, these symptoms diminish during the first 4
years of the child's life. In a minority of the parents, severe stress symptoms
persist beyond middle childhood. Professional psychological help may need to be
offered to this selective group of parents whose levels of stress do not decline
after the child's preschool years. Longitudinal research is needed to further
investigate and confirm the trends that were found in parents' psychological
adjustment to SB.

PMID: 18222716 [PubMed - indexed for MEDLINE]

Association of the cannabinoid receptor gene (CNR1) with ADHD and post-traumatic
stress disorder.

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Attention deficit hyperactivity disorder (ADHD) is a highly heritable disorder
affecting some 5-10% of children and 4-5% of adults. The cannabinoid receptor
gene (CNR1) is a positional candidate gene due to its location near an identified
ADHD linkage peak on chromosome 6, its role in stress and dopamine regulation,
its association with other psychiatric disorders that co-occur with ADHD, and its
function in learning and memory. We tested SNP variants at the CNR1 gene in two
independent samples—an unselected adolescent sample from Northern Finland, and a
family-based sample of trios (an ADHD child and their parents). In addition to
using the trios for association study, the parents (with and without ADHD) were
used as an additional case/control sample of adults for association tests. ADHD
and its co-morbid psychiatric disorders were examined. A significant association
was detected for a SNP haplotype (C-G) with ADHD (P = 0.008). A sex by genotype
interaction was observed as well with this haplotype posing a greater risk in
males than females. An association of an alternative SNP haplotype in this gene
was found for post-traumatic stress disorder (PTSD) (P = 0.04 for C-A, and P =
0.01 for C-G). These observations require replication, however, they suggest that
the CNR1 gene may be a risk factor for ADHD and possibly PTSD, and that this gene
warrants further investigation for a role in neuropsychiatric disorders.
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PMID: 18213623 [PubMed - indexed for MEDLINE]

Comment in:

The relationship between trauma and beliefs about hearing voices: a study of
psychiatric and non-psychiatric voice hearers.
BACKGROUND: Cognitive models suggest that distress associated with auditory hallucinations is best understood in terms of beliefs about voices. What is less clear is what factors govern such beliefs. This study aimed to explore the way in which traumatic life events contribute towards beliefs about voices and any associated distress. METHOD: The difference in the nature and prevalence of traumatic life events and associated psychological sequelae was compared in two groups of voice hearers: psychiatric voice hearers with predominantly negative beliefs about voices (PVH) and non-psychiatric voice hearers with predominantly positive beliefs about voices (NPVH). The data from the two groups were then combined in order to examine which factors could significantly account for the variance in beliefs about voices and therefore levels of distress. RESULTS: Both groups reported a high prevalence of traumatic life events although significantly more PVH reported trauma symptoms sufficient for a diagnosis of post-traumatic stress disorder (PTSD). Furthermore, significantly more PVH reported experiencing childhood sexual abuse. Current trauma symptoms (re-experiencing, avoidance and hyperarousal) were found to be a significant predictor of beliefs about voices. Trauma variables accounted for a significant proportion of the variance in anxiety and depression. CONCLUSIONS: The results suggest that beliefs about voices may be at least partially understood in the context of traumatic life events.

PMID: 18177529 [PubMed - indexed for MEDLINE]
with an ED when compared with matched controls both in the year preceding and that following the receipt of the incident ED diagnosis. Contrary to expectations, healthcare utilization was found to be similarly high across the spectrum of EDs (anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified). CONCLUSIONS: The elevation in health service use among women both before and after diagnosis suggests that EDs merit identification and treatment efforts commensurate with other mental health disorders (e.g. depression) which have similar healthcare impact.

PMID: 17976250 [PubMed - indexed for MEDLINE]