

July 2010 Medline Topic Alert

1. Biosci Trends. 2010 Jun;4(3):96-102.

One-year follow-up study of post-traumatic stress disorder among adolescents following the Wen-Chuan earthquake in China.

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Post-traumatic stress disorder (PTSD) is the most common psychological disorder among victims of natural disasters. PTSD prevalence and risk factors among adolescents remain unidentified among victims of the Wen-Chuan earthquake. This study screened survivors to determine the prevalence of PTSD and examined risk factors for PTSD among adolescents at three Wen-Chuan secondary schools. PTSD screening was done using the PTSD Checklist-Civilian version (PCL-C). A generalized estimating equation approach was used to control for repeated measurements in the same individuals and to predict risk factors for PTSD. The study included 1,474 students in grades 7, 8, 10 and 11 from three Wen-Chuan secondary schools at 4, 6, 9, and 12 months after the earthquake. The average age of students was 15.0 (13.0, 16.0) both at the first and the second time point, and 16.0 (14.0, 17.0) at the third and the fourth time point. The screened prevalence of PTSD was 11.2%, 8.8%, 6.8% and 5.7% at 4, 6, 9, and 12 months after the earthquake, respectively. Risk factors for PTSD were: time duration, school location (the proximity of epicenter), grade, nationality, parent injury, and severe property damage. In conclusion, PTSD risk factors are in accordance with previous studies; however, the role of nationality and time duration in post-traumatic stress disorder merits further research.

PMID: 20592459 [PubMed - in process]

2. Eur J Oncol Nurs. 2010 Jun 28. [Epub ahead of print]

Early avoidance of disease- and treatment-related distress predicts post-traumatic stress in parents of children with cancer.

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PURPOSE OF THE RESEARCH: It has previously been demonstrated that parents of children with cancer often exhibit symptoms of post-traumatic stress (PTSS) even though the child's treatment is successfully completed. For the development of interventions we need to identify predictors of PTSS, which are possible to influence. Based on contemporary learning theory, it was hypothesized that early avoidance of disease- and treatment-related distress would predict the development of parental post-traumatic stress after completion of the child's cancer treatment. **METHODS AND SAMPLE:** Parents' cognitive and behavioural avoidance of disease- and treatment-related distressing stimuli during and immediately after a child's cancer treatment and PTSS one year after the end of treatment was investigated. Data was collected with the PTSD Checklist Civilian Version (PCL-C) from 111 mothers and 109 fathers. **KEY RESULTS:** As hypothesized, avoidance during (T1-T3) and immediately after (T4) the child's treatment predicted PTSS among parents one year after (T6) completion of the child's

treatment. Moreover, avoidance early on during the child's treatment seemed to be a greater risk factor for PTSS and post-traumatic stress disorder (PTSD) for bereaved than non-bereaved parents. **CONCLUSIONS:** Avoiding reminders of stressful experiences related to a child's cancer disease during and immediately after the child's treatment seems to increase the risk for parents, mothers and fathers alike, of experiencing symptoms of post-traumatic stress later. Interventions based on cognitive behavioural therapy with elimination of avoidance as a central component may be of use in this population. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20591735 [PubMed - as supplied by publisher]

3. J Clin Child Adolesc Psychol. 2010;39(4):588-96.

Screening and predicting posttraumatic stress and depression in children following single-incident trauma.

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Three screening methods to predict posttraumatic stress disorder (PTSD) and depression symptoms in children following single-incident trauma were tested. Children and adolescents (N = 90; aged 7-17 years) were assessed within 4 weeks of an injury that led to hospital treatment and followed up 3 and 6 months later. Screening methods were adapted from existing instruments and examined (a) an Australian version of the Screening Tool for Predictors of PTSD (STEPP-AUS), (b) an abbreviated measure of initial PTSD severity, and (c) an abbreviated measure of initial maladaptive trauma-specific beliefs. The STEPP-AUS correctly identified 89% of the children who developed PTSD at 6-month follow-up and the 69% of children who were non-PTSD. Predictive performance of the others instruments was generally poor, and no instrument consistently predicted subclinical levels of depression.

PMID: 20589569 [PubMed - in process]

4. J Clin Child Adolesc Psychol. 2010;39(4):445-59.

Parenting and temperament prior to September 11, 2001, and parenting specific to 9/11 as predictors of children's posttraumatic stress symptoms following 9/11.

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Parenting is related to children's adjustment, but little research has examined the role of parenting in children's responses to disasters. This study describes parenting responses specific to the 9/11 terrorist attacks and examines pre-9/11 parenting, child temperament, and 9/11-specific parenting as predictors of children's posttraumatic stress (PTS) symptoms among children geographically distant from the attack locations. A community sample of children and parents (n = 137, ages 9-13 years) participating in an ongoing study were interviewed 1 month following 9/11. Parents reported engaging in a number of parenting responses following 9/11. Pre-9/11 acceptance and 9/11-specific, self-focused parental responses predicted PTS symptoms. Pre-9/11 parenting and temperament interacted to predict PTS symptoms, suggesting that parenting and temperament are important prospective predictors of children's responses to indirect exposure to disasters.

PMID: 20589557 [PubMed - in process]

5. Child Psychiatry Hum Dev. 2010 Jun 22. [Epub ahead of print]

Posttraumatic Stress Disorder in Children and Adolescents: A Review of Psychopharmacological Treatment.

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PTSD in children and adolescents differs from the adult disease. Therapeutic approaches involve both psychotherapy and psychopharmacotherapy. Objectives: The current paper aims at reviewing studies on psychopharmacological treatment of childhood and adolescent PTSD. Additionally, developmental frameworks for PTSD diagnosis and research along with an experimental model of quenching and kindling in the context of stress exposure are presented. We conducted an extensive literature search of reviews on psychopharmacotherapy as well as studies on psychopharmacological treatment for PTSD among children and adolescents. We used the database PubMed and focused on the time period of the last 10 years up to January 2009. Pertinent earlier papers were also included. There are a limited number of studies specifically assessing the psychopharmacological treatment of PTSD in children and adolescents. The vast majority of them lack verification in RCTs. Only the use of imipramine, divalproex sodium and sertraline were already evaluated in RCTs. Future studies should take into account developmental approaches to the diagnosis and treatment of PTSD in children and adolescents. In this context, different underlying neurobiological patterns, which are reflected in distinct clinical symptomatology, require a precise investigation and a symptom-orientated psychopharmacological approach.

PMID: 20567898 [PubMed - as supplied by publisher]

6. Am J Psychiatry. 2010 Jun 15. [Epub ahead of print]

Posttraumatic Stress Without Trauma in Children.

Copeland WE, Keeler G, Angold A, Costello EJ.

Objective It remains unclear to what degree children show signs of posttraumatic stress disorder (PTSD) after experiencing low-magnitude stressors, or stressors milder than those required for the DSM-IV extreme stressor criterion. Method A representative community sample of 1,420 children, ages 9, 11, and 13 at intake, was followed annually through age 16. Low-magnitude and extreme stressors as well as subsequent posttraumatic stress symptoms were assessed with the Child and Adolescent Psychiatric Assessment. Two measures of posttraumatic stress symptoms were used: having painful recall, hyperarousal, and avoidance symptoms (subclinical PTSD) and having painful recall only. Results During any 3-month period, low-magnitude stressors occurred four times as often as extreme stressors (24.0% compared with 5.9%). Extreme stressors elicited painful recall in 8.7% of participants and subclinical PTSD in 3.1%, compared with 4.2% and 0.7%, respectively, for low-magnitude stressors. Because of their higher prevalence, however, low-magnitude stressors accounted for two-thirds of cases of painful recall and half of cases of subclinical PTSD. Moreover, exposure to low-magnitude stressors predicted symptoms even among youths with no prior lifetime exposure to an extreme stressor. Conclusions Relative to low-magnitude stressors, extreme stressors place children at greater risk for posttraumatic stress symptoms. Nevertheless, a sizable proportion of children manifesting posttraumatic stress

symptoms experienced only a low-magnitude stressor.

PMID: 20551161 [PubMed - as supplied by publisher]

7. J Anxiety Disord. 2010 May 25. [Epub ahead of print]

Which method of posttraumatic stress disorder classification best predicts psychosocial function in children with traumatic brain injury?

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Controversy surrounds the classification of posttraumatic stress disorder (PTSD), particularly in children and adolescents with traumatic brain injury (TBI). In these populations, it is difficult to differentiate TBI-related organic memory loss from dissociative amnesia. Several alternative PTSD classification algorithms have been proposed for use with children. This paper investigates DSM-IV-TR and alternative PTSD classification algorithms, including and excluding the dissociative amnesia item, in terms of their ability to predict psychosocial function following pediatric TBI. A sample of 184 children aged 6-14 years were recruited following emergency department presentation and/or hospital admission for TBI. PTSD was assessed via semi-structured clinical interview (CAPS-CA) with the child at 3 months post-injury. Psychosocial function was assessed using the parent report CHQ-PF50. Two alternative classification algorithms, the PTSD-AA and 2 of 3 algorithms, reached statistical significance. While the inclusion of the dissociative amnesia item increased prevalence rates across algorithms, it generally resulted in weaker associations with psychosocial function. The PTSD-AA algorithm appears to have the strongest association with psychosocial function following TBI in children and adolescents. Removing the dissociative amnesia item from the diagnostic algorithm generally results in improved validity. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20541906 [PubMed - as supplied by publisher]

8. Behav Res Ther. 2010 May 7. [Epub ahead of print]

Predictors of posttraumatic stress in children following injury: The influence of appraisals, heart rate, and morphine use.

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Prospective studies of posttraumatic stress disorder (PTSD) in children that investigate simultaneously both cognitive and biological or psychophysiological predictors are rare. The present research reports on the impact of cognitive factors (trauma-related appraisals) and biological indicators (heart rate, morphine use) in predicting PTSD and depression symptoms following single-incident trauma. Children and adolescents (N=48) were assessed within 4 weeks of an injury that led to hospital treatment and followed up 6-months later. While morphine did not predict initial PTSD severity, it was associated with lower levels of PTSD at follow-up. Reductions in PTSD symptoms (change scores) between assessments were similarly associated with morphine dosage. Trauma-related appraisals also contributed to PTSD and depression symptom severity. While slightly different patterns of results were obtained depending on whether static or change scores were examined, as a whole the study adds to a

growing literature that morphine has the potential to reduce PTSD symptoms severity. Likewise the relationship between unhelpful trauma appraisals and posttrauma psychopathology was replicated. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20537316 [PubMed - as supplied by publisher]

9. Arch Gen Psychiatry. 2010 Jun;67(6):614-23.

Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq.

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CONTEXT: A growing body of literature has demonstrated the association of combat in Iraq and Afghanistan with postdeployment mental health problems, particularly posttraumatic stress disorder (PTSD) and depression. However, studies have shown varying prevalence rates of these disorders based on different case definitions and have not assessed functional impairment, alcohol misuse, or aggressive behavior as comorbid factors occurring with PTSD and depression. OBJECTIVES: To (1) examine the prevalence rates of depression and PTSD using several case definitions including functional impairment, (2) determine the comorbidity of alcohol misuse or aggressive behaviors with depression or PTSD, and (3) compare rates between Active Component and National Guard soldiers at the 3- and 12-month time points following their deployment to Iraq. DESIGN: Population-based, cross-sectional study. SETTING: United States Army posts and National Guard armories. PARTICIPANTS: A total of 18 305 US Army soldiers from 4 Active Component and 2 National Guard infantry brigade combat teams. INTERVENTIONS: Between 2004 and 2007, anonymous mental health surveys were collected at 3 and 12 months following deployment. MAIN OUTCOME MEASURES: Current PTSD, depression, functional impairment, alcohol misuse, and aggressive behavior. RESULTS: Prevalence rates for PTSD or depression with serious functional impairment ranged between 8.5% and 14.0%, with some impairment between 23.2% and 31.1%. Alcohol misuse or aggressive behavior comorbidity was present in approximately half of the cases. Rates remained stable for the Active Component soldiers but increased across all case definitions from the 3- to 12-month time point for National Guard soldiers. CONCLUSIONS: The prevalence rates of PTSD and depression after returning from combat ranged from 9% to 31% depending on the level of functional impairment reported. The high comorbidity with alcohol misuse and aggression highlights the need for comprehensive postdeployment screening. Persistent or increased prevalence rates at 12 months compared with 3 months postdeployment illustrate the persistent effects of war zone service and provide important data to guide postdeployment care.

PMID: 20530011 [PubMed - indexed for MEDLINE]

10. Psychol Rep. 2010 Apr;106(2):555-61.

Symptoms of posttraumatic stress disorder among health care workers in earthquake-affected areas in southwest China.

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The symptoms of posttraumatic stress disorder and associated risk factors were investigated among health care workers in earthquake-affected areas in southwest China. 343 health care workers completed the Chinese version of the Impact of Event Scale-Revised 3 mo. after the Wenchuan Earthquake. The prevalence of probable PTSD was 19%. The significant risk factors identified for PTSD severity included being female, being bereaved, being injured, and higher intensity of initial fear. These findings suggest that PTSD is a common mental health problem among health care workers in earthquake-affected areas. The present information can be useful in directing, strengthening, and evaluating disaster-related mental health needs and interventions after an earthquake.

PMID: 20524558 [PubMed - indexed for MEDLINE]

11. Am J Disaster Med. 2010 Mar-Apr;5(2):113-25.

Emotional and biological stress measures in Katrina survivors relocated to Oklahoma.

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OBJECTIVES: The authors assessed relocated Hurricane Katrina survivors' emotional and biological stress measures 20 months postdisaster to understand effects of both hurricane exposure and forced relocation on emotional and physical health. **DESIGN:** Psychiatric diagnoses, post-traumatic stress disorder (PTSD) and depressive symptoms, and biological stress measures were compared for total survivor and control groups and subgroups by PTSD diagnoses and lifetime trauma. **SETTING:** Outpatient university psychiatry clinics in Oklahoma City and Tulsa. **PARTICIPANTS:** Thirty-four healthy adult Katrina survivors relocated to Oklahoma, and 34 healthy, demographically matched Oklahoma comparison participants. **MAIN OUTCOME MEASURES:** Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, assessed Axis I psychiatric disorders. Clinician-Administered PTSD Scale and Beck Depression Inventory quantified PTSD and depression symptoms. Biological stress measures were physiologic reactivity (heart rate and blood pressure responses to a trauma interview), interleukin-2 (IL-2; cell-mediated immunity), and interleukin-6 (IL-6; proinflammatory cytokine). **RESULTS:** Both groups had high lifetime trauma exposure. Among survivors, current hurricane-related and predisaster PTSD were diagnosed in 35.3 and 11.8 percent. Controls had current (11.8 percent) and lifetime (14.7 percent) PTSD. Survivors' PTSD and depression symptom levels were higher than controls and within illness ranges. The survivors had higher IL-6 than nontraumatized controls, higher IL-6 in the presence of PTSD, and higher baseline heart rates and mean arterial blood pressure reactivity than controls. **CONCLUSIONS:** Higher IL-6 and autonomic measures for several Katrina survivor subgroups than control subgroups may confer future cardiovascular risks. The results are discussed relative to increased myocardial infarct rates in New Orleans after Katrina. Even healthy survivors should be assessed for cardiovascular risks and mental health sequelae.

PMID: 20496644 [PubMed - indexed for MEDLINE]

12. Pediatr Nurs. 2010 Mar-Apr;36(2):77-83; quiz 84.

Evaluation and management of apparent life-threatening events in infants.

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Apparent life-threatening events (ALTEs) are frightening to caregivers and clinicians alike. This article provides a comprehensive review of the causes, management, and consequences of ALTEs. The information provided was collected from an extensive literature review using the search terms ALTE, sudden infant death syndrome, and apnea. There is a wide array of contributing factors to ALTE syndrome and sequelae for both infants and caregivers of infants experiencing an ALTE.

PMID: 20476509 [PubMed - indexed for MEDLINE]

13. J Clin Psychiatry. 2010 May;71(5):543-7. Epub 2010 Apr 6.

Association study of trauma load and SLC6A4 promoter polymorphism in posttraumatic stress disorder: evidence from survivors of the Rwandan genocide.

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OBJECTIVE: As exposure to different types of traumatic stressors increases, the occurrence of posttraumatic stress disorder (PTSD) increases. However, because some people exhibit either surprising resilience or high vulnerability, further influencing factors have been conjectured, such as gene-environment interactions. The SLC6A4 gene, which encodes serotonin transporter, has been identified as predisposing toward differential emotional processing between genotypes of its promoter polymorphism. **METHOD:** We investigated 408 refugees from the Rwandan genocide and assessed lifetime exposure to traumatic events, PTSD (according to DSM-IV) status, and genotype of the SLC6A4 promoter polymorphism. The study was conducted from March 2006 to February 2007. **RESULTS:** The prevalence of PTSD approached 100% when traumatic exposure reached extreme levels. However, persons homozygous for the short allele of the SLC6A4 promoter polymorphism showed no dose-response relationship but were at high risk for developing PTSD after very few traumatic events. This genotype influence vanished with increasing exposure to traumatic stressors. **CONCLUSION:** We find evidence for a gene-environment interplay for PTSD and show that genetic influences lose importance when environmental factors cause an extremely high trauma burden to an individual. In the future, it may be important to determine whether the effectiveness of therapeutic interventions in PTSD is also modulated by the SLC6A4 genotype.

PMID: 20441718 [PubMed - indexed for MEDLINE]

14. Psychiatry Res. 2010 May 15;177(1-2):150-5. Epub 2010 Apr 9.

Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the National Comorbidity Survey-Replication.

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Research has accumulated over the past several years demonstrating a relationship between childhood abuse and anxiety disorders. Extant studies have generally suffered from a number of methodological limitations, including low sample sizes

and without controlling for psychiatric comorbidity and parental anxiety. In addition, research has neglected to examine whether the relationships between anxiety disorders and childhood abuse are unique to physical abuse as opposed to sexual abuse and vice versa. The current study sought to examine the unique relationships between anxiety disorders and childhood physical and sexual abuse using data from the National Comorbidity Survey-Replication. Participants (n=4141) completed structured interviews from which data on childhood abuse history, lifetime psychiatric history, parental anxiety, and demographics were obtained. After controlling for depression, other anxiety disorders, and demographic variables, unique relationships were found between childhood sexual abuse and social anxiety disorder (SAD), panic disorder (PD), generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD); in contrast, physical abuse was only associated with PTSD and specific phobia (SP). Further, among women, analyses revealed that physical abuse was uniquely associated with PTSD and SP, while sexual abuse was associated with SAD, PD, and PTSD. Among men, both sexual and physical abuse were uniquely associated with SAD and PTSD. Findings provide further evidence of the severe consequences of childhood abuse and help inform etiological accounts of anxiety disorders. Copyright 2010 Elsevier Ltd. All rights reserved.

PMID: 20381878 [PubMed - indexed for MEDLINE]

15. J Anxiety Disord. 2010 May;24(4):409-15. Epub 2010 Feb 20.

Mindfulness and experiential avoidance as predictors of posttraumatic stress disorder avoidance symptom severity.

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Mindfulness reflects an awareness of present moment experiences through an attitude of acceptance and openness (Bishop et al., 2004; Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008). Experiential avoidance, by contrast, refers to attempts to change, alter, or avoid private experiences (e.g., thoughts, feelings, sensations), and it is believed to underlie a number of psychopathologies, including PTSD (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). We were interested in the ability of mindfulness to predict the variance of PTSD avoidance symptom severity above and beyond experiential avoidance. 378 introductory psychology students were administered self-report measures of PTSD, mindfulness, experiential avoidance, thought suppression, alexithymia, and avoidant coping. Mindfulness, specifically nonjudgment of experiences, accounted for a unique portion of the variance in PTSD avoidance symptoms. Copyright 2010 Elsevier Ltd. All rights reserved.

PMID: 20304602 [PubMed - indexed for MEDLINE]

16. Psychiatry Res. 2010 May 15;177(1-2):84-91. Epub 2010 Mar 21.

Psychotic symptoms with sexual content in the "ultra high risk" for psychosis population: frequency and association with sexual trauma.

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Individuals at "ultra high risk" (UHR) for psychosis have been found to experience high rates of sexual trauma. An aetiological role for sexual trauma

has been proposed for psychotic disorders and may influence psychotic symptom content. We aimed to investigate the relationship between previous sexual trauma and reported psychotic-like experiences, in particular psychotic symptoms with a sexual content in a UHR sample. We investigated the prevalence of "attenuated" or "subthreshold" psychotic symptoms with a sexual content in a consecutive series of patients recruited to a specialist UHR clinic. Patient's experience of general and sexual trauma was rated separately using a trauma questionnaire based on the list of events qualifying as traumas under DSM IV. The sample consisted of 92 patients, 14 (15.2%) had experienced an attenuated psychotic symptom with sexual content. The most common symptom was overvalued ideas/delusions of being watched in the shower/toilet or undressing. A considerable proportion of the sample (36.2%) had experienced sexual trauma (sexually molested or raped). Presence of attenuated psychotic symptoms with sexual content was related to history of previous sexual trauma (OR 7.17, $P < 0.01$). This relationship remained significant when other traumatic experiences, PTSD diagnosis, age and sex were adjusted for. Further research into this relationship with regard to outcome and treatment is warranted. Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

PMID: 20304504 [PubMed - indexed for MEDLINE]

17. Child Abuse Negl. 2010 Mar;34(3):161-71.

Identifying experiences of physical and psychological violence in childhood that jeopardize mental health in adulthood.

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OBJECTIVE: This study examined associations between profiles of physical and psychological violence in childhood from parents and two dimensions of mental health in adulthood (negative affect and psychological well-being). Profiles were distinguished by the types of violence retrospectively self-reported (only physical, only psychological, or both psychological and physical violence), as well as by the frequency at which each type of violence reportedly occurred (never, rarely, or frequently). **METHODS:** Multivariate regression models were estimated using data from the National Survey of Midlife in the U.S. (MIDUS). An adapted version of the Conflict Tactics Scales (CTS) was used to collect respondents' reports of physical and psychological violence in childhood from each parent. Respondents also reported on current experiences of negative affect and psychological well-being. **RESULTS:** Regarding violence from mothers, reports of frequent psychological violence-even when coupled with never or rarely having experienced physical violence-were associated with more negative affect and less psychological well-being in adulthood. Nearly all profiles of violence in childhood from fathers-with the exception of reports of rare physical violence only-were associated with poorer adult mental health. **CONCLUSIONS:** Results provide evidence that frequent experiences of psychological violence from parents-even in the absence of physical violence and regardless of whether such violence is from mothers or fathers-can place individuals' long-term mental health at risk. Moreover, frequent physical violence from fathers-even in the absence of psychological violence-also serves as a risk factor for poorer adult mental health. **PRACTICE IMPLICATIONS:** Findings provide additional empirical support for the importance of prevention and intervention efforts directed toward children who experience physical and psychological violence from parents, as well as among adults who reportedly experienced in childhood only one type of violence and especially psychological violence at high levels of frequency. Copyright (c)

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PMCID: PMC2838932 [Available on 2011/3/1]

PMID: 20223518 [PubMed - indexed for MEDLINE]

18. World J Biol Psychiatry. 2010 Mar;11(2 Pt 2):344-51.

Injured civilian survivors of suicide bomb attacks: from partial PTSD to recovery or to traumatisation. Where is the turning point?

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OBJECTIVE: To assess the short- (3-9 months) and medium-term (30 months) occurrence and severity of post-traumatic stress disorder (PTSD) in civilian survivors of suicide bombing terrorist attacks. **METHOD:** We evaluated 129 injured survivors of nine attacks in Israel who were treated in our emergency room between June 2000 and September 2002. Data on demographics, physical injuries and psychiatric symptoms were collected by both a structured clinical interview and standard assessment scales for depression, anxiety, and sleep quality. Diagnosis of PTSD was based on a Hebrew-validated DSM-IV SCID-PTSD rating scale. **RESULTS:** At the first assessment (short-term), 20 survivors (15.5%) met the criteria for full-blown PTSD and 54 (42%) for sub-clinical PTSD, while 55 (42.5%) evidenced no symptoms of PTSD. Two years later, only 54 patients could be located: 19 (35%) of them had either persistent or de novo PTSD and none had residual sub-clinical PTSD. **CONCLUSIONS:** Relatively few survivors of suicide bomb attacks had full-blown PTSD, while a substantial number of survivors had short-term sub-clinical PTSD. Two-year follow-up evaluations revealed that a significant number of the patients available for testing (35%) had full-blown PTSD. These findings imply that medium-term follow-up of survivors is needed in order to establish the actual prevalence of PTSD.

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19. Child Abuse Negl. 2010 Mar;34(3):135-43. Epub 2010 Mar 5.

Assessing historical abuse allegations and damages.

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Practitioners may be called upon to assess adults who have alleged child abuse as a minor and are seeking reparations. Such assessments may be used by the courts to determine harm and assess damages related to their claim or testimony. Our clinical/research team has conducted many such evaluations and reported the findings pertaining to the psychological harm stemming from historical abuse in published studies. We use the opportunity provided by this new section on Practical Strategies to describe the role of the assessor, and to provide details concerning our methods for preparing these assessments and reporting the findings for the purpose of civil or criminal actions. Specific recommendations for wording of written reports are provided. Copyright (c) 2010 Elsevier Ltd. All rights reserved.

PMID: 20207003 [PubMed - indexed for MEDLINE]

20. J Child Sex Abus. 2009 Nov;18(6):623-40.

Exploring posttraumatic outcomes as a function of childhood sexual abuse.

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There is sparse systematic examination of the potential for growth as well as distress that may occur for some adult survivors of childhood sexual abuse. The presented study explored posttraumatic growth and its relationship with negative posttrauma outcomes within the specific population of survivors of childhood sexual abuse (N = 40). Results showed that 95% of the participants experienced clinically significant post-traumatic stress disorder symptomatology related to their childhood sexual abuse. In conjunction with these high levels of negative symptoms, the population evidenced posttraumatic growth levels that were comparable to other trauma samples. This research has clinical relevance in terms of adding to the knowledge base on sexual abuse and the usefulness of this knowledge in therapeutic interventions and relationships.

PMID: 20183422 [PubMed - indexed for MEDLINE]

21. J Anxiety Disord. 2010 Apr;24(3):353-9. Epub 2010 Feb 6.

Exploration of a cognitive model to predict post-traumatic stress symptoms following childbirth.

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Women can suffer from post-traumatic stress disorder (PTSD) following childbirth. This study investigated the application of a cognitive model to PTS symptoms following childbirth and explored the addition of social support to the model. METHODS: Women (N=138) completed questionnaires in pregnancy, 3-weeks and 3-months after birth, measuring prior trauma, beliefs, and coping in pregnancy; and birth interventions, social support, post-traumatic cognitions, and PTS symptoms post-birth. RESULTS: Using structural equation modeling, a cognitive model explained 23% of the variance in PTS symptoms 3-weeks postpartum. Three-months postpartum, the model explained only 9% of the variance in PTS symptoms. The addition of social support, partially mediated by post-traumatic cognitions, increased the variance to 16%. DISCUSSION: Results suggest that a cognitive model accounts for early PTS symptoms after birth. Social support after birth increases the explanatory power of the model at 3 months. A test of the model on a larger sample is warranted. (c) 2010 Elsevier Ltd. All rights reserved.

PMID: 20176458 [PubMed - indexed for MEDLINE]

22. Rehabil Psychol. 2010 Feb;55(1):1-11.

Psychopathology and resilience following traumatic injury: a latent growth mixture model analysis.

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OBJECTIVE: To investigate trajectories of PTSD and depression following traumatic injury using latent class growth curve modeling. METHOD: A longitudinal study of

330 injured trauma survivors was conducted and participants were assessed during hospitalization, and at 1, 3, and 6 months follow-up. Acute Stress Disorder (ASD) was assessed during hospitalization using the Acute Stress Disorder Interview (ASD-I), PTSD was measured at all follow-up with the Post-Traumatic Stress Diagnostic Scale (PDS) and depression was measured at hospitalization with the (BSI) and at follow-up with the Center for Epidemiologic Studies Depression Scale (CESDS). Covariates were explored, including coping self-efficacy, anger, education level, and mechanism of injury. RESULTS: Four latent classes were identified for PTSD and Depression symptoms: chronic distress, delayed distress, recovered, and resilience. When compared to the resilient group, individuals with chronic distress were more likely to have been assaulted, had higher levels of anger, and had less coping self-efficacy. The delayed distress group had lower education levels, higher levels of coping self-efficacy, and higher levels of anger. Individuals in the recovered group had fewer years of education, and higher levels of anger. CONCLUSION: The majority of the injured trauma sample demonstrated resiliency, with those exhibiting distress doing so as a delayed, chronic, or recovered trajectory. Coping self efficacy, education, assaultive trauma type, and anger were important covariates of depression and PTSD trajectories. These results are similar to studies of individuals who experienced a major health threat and with survivors from the World Trade Center attacks in the U.S.

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23. J Anxiety Disord. 2010 Apr;24(3):318-25. Epub 2010 Jan 25.

Metacognition, memory disorganization and rumination in posttraumatic stress symptoms.

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The present study aimed to assess the relative contribution of memory disorganization and beliefs about trauma memory in the prediction of posttraumatic stress symptoms. A sample of 95 student nurses and midwives narrated their memory of the most distressing placement related event they had experienced. Several questionnaires were administered, including the Beliefs about Memory Questionnaire (BAMQ), which was devised for the study. Pearson's correlations, hierarchical analyses and mediation analyses were performed on the data. The reliability and validity of the BAMQ gained preliminary support. Beliefs about the trauma memory, but not memory disorganization within the trauma narrative, predicted a significant proportion of the variance in posttraumatic stress symptoms after control variables were accounted for. Consistent with the metacognitive model of PTSD, the use of rumination mediated the relationship between beliefs about the trauma memory and PTSD symptoms. The findings provide preliminary support for the role of meta-memory in the maintenance of PTSD symptoms and question the importance of memory disorganization. (c) 2010 Elsevier Ltd. All rights reserved.

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24. Depress Anxiety. 2010 Mar;27(3):244-51.

Impaired fear inhibition is a biomarker of PTSD but not depression.

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BACKGROUND: A central problem in posttraumatic stress disorder (PTSD) is a reduced capacity to suppress fear under safe conditions. Previously, we have shown that combat-related PTSD patients have impaired inhibition of fear-potentiated startle (FPS). Given the high comorbidity between PTSD and depression, our goal was to see whether this impairment is specific to PTSD, or a non-specific symptom associated with both disorders. **METHODS:** Fear-potentiated startle was assessed in 106 trauma-exposed individuals divided into four groups: (a) No diagnosis control, (b) PTSD only, (c) major depression (MDD) only, and (d) comorbid PTSD and MDD. We used a novel conditional discrimination procedure, in which one set of shapes (the danger signal) was paired with aversive airblasts to the throat, and different shapes (the safety signal) were presented without airblasts. The paradigm also included fear inhibition transfer test. **RESULTS:** Subjects with comorbid MDD and PTSD had higher FPS to the safety signal and to the transfer test compared to controls and MDD only subjects. In contrast to the control and MDD groups, the PTSD and comorbid PTSD and MDD groups did not show fear inhibition to safety cues. **CONCLUSIONS:** These results suggest that impaired fear inhibition may be a specific biomarker of PTSD symptoms. (c) 2010 Wiley-Liss, Inc.

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25. Qual Health Res. 2010 Apr;20(4):479-95. Epub 2010 Feb 5.

The research relationship as a facilitator of remoralization and self-growth: postearthquake suffering and healing.

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In new-paradigm research, empathic witnessing by the researcher might create within the researcher-participant relationship a space for participants to share and transcend their suffering. I explore this theme through the constructionist grounded theory analysis of interviews, fieldnotes, and my self-reflexive commentary from an original study conducted to understand the experiences of suffering and healing among the survivors of an earthquake that occurred in India in 2001. The five categories that emerged--getting overwhelmed while verbalizing suffering, search for the cultural meaning of the research relationship, piecing together of self, reaffirmation of moral status, and continuing bond revalidating the self--provide insights about this theme. Also, my reflections on participants' suffering and healing not only facilitated my healing but also inspired me to expand my boundary of I to feel "oneness" with all forms of nature or existence. The findings and discussion not only enhance understanding of the communications and complexities of the researcher-participant relationship, but indicate the nature of support and education needed if researchers are to be effective witnesses to suffering.

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26. Neuroimmunomodulation. 2010;17(3):192-5. Epub 2010 Feb 4.

Interplay between neuroimmunoendocrine systems during post-traumatic stress disorder: a minireview.

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Early life stress has been suggested to mediate vulnerability to affective disorders. Traumatic events experienced in childhood such as sexual abuse and/or physical neglect may lead to psychiatric diseases in adult life, including post-traumatic stress disorder (PTSD). Previous studies have focused on adult traumatic events and very little is known regarding the long-term physiological effects of early life stress. Here, we review the complex interplay between most important cognitive, neuroendocrine and immunological changes reported in PTSD, focusing on long-term implications of childhood maltreatment. PTSD has been associated with significant biological changes related to impaired cognitive functions, attenuated hypothalamic-pituitary-adrenal (HPA) axis function (hypocortisolism) and activation of innate immune responses (low-grade inflammation). Copyright 2010 S. Karger AG, Basel.

PMID: 20134200 [PubMed - indexed for MEDLINE]

27. J Neural Transm. 2010 Apr;117(4):481-8. Epub 2010 Feb 4.

Structural abnormalities in the substantia nigra and neighbouring nuclei in Tourette's syndrome.

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Although midbrain nuclei (substantia nigra, ventral tegmental area, and periaqueductal grey) are considered candidate loci of pathology in Tourette's syndrome (TS), few imaging studies have examined midbrain structure. The objective of this study was to evaluate the presence of subtle structural abnormalities in the midbrain of patients with TS. High-field magnetic resonance imaging (MRI) (1.5- and 3-T) was used in 23 patients with TS and in 20 age- and sex-matched normal control subjects. Tics symptoms were rated using the Yale Global Tic Severity Scale and comorbid neuropsychiatric disorders were evaluated with standardised psychiatric rating scales. MRI scans revealed subtle structural abnormalities consistent with expanded perivascular spaces (EPVS) in the substantia nigra (compacta and reticulata) and neighbouring nuclei in 6 (26%) patients with TS, but in none of the normal control subjects ($P = 0.045$). Stereotyped movements were more frequent ($P = 0.017$) amongst TS patients with midbrain EPVS than in TS patients with normal MRI. Parkinsonism, posttraumatic stress disorder and autistic spectrum disorders exclusively occurred in TS patients with midbrain EPVS. There were no significant between-group differences in other comorbid neuropsychiatric disorders and in tics. Although EPVS are generally viewed as incidental findings, our results suggest that when EPVS are located in the midbrain they may be symptomatic. These abnormalities would reduce the actual number of neurons in specific midbrain nuclei (e.g., substantia nigra) and disrupt their connectivity with limbic, associative, and motor circuits.

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28. Prog Neuropsychopharmacol Biol Psychiatry. 2010 Apr 16;34(3):459-62. Epub 2010 Jan 22.

Serum brain-derived neurotrophic factor in patients with trauma psychopathology.

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OBJECTIVE: Brain-derived neurotrophic factor (BDNF) has an important role in learning, motivation and regulation of mood. The aim of this study was to investigate levels of serum BDNF in patients with trauma psychopathology (acute and post-traumatic stress disorder) when compared to age and gender matched controls. **METHOD:** A consecutive sample of 34 patients was evaluated regarding socio-demographic and clinical variables by means of a standard protocol, Davidson Trauma Scale, Beck Depression Inventory, Clinical Global Impression and the Global Assessment of Functioning. BDNF serum levels were measured right after the intake interview. **RESULTS:** Patients had higher BDNF levels than controls. Those levels, however, were higher right after the traumatic event, decreasing over time. When two groups of patients (recent and remote trauma) were investigated in separate, the recent trauma group (less than 1 year since the traumatic event) had higher BDNF than controls, but this effect was not detected in the remote trauma group. The recent and remote trauma groups had different BDNF levels. Those findings persisted, even controlling for symptom severity, use of psychotropic medication, and history of psychiatric disease. **CONCLUSIONS:** As far as we know this is the first report of elevated serum BDNF levels in patients with recent trauma. Based in animal models that implicate BDNF in memory formation and consolidation, higher BDNF in recent PTSD could be related to memory and learning disruption central in PTSD psychopathology. Copyright 2010 Elsevier Inc. All rights reserved.

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29. Indian J Med Sci. 2009 Aug;63(8):330-4.

Risk of posttraumatic stress disorder and depression in survivors of the floods in Bihar, India.

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Comment in:

Indian J Med Sci. 2009 Aug;63(8):327-9.

BACKGROUND: Following a natural disaster, survivors are vulnerable to develop posttraumatic stress disorder (PTSD) and/ or depression. **OBJECTIVES:** (i) To screen survivors of the Bihar floods a month after the event to determine their scores in a screening questionnaire for PTSD and/ or depression and (ii) to correlate these scores with age and gender. **MATERIALS AND METHODS:** One thousand two hundred eighty-nine persons (645 females) who had been directly exposed to the floods in Bihar, India, in August 2008 were assessed. The Screening Questionnaire for Disaster Mental Health (SQD) was used to screen for PTSD and depression. **STATISTICAL ANALYSIS:** Separate two-factor ANOVAs were used to compare persons of both sexes and 5 different age groups for PTSD and depression scores. This was followed by post-hoc analysis for multiple comparisons. **RESULTS:** People

over the age of 60 years had significantly higher scores for PTSD and depression compared to all groups ($P < 0.05$ for all comparisons). **CONCLUSION:** Following a natural disaster, older people appear more vulnerable to develop PTSD and depression. This should be taken into account in devising strategies for disaster relief.

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30. J Youth Adolesc. 2010 Apr;39(4):335-42. Epub 2009 Oct 2.

A multiple mediational test of the relationship between childhood maltreatment and non-suicidal self-injury.

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Post-traumatic stress symptoms, depressive symptoms, and psychological dysregulation have been shown to mediate the relationship between child maltreatment and non-suicidal self-injury. However, these proposed mediators often co-occur and previous research has not tested mediation when all variables are assessed simultaneously. The current study sought to advance the literature on maltreatment and self-injury by estimating the mediational effects of post-traumatic stress symptoms, depressive symptoms, and psychological dysregulation in the same multiple mediator model. Both maltreated ($n = 129$) and non-maltreated ($n = 82$) adolescent females, consisting of Caucasian (55%), African-American (37%), and Bi-racial (8%) backgrounds, participated in the study. Results indicated that only post-traumatic stress symptoms mediated the relationship between maltreatment and self-injury when all variables were included in the model. Overall, post-traumatic symptoms represented a unique pathway from maltreatment to self-injury and warrant special attention when assessing and treating such behavior with adolescent females.

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31. AIDS Behav. 2010 Apr;14(2):318-27.

HIV sexual risk behavior among low-income women experiencing intimate partner violence: the role of posttraumatic stress disorder.

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Posttraumatic stress disorder resulting from intimate partner violence (IPV-related PTSD), drug problems, and alcohol problems were tested as correlates of women's sexual risk behavior. Participants were 136 low-income women experiencing physical violence by a male partner during the past 6 months. Sexual risk behavior was assessed by whether women had unprotected sex with a risky primary partner (i.e., HIV-positive, injection drug user, and/or nonmonogamous), unprotected sex with a risky nonprimary partner (i.e. HIV-positive or unknown status), or traded sex during the past 6 months. Nearly one in five women engaged in these recent sexual risk behaviors. Simultaneous logistic regression results revealed IPV-related PTSD, but not drug or alcohol problems, was significantly associated with sexual risk behavior while controlling for childhood abuse and demographic covariates. Women with IPV-related PTSD had four times greater odds of recent sexual risk behavior compared to women without IPV-related PTSD.

Implications for HIV prevention interventions are discussed.

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