

June 2010 Medline Topic Alert

1. J Am Acad Child Adolesc Psychiatry. 2010 Jun;49(6):616-625.e4. Epub 2010 Apr 9.
Posttraumatic Stress Disorder Symptom Structure in Injured Children: Functional Impairment and Depression Symptoms in a Confirmatory Factor Analysis.

Kassam-Adams N, Marsac ML, Cirilli C.
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OBJECTIVE: To examine the factor structure of posttraumatic stress disorder (PTSD) symptoms in children and adolescents who have experienced an acute single-incident trauma, associations between PTSD symptom clusters and functional impairment, and the specificity of PTSD symptoms in relation to depression and general distress. **METHOD:** Examined PTSD symptom structure in two samples of children (8 to 17 years of age) assessed an average of 6 months after unintentional injury: (1) a combined dataset of 479 children assessed with a PTSD symptom checklist, and (2) a sample of 204 children assessed via a standardized clinical interview. We evaluated the fit of six alternative models for the factor structure of PTSD symptoms, and the association of PTSD symptom clusters with indicators of functional impairment. We then evaluated three models for the structure of PTSD and depression symptoms jointly, to examine specificity of PTSD versus general distress or mood symptoms. **RESULTS:** In both samples, the DSM-IV 3-factor model fit the data reasonably well. Two alternative four-factor models fit the data very well: one that separates effortful avoidance from emotional numbing, and one that separates PTSD-specific symptoms from general emotional distress. Effortful avoidance and dysphoria symptoms were most consistently associated with impairment. The best-fitting model for PTSD and depression symptom clusters had three factors: PTSD-specific, depression-specific, and general dysphoria symptoms. **CONCLUSIONS:** The DSM-IV model for PTSD symptom categories was a reasonable fit for these child data, but several alternative models fit equally well or better, and suggest potential improvements to the current diagnostic criteria for PTSD in children. Copyright © 2010 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

PMID: 20494271 [PubMed - as supplied by publisher]

2. Aust N Z J Psychiatry. 2010 Jun;44(6):543-50.

A study on the relationship between posttraumatic stress disorder in flood victim parents and children in Hunan, China.

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OBJECTIVE: To explore the relationship between posttraumatic stress disorder (PTSD) in flood victim parents and children in Hunan, China. **METHODS:** Using the method of multistage cluster random sampling, we conducted a retrospective investigation on 3,698 families in Hunan, China who suffered from flooding in 1998. Investigators held face-to-face interviews with the parents and children of the families. The diagnosis of PTSD was made according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders, fourth edition. The comparison of rate of PTSD positive in the groups of children with different characteristics was done by chi-square test. In the evaluation of the impact of parent PTSD on PTSD in their children, we used a multivariable logistic

regression model to re-estimate the adjusted Odds Ratio and its confidence interval. We did this after the possible confounding variables were adjusted for. Additionally, the Odds Ratio and its confidence interval were estimated under the condition of a single variable. RESULTS: A total of 4,327 children and the parents of 3,292 families were included for analysis; 203 (4.7%) of 4,327 children and 740 (11.2%) of 6,584 parents were diagnosed with PTSD. We found that the PTSD positive rate is significantly higher in the children with disaster-related experience. The rate of beating their children in PTSD positive fathers (54.9%) was higher than that of PTSD negative fathers (51.2%). No correlation was found between mothers' PTSD and beating their children. The risk of developing PTSD is higher for children living in the families with PTSD parents. CONCLUSION: The rate of PTSD in 7-14-year-old children is 4.7% in areas in Hunan, China, who suffered from flooding in 1998. The possibility for children to develop PTSD is increased in families with PTSD parents.

PMID: 20482413 [PubMed - in process]

3. J Clin Psychiatry. 2010 Apr 20. [Epub ahead of print]

Psychopharmacologic treatment of posttraumatic stress disorder in children and adolescents: a review.

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OBJECTIVE: Despite the high prevalence and significant morbidity associated with posttraumatic stress disorder (PTSD) in children and adolescents, there are limited and conflicting data to guide psychopharmacologic interventions. With these considerations in mind, we sought to summarize the current evidence for psychopharmacologic interventions in youth with PTSD. DATA SOURCES/STUDY SELECTION: We conducted a literature review of the National Library of Medicine to identify publications of pharmacologic treatments for youth with PTSD or posttraumatic stress symptoms. The search was limited to articles written in English and published between 1966 and 2009. In addition, we manually searched each citation for additional references and the following journals: Journal of the American Academy of Child and Adolescent Psychiatry and the Journal of Child and Adolescent Psychopharmacology. DATA EXTRACTION: All articles were manually reviewed and evaluated. Thereafter, each agent or class of medication was categorized by level of evidence. DATA SYNTHESIS: Three double-blind, randomized controlled trials of selective serotonin reuptake inhibitors (SSRIs) and 1 double-blind randomized controlled trial of imipramine in children and adolescents with PTSD or acute stress disorder were identified. Additionally, several open-label studies and case series involving other classes of medications (eg, antiadrenergics, other antidepressants, and second-generation antipsychotics) were reviewed. CONCLUSIONS: The extant data do not support the use of SSRIs as first-line treatments for PTSD in children and adolescents. There is limited evidence that the brief use of antiadrenergic agents, second-generation antipsychotics, and several mood stabilizers may attenuate some PTSD symptoms in youth. However, controlled trials of these agents in children and adolescents with PTSD are needed. © Copyright 2010 Physicians Postgraduate Press, Inc.

PMID: 20441729 [PubMed - as supplied by publisher]

4. Pediatrics. 2010 May;125(5):e1124-34.

Prevalence and predictors of posttraumatic stress disorder in adult survivors of childhood cancer.

Stuber ML, Meeske KA, Krull KR, Leisenring W, Stratton K, Kazak AE, Huber M, Zebrack B, Uijtdehaage SH, Mertens AC, Robison LL, Zeltzer LK.
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OBJECTIVE: This study compared the prevalence of symptoms of posttraumatic stress disorder (PTSD), with functional impairment and/or clinical distress, among very long-term survivors of childhood cancer and a group of healthy siblings. **METHODS:** A total of 6542 childhood cancer survivors >18 years of age who received diagnoses between 1970 and 1986 and 368 siblings of cancer survivors completed a comprehensive demographic and health survey. **RESULTS:** A total of 589 survivors (9%) and 8 siblings (2%) reported functional impairment and/or clinical distress in addition to the set of symptoms consistent with a full diagnosis of PTSD. Survivors had more than fourfold greater risk of PTSD, compared with siblings (odds ratio [OR]: 4.14 [95% confidence interval [CI]: 2.08-8.25]). With controlling for demographic and treatment variables, increased risk of PTSD was associated with educational level of high school or less (OR: 1.51 [95% CI: 1.16-1.98]), being unmarried (OR: 1.99 [95% CI: 1.58-2.50]), having annual income below \$20,000 (OR: 1.63 [95% CI: 1.21-2.20]), and being unemployed (OR: 2.01 [95% CI: 1.62-2.51]). Intensive treatment also was associated with increased risk of full PTSD (OR: 1.36 [95% CI: 1.06-1.74]). **CONCLUSIONS:** PTSD was reported significantly more often by survivors of childhood cancer than by sibling control subjects. Although most survivors apparently are faring well, a subset reported significant impairment that may warrant targeted intervention.

PMID: 20435702 [PubMed - indexed for MEDLINE]

5. Pediatrics. 2010 May;125(5):1094-100. Epub 2010 Apr 26.

Intimate partner violence: the role of the pediatrician.

Thackeray JD, Hibbard R, Dowd MD; Committee on Child Abuse and Neglect; Committee on Injury, Violence, and Poison Prevention.

Collaborators: Jenny C, Christian C, Crawford J, Flaherty E, Hibbard R, Kaplan R, MacMillan H, Saul J, Thackeray JD, Hurley TP, Gardner HG, Baum CR, Dowd MD, Durbin D, Ebel B, Lichenstein R, Limbos MA, O'Neil J, Quinlan KP, Parker K, Scholer S, Sege RD, Turner MS, Weiss JC, Gilchrist J, Haverkos LJ, Midgett JD, Roche L, Sinclair AS, Yanchar N, Kozial B.

The American Academy of Pediatrics and its members recognize the importance of improving the physician's ability to recognize intimate partner violence (IPV) and understand its effects on child health and development and its role in the continuum of family violence. Pediatricians are in a unique position to identify abused caregivers in pediatric settings and to evaluate and treat children raised in homes in which IPV may occur. Children exposed to IPV are at increased risk of being abused and neglected and are more likely to develop adverse health, behavioral, psychological, and social disorders later in life. Identifying IPV, therefore, may be one of the most effective means of preventing child abuse and identifying caregivers and children who may be in need of treatment and/or therapy. Pediatricians should be aware of the profound effects of exposure to IPV on children.

PMID: 20421260 [PubMed - indexed for MEDLINE]

6. Seishin Shinkeigaku Zasshi. 2010;112(2):153-8.

Recovery and beyond: working with young tsunami victims in Thailand.

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PMID: 20384200 [PubMed - indexed for MEDLINE]

7. Acta Orthop Belg. 2010 Feb;76(1):90-3.

Acute stress disorder and post-traumatic stress disorder following traumatic amputation.

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Traumatic amputations are important causes of acute stress disorder and post-traumatic stress disorder. In this study, we aimed to find out the occurrence rate of symptoms of acute and post-traumatic stress disorder after traumatic amputations and according to this, to assess the psychiatric status of the patients in the postoperative period. Twenty-two patients with traumatic limb amputation who were treated in our institution were retrospectively evaluated. During the early post-traumatic period, the patients were observed to determine whether they needed any psychiatric supportive treatment. During the follow-up period, after the sixth month from the trauma, the patients were referred to the psychiatry department and they were evaluated to determine whether they needed any psychiatric supportive treatment, by clinical psychiatric examination and use of the 'post-traumatic stress disorder scale' (Clinician Administered Post traumatic Scale, or CAPS). Twenty-one (95.5%) of 22 patients were male, one (4.5%) female. Mean age of the patients was 40.8 years (range: 15 to 69). During the early posttraumatic period, 8 (36.3%) of these patients consulted the psychiatry clinic following the orthopaedists' observations. Five (22.7%) of these patients needed psychiatric supportive treatment for acute stress disorder. After the 6th month (6 months to 5 years), 17 (77.2%) had chronic and delayed post-traumatic stress disorder and needed psychiatric supportive treatment. Patients who have sustained a traumatic amputation may need psychiatric supportive treatment in the late period after the trauma. As we orthopaedic surgeons treat these patients surgically, we should be aware of their psychiatric status.

PMID: 20306971 [PubMed - indexed for MEDLINE]

8. J Am Acad Psychiatry Law. 2010;38(1):73-9.

Adolescent parricide as a clinical and legal problem.

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Criminologists contribute to the knowledge regarding the continuing problem of parricide by way of macrostudies, utilizing large samples that reveal patterns of how such acts are carried out, gender differences, and other aspects. Clinicians have the opportunity to pursue microinvestigations into the details of how

cognitive processes and emotions operate in the adolescent who engages in such behavior. Such investigations entail pursuing specifics in the psychosocial realm, such as earlier maltreatments and ongoing psychological conflicts, and also being alert to the neurobiological differences between adolescents and adults. The use of battered child syndrome as a legal defense is discussed, with contrasts made between relying on a posttraumatic stress disorder (PTSD) approach and a duress defense, based on explanations related to shame and humiliation.

PMID: 20305078 [PubMed - indexed for MEDLINE]

9. Psychiatry Res. 2010 Apr 30;176(2-3):229-35. Epub 2010 Mar 6.

Comparison of MMPI-2 and PAI validity indicators to detect feigned depression and PTSD symptom reporting.

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The purpose of this study was to compare the clinical utility of PAI and MMPI-2 validity indicators to detect exaggeration of psychological symptoms. Participants were 49 (75.5% female) Australian university students who completed the MMPI-2 and PAI under one of three conditions: Control [i.e., honest responding (n=20)], Feign Post Traumatic Stress Disorder [PTSD (n=15)], or Feign Depression (n=14). Participants instructed to feign depression or feign PTSD had significantly higher scores on the majority of MMPI-2 and PAI validity indicators compared with controls. The Meyers Validity Index, the Obvious-Subtle index, and the Response Bias Scale were the most accurate MMPI-2 validity indicators. Diagnostic-specific MMPI-2 validity indicators, such as the Infrequency-PSTD scales and Malingered Depression scale, were not effective at detecting participants instructed to feign those conditions. For the PAI, the most accurate validity indicator was the MAL index; however, the detection rate using this validity indicator was modest at best. The MMPI-2 validity indicators were clearly superior to those on the PAI at identifying feigned versus honest responding in this sample. Crown Copyright (c) 2010. Published by Elsevier Ireland Ltd. All rights reserved.

PMID: 20207423 [PubMed - indexed for MEDLINE]

10. Psychol Health. 2009 Apr;24(4):457-71.

Post-traumatic growth in women after childbirth.

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Childbirth is a complex event that leads to a variety of psychological outcomes. This cross-sectional study examined post-traumatic growth in women following childbirth (N = 219) using an online questionnaire, and explored associations between growth, support and control during birth, coping after birth and symptoms of post-traumatic stress disorder (PTSD). At least moderate degrees of growth were reported by 50.2% of women and average levels of growth were similar to those reported following accidents and assaults. Growth was positively related to approach coping and the avoidant strategy of seeking alternative rewards, but was unrelated to support and control during birth, other avoidant coping strategies after birth, and PTSD symptoms. It is concluded that growth does occur following childbirth. Further research is needed to clarify factors associated with growth in women following childbirth and to determine if growth is associated with

psychological benefits in this population.

PMID: 20205005 [PubMed - indexed for MEDLINE]

11. Oncol Nurs Forum. 2010 Mar;37(2):160-7.

Post-traumatic stress disorder in Israeli survivors of childhood cancer.

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PURPOSE/OBJECTIVES: To investigate the prevalence, symptom severity, and risk factors associated with post-traumatic stress disorder (PTSD) in childhood cancer survivors. **DESIGN:** Descriptive, correlational study. **SETTING:** Follow-up clinic in Petach Tikva, Israel. **SAMPLE:** Convenience sample of 70 adult Israeli survivors of childhood cancer. **METHODS:** Questionnaires (the Post-Traumatic Diagnostic Scale and the Multidimensional Scale of Perceived Social Support) were distributed to participants, and demographic and clinical data were obtained from medical records. **MAIN RESEARCH VARIABLES:** Post-traumatic stress, social support, and clinical and demographic data. **FINDINGS:** Twenty (29%) of the participants met the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) criteria for PTSD; 10% experienced mild, 40% moderate, and 50% moderate to severe symptoms. Only 16% of the sample did not experience any symptoms of PTSD. A statistically significant negative relationship was found between PTSD symptom scores and the current age of the respondent ($r(s) = -0.27, p = 0.03$) and time since medical treatment ($r(s) = -0.34, p = 0.004$) but not any other demographic or clinical variables or social support. **CONCLUSIONS:** Higher severity of PTSD symptoms was found, possibly because of local living conditions. Most clinical and demographic variables were not risk factors. This population should be studied further in an effort to prevent PTSD via early diagnosis. **IMPLICATIONS FOR NURSING:** Oncology nurses should be aware of the potential risk factors (recent completion of treatment and younger current age) and the high prevalence and severity of PTSD among survivors of childhood cancer to identify patients at higher risk and develop programs that prevent, limit, and treat PTSD.

PMID: 20189921 [PubMed - indexed for MEDLINE]

12. J Child Sex Abus. 2009 Sep;18(5):553-73.

Externalizing behavior among adopted boys with preadoptive histories of child sexual abuse.

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This study examined the severity of externalizing symptomology among adopted boys with preadoptive histories of child sexual abuse, physical abuse, neglect/abandonment, or no abuse. The study was based on data collected across a three-year period from parents who adopted children from Florida's child welfare system. The sample consisted of 1,136 adopted boys aged 6 to 18 years. In repeated cross-sectional multivariate analyses, the results revealed that adopted boys with preadoptive child sexual abuse were prone to significantly higher levels and clinically severe externalizing symptomatology as compared to adopted boys without such histories. The findings highlight the need for postadoption services and empirically validated interventions for families adopting boys with preadoptive child sexual abuse.

PMID: 20183417 [PubMed - indexed for MEDLINE]

13. J Child Sex Abus. 2009 Sep;18(5):532-52.

The trauma outcome process assessment model: a structural equation model examination of adjustment.

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This investigation sought to operationalize a comprehensive theoretical model, the Trauma Outcome Process Assessment, and test it empirically with structural equation modeling. The Trauma Outcome Process Assessment reflects a robust body of research and incorporates known ecological factors (e.g., family dynamics, social support) to explain internalizing distress (e.g., anxiety, depression), externalizing distress (e.g., aggression), and recovery outcomes following traumatic events. Results revealed that expected relationships among the variables were significantly related in the expected direction, and the measures mapped well onto the expected latent constructs. Following optimal specification of the relationships within the Trauma Outcome Process Assessment, structural equation modeling revealed strong support for the Trauma Outcome Process Assessment as a comprehensive identification and treatment model to explain the differential outcomes of those exposed to traumatic stressors.

PMID: 20183416 [PubMed - indexed for MEDLINE]

14. Epidemiol Psychiatr Soc. 2009 Oct-Dec;18(4):294-8.

A cognitive behavioural perspective on the relationship between childhood trauma and psychosis.

Morrison AP.

This editorial reviews the relationship between childhood trauma and the development of psychosis in adulthood. There are numerous studies, including large, prospective studies, which clearly support a link between childhood adversity and experience of psychosis later in life. There is also evidence that there is a dose response relationship, and that childhood trauma is particularly associated with the experience of hallucinations and delusional ideas. It is possible that psychosis is a relatively understandable response to the experience of severe trauma, and recent cognitive models of psychosis can help to explain the underlying mechanisms in such a causal relationship. There are obvious treatment implications, which include the need to assess histories of childhood trauma in people with psychosis, the incorporation of trauma in shared understandings of psychosis with service users, the incorporation of change strategies in cognitive behaviour therapy for psychosis that are derived from evidence-based approaches to the treatment of trauma and PTSD, and the prevention of traumatisation by mental health services.

PMID: 20170042 [PubMed - indexed for MEDLINE]

15. Epidemiol Psychiatr Soc. 2009 Oct-Dec;18(4):284-93.

Childhood sexual abuse and psychosis: aetiology and mechanism.

Bebbington P.

The aim of this Editorial is to describe the association between child sexual abuse and psychosis, and to consider potential mechanisms for the association. The association is strongly supported by the literature. Evidence from a variety of sources is triangulated in order to create a plausible model of the link, which can then be used to direct future research. The mechanisms are certainly complex, and there is evidence of interacting contributions at genetic, neurophysiological, behavioural, cognitive and emotional levels. Child sexual abuse is an important antecedent in psychosis, both theoretically and clinically. At the theoretical level, it potentially illuminates mechanisms by which psychotic symptoms are generated, at the clinical level it opens possibilities for improving cognitive-behavioural approaches to treatment.

PMID: 20170041 [PubMed - indexed for MEDLINE]

16. Epidemiol Psychiatr Soc. 2009 Oct-Dec;18(4):277-83.

Childhood trauma and psychotic disorders: evidence, theoretical perspectives, and implication for interventions.

[Article in English, Italian]

Lasalvia A, Tansella M.

PMID: 20170040 [PubMed - indexed for MEDLINE]

17. J Child Adolesc Psychopharmacol. 2010 Feb;20(1):39-47.

Predictors of placebo response in randomized controlled trials of psychotropic drugs for children and adolescents with internalizing disorders.

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OBJECTIVE: The aim of this study was to assess predictors of placebo response in all available short-term, placebo-controlled trials of psychotropic drugs for children and adolescents with internalizing disorders, major depressive disorder (MDD), obsessive compulsive disorder (OCD,) and anxiety disorders (ANX) exclusive of OCD and posttraumatic stress disorder (PTSD). **METHOD:** We reviewed the literature relevant to the use of psychotropic medication in children and adolescents with internalizing disorders, restricting our review to double-blind studies including a placebo arm. Placebo response, defined according to each trial's primary response outcome variable and Clinical Global Impressions-Improvement, when available, and potential predictive variables were extracted from 40 studies. **RESULTS:** From 1972 to 2007, we found 23 trials that evaluated the efficacy of psychotropic medication involving youth with MDD, 7 pertaining to youths with OCD, and 10 pertaining to youths with ANX (N = 2,533 patients in placebo arms). For all internalizing disorders combined, predictors of nonresponse to placebo were the percentage of Caucasian patients included in the study and the duration of the disorder: Both variables were negatively correlated with the percent of placebo responders. The type of disorder was found to predict the robustness of placebo response: (OCD < ANX < MDD). For a subset of MDD studies, we found that baseline illness severity tended to be negatively correlated with placebo response. Finally, trial "success" was significantly associated with lower placebo response rate. **CONCLUSION:** Predictors of placebo response in internalizing disorders of youths parallel those in adult studies, with the exception of race. These predictors should be considered when designing placebo-controlled trials in youths to enhance findings of true drug-placebo differences.

PMID: 20166795 [PubMed - indexed for MEDLINE]

18. J Psychosom Obstet Gynaecol. 2010 Mar;31(1):40-9.

Measuring posttraumatic stress following childbirth: a critical evaluation of instruments.

Stramrood CA, Huis In 't Veld EM, Van Pampus MG, Berger LW, Vingerhoets AJ, Schultz WC, Van den Berg PP, Van Sonderen EL, Paarlberg KM.
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OBJECTIVES: To evaluate instruments used to assess posttraumatic stress disorder (PTSD) following childbirth with both quantitative (reliability analysis and factor analysis) and qualitative (comparison of operationalization) techniques. **METHODS:** An unselected population of 428 women completed the Traumatic Event Scale-B (TES-B) and the PTSD Symptom Scale-Self Report (PSS-SR) 2-6 months after delivery. **RESULTS:** Assessment of internal consistency yielded similar results for the TES-B and PSS-SR (Cronbach's alpha = 0.87 and 0.82, respectively). Factor analysis revealed two rather than three DSM-IV symptom categories for both instruments: childbirth-related factors (re-experiencing/ avoidance) and symptoms of depression and anxiety (numbing/hyperarousal). Although the TES-B and the PSS-SR sum-scores show a strong relationship (Spearman's rho = 0.78), agreement between the instruments on the identification of PTSD cases is low (kappa = 0.24); discrepancy between TES-B and PSS-SR is largely due to differences in instruction to respondents, formulation of items, answer categories, and cut-off values. **CONCLUSIONS:** Large operationalization differences between TES-B and PSS-SR have been identified, i.e., in the formulation of questions, answer categories, cut-off values and instructions to respondents. Comparison between studies using different instruments for measuring PTSD following childbirth should be done with utmost caution.

PMID: 20146642 [PubMed - indexed for MEDLINE]

19. J Trauma Stress. 2010 Feb;23(1):161-8.

Factors associated with trauma and posttraumatic stress disorder among homeless youth in three U.S. cities: the importance of transience.

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Homeless youth experience disproportionately high rates of trauma and posttraumatic stress disorder (PTSD). This study examined correlates of trauma and PTSD among homeless youth with a focus on the impact of homeless culture, substance addiction, and mental health challenges. Homeless youth (N = 146) from Los Angeles, California, Denver, Colorado, and St. Louis, Missouri, were recruited from organizations providing services to homeless youth using comparable methods. Results indicate that 57% of respondents had experienced a traumatic event and 24% met criteria for PTSD. A multinomial logistic regression model revealed greater transience, alcohol addiction, mania, and lower self-efficacy predicted PTSD whereas trauma exposure was associated with alcohol addiction only. Findings have implications for screening and intervening with traumatized homeless youth across service settings.

PMID: 20146399 [PubMed - indexed for MEDLINE]

20. J Trauma Stress. 2010 Feb;23(1):5-16.

VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses.

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Little is known about mental health services utilization among Iraq and Afghanistan veterans receiving care at Department of Veterans Affairs (VA) facilities. Of 49,425 veterans with newly diagnosed posttraumatic stress disorder (PTSD), only 9.5% attended 9 or more VA mental health sessions in 15 weeks or less in the first year of diagnosis. In addition, engagement in 9 or more VA treatment sessions for PTSD within 15 weeks varied by predisposing variables (age and gender), enabling variables (clinic of first mental health diagnosis and distance from VA facility), and need (type and complexity of mental health diagnoses). Thus, only a minority of Iraq and Afghanistan veterans with new PTSD diagnoses received a recommended number and intensity of VA mental health treatment sessions within the first year of diagnosis.

PMID: 20146392 [PubMed - indexed for MEDLINE]

21. J Trauma Stress. 2010 Feb;23(1):151-60.

Social and trauma-related pathways leading to psychological distress and functional limitations four years after the humanitarian emergency in Timor-Leste.

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There is growing acknowledgment that research in the postconflict field needs to include a focus on social conditions. The authors applied structural equation modeling to epidemiologic data obtained from postconflict Timor-Leste, to examine for links involving potentially traumatic events and sociodemographic factors (age, gender, educational levels, and unemployment) with psychological symptoms and functioning. Exposure to trauma and lack of education emerged as most relevant with psychological distress impacting on education in the urban area. Age and gender exerted influences at different points in the model consistent with the known history of Timor. Although based on cross-sectional data, the model supports the relevance of past trauma, posttraumatic distress, and postconflict social conditions to functioning in societies such as Timor-Leste.

PMID: 20146257 [PubMed - indexed for MEDLINE]

22. Issues Ment Health Nurs. 2010 Mar;31(3):216-22.

Trauma informed care on an inpatient pediatric psychiatric unit and the emergence of ethical dilemmas as nurses evolved their practice.

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Two case studies are presented reflecting the ethical dilemmas experienced by nurses who were striving to improve their practice in the provision of patient care. The cases are described in the context of finding alternatives to cohesive interventions such as chemical restraints and physical restraints. A summary of the literature on ethical dilemmas that was relevant to the issues arising in these cases is included. Discussion of the use of the American Nursing Association's (ANA, 2001) Nursing Code of Ethics with Interpretive Statements is highlighted for its relevance and support of the nurses experiencing the ethical dilemmas.

PMID: 20144033 [PubMed - indexed for MEDLINE]

23. J Trauma Stress. 2010 Feb;23(1):141-50.

Subjective sleep quality in women experiencing intimate partner violence: contributions of situational, psychological, and physiological factors.

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This study, guided by an adaptation of the theory of unpleasant symptoms, examined the complex relationships of childhood maltreatment, intimate partner violence (IPV), posttraumatic stress disorder (PTSD), depression, and physical health symptoms with global sleep quality and disruptive nighttime behaviors. Data were analyzed using covariance structure analysis. A convenience sample of 157 women currently experiencing IPV was recruited from crisis shelters and community agencies. Findings provide empirical support that women concurrently experiencing PTSD, depression, and stress-related physical health symptoms demonstrated poor global sleep quality and frequent disruptive nighttime behaviors. Posttraumatic stress disorder and stress health symptoms functioned as mediators of childhood maltreatment and IPV effects on both global sleep quality and disruptive nighttime behaviors, but depression did not.

PMID: 20143342 [PubMed - indexed for MEDLINE]

24. J Trauma Stress. 2010 Feb;23(1):169-72.

Adult separation anxiety disorder among war-affected Bosnian refugees: comorbidity with PTSD and associations with dimensions of trauma.

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Although separation anxiety disorder appears to be common among children exposed to disasters, there are no data focusing on the impact of trauma on adult separation anxiety disorder. The present exploratory study examined the relationship of adult separation anxiety disorder with other psychological reactions (posttraumatic stress disorder [PTSD], complicated grief, depression) and dimensions of trauma among 126 war-affected Bosnian refugees resettled in Australia. Adult separation anxiety disorder was associated with PTSD, but not with complicated grief or depression. Although adult separation anxiety disorder was weakly linked with traumatic losses, this association was nonspecific. Further research is needed to clarify the pathogenic pathways leading to the comorbid PTSD-adult separation anxiety disorder pattern and its clinical implications.

PMID: 20135680 [PubMed - indexed for MEDLINE]

25. J Trauma Stress. 2010 Feb;23(1):69-77.

Correlates of posttraumatic stress disorder symptoms in Marines back from war.

Booth-Kewley S, Larson GE, Highfill-McRoy RM, Garland CF, Gaskin TA.
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The effect of combat and operational stress on the mental health of military personnel is a major concern. The objective of this study was to identify factors associated with possible posttraumatic stress disorder (PTSD). A questionnaire was completed by 1,569 Marines who deployed in support of conflicts in Iraq and Afghanistan (2002-2007). Using the PTSD Checklist with a cutoff score of 44, 17.1% of the sample screened positive for possible PTSD. Of 9 demographic and psychosocial factors examined in relation to PTSD, 4 were significant in a multivariate analysis: deployment-related stressors, combat exposure, marital status, and education. Deployment-related stressors had a stronger association with PTSD than any other variable. This is an important finding because deployment-related stressors are potentially modifiable.

PMID: 20104587 [PubMed - indexed for MEDLINE]

26. Int J Psychophysiol. 2010 Mar;75(3):326-31. Epub 2010 Jan 15.

PTSD, but not childhood maltreatment, modifies responses to unpleasant odors.

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Childhood maltreatment (CM) as well as posttraumatic stress disorder (PTSD) is said to result in functional changes to amygdalae and orbitofrontal cortex. Thus, it might be expected to change olfactory function in adults with a CM-history and current PTSD symptomatology as amygdalae and orbitofrontal cortex are of major importance for olfactory information processing. To explore this we investigated olfactory function in 31 women with current psychopathology and a history of CM, 28 without CM, and 27 healthy women. We used the "Sniffin' Sticks" threshold and identification test and analyzed chemosensory event-related potentials. Participants were also asked to complete a questionnaire to assess current symptoms of posttraumatic stress disorder (PTSD). We found no significant difference between the CM-Group and the two control groups, but PTSD severity correlated significantly with odor identification scores and with parameters of event-related potentials in response to unpleasant stimuli. The results indicate preferential processing of unpleasant stimuli in PTSD patients irrespective of the childhood history. Copyright 2010 Elsevier B.V. All rights reserved.

PMID: 20079770 [PubMed - indexed for MEDLINE]

27. J Burn Care Res. 2010 Jan-Feb;31(1):13-25.

Posttraumatic stress disorder and pain impact functioning and disability after major burn injury.

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This study sought to clarify the prospective and concurrent associations of posttraumatic stress disorder (PTSD) and pain with functioning and disability after burn injury. The sample was composed of consecutive patients admitted to a regional burn center with major burn injuries (N = 171) who were followed at 1, 6, 12, and 24 months postdischarge. The predictor measures were the McGill Pain Questionnaire and Davidson Trauma Scale, and the outcome measures were Short Form-36 Health Survey subscales administered at 6, 12, and 24 months after discharge. Linear mixed-effects analyses were conducted to evaluate pain and PTSD as predictors of functional outcomes. Higher PTSD symptom severity soon after hospital discharge was prospectively related to poorer physical and social functioning and greater psychosocial disability ($P < .001$). However, significant PTSD-by-time interactions also predicted future physical functioning and disability, indicating that the deleterious effects of early PTSD were ameliorated by time. In addition, at each follow-up, PTSD symptoms were concurrently related to greater physical and psychosocial disability, poorer social functioning, and less vitality ($P < .001$). More severe pain at each follow-up, but not PTSD, was correlated with poorer concurrent physical functioning ($P < .002$). Significant interaction terms indicated that the concurrent effect of PTSD on psychosocial disability, social functioning, and vitality attenuated during the 24-month recovery period. These findings suggest that assessing PTSD and pain following burn injury may aid in predicting future functioning. Future work should confirm this and evaluate whether aggressively treating both PTSD and pain helps improve functioning after major burn injury.

PMID: 20061832 [PubMed - indexed for MEDLINE]

28. Drug Alcohol Depend. 2010 Apr 1;108(1-2):115-21. Epub 2010 Jan 8.

Relationship of combat experiences to alcohol misuse among U.S. soldiers returning from the Iraq war.

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OBJECTIVE: Studies have shown a relationship between combat experiences and alcohol misuse in military personnel; it is not known if there are specific combat experiences that confer a greater risk. The current study examined the association of specific types of combat experiences with a positive screen for alcohol misuse. **METHODS:** 1120 U.S. soldiers who were members of brigade combat infantry teams were surveyed anonymously 3-4 months after returning from deployment to Iraq regarding their experiences in combat and their physical and mental health. Combat items were independently rated and placed into the following categories: (1) Fighting; (2) Killing; (3) Threat to oneself; (4) Death/injury of others; (5) Atrocities; and, (6) Positive experiences. Alcohol misuse was measured using a 2-item alcohol screen combined with alcohol-related behavioral items. **RESULTS:** Of the soldiers sampled, 25% (N=275) screened positive for alcohol misuse 3-4 months post-deployment; 12% (N=125) screened positive and exhibited alcohol-related behavioral problems. Most combat exposure factors were significantly related to alcohol misuse individually. When factors were analyzed simultaneously, soldiers who had higher rates of exposure to the threat of death/injury were significantly more likely to screen positive for alcohol misuse; exposure to atrocities predicted misuse of alcohol with alcohol-related behavioral problems. **CONCLUSIONS:** High exposure to threatening situations and atrocities was associated with a positive screen for alcohol misuse. Clinicians

treating combat veterans should be aware of the potential association of alcohol misuse with specific types of experiences and closely follow those soldiers upon their return home. Published by Elsevier Ireland Ltd.

PMID: 20060237 [PubMed - indexed for MEDLINE]

29. AIDS Care. 2009 Dec;21(12):1508-16.

Positive future orientation as a mediator between traumatic events and mental health among children affected by HIV/AIDS in rural China.

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OBJECTIVE: The current study was designed to explore the effect of future orientation in mediating the relationship between traumatic events and mental health in children affected by HIV/AIDS in rural China. **METHODS:** Cross-sectional data were collected from 1221 children affected by HIV/AIDS (755 AIDS orphans and 466 vulnerable children). Future orientation among children was measured using three indicators (future expectation, hopefulness toward the future, and perceived control over the future). Measures of mental health consisted of depression, loneliness, and self-esteem. Children's experience of any traumatic events was measured using a modified version of the Life Incidence of Traumatic Events-Student Form. Mediation analysis was conducted using structural equation modeling (SEM) methods. **RESULTS:** Among the children surveyed, most of the traumatic indicators were negatively associated with future expectation, hopefulness, perceived control, and self-esteem, and positively associated with depression and loneliness. The SEM of mediation analysis demonstrated an adequate fit. Future orientation fully mediated the relationship between traumatic events and mental health and accounted for 67.9% of the total effect of traumatic events on mental health. **CONCLUSIONS:** Results of this study support the positive effect of future expectation in mediating the relationship between traumatic events and mental health among children affected by HIV/AIDS in China. Future mental health promotion and intervention efforts targeting children affected by HIV/AIDS should include components that can mitigate the negative impact of traumatic events on their lives. These components may aim to develop children's positive future expectations, increase their hopefulness toward the future, and improve their perceived control over the future.

PMID: 20024730 [PubMed - indexed for MEDLINE]

30. AIDS Care. 2009 Dec;21(12):1481-9.

Stressful or traumatic life events, post-traumatic stress disorder (PTSD) symptoms, and HIV sexual risk taking among men who have sex with men.

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The present study assessed the presence of post-traumatic stress disorder (PTSD) symptoms in response to stressful or traumatic life events and their impact on HIV risk behaviors and associated psychosocial variables among men who have sex with men (MSM). Participants (n=189; 60% HIV-infected) who were recruited by notices posted in a community health clinic and via a modified respondent-driven sampling technique completed a behavioral assessment survey. Sixty percentage of participants screened positive for having PTSD symptoms using the startle,

physiological arousal, anger, and numbness screening instrument. After controlling for race, sexual self-identification, and HIV status, multivariable logistic regression analyses revealed that screening in for having PTSD symptoms was significantly associated with having engaged in unprotected anal (insertive or receptive) sex in the past 12 months, over and above any effects of whether or not a traumatic/stressful event occurred during the year (adjusted odds ratio [OR] = 2.72; $p < 0.02$; 95% confidence interval [CI] = 1.19-6.20). In addition, MSM with PTSD symptoms were more likely to have clinically significant depressive symptoms (adjusted OR = 3.50; $p < 0.001$) and/or symptoms of social anxiety (adjusted OR = 2.87; $p < 0.01$; 95% CI = 1.48-5.62). The current study, in the context of other research documenting the high rates of co-occurring psychosocial issues facing MSM, points to the importance of incorporating coping with these issues in HIV and sexually transmitted disease prevention and care interventions.

PMID: 20024727 [PubMed - indexed for MEDLINE]

31. Neuroscience. 2010 Mar 10;166(1):168-77. Epub 2009 Dec 16.

Oxytocin response to an experimental psychosocial challenge in adults exposed to traumatic experiences during childhood or adolescence.

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Long-term implications of the exposure to traumatizing experiences during childhood or adolescence, such as sexual abuse, or cancer, have been documented, namely the subjects' response to an acute stress in adulthood. Several indicators of the stress response have been considered (e.g. cortisol, heart rate). Oxytocin (OT) response to an acute stress of individuals exposed to trauma has not been documented. Eighty subjects (n=26 women who had experienced episodes of child abuse, n=25 men and women healthy survivors of cancer in childhood or adolescence, and 29 controls) have been submitted to a laboratory session involving an experimental stress challenge, the Trier social stress test. Overall, there was a clear OT response to the psychosocial challenge. Subjects having experienced a childhood/adolescence life-threatening illness had higher mean levels of OT than both abused and control subjects. There was a moderate negative relationship between OT and salivary cortisol. It is suggested that an acute stress stimulates OT secretion, and that the exposure to enduring life-threatening experiences in childhood/adolescence has long-lasting consequences regarding the stress system and connected functions, namely the activation of OT secretion. Better knowledge of such long-term implications is important so that to prevent dysregulations of the stress responses, which have been shown to be associated to the individual's mental health. Copyright 2010 IBRO. Published by Elsevier Ltd. All rights reserved.

PMID: 20018229 [PubMed - indexed for MEDLINE]

32. Clin Child Fam Psychol Rev. 2010 Mar;13(1):46-76.

Posttraumatic stress disorder in maltreated youth: a review of contemporary research and thought.

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Youths who have been maltreated often experience symptoms of posttraumatic stress

disorder (PTSD), and this special population has received increased attention from researchers. Pathways toward maladaptive effects of maltreatment and PTSD are remarkably similar and reflect specific biological diatheses and psychological vulnerabilities that produce wide-ranging self-regulation deficits. Developmental models of effects of maltreatment and of PTSD are thus increasingly intertwined and have begun to inform specialized assessment and treatment strategies for this population. This review covers key aspects of posttraumatic stress disorder in maltreated youth, including epidemiology, symptomatology, outcome, and risk factors as well as assessment and treatment strategies and challenges for these youths.

PMID: 20012361 [PubMed - indexed for MEDLINE]

33. *Aggress Behav.* 2010 Mar;36(2):95-116.

Preventive interventions among children exposed to trauma of armed conflict: a literature review.

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Increasing research is available on the preconditions for child mental health and optimal development in traumatic conditions, whereas less is known how to translate the findings into effective interventions to help traumatized children. This literature review analyses the effectiveness of psychosocial preventive interventions and treatments and their theoretical bases among children traumatized in the context of armed conflicts (war, military violence, terrorism and refugee). The first aim is to evaluate the effectiveness of preventive interventions in preventing emotional distress and impairment and promoting optimal emotional-cognitive and social development. The second task is to analyze the nature of the underlying mechanisms for the success of preventive interventions, and the theoretical premises of the choice of intervention techniques, procedures and tools. We found 16 relevant published studies, but an examination of them revealed that only four of them had experimental designs strong enough that they could be included in the meta-analysis. While the subjective reports of the researchers suggested that systematic preventive interventions were effective in decreasing PTSD and depressive symptoms among children traumatized due to armed conflict, the more objective results of the meta-analysis and the weaknesses in designs uncovered during the meta-analysis undermine such a conclusion. Additionally, a majority of the reported preventive interventions focused only on children's biased cognitive processes and negative emotions, while only a few aimed at influencing multiple domains of child development and improving developmental functioning on emotional, social and psychophysiological levels. It is concluded that substantial additional work needs to be done in developing effective preventive interventions and treatments for children traumatized by exposure to war and violence. (c) 2009 Wiley-Liss, Inc.

PMID: 19998393 [PubMed - indexed for MEDLINE]

34. *Child Psychiatry Hum Dev.* 2010 Apr;41(2):239-50.

Correlates of long-term posttraumatic stress symptoms in children following Hurricane Katrina.

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The present study examined the roles of loss and disruption, major life events, and social support in the relationship between exposure and PTSD symptoms in a group of children 33 months after Hurricane Katrina. One hundred fifty-six 4th, 5th, and 6th graders were surveyed in the New Orleans area. Results indicated that 46% of the children reported moderate to very severe levels of PTSD symptoms. Lower levels of classmate support and more negative life events after the hurricane were uniquely related to PTSD symptoms. Analyses did not reveal any moderating relationships among the variables. The results of this study have implications for the prevention and treatment of PTSD symptoms long after exposure to trauma.

PMID: 19949973 [PubMed - indexed for MEDLINE]

35. Eur Eat Disord Rev. 2010 Mar;18(2):124-32.

Traumatic events, posttraumatic stress symptomatology and somatoform symptoms in eating disorder patients.

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OBJECTIVE: The central aim of the study was to assess the frequency of traumatic events and comorbid posttraumatic stress disorder (PTSD) in women with eating disorders (EDs). In addition, the frequency of somatoform complaints was investigated in patients with PTSD compared to those without PTSD. **METHOD:** 101 ED patients (26.4 years, SD = 7.4) from an outpatient department were investigated by means of standardized questionnaires. **RESULTS:** 63.3% of the anorexic and 57.7% of the bulimic patients had experienced at least one trauma in their life. 10% of the anorexic and 14.1% of the bulimic patients fulfilled the study definition for a current diagnosis of PTSD. Patients with a comorbid PTSD reported somatoform symptoms more frequently than patients without PTSD ($p < 0.001$). **DISCUSSION:** These findings provide additional support for the association between somatization and PTSD in ED patients. In addition, clinical interventions for traumatized ED patients may benefit from a focus on posttraumatic stress symptomatology. Copyright (c) 2010 John Wiley & Sons, Ltd., and Eating Disorders Association.

PMID: 19941382 [PubMed - indexed for MEDLINE]

36. J Psychiatr Res. 2010 Mar;44(4):229-35. Epub 2009 Oct 28.

The impact of fear for family on mental health in a resettled Iraqi refugee community.

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The current study aimed to evaluate the impact of fear for family remaining in the country of origin and under potential threat on the mental health of refugees. Adult Mandaean refugees (N=315) from Iraq, living in Sydney, Australia, were interviewed regarding fear for family in Iraq, fear of genocide, pre-migration trauma, post-migration living difficulties and psychological outcomes. Participants with immediate family in Iraq reported higher levels of symptoms of PTSD and depression, and greater mental health-related disability

than those without family in Iraq. Intrusive fears about family independently predicted risk of PTSD, depression and disability after controlling for trauma exposure and current living difficulties. Threat to family members living in a context of ongoing threat predicted psychopathology and disability in Mandaean refugees. The effect of ongoing threat to family still living in conflict-ridden countries on the mental health of refugees should be further considered in the context of healthcare. Copyright 2009 Elsevier Ltd. All rights reserved.

PMID: 19875131 [PubMed - indexed for MEDLINE]

37. Psychoneuroendocrinology. 2010 Apr;35(3):442-50. Epub 2009 Sep 18.

Low early morning plasma cortisol in posttraumatic stress disorder is associated with co-morbid depression but not with enhanced glucocorticoid feedback inhibition.

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BACKGROUND: Co-morbid major depressive disorder (MDD) in individuals with posttraumatic stress disorder (PTSD) confers a more severe clinical course and is associated with distinct biologic abnormalities. Although dysregulation in the hypothalamic pituitary adrenal (HPA) axis has been well established in PTSD, the impact of commonly co-occurring MDD has received scant attention. **METHODS:** Overnight (7p.m. to 7a.m.) plasma cortisol, adrenocorticotrophic hormone (ACTH), dehydroepiandrosterone sulphate (DHEA-S) were measured at 30 min intervals in 9 participants with PTSD with MDD (PTSD+MDD), 9 with PTSD without MDD (PTSD-MDD) and 16 non-traumatized healthy controls. A low-dose dexamethasone suppression test was administered to evaluate feedback sensitivity to glucocorticoids. Linear mixed models with body mass index (BMI) and age as covariates and Bonferroni corrected post hoc tests assessed group differences. **RESULTS:** Compared to healthy controls, subjects with PTSD+MDD, but not those subjects with PTSD-MDD, exhibited lower basal plasma cortisol levels between 1:30 a.m. and 3:30 a.m. and at 4:30 a.m. and 6:30 a.m. (effect size $d=0.75$). Despite similar plasma ACTH levels between the three groups, the ACTH/cortisol ratio was higher in PTSD+MDD patients compared to controls. We obtained similar results when the patient and control groups were re-studied 1 week later, and when men and current smokers were excluded. Basal plasma DHEA-S levels, and cortisol and ACTH response to a low-dose dexamethasone suppression test were similar in all three groups. **CONCLUSIONS:** Lower early morning plasma cortisol levels and a high ACTH/cortisol ratio in subjects with PTSD and co-morbid MDD may not be due to enhanced peripheral sensitivity to glucocorticoids. A central abnormality in glucocorticoid regulation could explain HPA axis dysfunction in this subgroup. Published by Elsevier Ltd.

PMID: 19766403 [PubMed - indexed for MEDLINE]

38. J Psychiatr Res. 2010 Mar;44(4):215-9. Epub 2009 Sep 13.

Increased DHEA and DHEA-S plasma levels in patients with post-traumatic stress disorder and a history of childhood abuse.

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Current findings about dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulphate (DHEA-S) in patients with post-traumatic stress disorder (PTSD) have been inconsistent. We investigated whether a history of severe childhood traumatization affects these steroids in PTSD patients. Patients of 33 with chronic PTSD (15 with and 18 without sexual and/or severe physical abuse before age 12) were studied in a combined low dose dexamethasone/corticotropin-releasing hormone (CRH) test. Mean pre-CRH levels of both plasma DHEA and DHEA-S were significantly increased in the subgroup with childhood abuse, the respective ratios with plasma cortisol were significantly lower. In the entire population of PTSD patients significant amounts of the variation of these parameters could be explained by childhood trauma history. Further studies are needed to clarify the potential role of DHEA and DHEA-S as biomarkers for severe early adverse events in patients suffering from PTSD and in other stress-related disorders. Copyright 2009 Elsevier Ltd. All rights reserved.

PMID: 19751939 [PubMed - indexed for MEDLINE]

39. Addict Behav. 2009 Sep;34(9):709-13. Epub 2009 May 3.

Alcohol use and comorbid anxiety, traumatic stress, and hopelessness among Hispanics.

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Little is known about the comorbidity of alcohol use, anxiety, hopelessness, and trauma among Mexican Americans, especially those living in impoverished and often isolated communities or neighborhoods (colonias in Spanish) along the U.S.-Mexico border that may be particularly vulnerable due to stressful living conditions. The current study utilized a community participatory model to investigate the relationships of alcohol use, acculturation, anxiety, hopelessness, and trauma in 100 Mexican origin colonia residents. Significant comorbidity was expected and that anxiety, hopelessness, and post-traumatic symptoms were hypothesized to be associated with the severity of the alcohol use disorders of participants. Participants who met DSM-IV criteria for alcohol dependence reported significantly more symptoms of anxiety and post-traumatic stress, and symptoms of anxiety were significantly associated with alcohol use disorders. This study provides evidence of the need for further investigation of stress, trauma, anxiety, hopelessness, and alcohol abuse in Mexican American residents and to inform future prevention and treatment efforts to improve both the physical and mental health of this population.

PMCID: PMC2749596 [Available on 2010/9/1]

PMID: 19443127 [PubMed - indexed for MEDLINE]

40. Addict Behav. 2009 Aug;34(8):641-8. Epub 2009 Apr 1.

Mental health and rape history in relation to non-medical use of prescription drugs in a national sample of women.

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The current study examined prevalence and correlates of non-medical use of prescription drugs (NMUPD), with particular emphasis on lifetime history of rape and PTSD as risk associates. Interviews conducted via telephone using Computer-Assisted Telephone Interviewing technology, resulting in a nationally representative sample of 3001 non-institutionalized, civilian, English or Spanish speaking women (aged 18-86 years) residing in households with a telephone. Demographic characteristics, rape history, general health/mental health, and substance abuse variables were assessed. NMUPD was assessed by asking if, in the past year, participants had misused a prescription drug. Multivariable logistic regressions were conducted for each theoretically derived predictor set. Significant predictors from each set then entered into final multivariable logistic regression to determine significant predictors of past-year NMUPD. NMUPD was endorsed by 5.5% of the sample (n=164). Final multivariable model showed that Lifetime Posttraumatic Stress Disorder, other forms of substance use/abuse, and a history of drug or alcohol facilitated rape were significantly associated with increased likelihood of NMUPD. Risk reduction efforts targeting non-medical prescription drug use among women who have experienced traumatic events and/or abuse substances are warranted. Trauma-focused interventions for drug or alcohol facilitated rape victims should include treatment or prevention modules that specifically address NMUPD.

PMCID: PMC2738927

PMID: 19375238 [PubMed - indexed for MEDLINE]

41. Int J Behav Med. 2010 Mar;17(1):43-50. Epub 2009 Mar 25.

Posttraumatic stress symptoms related to community violence and children's diurnal cortisol response in an urban community-dwelling sample.

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BACKGROUND: While community violence has been linked to psychological morbidity in urban youth, data on the physiological correlates of violence and associated posttraumatic stress symptoms are sparse. We examined the influence of child posttraumatic stress symptoms reported in relationship to community violence exposure on diurnal salivary cortisol response in a population based sample of 28 girls and 15 boys ages 7-13, 54% self-identified as white and 46% as Hispanic. **METHODS:** Mothers' reported on the child's exposure to community violence using the Survey of Children's Exposure to Community Violence and completed the Checklist of Children's Distress Symptoms (CCDS) which captures factors related to posttraumatic stress; children who were eight years of age or greater reported on their own community violence exposure. Saliva samples were obtained from the children four times a day (after awakening, lunch, dinner and bedtime) over three days. Mixed models were used to assess the influence of posttraumatic stress symptoms on cortisol expression, examined as diurnal slope and area under the curve (AUC), calculated across the day, adjusting for socio-demographics. **RESULTS:** In adjusted analyses, higher scores on total traumatic stress symptoms (CCDS) were associated with both greater cortisol AUC and with a flatter cortisol waking to bedtime rhythm. The associations were primarily attributable to differences on the intrusion, arousal and avoidance CCDS subscales. **CONCLUSION:** Posttraumatic stress symptomatology reported in response to community violence exposure was associated with diurnal cortisol disruption in these community-dwelling urban children.

PMID: 19319691 [PubMed - indexed for MEDLINE]

42. Community Ment Health J. 2010 Feb;46(1):10-9. Epub 2009 Feb 20.

Postwar winners and losers in the long run: determinants of war related stress symptoms and posttraumatic growth.

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The study focuses on the long-term impact of war on adolescents (N = 821) and adults (N = 870) living in a war afflicted Israeli community a year after the war. Results indicate the following: (a) stress symptoms and posttraumatic growth (PTG) correlate negatively with each other. (b) Age was positively associated with stress symptoms and negatively with PTG. (c) Economic condition predicted stress symptoms as well as PTG of adults better than exposure to traumatic events, whereas for school students the best predictor of stress symptoms was exposure to traumatic events while the best predictor of PTG was age of participants.

PMID: 19229610 [PubMed - indexed for MEDLINE]

43. Adolescence. 2009 Winter;44(176):693-703.

Trauma, protection, and distress in late adolescence: a multi-determinant approach.

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This empirical study investigated the multivariable relationship between psychological distress and the combination of a set of four trauma events (victim of violence, witness of violence, victim of accidents, and interpersonal loss) and a set of four protective factors (emotional social support, sense of personal efficacy, easygoing temperament, and gender) among a sample of 1,066 graduating high school seniors in a large urban community. Each of the eight independent variables had a statistically significant zero-order correlation with psychological distress. The set of eight variables (four trauma and four protective) had a multiple correlation of $R = .61$ with psychological distress accounting for 38% of the variance (considered a very large effect size by Cohen (1988)). The protective factors had a larger effect on psychological distress than did the trauma variables. The study demonstrates the desirability of using a multi-determinant approach rather than a single-determinant approach in the study of psychological distress.

PMID: 20432596 [PubMed - indexed for MEDLINE]

44. Child Welfare. 2009;88(4):157-76.

Posttraumatic stress disorder: the missed diagnosis.

Grasso D, Boonsiri J, Lipschitz D, Guyer A, Houshyar S, Douglas-Palumberi H, Massey J, Kaufman J.

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Posttraumatic stress disorder (PTSD) is frequently underdiagnosed in maltreated samples. Protective services information is critical for obtaining complete trauma histories and determining whether to survey PTSD symptoms in maltreated

children. In the current study, without protective services information to supplement parent and child report, diagnosing PTSD was missed in a significant proportion of the cases. Collaboration between mental health professionals and protective service workers is critical in determining psychiatric diagnoses and treatment needs of children involved with the child welfare system.

PMID: 20405781 [PubMed - indexed for MEDLINE]

45. Promot Educ. 2008 Dec;15(4):5-10.

Sense of coherence and coping in adolescents directly affected by the 1991--5 war in Croatia.

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This study was guided by the salutogenic model, and aimed to: 1. describe the social contexts of stronger and weaker SOC (sense of coherence) participants who were adolescents or entering adulthood in the war-affected regions in Croatia, and 2. identify how the levels of SOC related to their responses to the stressors in their social context. Qualitative longitudinal study design and methods were used for the analysis. In-depth semi-structured interviews, participant observations and SOC scale were carried out, and data were collected from 17 female participants twice during two years. The general social context of the participants was summarized with published materials on the similar subjects and analysis of the field-notes and the participants' narratives. In the analysis of the qualitative data, comparisons were made between the three SOC levels (low, middle, high levels categorized with SOC scores), relating to the participants' self-described social contexts. Childhood stability, acceptance of own ethnic identity, management of uncertainty, and the meanings of work emerged as the responses and resources that may influence SOC. How Ottawa Charter health promotion strategies can be adapted in the post-conflict regions is discussed and priorities of addressing strategies are suggested. The discussion points include: 1. the importance of re-orienting health services and creating supportive environments from the aspects of building the secure base of children and promoting health of the next generation; 2. the required personal skills that enabled adolescents to exercise control and make choices conducive to health in a social context of the a war-related turbulent society; 3. the needs for building healthy public policies to tackle unemployment and strengthening community action to rebuild social capital through work revenues.

PMID: 19066232 [PubMed - indexed for MEDLINE]