

March 2009 Medline Topic Alert

1: J Am Acad Child Adolesc Psychiatry. 2009 Mar;48(3):340.

Mental disorders among adolescents in juvenile detention and correctional facilities: posttraumatic stress disorder is overlooked.

Guchereau M, Jourkiv O, Zametkin A.

1Children's National Medical Center, Washington, DC; 2National Institute of Mental Health, Bethesda, MD.

PMID: 19242294 [PubMed - in process]

2: J Am Acad Child Adolesc Psychiatry. 2009 Mar;48(3):340-1.

Mental disorders among adolescents in juvenile detention and correctional facilities: posttraumatic stress disorder is overlooked.

Fazel S, Doll H, Långström N.

1Department of Psychiatry, Department of Public Health and Primary Care, University of Oxford, Oxford, UK; 2Center for Violence Prevention, Karolinska Institutet, Stockholm, Sweden.

PMID: 19242293 [PubMed - in process]

3: Mol Psychiatry. 2009 Mar;14(3):234-5.

Association of childhood trauma exposure and GABRA2 polymorphisms with risk of posttraumatic stress disorder in adults.

Nelson EC, Agrawal A, Pergadia ML, Lynskey MT, Todorov AA, Wang JC, Todd RD, Martin NG, Heath AC, Goate AM, Montgomery GW, Madden PA.

PMID: 19229201 [PubMed - in process]

4: Omega (Westport). 2008-2009;58(2):107-28.

Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults.

Wolchik SA, Coxe S, Tein JY, Sandler IN, Ayers TS.

Prevention Research Center, Arizona State University, Tempe 85287-6005, USA.
sharlene.wolchik@asu.edu

Using the Posttraumatic Growth Inventory, we examined posttraumatic growth in a sample of 50 adolescents and young adults who had experienced parental death in childhood or adolescence. Longitudinal relations were examined between baseline measures of contextual and intraindividual factors and scores on the posttraumatic growth subscales (i.e., New Possibilities, Relating to Others,

Personal Strengths, Spiritual Changes, and Appreciation of Life) six years later. Controlling for time since death, threat appraisals, active coping, avoidant coping, seeking support from parents or guardians, seeking support from other adults, internalizing problems, and externalizing problems were significant predictors of posttraumatic growth. The implications of these findings for research and clinical practice are discussed.

PMID: 19227001 [PubMed - in process]

5: J Abnorm Child Psychol. 2009 Feb 17. [Epub ahead of print]

Posttraumatic Stress Symptoms and Trajectories in Child Sexual Abuse Victims: An Analysis of Sex Differences Using the National Survey of Child and Adolescent Well-Being.

Maikovich AK, Koenen KC, Jaffee SR.

Department of Psychology, University of Pennsylvania, 3720 Walnut Street, Philadelphia, PA, 19104, USA, andreama@psych.upenn.edu.

Very few studies have prospectively examined sex differences in posttraumatic stress symptoms and symptom trajectories in youth victimized by childhood sexual abuse. This study addresses that question in a relatively large sample of children, drawn from the National Survey of Child and Adolescent Well-Being, who were between the ages of 8-16 years and who were reported to Child Protective Services for alleged sexual abuse. Sex differences were examined using t tests, logistic regression, and latent trajectory modeling. Results revealed that there were not sex differences in victims' posttraumatic stress symptoms or trajectories. Whereas caseworkers substantiated girls' abuse at higher rates than boys' abuse and rated girls significantly higher than boys on level of harm, there were not sex differences in three more objective measures of abuse severity characteristics. Overall, higher caseworker ratings of harm predicted higher initial posttraumatic stress symptom levels, and substantiation status predicted shallower decreases in trauma symptoms over time. Implications for theory and intervention are discussed.

PMID: 19221872 [PubMed - as supplied by publisher]

6: BJOG. 2009 Feb 10. [Epub ahead of print]

Risk factors in pregnancy for post-traumatic stress and depression after childbirth.

Söderquist J, Wijma B, Thorbert G, Wijma K.

Department of Welfare and Social Studies (ISV), Linköping University, Campus Norrköping, Norrköping, Sweden.

Objective The objective of this study was to find risk factors in pregnancy for post-traumatic stress and depression 1 month after childbirth. Furthermore, the

relation between post-traumatic stress and depression was explored. Design A prospective longitudinal study. Setting Pregnant women in Linköping and Kalmar, Sweden. Population A total of 1224 women were assessed in pregnancy, week 12-20 and 32, as well as 1 month postpartum. Methods Post-traumatic stress and depression after delivery were assessed 1 month postpartum. Potential risk factors were assessed in early and late pregnancy. Variables measured during pregnancy were trait anxiety, depression, fear of childbirth, childbirth-related traumatic stress, stress coping capacity, social support, parity, educational level, age, gestation week, parity, educational level, civil status, previous psychological/psychiatric counselling, and previous experience of any traumatic events. Delivery mode was assessed from the medical records. Main outcome measures Prevalence of post-traumatic stress (criteria A, B, C, D, E, and F according to DSM-IV) and depression (Beck's depression inventory). Results One month postpartum, 12 (1.3%) women had post-traumatic stress (met symptom criteria B, C, and D for post-traumatic stress disorder according to Diagnostic and statistical manual of mental disorders, 4th edition [DSM-IV]). The most important risk factors in pregnancy were depression in early pregnancy (OR = 16.3), severe fear of childbirth (OR = 6.2), and 'pre'-traumatic stress (in view of the forthcoming delivery) in late pregnancy (OR = 12.5). The prevalence of depression was 5.6%. Post-traumatic stress and depression were positively related 1 month postpartum and were predicted by mainly the same factors. Conclusions Risk factors for post-traumatic stress and depression after childbirth can be assessed in early pregnancy. Post-traumatic stress and depression also seem to share the same underlying vulnerability factors.

PMID: 19220236 [PubMed - as supplied by publisher]

7: Biol Psychiatry. 2009 Feb 11. [Epub ahead of print]

Cortisol Response to Stress in Female Youths Exposed to Childhood Maltreatment: Results of the Youth Mood Project.

Macmillan HL, Georgiades K, Duku EK, Shea A, Steiner M, Niec A, Tanaka M, Gensey S, Spree S, Vella E, Walsh CA, Bellis MD, Meulen JV, Boyle MH, Schmidt LA. Department of Psychiatry & Behavioural Neurosciences, McMaster University, Ontario, Canada; Department of Pediatrics, McMaster University, Ontario, Canada.

BACKGROUND: Few studies have examined stress reactivity and its relationship to major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) among maltreated youth. We examined differences between maltreated and control participants in heart rate and cortisol resting and reactivity levels in response to a psychosocial stressor. **METHODS:** We recruited 67 female youths aged 12 to 16 with no prior history of depression from child protection agencies and a control group of 25 youths matched on age and postal code. Child maltreatment was measured with two self-report instruments. Psychiatric status was assessed using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children. **RESULTS:** Piecewise multilevel growth curve analysis was used to model group

differences in resting and reactivity cortisol levels and heart rate in response to the Trier Social Stress Test (TSST). During the resting period, both the maltreated and control groups showed a similar decline in levels of cortisol. During the reactivity phase, youth in the control group showed an increase in cortisol levels following the TSST and a gradual flattening over time; maltreated youth exhibited an attenuated response. This blunted reactivity was not associated with current symptoms of MDD or PTSD. There were no group differences in resting and reactivity levels of heart rate. CONCLUSIONS: These findings provide further support for hypothalamic-pituitary-adrenal axis dysregulation among maltreated youth. Since the ability to respond to acute stressors by raising cortisol is important for health, these findings may assist in understanding the vulnerability of maltreated youth to experience physical and mental health problems.

PMID: 19217075 [PubMed - as supplied by publisher]

8: Compr Psychiatry. 2009 Mar-Apr;50(2):121-7. Epub 2008 Aug 23.

Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents.

Suliman S, Mkabile SG, Fincham DS, Ahmed R, Stein DJ, Seedat S.
Department of Psychiatry, Stellenbosch University, Cape Town, South Africa.
sharain@sun.ac.za

BACKGROUND: Recent literature has indicated that exposure to multiple traumatic events in adults is associated with high levels of posttraumatic stress disorder (PTSD), anxiety, and depression. Against the backdrop of stressful life events and childhood abuse and neglect, we investigated the cumulative effect of multiple trauma exposure on PTSD, anxiety, and depression in an adolescent sample. **METHOD:** One thousand one hundred forty 10th-grade learners from 9 Cape Town (South Africa) schools completed questionnaires on stressful life experiences; trauma exposure; and symptoms of anxiety, depression, and PTSD. Our population of interest for this study was adolescents between the ages of 14 and 18 years who had been exposed to serious, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, qualifying traumatic events. The final sample size was thus 922. **RESULTS:** Rates of trauma exposure, PTSD, depression, and anxiety were high. Controlling for sex, stressful life experiences in the past year, and childhood adversity, we found an effect of cumulative trauma exposure effect on PTSD and depression, with an increase in the number of traumas linearly associated with an increase in symptoms of PTSD ($F(4,912) = 7.60, P < .001$) and depression ($F(4,912) = 2.77, P < .05$). We did not find a cumulative effect on anxiety. **CONCLUSION:** Our findings indicate that adolescents exposed to multiple traumas are more likely to experience more severe symptoms of PTSD and depression than those who experience a single event, with this effect independent of childhood adversity and everyday stressful life experiences. Exposure to multiple trauma, however, does not seem to be associated with more severe anxiety

symptoms.

PMID: 19216888 [PubMed - in process]

9: J Nerv Ment Dis. 2009 Feb;197(2):126-32.

Impact of sleep disturbances on PTSD symptoms and perceived health.

Belleville G, Guay S, Marchand A.

D partement de Psychologie, Universit  du Qu bec   Montr al, Montr al, Qu bec, Canada.

More than two-thirds of individuals with PTSD report significant sleep difficulties that correlate positively with PTSD symptom severity. The aim of the study was to assess the impact of sleep disturbances on PTSD symptom severity and perceived health. Ninety-two volunteer treatment-seeking adults with PTSD were administered a Structured Clinical Interview for DSM-IV (SCID; First, Spitzer, Gibbon and William, 1996), and a series of questionnaires assessing PTSD symptom severity, perceived health, sleep, and alcohol use. Results from regression analyses revealed that sleep quality has an impact on PTSD symptom severity and perceived mental health, even when the effect of other potential confounding variables (sociodemographic data, trauma-related characteristics, psychiatric comorbidities, alcohol, and psychotropic medication use) is controlled for. The present study highlights the important influence sleep has on the severity of PTSD symptoms. Future studies could explore whether the addition of interventions focusing on sleep help optimize PTSD treatment.

PMID: 19214048 [PubMed - indexed for MEDLINE]

10: BMJ. 2009 Feb 11;338:b564. doi: 10.1136/bmj.b564.

Post-traumatic stress disorder common among child survivors of Rwandan genocide.

Dobson R.

PMID: 19211632 [PubMed - in process]

11: Int J Epidemiol. 2009 Feb 8. [Epub ahead of print]

Post-traumatic stress reactions among Rwandan children and adolescents in the early aftermath of genocide.

Neugebauer R, Fisher PW, Blake Turner J, Yamabe S, Sarsfield JA, Stehling-Ariza T.

Division of Epidemiology, NYS Psychiatric Institute; G.H. Sergievsky Center, Faculty of Medicine, College of Physicians and Surgeons, Columbia University, New York, NY, USA.

BACKGROUND: Epidemiological investigations of post-traumatic stress reactions in

Sub-Saharan Africa, where atrocious violence against civilians is endemic, are rare. This article is the first complete report of the key community-based findings of a 1995 psychiatric epidemiological survey of young survivors of the 1994 Rwandan Genocide. METHODS: The National Trauma Survey (NTS) of Rwandans aged 8-19 measured traumatic exposures using an inventory of possible war time experiences and post-traumatic stress reactions with a checklist of symptoms of Post-traumatic stress disorder (PTSD). Individuals meeting assessed PTSD diagnostic criteria are classified as cases of 'probable PTSD'. The NTS interviewed youth residing in the community and others institutionalized in unaccompanied children's centres; the former (n = 1547) are the subject of the present report. Instrument change midway into the study divides respondents into two samples. RESULTS: Among respondents, over 90% witnessed killings and had their lives threatened; 35% lost immediate family members; 30% witnessed rape or sexual mutilation; 15% hid under corpses. In Sample 1, 95% of respondents reported one or more re-experiencing symptom, 95% reported three or more avoidance/blunting symptoms and 63% reported two or more arousal symptoms; in Sample 2, these figures were 96%, 95% and 56%, respectively. The overall rate of 'probable PTSD' was 62% and 54% in Samples 1 and 2, respectively, and exhibited a dose-response relationship with exposure. Among the most heavily exposed individuals the rate was 100%. Rates of 'probable PTSD' were higher among females than among males. Results for age were inconsistent. CONCLUSION: In industrialized societies, most survivors of traumatizing violence experience symptoms only transiently. In the Rwanda survey, symptom levels and rates of 'probable PTSD' were exceptionally elevated, suggesting that at the limits of catastrophic man-made violence, psychological resilience among youth is all but extinguished.

PMID: 19204009 [PubMed - as supplied by publisher]

12: Cien Saude Colet. 2009 Mar-Apr;14(2):417-33.

[Violence and post-traumatic stress disorder in childhood]

[Article in Portuguese]

Ximenes LF, de Oliveira Rde V, de Assis SG.

Centro Latino-Americano de Estudos de Violência e Saúde de Jorge Careli, Escola Nacional de Saúde de Pública, Fundação Oswaldo Cruz, Rio de Janeiro RJ.
liana@claves.fiocruz.br

This study presents the prevalence of symptoms of Posttraumatic Stress Disorder (PTSD) in 500 schoolchildren (6-13 years old) in São Gonçalo, Rio de Janeiro. It also investigates the association between PTSD, violence and other adverse events in the lives of these children. The multi-stage cluster sampling strategy involved three selection stages. Parents were interviewed about their children's behavior. The instrument used to screen symptoms of PTSD was the Child Behavior Checklist-Posttraumatic Stress Disorder Scale (CBCL-PTSD). Conflict Tactics

Scales (CTS) were applied to evaluate family violence and other scales to investigate the socioeconomic profile, familiar relationship, characteristics and adverse events in the lives of the children. Multivariate analysis was performed using a hierarchical model with a significance level of 5%. The prevalence of clinical symptoms of PTSD was of 6.5%. The multivariate analysis suggested an explanation model of PTSD characterized by 18 variables, such as the child's characteristics; specific life events; family violence; and other family factors. The results reveal that it is necessary to work with the child in particularly difficult moments of his/her life in order to prevent or minimize the impact of adverse events on their mental and social functioning.

PMID: 19197417 [PubMed - in process]

13: J Clin Psychiatry. 2008 Sep;69(9):1455-61.

Looking beyond posttraumatic stress disorder in children: posttraumatic stress reactions, posttraumatic growth, and quality of life in a general population sample.

Alisic E, van der Schoot TA, van Ginkel JR, Kleber RJ.
Psychotrauma Center for Children and Youth, University Medical Center Utrecht, KA.00.004.0, P.O. Box 85090, 3508 AB Utrecht, the Netherlands.
e.alisic@umcutrecht.nl

OBJECTIVE: In order to broaden the view beyond posttraumatic stress disorder (PTSD) in children, we examined to what extent posttraumatic stress reactions, posttraumatic growth, and quality of life were related to each other and to traumatic exposure in the general population. **METHOD:** 1770 children of 36 randomly selected primary schools (mean age = 10.24 years, 50% boys) reported in October/November 2006 on their worst experience (traumatic exposure was considered present when the described event fulfilled the A1 criterion for PTSD of the DSM-IV-TR) and filled out the Children's Responses to Trauma Inventory, the Posttraumatic Growth Inventory for Children, and the KIDSCREEN-27. Correlational and hierarchical linear regression analyses were carried out in a multiple imputation format. **RESULTS:** Posttraumatic stress reactions were strongly related to posttraumatic growth ($r = 0.41$, $p < .01$) and quality of life ($r = -0.47$, $p < .01$). The latter 2 variables were weakly related; positively when controlling for posttraumatic stress reactions ($r = 0.09$, $p < .01$), negatively when not ($r = -0.12$, $p < .01$). Children who were exposed to trauma reported more posttraumatic stress reactions ($b = .12$, $p < .01$), more posttraumatic growth (small). **CONCLUSIONS:** Negative and positive psychological sequelae of trauma can coexist in children, and extend to broader areas ($b = .09$, $p < .01$), and less quality of life ($b = -.08$, $p < .01$) than nonexposed children (effect sizes were of life than specific symptoms only. Clinicians should look further than PTSD alone and pay attention to the broad range of posttraumatic stress reactions that children show, their experience of posttraumatic growth, and their quality of life. Copyright 2008 Physicians Postgraduate Press, Inc.

PMID: 19193345 [PubMed - in process]

14: Med Anthropol Q. 2008 Dec;22(4):416-24.

Medical anthropology against war.

Inhorn MC.

Society for Medical Anthropology, Department of Anthropology and MacMillan Center for International and Area Studies, Yale University, USA.

PMID: 19189726 [PubMed - indexed for MEDLINE]

15: J Okla State Med Assoc. 2008 Dec;101(12):312-7.

Media coverage and children's reactions to disaster with implications for primary care and public health.

Pfefferbaum B, Jeon-Slaughter H, Pfefferbaum RL, Houston JB, Rainwater SM, Regens JL.

Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK 73104, USA. betty-pfefferbaum@ouhsc.edu

To address the potential for media coverage of traumatic events to generate fear reactions in children, we examined exposure and reactions to media coverage of the 1995 Oklahoma City bombing in children attending a middle school 100 miles from the disaster site two and three years after the event. Many of the children studied recalled feeling "afraid," "sad," or "mad" in relation to initial media coverage. Overall exposure and reactions to bomb-related media coverage declined over the three years. However, these reactions persisted for some children and, when they did, the reactions were related to exposure to coverage right after the bombing. Approximately one-fourth of the children recalled that the bombing made them feel "a lot" less safe in their home, school, and/or neighborhood. These perceptions persisted for approximately 10% of the children. Our Findings suggest the importance of primary care and public health interventions to determine and monitor children's reactions.

PMID: 19177993 [PubMed - indexed for MEDLINE]

16: Mil Med. 2008 Oct;173(10):935-40.

RESPECT-Mil: feasibility of a systems-level collaborative care approach to depression and post-traumatic stress disorder in military primary care.

Engel CC, Oxman T, Yamamoto C, Gould D, Barry S, Stewart P, Kroenke K, Williams JW Jr, Dietrich AJ.

Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, MD 20814, USA.

BACKGROUND: U.S. military ground forces report high rates of war-related traumatic stressors, posttraumatic stress disorder (PTSD), and depression following deployment in support of recent armed conflicts in Iraq and Afghanistan. Affected service members do not receive needed mental health services in most cases, and they frequently report stigma and significant structural barriers to mental health services. Improvements in primary care may help address these issues, and evidence supports the effectiveness of a systems-level collaborative care approach. **OBJECTIVE:** To test the feasibility of systems-level collaborative care for PTSD and depression in military primary care. We named our collaborative care model "Re-Engineering Systems of Primary Care for PTSD and Depression in the Military" (RESPECT-Mil). **METHODS:** Key elements of RESPECT-Mil care include universal primary care screening for PTSD and depression, brief standardized primary care diagnostic assessment for those who screen positive, and use of a nurse "care facilitator" to ensure continuity of care for those with unmet depression and PTSD treatment needs. The care facilitator assists primary care providers with follow-up, symptom monitoring, and treatment adjustment and enhances the primary care interface with specialty mental health services. We report assessments of feasibility of RESPECT-Mil implementation in a busy primary care clinic supporting Army units undergoing frequent Iraq, Afghanistan, and other deployments. **RESULTS:** Thirty primary care providers (family physicians, physician assistants, and nurse practitioners) were trained in the model and in the care of depression and PTSD. The clinic screened 4,159 primary care active duty patient visits: 404 screens (9.7%) were positive for depression, PTSD, or both. Sixty-nine patients participated in collaborative care for 6 weeks or longer, and the majority of these patients experienced clinically important improvement in PTSD and depression. Even although RESPECT-Mil participation was voluntary for providers, only one refused participation. No serious adverse events were noted. **CONCLUSIONS:** Collaborative care is an evidence-based approach to improving the quality of primary care treatment of anxiety and depression. Our version of collaborative care for PTSD and depression, RESPECT-Mil, is feasible, safe, and acceptable to military primary care providers and patients, and participating patients frequently showed clinical improvements. Efforts to implement and evaluate collaborative care approaches for mental disorders in populations at high risk for psychiatric complications of military service are warranted.

PMID: 19160608 [PubMed - indexed for MEDLINE]

17: J Nerv Ment Dis. 2009 Jan;197(1):56-60.

Predictors of PTSD symptoms in response to psychosis and psychiatric admission.

Beattie N, Shannon C, Kavanagh M, Mulholland C.

Department of Clinical Psychology, School of Psychology, Queen's University Belfast, Belfast, Northern Ireland.

The experiences of psychosis and psychiatric admission have the potential to act as events precipitating posttraumatic stress disorder (PTSD) symptoms. Known risk factors for the development of PTSD symptoms in adults were identified. These included childhood trauma, current psychiatric symptoms, perceived coercion, and relationships with mental health service providers. These factors were analyzed to determine if they were important in the development of PTSD symptoms in response to psychosis and admission. We used a cross-sectional design with a sample of 47 participants recruited from a service in Northern Ireland who had experienced psychosis and been discharged from inpatient treatment within 12 months of data collection. The main outcome measure was the impact of events scale-revised. Data was subject to correlation analyses. A cut-off point of $r = \pm 0.25$ was used to select variables for inclusion in hierarchical regression analyses. Forty-five percent and 31% of the sample had moderate to severe PTSD symptoms related to psychosis and admission, respectively. The majority of participants identified positive symptoms and the first admission as the most distressing aspects of psychosis and admission. Childhood sexual and physical traumas were significant predictors of some PTSD symptoms. Strong association was found between current affective symptoms and PTSD symptoms. A reduced sense of availability of mental health service providers was also associated with PTSD symptoms and depression. Awareness of risk factors for the development of PTSD symptoms in response to admission and psychosis raises important issues for services and has implications for interventions provided.

PMID: 19155811 [PubMed - indexed for MEDLINE]

18: PLoS ONE. 2009;4(1):e4153. Epub 2009 Jan 7.

Can playing the computer game "Tetris" reduce the build-up of flashbacks for trauma? A proposal from cognitive science.

Holmes EA, James EL, Coode-Bate T, Deeproose C.

Department of Psychiatry, University of Oxford, Oxford, United Kingdom.
emily.holmes@psych.ox.ac.uk

BACKGROUND: Flashbacks are the hallmark symptom of Posttraumatic Stress Disorder (PTSD). Although we have successful treatments for full-blown PTSD, early interventions are lacking. We propose the utility of developing a 'cognitive vaccine' to prevent PTSD flashback development following exposure to trauma. Our theory is based on two key findings: 1) Cognitive science suggests that the brain has selective resources with limited capacity; 2) The neurobiology of memory suggests a 6-hr window to disrupt memory consolidation. The rationale for a 'cognitive vaccine' approach is as follows: Trauma flashbacks are sensory-perceptual, visuospatial mental images. Visuospatial cognitive tasks selectively compete for resources required to generate mental images. Thus, a visuospatial computer game (e.g. "Tetris") will interfere with flashbacks. Visuospatial tasks post-trauma, performed within the time window for memory consolidation, will reduce subsequent flashbacks. We predicted that playing

"Tetris" half an hour after viewing trauma would reduce flashback frequency over 1-week. **METHODOLOGY/PRINCIPAL FINDINGS:** The Trauma Film paradigm was used as a well-established experimental analog for Post-traumatic Stress. All participants viewed a traumatic film consisting of scenes of real injury and death followed by a 30-min structured break. Participants were then randomly allocated to either a no-task or visuospatial ("Tetris") condition which they undertook for 10-min. Flashbacks were monitored for 1-week. Results indicated that compared to the no-task condition, the "Tetris" condition produced a significant reduction in flashback frequency over 1-week. Convergent results were found on a clinical measure of PTSD symptomatology at 1-week. Recognition memory between groups did not differ significantly. **CONCLUSIONS/SIGNIFICANCE:** Playing "Tetris" after viewing traumatic material reduces unwanted, involuntary memory flashbacks to that traumatic film, leaving deliberate memory recall of the event intact. Pathological aspects of human memory in the aftermath of trauma may be malleable using non-invasive, cognitive interventions. This has implications for a novel avenue of preventative treatment development, much-needed as a crisis intervention for the aftermath of traumatic events.

PMID: 19127289 [PubMed - indexed for MEDLINE]

19: Mediators Inflamm. 2008;2008:640659. Epub 2008 Dec 22.

Proinflammatory markers in prediction of posttraumatic psychological symptoms: a prospective cohort study.

Sutherland AG, Cameron GA, Alexander DA, Hutchison JD.
Department of Orthopaedics, School of Medicine and Dentistry, University of Aberdeen, Scotland, UK. ort025@abdn.ac.uk

INTRODUCTION: Posttraumatic psychopathology (PTP) describes the spectrum of conditions that can complicate the recovery from commonly occurring musculoskeletal trauma. There is a clear association with the activation of the hypothalamic-pituitary-adrenal axis (HPAA), and we wished to examine the predictive value of proinflammatory markers of the HPAA and of the GABA, which acts as an inhibitory regulator. **METHODS:** Levels of proinflammatory markers and GABA were measured in 84 patients who had suffered musculoskeletal injuries requiring hospitalisation. PTP was assessed by the use of the General Health Questionnaire (GHQ) at presentation and again at two- and six-month reviews. **RESULTS:** Significant psychological disturbance was noted in 39% of patients at two months and falling back to 18% by six months. There was no correlation between any of the markers tested at presentation and PTP at follow-up. **DISCUSSION:** The HPAA response to trauma and the development of PTP are extremely complex. It is unlikely that a simple blood assay will provide significant predictive information, while incident specific information and patient perception are of more practical use.

PMID: 19125188 [PubMed - indexed for MEDLINE]

20: J Child Adolesc Psychopharmacol. 2008 Dec;18(6):641-6.

Posttraumatic stress disorder and reactive attachment disorder: outcome in an adolescent.

Lyon GJ, Coffey B, Silva R.

NYU Child Study Center, New York, New York 10016, USA.

PMID: 19108670 [PubMed - indexed for MEDLINE]

21: Int J Adolesc Med Health. 2008 Jul-Sep;20(3):243-53.

Traumatic events and depressive symptoms among youth in Southwest Nigeria: a qualitative analysis.

Omigbodun O, Bakare K, Yusuf B.

Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan Nigeria. fouryinkas@yahoo.co.uk

Traumatic experiences have dire consequences for the mental health of young persons. Despite high rates of traumatic experiences in some African cities, there are no reports for Nigerian youth. **OBJECTIVE:** To investigate the pattern of traumatic events and their association with depressive symptoms among youth in Southwest Nigeria. **METHODS:** This is a descriptive cross-sectional study of randomly selected youth in urban and rural schools in Southwest Nigeria. They completed self-reports on traumatic events and depressive symptoms using the Street Children's Project Questionnaire and the Youth DISC Predictive Scale (DPS). **RESULTS:** Of the 1,768 responses (88.4% response rate) entered into the analysis, 34% reported experiencing a traumatic situation. Following interpretative phenomenological analysis, 13 themes emerged. Frequently occurring traumatic events were 'road traffic accidents' (33.0%), 'sickness' (17.1%), 'lost or trapped' (11.2%) and 'armed robbery attack' (9.7%). A bad dream was described by 3.7%. Traumatic experiences were commoner in males (36.2%) than in females (31.6%) ($\chi^2 = 4.2$; $p = .041$). Experiencing a traumatic event was associated with depressive symptoms ($\chi^2 = 37.98$; $p < .001$), especially when the event directly affected the youth as in sexual assault or physical abuse. **CONCLUSIONS:** One-third of youth in Southwest Nigeria have described an experienced traumatic event. Road traffic accidents, armed robbery attacks, and communal disturbances depict the prevailing social environment, whereas 'bad dreams' revealed the influence of cultural beliefs. Policy makers must be aware of the social issues making an impact on the health of youth. Multi-agency interventions to improve the social environment and provide mental health services for traumatized young people are essential.

PMID: 19097561 [PubMed - indexed for MEDLINE]

22: Gen Hosp Psychiatry. 2008 Nov-Dec;30(6):536-45. Epub 2008 Sep 5.
Physician-reported practice of managing childhood posttraumatic stress in pediatric primary care.

Banh MK, Saxe G, Mangione T, Horton NJ.
Department of Psychology, Boston University, Boston, MA 02215, USA.
my.banh@gmail.com

OBJECTIVE: This study investigated pediatrician-reported practices in identifying, assessing, and treating traumatic exposure and posttraumatic stress disorder (PTSD) in children. **METHOD:** Focus groups guided the development of a survey that was mailed to primary care pediatricians in Massachusetts in 2005. Descriptive statistics and multivariate analyses were used to describe clinical practices and perceived barriers to care. **RESULTS:** A 60% (N=597) survey response-rate was obtained. On average, pediatricians reported that less than 8% of patients had psychological problems that may be related to traumatic exposure. Only 18% of pediatricians agreed that they had adequate knowledge of childhood PTSD. About 15% of pediatricians reported frequently learning about traumatic event(s) from direct inquiry in the past year. Only 10% of pediatricians reported frequent assessment and treatment of posttraumatic stress symptoms. Most pediatricians (72%) agreed that greater collaborations with mental health providers would improve pediatric assessment of PTSD. Finally, having received PTSD-specific training and believing that pediatricians should identify and manage PTSD were each significantly associated with learning about a traumatic event from direct inquiry. **CONCLUSION(S):** Providing PTSD-specific training and changing pediatricians' attitudes about childhood PTSD may be useful first steps in improving care for children.

PMID: 19061680 [PubMed - indexed for MEDLINE]

23: Neurosurgery. 2008 Dec;63(6):1095-104; discussion 1004-5.
Posttraumatic stress disorder explains reduced quality of life in subarachnoid hemorrhage patients in both the short and long term.

Noble AJ, Baisch S, Mendelow AD, Allen L, Kane P, Schenk T.
Department of Psychology, Durham University, Stockton-on-Tees, England.

OBJECTIVE: A subarachnoid hemorrhage reduces patients' quality of life (QoL) in both the short and long term. Neurological problems alone cannot explain this reduction. We examined whether posttraumatic stress disorder (PTSD) and fatigue provide an explanation. **METHODS:** We prospectively studied a representative sample of 105 subarachnoid hemorrhage patients. Patients were examined at approximately 3 and 13 months postictus. Examinations included assessments of PTSD, fatigue, sleep, cognitive and physical outcomes, and QoL. Patients' coping skills were also assessed. Regression analyses identified predictors for QoL and PTSD. **RESULTS:** Thirty-seven percent met the diagnostic criteria for PTSD at both

assessment points. This is a fourfold increase compared with the rate of PTSD in the general population. Fatigue in patients was also consistently elevated, higher, in fact, than the notoriously high fatigue level reported for cancer patients undergoing chemotherapy. PTSD was the best predictor for mental QoL, the domain most persistently impaired. It also helped predict physical QoL. Moreover, PTSD was linked to increased sleep problems and may, therefore, have led to fatigue in both the acute and later stages of recovery. To establish the cause of PTSD, a logistic regression was performed. This showed that maladaptive coping was the best predictor of PTSD. CONCLUSION: PTSD explains why some subarachnoid hemorrhage patients, despite relatively good clinical outcomes, continue to experience a reduced QoL. Given that maladaptive coping skills seem the main cause of PTSD, teaching patients better coping skills early on might prevent PTSD and QoL reduction.

PMID: 19057321 [PubMed - indexed for MEDLINE]

24: J Clin Psychopharmacol. 2008 Dec;28(6):722-3.

Alleviation of both binge eating and sexual dysfunction with naltrexone.

Meyer F.

PMID: 19011456 [PubMed - indexed for MEDLINE]

25: J Clin Child Adolesc Psychol. 2008 Oct;37(4):860-73.

Community violence exposure, threat appraisal, and adjustment in adolescents.

Kliewer W, Sullivan TN.

Department of Psychology, Virginia Commonwealth University, Richmond, VA, USA.
wkliewer@vcu.edu

Validity data are presented for a new measure of threat appraisals in response to community violence. Adolescents (N = 358; 45% male; 91% African American, M = 12.10 years, SD = 1.63) and their maternal caregivers participated in two waves of a longitudinal interview study focused on the consequences of exposure to community violence. Structural equation modeling revealed that a six-factor correlated model best fit the data, indicating that the six subscales of the threat appraisal measure represent distinct but related constructs. The factor structure was invariant across age and gender. Exposure to violence was associated prospectively with caregiver- and adolescent-rated adjustment problems. Each of the six threat appraisals mediated links between exposure to violence at Wave 1 and adolescent-rated internalizing adjustment problems 1 year later.

PMID: 18991135 [PubMed - indexed for MEDLINE]

26: Minerva Pediatr. 2008 Dec;60(6):1393-9.

The concept of post-traumatic mood disorder and its implications for adolescent suicidal behavior.

Sher L.

Department of Psychiatry, Columbia University and New York State Psychiatric Institute, New York, NY 10032, USA. LS2003@columbia.edu

Post-traumatic stress disorder (PTSD) is a common psychiatric disorder which is frequently comorbid with major depressive disorder (MDD). It has been suggested that some or all individuals diagnosed with comorbid PTSD and MDD have a separate psychobiological condition that can be termed "post-traumatic mood disorder" (PTMD). The idea was based on the fact that a significant number of studies suggested that patients suffering from comorbid PTSD and MDD differed clinically and biologically from individuals with PTSD alone or MDD alone. Individuals with comorbid PTSD and MDD are characterized by greater severity of symptoms and the higher level of impairment in social and occupational functioning compared to individuals with PTSD alone or MDD alone. Neurobiological evidence supporting the concept of PTMD includes the findings from neuroendocrine challenge, cerebrospinal fluid, neuroimaging, sleep and other studies. It has been demonstrated that child abuse increases the risk for PTSD, MDD, and suicidal behavior in adolescents and adults. Many victims of childhood abuse develop comorbid PTSD and depression, i.e., they develop PTMD. PTMD is associated with suicidal behavior. The link between childhood abuse, suicidal behavior in adolescents and PTMD indicates that it is important to develop interventions to prevent PTMD in victims of child abuse; to develop measures to prevent suicidal behavior in adolescents with PTMD; and to study psychobiology of PTMD in order to develop treatments for PTMD. Priorities for intervening to reduce adolescent suicidal behavior lie with interventions focused upon the improved recognition, treatment and management of adolescents with psychiatric disorders including PTMD.

PMID: 18971900 [PubMed - indexed for MEDLINE]

27: Child Abuse Negl. 2008 Sep;32(9):888-96. Epub 2008 Oct 22.

Associations of child maltreatment and intimate partner violence with psychological adjustment among low SES, African American children.

Kaslow NJ, Thompson MP.

Department of Psychiatry and Behavioral Sciences, Grady Health System, Emory University School of Medicine, 80 Jesse Hill Jr Drive, Atlanta, GA 30303, USA.

OBJECTIVE: This study assessed the unique and interactive effects of child maltreatment and mothers' physical intimate partner violence (IPV) status on low-SES African American children's psychological functioning. **METHODS:** Mothers were recruited from a large, inner-city hospital, and those who met eligibility

criteria were asked to complete a lengthy face-to-face interview while their child was assessed separately but concurrently. The sample included 152 mother-child dyads. The children's mean age was 10 years, and 45% were male. Multivariate linear regression analyses tested the main and interactive effects of child maltreatment and mothers' exposure to physical IPV on children's psychological functioning (internalizing and externalizing symptoms, traumatic stress symptoms), while controlling for covariates. RESULTS: Children who experienced child maltreatment and children whose mothers experienced physical IPV had higher levels of psychological distress than their respective counterparts. Post hoc analysis of significant interaction effects indicated that child maltreatment was associated with internalizing and externalizing problems and traumatic stress only when mothers reported higher levels of physical IPV. This finding did not hold true for youth whose mothers did not acknowledge elevated rates of physical IPV. CONCLUSIONS: African American youth from low-SES backgrounds who are maltreated and whose mothers experience physical IPV are at particularly high risk for psychological distress. Targeted prevention and intervention programs are needed for these poly-victimized youth.

PMID: 18945490 [PubMed - indexed for MEDLINE]

28: J Pers Assess. 2008 Nov;90(6):578-84.

Extending the Rorschach trauma content index and aggression indexes to dream narratives of children exposed to enduring violence: an exploratory study.

Kamphuis JH, Tuin N, Timmermans M, PunamÄki RL.

Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands. j.h.kamphuis@uva.nl

In this study, we compared dream narratives of children and adolescents living under conditions of enduring interpersonal violence (n = 220) versus those living in peaceful surroundings (n = 99) on content variables that have been associated with traumatic experiences in Rorschach (Exner, 1995) imagery. As predicted, children and adolescents living in circumstances of enduring violence reported a higher proportion of content scorable by Armstrong and Loewenstein's (1990) Trauma Content Index and a much higher proportion of aggressive objects in their dreams (AgC; Gacono & Meloy, 1994). In support of discriminant validity, no consistent group differences were observed for the relative frequencies of Animal (A), Clothing (Cg), or Cooperative movement (COP) content. The modest association between manifest dream content and psychological symptom scales suggests that the former may alternatively reflect adaptive or psychopathological processes. Our findings suggest that content analysis of dreams may be a valuable adjunct in tapping the psychological state of children traumatized by violence.

PMID: 18925499 [PubMed - indexed for MEDLINE]

29: Dev Psychopathol. 2008 Fall;20(4):1145-59.

The development of antisocial behavior: what can we learn from functional neuroimaging studies?

Crowe SL, Blair RJ.

National Institute of Mental Health, National Institutes of Health, Bethesda, MD 20892, USA.

The recent development of low-risk imaging technologies, such as functional magnetic resonance imaging (fMRI), have had a significant impact on the investigation of psychopathologies in children and adolescents. This review considers what we can infer from fMRI work regarding the development of conduct disorder (CD) and oppositional defiant disorder (ODD). We make two central assumptions that are grounded in the empirical literature. First, the diagnoses of CD and ODD identify individuals with heterogeneous pathologies; that is, different developmental pathologies can receive a CD or ODD diagnosis. This is indicated by the comorbidities associated with CD/ODD, some of which appear to be mutually exclusive at the biological level (e.g., posttraumatic stress disorder [PTSD] and psychopathic tendencies). Second, two populations of antisocial individuals can be identified: those that show an increased risk for only reactive aggression and those that show an increased risk for both reactive and instrumental aggression. We review the fMRI data indicating that particular comorbidities of CD/ODD (i.e., mood and anxiety conditions such as childhood bipolar disorder and PTSD) are associated with either increased responsiveness of neural regions implicated in the basic response to threat (e.g., the amygdala) or decreased responsiveness in regions of frontal cortex (e.g., ventromedial frontal cortex) that are implicated in the regulation of the basic threat response. We suggest why such pathology would increase the risk for reactive aggression and, in turn, lead to the association with a CD/ODD diagnosis. We also review the literature on psychopathic tendencies, a condition where the individual is at significantly elevated risk for both reactive and instrumental aggression. We show that in individuals with psychopathic tendencies, the functioning of the amygdala in stimulus-reinforcement learning and of the ventromedial frontal cortex in the representation of reinforcement expectancies is impaired. We suggest why such pathology would increase the risk for reactive and instrumental aggression and thus also lead to the association with a CD/ODD diagnosis.

PMID: 18838035 [PubMed - indexed for MEDLINE]

30: J Urban Health. 2008 Nov;85(6):880-909. Epub 2008 Sep 11.

An overview of 9/11 experiences and respiratory and mental health conditions among World Trade Center Health Registry enrollees.

Farfel M, DiGrande L, Brackbill R, Prann A, Cone J, Friedman S, Walker DJ, Pezeshki G, Thomas P, Galea S, Williamson D, Frieden TR, Thorpe L.

New York City Department of Health and Mental Hygiene, New York, NY, USA.
mfarfel@health.nyc.gov

To date, health effects of exposure to the September 11, 2001 disaster in New York City have been studied in specific groups, but no studies have estimated its impact across the different exposed populations. This report provides an overview of the World Trade Center Health Registry (WTCHR) enrollees, their exposures, and their respiratory and mental health outcomes 2-3 years post-9/11. Results are extrapolated to the estimated universe of people eligible to enroll in the WTCHR to determine magnitude of impact. Building occupants, persons on the street or in transit in lower Manhattan on 9/11, local residents, rescue and recovery workers/volunteers, and area school children and staff were interviewed and enrolled in the WTCHR between September 2003 and November 2004. A total of 71,437 people enrolled in the WTCHR, for 17.4% coverage of the estimated eligible exposed population (nearly 410,000); 30% were recruited from lists, and 70% were self-identified. Many reported being in the dust cloud from the collapsing WTC Towers (51%), witnessing traumatic events (70%), or sustaining an injury (13%). After 9/11, 67% of adult enrollees reported new or worsening respiratory symptoms, 3% reported newly diagnosed asthma, 16% screened positive for probable posttraumatic stress disorder (PTSD), and 8% for serious psychological distress (SPD). Newly diagnosed asthma was most common among rescue and recovery workers who worked on the debris pile (4.1%). PTSD was higher among those who reported Hispanic ethnicity (30%), household income < \$25,000 (31%), or being injured (35%). Using previously published estimates of the total number of exposed people per WTCHR eligibility criteria, we estimate between 3,800 and 12,600 adults experienced newly diagnosed asthma and 34,600-70,200 adults experienced PTSD following the attacks, suggesting extensive adverse health impacts beyond the immediate deaths and injuries from the acute event.

PMID: 18785012 [PubMed - indexed for MEDLINE]

31 Assessment. 2008 Dec;15(4):404-25. Epub 2008 Jun 20.

Exploratory and confirmatory factor analyses of the structured interview for disorders of extreme stress.

Scoboria A, Ford J, Lin HJ, Frisman L.

Department of Psychology, University of Windsor, Windsor, ON, Canada.
scoboria@uwindsor.ca

Two studies were conducted to provide the first empirical examination of the factor structure of a revised version of the clinically derived Structured Interview for Disorders of Extreme Stress, a structured interview designed to assess associated features of posttraumatic stress disorder (PTSD) thought to be related to early onset, interpersonal, and prolonged traumatic exposure. Five factors representing demoralization, somatic dysregulation, anger dysregulation,

risk/self-harm, and altered sexuality were derived from an exploratory factor analysis conducted with adult trauma survivors in substance abuse treatment. They provided a good fit in a confirmatory factor analysis conducted in a second study with a nonclinical sample of ethnoculturally diverse, socioeconomically disadvantaged, incarcerated adults. Evidence of the derived factors' internal consistency and convergent and discriminant validity is reported. Evidence supported the association of these factors with interpersonal trauma (physical and/or sexual), its repetition, and its earlier onset. Implications for clinical assessment of complex posttraumatic stress disorder are discussed.

PMID: 18567699 [PubMed - indexed for MEDLINE]

32: Soc Psychiatry Psychiatr Epidemiol. 2008 Aug;43(8):602-11. Epub 2008 Jun 13.
Psychotic experiences in people who have been sexually assaulted.

Kilcommons AM, Morrison AP, Knight A, Lobban F.
Dept. of Clinical Psychology, University of Liverpool, Liverpool, UK.
akilcommons@aol.com

OBJECTIVE: In recent years, there has been a call for greater awareness of the relationship between trauma and psychosis, and several studies involving patients with psychotic disorders have found a link between traumatic life experience and the development of psychosis. However, little research has examined psychotic experiences in a traumatised population. **METHOD:** This study investigated psychotic experiences in a sample of 40 survivors of sexual assault (SA) compared to a control group without a history of sexual assault (measured using a self-report questionnaire) and examined the psychological factors that may contribute to the development of psychotic experiences in sexually traumatised individuals. In particular, the role of dissociation and cognitive factors such as post-traumatic cognitions were explored. **RESULTS:** Of the 26 sexually assaulted participants that were interviewed, 46% reported auditory hallucinations and 46% reported visual hallucinations. A significantly higher rate of psychotic phenomena (delusional ideation and predisposition to hallucinations) was found in the sexually assaulted group compared to the control group. Severity of SA trauma was significantly associated with severity of PTSD and psychotic symptomatology. Dissociation was strongly associated with all measures of psychotic phenomena and negative cognitions about the self and the world were associated with predisposition to hallucinations and delusional ideation. Regression analyses revealed that after controlling for the severity of SA trauma, dissociation and negative beliefs about the self significantly predicted delusional distress, and dissociation significantly predicted predisposition to visual hallucinations. **CONCLUSIONS:** These exploratory findings support the idea that psychotic phenomena may be caused by traumatic life experiences and highlight the need for further research. The implications of these results for research and clinical practice are discussed.

PMID: 18560786 [PubMed - indexed for MEDLINE]

33: Child Psychiatry Hum Dev. 2008 Dec;39(4):427-38. Epub 2008 Mar 22.

Psychiatric correlates of nonsuicidal cutting behaviors in an adolescent inpatient sample.

Swenson LP, Spirito A, Dyl J, Kittler J, Hunt JI.

Center for Alcohol and Addiction Studies, The Warren Alpert Medical School at Brown University, Box G-121-4, Providence, RI 02912, USA.

Lance_Swenson@Brown.edu

This archival study of 288 adolescent psychiatric inpatients examined the psychiatric correlates of cutting behavior. Participants were categorized into Threshold cutters (n = 61), Subthreshold cutters (n = 43), and Noncutters (n = 184). Groups were compared on psychiatric diagnoses, suicidality, and self-reported impairment. Results demonstrated that females were more likely to cut relative to males; however, gender did not affect the correlates of cutting behavior. Adolescents in the Threshold group were more likely to be diagnosed with Major Depression and had higher self-reported suicidality, depression, and trauma-related symptoms of depression and dissociation relative to the Noncutting group. The Subthreshold group did not differ from the other groupings except for an elevated risk for Posttraumatic Stress Disorder compared to the Noncutting group.

PMID: 18360771 [PubMed - indexed for MEDLINE]