May 2010 Medline Topic Alert

1. Gen Hosp Psychiatry. 2010 May-Jun;32(3):330-3. Epub 2010 Mar 1.
Peritraumatic reactions and posttraumatic stress symptoms in school-aged children victims of road traffic accident.

Bui E, Brunet A, Allenou C, Camassel C, Raynaud JP, Claudet I, Fries F, Cahuzac JP, Grandjean H, Schmitt L, Birmes P.
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OBJECTIVE: The purpose of this study is to investigate the power of self-reported peritraumatic distress and dissociation to predict the development of posttraumatic stress disorder (PTSD) symptoms in school-aged children. METHODS: School-aged children aged 8 to 15 years admitted to an emergency department after a road traffic accident were enrolled (n=103). Participants were assessed with the child versions of the Peritraumatic Distress Inventory and the Peritraumatic Dissociative Experiences Questionnaire within 1 week. Posttraumatic stress disorder symptoms were then assessed at 5 weeks. RESULTS: A significant association between peritraumatic variables and two measures of PTSD symptoms was demonstrated. However, in a multivariate analysis, peritraumatic distress was the only significant predictor of acute PTSD symptoms (beta=.33, p<.05). CONCLUSIONS: As has been found in adults, peritraumatic distress is a robust predictor of who will develop PTSD symptoms among school-aged children. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20430239 [PubMed - in process]

2. Gen Hosp Psychiatry. 2010 May-Jun;32(3):321-7. Epub 2010 Feb 20.
The Child Stress Disorders Checklist-Short Form: a four-item scale of traumatic stress symptoms in children.

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OBJECTIVE: To develop a user-friendly scale that measures traumatic stress responses in injured children. Though injured youth are at high risk for traumatic stress reactions and negative sequelae, there are limited options available for assessing risk, particularly in acute settings. METHOD: Participants were children and adolescents (ages 6-18) hospitalized with burns or acute injuries (N=147). During hospitalization, parents and nurses completed the Child Stress Disorders Checklist (CSDC), a 36-item observer-report measure of traumatic stress symptoms. Other established measures of child traumatic stress were completed by parents and children during hospitalization and 3 months postinjury. A brief version of the CSDC was created using standard psychometric scale development techniques. The psychometric properties of the resultant scale were compared to those of the original CSDC. RESULTS: A four-item scale (CSDC-Short Form, CSDC-SF) emerged that demonstrated internal, interrater, and test-retest reliability and concurrent, discriminant, and predictive validity comparable to that of the full scale. CONCLUSIONS: The CSDC-SF assesses traumatic stress reactions in injured children. Because the measure is very short and does not require specialized training for administration or interpretation, it may be a useful tool for providers who treat injured youth to identify those at risk for traumatic stress reactions. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20430237 [PubMed - in process]

3. J Pediatr Psychol. 2010 Apr 25. [Epub ahead of print]
Parental Response to Child Injury: Examination of Parental Posttraumatic Stress Symptom Trajectories Following Child Accidental Injury.

Le Brocque RM, Hendrikz J, Kenardy JA.
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OBJECTIVE: Trajectory analyses were used to empirically differentiate patterns of posttraumatic stress symptoms in parents following child accidental injury and explore the relationship between parent and child recovery patterns. METHOD: Parent (n = 189) self-reported symptoms from acute to 2 years post accident were examined to (1) identify distinct parent symptom trajectories; (2) identify risk factors; and (3) explore the patterns of children and parents together. RESULTS: Analysis revealed three distinct symptom trajectory groups for parents: resilient (78%); clinical level acute symptoms that declined to below clinical level by 6 months (recovery 8%); and chronic subclinical (14%). Children of resilient parents were most likely to be resilient. Half of the children of parents with chronic subclinical trajectories were likely to have chronic trajectories. CONCLUSION: Clinicians cannot rely only on clinical level symptoms in parents to identify high risk families but include families where the parent has subclinical level symptoms.

PMID: 20421202 [PubMed - as supplied by publisher]

4. J Am Acad Child Adolesc Psychiatry. 2010 Apr;49(4):414-30.
Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder.

Cohen JA, Bukstein O, Walter H, Benson SR, Chrisman A, Farchione TR, Hamilton J, Keable H, Kinlan J, Schoettle U, Siegel M, Stock S, Medicus J; Work Group On Quality Issues.

: This Practice Parameter reviews the evidence from research and clinical experience and highlights significant advances in the assessment and treatment of posttraumatic stress disorder since the previous Parameter was published in 1998. It highlights the importance of early identification of posttraumatic stress disorder, the importance of gathering information from parents and children, and the assessment and treatment of comorbid disorders. It presents evidence to support trauma-focused psychotherapy, medications, and a combination of interventions in a multimodal approach.

PMID: 20410735 [PubMed - in process]

5. J Stud Alcohol Drugs. 2010 May;71(3):326-34.
Trauma, posttraumatic stress symptoms, and alcohol-use initiation in children.

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OBJECTIVE: This study examined initiation of alcohol use among adolescents, in relation to their earlier traumatic experiences and symptoms of posttraumatic

stress disorder (PTSD). METHOD: Data were from a longitudinal study of children of Puerto Rican background living in New York City's South Bronx and in San Juan, Puerto Rico. The subsample (n = 1,119; 51.7% male) of those who were 10-13 years old and alcohol naive at baseline was used in the analyses. RESULTS: Alcohol-use initiation within 2 years after baseline was significantly more common among children reporting both trauma exposure and 5 or more of a maximum of 17 PTSD symptoms at baseline (adjusted odds ratio = 1.84, $p < .05$) than among those without trauma exposure, even when potentially shared correlates were controlled for. Children with trauma exposure but with fewer than five PTSD symptoms, however, did not differ significantly from those without trauma exposure, with regard to later alcohol use. CONCLUSIONS: PTSD symptoms in children 10-13 years old may be associated with early onset of alcohol use. It is important to identify and treat PTSD-related symptoms in pre-adolescent children.

PMCID: PMC2859783 [Available on 2011/5/1]
PMID: 20409425 [PubMed - in process]

6. J Urban Health. 2010 Apr 20. [Epub ahead of print]
Psychological Distress among Adolescents in Chengdu, Sichuan at 1 Month after the 2008 Sichuan Earthquake.

Lau JT, Yu X, Zhang J, Mak WW, Choi KC, Lui WW, Zhang J, Chan EY.
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A devastating earthquake occurred on May 12, 2008 in Sichuan, China. This study investigated the prevalence and factors in association with psychological problems among secondary school students living in Chengdu (90 km away from the disaster epicenter) in June 2008. In a cross-sectional survey, 3,324 secondary students self-administered a structured questionnaire in classroom setting. Validated scales were used in this study. Among all respondents, 22.3% reported post-traumatic stress disorder (PTSD); 22.6% were probable depression cases; 10.6% reported suicidal ideation; and 14.1% would like to receive psychological counseling. No gender differences were found. While social/emotional support from teachers or peers (OR from 0.40 to 0.78) and exposure to positive news reports (OR from 0.59 to 0.62) were found protective, prior experience of severe mental distress (OR from 1.60 to 2.68) and corporal punishment (OR from 1.31 to 1.58), worry about future aftershocks (OR from 1.64 to 3.11), absence from school when it was not closed (OR from 1.38 to 1.48), exposures to scary or sorrowful disaster media coverage (OR from 1.39 to 2.07), post-disaster visits to affected sites (OR from 1.51 to 1.59), separation from parents (OR = 1.61), etc., were risk factors predictive of some of the aforementioned psychological problems. Negative mental health impacts were prevalent among the respondents. Teachers, parents, and the mass media are all important in maintaining good mental health among adolescents that are indirectly affected by the severe earthquake. The results have important implications for earthquake preparedness and relief work in the future.

PMID: 20405226 [PubMed - as supplied by publisher]

7. Child Abuse Negl. 2010 Apr 16. [Epub ahead of print]
Traumatic stress symptoms and breast cancer: The role of childhood abuse.

Goldsmith RE, Jandorf L, Valdimarsdottir H, Amend KL, Stoudt BG, Rini C, Hershman D, Neugut A, Reilly JJ, Tartter PI, Feldman SM, Ambrosone CB, Bovbjerg DH. Department of Oncological Sciences, Mount Sinai School of Medicine, New York, NY, USA.

OBJECTIVE: The present study investigated relations between reported childhood abuse and recent traumatic stress symptoms in women newly diagnosed with breast cancer (n=330). METHODS: As part of a larger ongoing study, patients from eight public and private hospitals were referred by their physicians and completed the Childhood Trauma Questionnaire (CTQ), the Impact of Events Scale-breast cancer (IES), which measured breast cancer-related intrusive and avoidant symptoms. RESULTS: Emotional abuse, physical abuse, and sexual abuse were correlated with intrusive symptoms. Cancer-related avoidant symptoms approached significance in their relation to emotional and sexual abuse. Multivariate analysis, controlling for age and time since diagnosis, revealed that childhood emotional abuse was an independent predictor of breast cancer-related intrusive symptoms, but that childhood physical abuse and sexual abuse were not significant predictors. CONCLUSIONS: Childhood emotional, physical, and sexual abuse were associated with breast cancer-related intrusive symptoms. Emotional abuse uniquely predicted intrusive symptoms after controlling for other predictors. Results suggest that a cancer diagnosis may trigger cognitive and emotional responses that relate to patients' prior trauma experiences. PRACTICE IMPLICATIONS: Physicians and psychologists treating women with breast cancer should be aware that a history of childhood abuse may exacerbate patients' cancer-related intrusive symptoms. Interventions for women affected by both childhood abuse and breast cancer may be most effective when they address both stressors and associated emotional responses. Findings highlight the importance of additional research to explore links between prior trauma and distress following a cancer diagnosis stress. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20400179 [PubMed - as supplied by publisher]

8. Neuropsychopharmacology. 2010 Apr 14. [Epub ahead of print]
Interaction of FKBP5 with Childhood Adversity on Risk for Post-Traumatic Stress Disorder.

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FKBP5 regulates the cortisol-binding affinity and nuclear translocation of the glucocorticoid receptor. Polymorphisms at the FKBP5 locus have been associated with increased recurrence risk of depressive episodes and rapid response to antidepressant treatment. A recent study showed that FKBP5 genotypes moderated the risk of post-traumatic stress disorder (PTSD) symptoms associated with childhood maltreatment. One thousand nine-hundred(e)8. of e .1(eath) l P8.rdd J u.3(lied)B

disorder (PTSD), or at least to PTSD symptoms. The traumagenic elements of the psychotic experience may relate to the distressing nature of psychotic symptoms, components of treatment, or both. However, this hypotheses has not been fully empirically evaluated. In particular, the importance of the DSM-IV A1 (perception of threat) and A2 (negative emotion at time of event) criteria for a traumatic event due to a psychotic episode has not been assessed. To address this question, 38 clients in treatment for recent onset of psychosis were interviewed to identify distressing experiences related to the episode, with PTSD assessed (including A1/A2 criteria) related to those events. More than one-half of the participants reported intense distress related to psychotic symptoms or treatment experiences, with 66% meeting symptom criteria for the PTSD syndrome (regardless of A1/A2), and 39% meeting full diagnostic criteria for PTSD (including A1/A2). Both participants with the PTSD syndrome and full PTSD reported more problems in daily functioning and more severe symptoms than those without PTSD. Participants with the PTSD syndrome were also more likely to have an integrative rather than sealing over coping style compared to those without the PTSD syndrome. The results suggest that individuals with PTSD symptoms related to a recent onset of psychosis may benefit from intervention designed to help them integrate their experience into their lives and address potentially stigmatizing beliefs that could contribute to distress and impaired functioning. 2009 Elsevier B.V. All rights reserved.

PMID: 19939633 [PubMed - indexed for MEDLINE]

31. Child Maltreat. 2010 Feb;15(1):101-7.
Risky behaviors and depression in conjunction with--or in the absence of--lifetime history of PTSD among sexually abused adolescents.

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Posttraumatic stress disorder (PTSD) is often considered the primary problematic outcome of child sexual abuse (CSA). However, a number of other, relatively understudied negative sequelae appear to be prevalent as well. Data from 269 adolescents with a CSA history from the National Survey of Adolescents-Replication Study were therefore used to examine the prevalence of risky behaviors (i.e., problematic alcohol and drug use, delinquent behavior) and depression in this sample. The frequencies of these problems in youth with and without a history of PTSD also were examined. Results indicated that risky behaviors and depression were reported as or more frequently than PTSD. Among youth with a history of PTSD, depression and delinquent behavior were more common than among those without a history of PTSD. However, there were no differences between adolescents with and without a history of PTSD in reported problematic substance use. Findings highlight the need for comprehensive trauma-informed interventions for CSA-exposed adolescents.

PMCID: PMC2813318
PMID: 19926627 [PubMed - indexed for MEDLINE]

32. Int J Pediatr Otorhinolaryngol. 2010 Jan;74(1):37-42. Epub 2009 Nov 12.
The psychological impact of an adenoidectomy and adenotonsillectomy on young children.

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OBJECTIVE: Children react differently to surgeries. The purpose of this study is to examine the stress response in young children after an adenoidectomy and adenotonsillectomy, and whether child characteristics of behavioural and neurophysiological nature can predict this stress response. METHODS: In this prospective cohort study 43 children, aged 2-7 years, scheduled for adenoidectomy or adenoitonsillectomy (response rate 43%) were recruited from the Ear, Nose and Throat Department of the Academic Medical Centre in Amsterdam, the Netherlands. Parents completed questionnaires about temperament 4 weeks before surgery, about behaviour and sleeping problems 4 weeks before and 6 weeks after surgery, and about posttraumatic stress symptoms 6 weeks after surgery. Neurophysiological measurements (cortisol and Respiratory Sinus Arrhythmia) were performed 4 weeks before, directly after and 6 weeks after surgery. Results were compared with a control group of healthy children. The data was analysed with paired t-tests and one-way repeated ANOVA. RESULTS: Most children with an indication for an adenoidectomy and adenotonsillectomy had more behavioural and emotional problems before surgery then the control group. After surgery there was an improvement in behaviour and sleep, in respectively 75% and 68% of the children, especially in boys. Posttraumatic stress symptoms were rare. Emotional temperament was associated with more behavioural problems before surgery ($r=0.53$, $P=0.02$), after surgery ($r=0.38$, $P<0.000$), lower cortisol directly after surgery ($r=-0.49$, $P=0.05$) and lower Respiratory Sinus Arrhythmia at follow-up ($r=-0.33$, $P=0.06$). Other temperament styles and pre-surgery levels of Respiratory Sinus Arrhythmia and cortisol did not show associations with any behavioural or neurophysiological measures. CONCLUSIONS: An adenoidectomy and adenotonsillectomy appear not to be stressful, but rather seems helpful for reducing pre-existing behavioural and emotional problems, possibly associated with the indication for surgery. For those children with an increase of behavioural and sleeping problems after surgery, this can only be partly explained by emotional temperament. There are indications that boys and girls react differently; boys tend to show a better behavioural and emotional improvement after an adenoidectomy and adenotonsillectomy. Other behavioural or neurophysiological child characteristics do not have a predictive value on the outcome. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved.

PMID: 19910058 [PubMed - indexed for MEDLINE]

33. PLoS One. 2009 Nov 5;4(11):e7720.
A decade later, how much of Rwanda's musculoskeletal impairment is caused by the war in 1994 and by related violence?

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BACKGROUND: In 1994 there was a horrific genocide in Rwanda following years of tension, resulting in the murder of at least 800,000 people. Although many people were injured in addition to those killed, no attempt has been made to assess the lasting burden of physical injuries related to these events. The aim of this study was to estimate the current burden of musculoskeletal impairment (MSI) attributable to the 1994 war and related violence. METHODOLOGY/PRINCIPAL FINDINGS: A national cross-sectional survey of MSI was conducted in Rwanda. 105

clusters of 80 people were selected through probability proportionate to size sampling. Households within clusters were selected through compact segment sampling. Enumerated people answered a seven-question screening test to assess whether they might have an MSI. Those who were classed as potential cases in the screening test were examined and interviewed by a physiotherapist, using a standard protocol that recorded the site, nature, cause, and severity of the MSI. People with MSI due to trauma were asked whether this trauma occurred during the 1990-1994 war or during the episodes that preceded or followed this war. Out of 8,368 people enumerated, 6,757 were available for screening and examination (80.8%). 352 people were diagnosed with an MSI (prevalence=5.2%, 95% CI=4.5-5.9%). 106 cases of MSI (30.6%) were classified as resulting from trauma, based on self-report and the physiotherapist's assessment. Of these, 14 people (13.2%) reported that their trauma-related MSI occurred during the 1990-1994 war, and a further 7 (6.6%) that their trauma-related MSI occurred during the violent episodes that preceded and followed the war, giving an overall prevalence of trauma-related MSI related to the 1990-1994 war of 0.3% (95% CI=0.2-0.4%). CONCLUSIONS/SIGNIFICANCE: A decade on, the overall prevalence of MSI was relatively high in Rwanda but few cases appeared to be the result of the 1994 war or related violence.

PMCID: PMC2767502
PMID: 19890393 [PubMed - indexed for MEDLINE]

34. Nord J Psychiatry. 2010;64(1):19-26.
Self-reported potentially traumatic life events and symptoms of post-traumatic stress and dissociation.

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OBJECTIVE: To investigate single potentially traumatic events and cumulative effects of these events based on the reported symptoms of post-traumatic stress and dissociation. An additional goal was to evaluate the psychometric properties of Life Incidence of Traumatic Events-Student scale (LITE-S). METHODS: 400 adolescents from the normative population answered the questionnaire Life Incidence of Traumatic Experiences (LITE-S) together with Trauma Symptom Checklist for Children (TSCC), Dissociation-Questionnaire-Sweden (Dis-Q-Sweden) and Adolescent-Dissociative Experience Scale (A-DES). The single self-reported traumas, and the cumulative self-reported traumas and their effects on post-traumatic stress disorder and dissociative symptoms scales were examined. The psychometric properties of LITE-S were first investigated through calculating, test-retest reliability by Pearson correlation for the total scale and by Cohen's kappa item per item. RESULTS: Self-reported symptoms were related to both the cumulative traumas and exposure to some single traumas, such as seeing somebody get hurt, having parents destroy things or hurting each other, being whipped or hit, or even being made to carry out some kind of sexual act. Interpersonal events were consistently more strongly related to symptoms across the TSCC clinical scales. Finally, test-retest reliability as found to be for the total scale r=0.76 and kappa item per item ranging between k=0.33 and 0.86. CONCLUSION: The cumulative effects of potentially traumatic events on adolescents are significant, and interpersonal traumas results in more self-reported symptoms of post-traumatic stress and dissociation than non-interpersonal. LITE has satisfactory psychometric properties concerning reliability. Clinical implications: The results underline the importance in clinical practice of taking into consideration how many potentially traumatic events an adolescent has

experienced before, seeking help on specific occasion. This knowledge can help the clinician to understand better the breadth of feelings their client is experiencing and thus can help the clinician better to be able to suggest appropriate treatment.

PMID: 19883198 [PubMed - indexed for MEDLINE]

35. Nord J Psychiatry. 2010;64(1):4-10.
Sexual revictimization in a clinical sample of women reporting childhood sexual abuse.

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BACKGROUND: Child and adolescent sexual abuse (CSA) increases the risk for adult sexual assault (ASA), and psychological vulnerability as well as aspects of CSA and upbringing might influence the risk. AIMS: The aims of this study were to investigate whether women who reported both CSA and ASA: 1) have been exposed to more severe CSA and 2) have greater psychological distress and vulnerability than women who were not revictimized. METHODS: The study was a cross-sectional study of 161 adult women with a reported history of intrafamilial CSA. Thirty-six per cent of the women stated they had been exposed to ASA. The severity of CSA, psychological distress (Symptoms Checklist-90-R) and Cognitive Distortion were assessed. Five factors of Cognitive Distortion (fearful, scared, shy, mistrust and vulnerable) were identified by factor analysis of Symptoms Checklist-90-R sub-scale. RESULTS: The CSA was significantly more severe (penetration: 77%/60%; multiple offenders: 67%/25%) in women exposed to ASA compared with their counterparts, as was the rate of suicide attempts (47%/30%). Also, the psychological distress and the factors: fearful, scared, shy and mistrust were significant higher. CONCLUSION: The results showed an increased psychological vulnerability among women with ASA, but whether the results are cause or effect of sexual revictimization or can be generalized to other clinical samples are not clear. Interventions targeting the increased risk of ASA should be developed, implemented and tested in prevention as well treatment programmes.

PMID: 19883187 [PubMed - indexed for MEDLINE]

36. Biol Psychiatry. 2010 Feb 15;67(4):346-56. Epub 2009 Oct 28.
Aversive imagery in posttraumatic stress disorder: trauma recurrence, comorbidity, and physiological reactivity.

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BACKGROUND: Posttraumatic stress disorder (PTSD) is characterized as a disorder of exaggerated defensive physiological arousal. The novel aim of the present research was to investigate within PTSD a potential dose-response relationship between past trauma recurrence and current comorbidity and intensity of physiological reactions to imagery of trauma and other aversive scenarios. METHODS: A community sample of principal PTSD (n = 49; 22 single-trauma exposed, 27 multiple-trauma exposed) and control (n = 76; 46 never-trauma exposed, 30 trauma exposed) participants imagined threatening and neutral events while acoustic startle probes were presented and the eye-blink response (orbicularis occuli) was recorded. Changes in heart rate, skin conductance level, and facial

expressivity were also indexed. RESULTS: Overall, PTSD patients exceeded control participants in startle reflex, autonomic responding, and facial expressivity during idiographic trauma imagery and, though less pronounced, showed heightened reactivity to standard anger, panic, and physical danger imagery. Concerning subgroups, control participants with and without trauma exposure showed isomorphic patterns. Within PTSD, only the single-trauma patients evinced robust startle and autonomic responses, exceeding both control participants and multiple-trauma PTSD. Despite greater reported arousal, the multiple-trauma relative to single-trauma PTSD group showed blunted defensive reactivity associated with more chronic and severe PTSD, greater mood and anxiety disorder comorbidity, and more pervasive dimensional dysphoria (e.g., depression, trait anxiety). CONCLUSIONS: Whereas PTSD patients generally show marked physiological arousal during aversive imagery, concordant with self-reported distress, the most symptomatic patients with histories of severe, cumulative traumatization show discordant physiological hyporeactivity, perhaps attributable to sustained high stress and an egregious, persistent negative affectivity that ultimately compromises defensive responding. 2010 Society of Biological Psychiatry. All rights reserved.

PMID: 19875104 [PubMed - indexed for MEDLINE]

37. Intensive Care Med. 2009 Dec;35(12):2078-86. Epub 2009 Sep 15.
Patients' memory and psychological distress after ICU stay compared with expectations of the relatives.

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PURPOSE: To compare patients' psychological distress and memories from intensive care unit (ICU) treatment 4-6 weeks after ICU discharge with expectations of their relatives. Further, to explore the relationship between personality traits and ICU memories with psychological distress. METHODS: A cross-sectional study of 255 patients and 298 relatives. The questionnaire included: hospital anxiety and depression scale (HADS), impact of event scale (IES), life orientation test, ICU memory tool and memory of ICU; technical procedures, pain, lack of control and inability to express needs. Relatives were assessed for their expectations of the patients' memories and psychological distress. RESULTS: Twenty-five percent of the patients reported severe posttraumatic stress symptoms, IES-total >or= 35. The levels of anxiety and depression were significantly higher than in the general population, mean anxiety was 5.6 versus 4.2 ($p < 0.001$), and mean depression was 4.8 versus 3.5 ($p < 0.001$). Relatives expected more psychological distress and the relatives thought the patient was less able to express needs than the patients reported ($p < 0.001$). Higher age, unemployment, respirator treatment, pessimism, memory of pain, lack of control and inability to express needs were independent predictors of posttraumatic stress symptoms ($p < 0.01$). CONCLUSIONS: Psychological distress symptoms were frequent among ICU survivors. Relatives expected the patients to be more distressed after ICU treatment than the patients reported. The strongest predictors of posttraumatic stress symptoms from the ICU were memoris about pain, lack of control and inability to express needs. Pessimism may be a reason for psychological distress and should be addressed during follow up, as pessimistic patients may need more motivation and support.

PMID: 19756511 [PubMed - indexed for MEDLINE]

38. J Abnorm Child Psychol. 2010 Jan;38(1):49-56.
Post traumatic stress, context, and the lingering effects of the Hurricane Katrina disaster among ethnic minority youth.

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This study examined the stability of post traumatic stress disorder (PTSD) symptoms in a predominantly ethnic minority sample of youth exposed to Hurricane Katrina. Youth (n = 191 grades 4th thru 8th) were screened for exposure to traumatic experiences and PTSD symptoms at 24 months (Time 1) and then again at 30 months (Time 2) post-disaster. PTSD symptoms did not significantly decline over time and were higher than rates reported at earlier time points for more ethnically diverse samples. Younger age, female sex, and continued disrepair to the child's home predicted stable elevated PTSD symptoms. Findings are consistent with predictions from contextual theories of disaster exposure and with epidemiological data from adult samples suggesting that the incidence of PTSD post Katrina is showing an atypical pattern of remittance. Theoretical, applied, and policy implications are discussed.

PMID: 19707864 [PubMed - indexed for MEDLINE]

39. J Sex Med. 2009 Dec;6(12):3356-63. Epub 2009 Aug 4.
Impaired sexual function in patients with borderline personality disorder is determined by history of sexual abuse.

Schulte-Herbrüggen O, Ahlers CJ, Kronsbein JM, Rüter A, Bahri S, Vater A, Roepke S.
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INTRODUCTION: Patients suffering from a Borderline Personality Disorder (BPD) display altered sexual behavior, such as sexual avoidance or sexual impulsivity, which has repeatedly been linked to the sexual traumatization that occurs in a high percentage of BPD patients. Until now, no empirical data exists on whether these patients concomitantly suffer from sexual dysfunction. AIM: This study investigates sexual function and the impact of sexual traumatization on this issue in women with BPD as compared to healthy women. MAIN OUTCOME MEASURES: Sexual function was measured using the Female Sexual Function Index. Additionally, diagnoses were made with SCID II Interviews for Axis II and with the Mini International Neuropsychiatric Interview for Axis I disorders. The Post-traumatic Stress Diagnostic Scale for trauma evaluation was used. Sexual orientation was assessed by self-evaluation. METHODS: Forty-five women with BPD as diagnosed according to DSM-IV criteria and 30 healthy women completed questionnaires on sexual function and sexual abuse history, as well as interviews on axis I and II disorders and psychotropic medication. RESULTS: The BPD group showed a significantly higher prevalence of sexual dysfunction. Subgroup analyses revealed that BPD with concomitant sexual traumatization, and not BPD alone, best explains impaired sexual function. Sexual inactivity was mainly related to current major depression or use of SSRI medication. In sexually active participants, medication and symptoms of depression had no significant impact on sexual function. CONCLUSIONS: Not BPD alone, but concomitant sexual traumatization, predicts significantly impaired sexual function. This may have a therapeutic impact on BPD patients reporting sexual traumatization.

PMID: 19686431 [PubMed - indexed for MEDLINE]

40. J Child Psychol Psychiatry. 2010 Jan;51(1):84-93. Epub 2009 Aug 6.
The role of traumatic event history in non-medical use of prescription drugs among a nationally representative sample of US adolescents.

McCauley JL, Danielson CK, Amstadter AB, Ruggiero KJ, Resnick HS, Hanson RF, Smith DW, Saunders BE, Kilpatrick DG.
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BACKGROUND: Building on previous research with adolescents that examined demographic variables and other forms of substance abuse in relation to non-medical use of prescription drugs (NMUPD), the current study examined potentially traumatic events, depression, posttraumatic stress disorder (PTSD), other substance use, and delinquent behavior as potential correlates of past-year non-medical use of prescription drugs. METHOD: A nationally representative sample of 3,614 non-institutionalized, civilian, English-speaking adolescents (aged 12-17 years) residing in households with a telephone was selected. Demographic characteristics, traumatic event history, mental health, and substance abuse variables were assessed. NMUPD was assessed by asking if, in the past year, participants had used a prescription drug in a non-medical manner. Multivariable logistic regressions were conducted for each theoretically derived predictor set. Significant predictors from each set were then entered into a final multivariable logistic regression to determine significant predictors of past-year NMUPD. RESULTS: NMUPD was endorsed by 6.7% of the sample (n = 242). The final multivariable model showed that lifetime history of delinquent behavior, other forms of substance use/abuse, history of witnessed violence, and lifetime history of PTSD were significantly associated with increased likelihood of NMUPD. CONCLUSIONS: Risk reduction efforts targeting NMUPD among adolescents who have witnessed significant violence, endorsed abuse of other substances and delinquent behavior, and/or endorsed PTSD are warranted. Interventions for adolescents with history of violence exposure or PTSD, or those adjudicated for delinquent behavior, should include treatment or prevention modules that specifically address NMUPD.

PMCID: PMC2826795 [Available on 2011/1/1]
PMID: 19674194 [PubMed - indexed for MEDLINE]

41. Child Maltreat. 2010 Feb;15(1):48-63. Epub 2009 Jun 29.
Posttraumatic stress symptoms in children and adolescents referred for child welfare investigation. A national sample of in-home and out-of-home care.

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This study examines the prevalence and correlates of heightened posttraumatic stress (PTS) symptoms in a nationally representative sample of 1,848 children and adolescents (ages 8-14) who were referred to child welfare for investigation of abuse or neglect based on the National Survey of Child and Adolescent Well-Being. The severity of current PTS symptoms was assessed using the PTS subscale of the Trauma Symptom Checklist for Children, a standardized child-report scale evaluating common symptoms associated with trauma. The overall prevalence of clinically significant PTS symptoms was 11.7% (overall mean T score = 49.5). The

prevalence was higher for cases that were placed in out-of-home care (19.2%) than those maintained at home (10.7%). Multivariate hierarchical regression identified four contributors to heightened PTS symptoms: younger child age, abuse by a nonbiological parent, violence in the home, and child depression. The authors discuss the modest but still lower than expected prevalence of self-reported, clinically significant PTS symptoms and the variables associated with greater risk for heightened PTS symptoms found among cases referred to child welfare services.

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Secondary traumatization in pediatric healthcare providers: compassion fatigue, burnout, and secondary traumatic stress.

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The primary aim for this research was to explore the overlap and differences between the concepts related to secondary traumatization: posttraumatic stress disorder (PTSD), secondary traumatic stress (STS), compassion fatigue (CF), and burnout (BRN). A secondary aim for this research was to examine the impact of secondary traumatization and some of the personal and professional elements that affect how pediatric healthcare providers experience PTSD, STS, CF, and BRN. An online survey was sent via e-mail to numerous list serves for healthcare providers who had worked on PICU, NICU, or PEDS units within the last year. The analyses revealed that a significant overlap existed between the terms of STS, PTSD, BRN, CS, and CF for PICU, NICU, and PEDS providers. However, a hierarchical linear regression revealed a significant amount of unique contributions to the variance in CF based on each of the measured concepts. Despite previous literature that indicates that the terms STS and CF can be used interchangeably, the two most prominent measures utilized in the assessment of CF and STS are actually capturing at least some unique elements. Given these results, future researchers should examine and conceptualize the difference in etiology, prevalence, symptoms, and treatment efficacy for CF and STS as separate but related entities and then return their focus to understanding secondary traumatization in healthcare providers.

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