

April, 2013 Medline Topic Alert

1. AIDS Behav. 2013 Mar 29. [Epub ahead of print]

Posttraumatic Stress Symptoms Among Adults Caring for Orphaned Children in HIV-Endemic South Africa.

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There is growing evidence that mental health is a significant issue among families affected by AIDS-related parental deaths. The current study examined posttraumatic stress symptoms and identified risk factors among adults caring for AIDS-orphaned and other-orphaned children in an HIV-endemic South African community. A representative community sample of adults caring for children (N = 1,599) was recruited from Umlazi Township. Of the 116 participants who reported that a traumatic event was still bothering them, 19 % reported clinically significant posttraumatic stress symptoms. Of the 116 participants, caregivers of AIDS-orphaned and other-orphaned children were significantly more likely to meet threshold criteria for PTSD (28 %) compared to caregivers of non-orphaned children (10 %). Household receipt of an old age pension was identified as a possible protective factor for PTSD symptoms among caregivers of orphaned children. Services are needed to address PTSD symptoms among caregivers of orphaned children.

2. Eur Child Adolesc Psychiatry. 2013 Mar 27. [Epub ahead of print]

Prevalence and predictors of posttraumatic stress disorder and depressive symptoms among child survivors 1 year following the Wenchuan earthquake in China.

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The purpose of this study was to estimate the prevalence rates of probable posttraumatic stress disorder (PTSD) and depression and to explore potential risk factors among child and adolescent survivors 1 year following the 2008 Wenchuan

earthquake. 3052 participants were administered the Child PTSD Symptom Scale, the Center for Epidemiologic Studies Depression Scale for Children, and the earthquake experience scale. Results indicated that the prevalence rates of probable PTSD and depression were 8.6 and 42.5 %, respectively. Demographic variables (i.e., age and gender) and most aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage, with the exception of type of housing) made unique contributions to PTSD and depressive symptoms. In addition, the moderating effect of gender on the relationships between age and PTSD and depressive symptoms was significant. In conclusion, depression was a more common psychological response than was PTSD among child survivors 1 year following the Wenchuan earthquake. Age and gender were risk factors for both PTSD and depressive symptoms. Furthermore, older female survivors exhibit more severe PTSD and depressive symptoms. Additionally, several aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage) was also important for the development and maintenance of PTSD and depressive symptoms.

3. J Health Psychol. 2013 Mar 21. [Epub ahead of print]

Specific Traumatic Events during Childhood as Risk Factors for Post-Traumatic Stress Disorder Development in Adults.

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To evaluate differences in early life events (ELE) on adult victims of severe interpersonal violence among patients who developed posttraumatic stress disorder (PTSD) and control group. Adult victims of interpersonal violence were evaluated to diagnose the presence of PTSD and ELE. 308 subjects were included, 141 in patient's group (PTSD+) and 167 in control group (PTSD-). PTSD+ group had more severe PTSD, depressive symptoms and higher ETI scores than PTSD- group. Patients in PTSD+ group had a more frequent history of ELE. Some ELE were more significant for the development of this predisposition.

4. J Trauma Stress. 2013 Mar 13. doi: 10.1002/jts.21794. [Epub ahead of print]

Trauma Exposure and Posttraumatic Stress Disorder in Adolescents: A National Survey in Switzerland.

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There are a limited number of epidemiological studies that have focused on trauma exposure and prevalence of posttraumatic stress disorder (PTSD) in representative general population samples of adolescents, especially outside of the United States. We therefore aimed to assess the lifetime prevalence of traumatic events (TEs) and current prevalence of PTSD, and to examine demographic risk factors for TEs and PTSD in a representative sample of adolescents. Data were collected by a school survey among a sample of 6,787 9th-grade students in Switzerland. Roughly 56% of the adolescents (females 56.6%; males 55.7%) reported having experienced at least 1 TE. Non-Swiss nationality (OR = 1.80), not living with both biological parents (OR = 1.64), and lower parental education (OR = 1.18) were associated with a higher risk of trauma exposure. The current prevalence of PTSD according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) criteria was 4.2% (females 6.2%; males 2.4%). Female gender (OR = 2.70), not living with both biological parents (OR = 1.47), lower parental education (OR = 1.51), and exposure to multiple TEs (OR = 9.56) were significant risk factors for PTSD. Results suggest considerably high rates of TEs and PTSD among adolescents. Intervention efforts must be intensified to reduce trauma exposure and treat PTSD.

5. J Trauma Stress. 2013 Mar 14. doi: 10.1002/jts.21792. [Epub ahead of print]
Traumatic Stress Symptomatology After Child Maltreatment and Single Traumatic Events: Different Profiles.

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The sequelae of child maltreatment tend to extend current posttraumatic stress disorder (PTSD) symptoms. This study examined this assumption, hypothesizing that (a) PTSD and trauma-related symptoms are more severe after single trauma than after child maltreatment; (b) symptoms unrelated to trauma are more severe after child maltreatment than after single trauma; and (c) a comorbid association of clinical PTSD with trauma-related symptoms is more prevalent after single trauma, whereas a comorbid association of clinical PTSD with trauma unrelated symptoms is more prevalent after child maltreatment. The Trauma Symptom Checklist for Children (TSCC) assessed PTSD and trauma-related symptoms in 256 children (83 children exposed to single trauma, 173 to child maltreatment). The Strengths and Difficulties Questionnaire (SDQ) assessed trauma-unrelated symptoms. Single-trauma children reported significantly more severe PTSD and trauma-related symptoms. Significantly more severe trauma unrelated symptoms were reported after

child maltreatment. A significant relation was found between clinical PTSD and more severe trauma-related symptoms in both samples. Likelihood of children meeting PTSD symptoms after trauma seems to decrease when traumatization becomes more complex. Findings support our assumption that symptomatology of maltreated children extends current PTSD symptoms.

6. J Abnorm Child Psychol. 2013 Mar 14. [Epub ahead of print]

Behavioral Inhibition and Risk for Posttraumatic Stress Symptoms in Latino Children Exposed to Violence.

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Latino children in urban contexts marked by poverty are at high risk of being exposed to violence and developing posttraumatic stress disorder (PTSD). Nonetheless, there is great variability in individual responses to violence exposure. This study examines risk for developing re-experiencing, avoidance, and arousal symptoms of PTSD as a function of individual differences in behavioral inhibition and exposure to community violence. Participants were 148 Latino students (M age =11.43 years, SD = 0.69; 55 % girls) living in an area marked by poverty and crime. Children completed self-report measures of behavioral inhibition and posttraumatic stress symptoms during a baseline assessment. During a follow-up interview 6 months later, children completed self-report measures of exposure to community violence since the baseline assessment and posttraumatic stress symptoms. Structural equation models revealed that behavioral inhibition at baseline was positively associated with PTSD avoidance and arousal symptoms at follow-up, after controlling for symptoms at baseline. Furthermore, behavioral inhibition moderated the association between violence exposure and symptoms such that violence was more strongly associated with the development of PTSD avoidance symptoms as behavioral inhibition increased. Results suggest that individual differences in behavioral inhibition contribute to risk for specific PTSD symptoms and are important for understanding variation in responses to trauma exposure. By examining diathesis-stress models within a disorder, we may be better able to elucidate the etiology of a disorder and translate this improved understanding into personalized intervention approaches that maximize effectiveness.

7. Iran Red Crescent Med J. 2012 Dec;14(12):776-81. doi: 10.5812/ircmj.2163. Epub 2012 Dec 6.

Post-traumatic stress disorder and related factors in parents of children with

cancer in South-East of Iran.

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BACKGROUND: Post-traumatic stress disorder (PTSD) comprises a collection of symptoms following exposure to injury-causing accidents of life. It is estimated that the prevalence of PTSD in children with malignancy and their parents is between 10-30% and even several years after treatment of malignancy this disorder remains in 20-20% of these patients.

OBJECTIVES: This study investigated the prevalence of post-traumatic stress disorder in parents of children with cancer.

MATERIALS AND METHODS: In this analytic-descriptive study, 256 parents of children with cancer (mean age: 30.06 ± 14.6 years-old) that their children treated in pediatric hematology ward of Ali ebn-e Abitaleb (AS) teaching hospital of Zahedan city (south east of Iran) at 2009-2010 were evaluated. The demographic data and symptoms of PTSD were collected by standard questionnaire (based on DSM-IV). After data analysis was performed using statistical software SPSS (version 18).

RESULTS: All parents who were studied had PTSD. The severity of PTSD in 111 of parents was mild, in 103 (40.2%) moderate and in 42 (16.4%) parents was severe. Furthermore, there were a significant correlation between the severity of PTSD with number of children, age of parents, gender, literacy, religion and economic state ($P = 0.001$).

CONCLUSIONS: Our results showed that factors such as age, sex, number of children, educational state and religion of parents with economic state of the family can effect on the severity of PTSD. As for role of parents of children with chronic disease especially malignancy diseases on decline of psycho-social disorders with mental and physical supports of their children should be given the necessary recommendations and educations regarding PTSD.

8. J Psychoactive Drugs. 2012 Nov-Dec;44(5):365-71.

Helium inhalation in adolescents: characteristics of users and prevalence of use.

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Although helium-related fatalities and concerns about potentially harmful effects of helium use have increased in recent years, virtually nothing is known about

the epidemiology of helium inhalation in adolescents. This exploratory investigation examined the prevalence and correlates of helium inhalation in a large sample of at-risk youth. Study participants were 723 Missouri adolescents (M age = 15.5, SD = 1.2) in residential treatment for delinquent behavior. More than one-in-nine (N = 81, 11.5%) adolescents had inhaled helium with the intention of getting high, and one-third (N = 27, 34.2%) of helium users reported they actually did get high when they inhaled helium. Helium users were significantly more likely to be Caucasian, to live in rural/small town areas, and to have histories of mental illness, auditory hallucinations, and alcohol and marijuana use than nonusers. Helium users also reported significantly more current psychiatric distress, suicidality, traumatic life experiences, and antisocial attitudes, traits, and behaviors than nonusers. Helium inhalation was prevalent in this sample and many such users reported getting high while using helium. Helium users had psychosocial profiles similar to those of volatile solvent users, suggesting that they may be at substantial risk for a variety of adverse health outcomes.

9. Acta Med Iran. 2013 Jan;51(1):47-51.

Normative Life Events and PTSD in Children: How Easy Stress Can Affect Children's Brain.

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Exposure to traumatic events is common in children and adolescent. Post traumatic stress disorder (PTSD) is an emotional reaction to traumatic events, which is increasingly recognized to be a prevalent and disabling disorder. The aim of this study is to determine the distribution of normative life events which predicts PTSD in youth who referred to an outpatient clinic in Rasht, Iran. This study is a cross-sectional descriptive study. The samples of children and adolescents ranging from 1-18 yr old who were diagnosed PTSD based on DSM-IV criteria in psychiatric interview and K-SADS (Kiddie-schedule for affective disorder and schizophrenia for school age children) semi-structured diagnostic interview, from 2005 until 2008. The information consist of: age, sex, comorbidity with PTSD, events accompanying with PTSD, and time interval between events and visit. Eighty four youth who met the diagnosis of PTSD and their parents participated in the survey. Half of PTSD youth were 6-11 years old and admitted to clinic in the first 3 months after events. The most common events were witnessing violent or fearful scenes on TV followed by witnessing someone's death or funeral ceremony. The most comorbidity with PTSD included: attention deficit hyperactivity

disorder, depression and anxiety. Our results indicate that youth exposure to violent or fearful scenes on TV could be very traumatic for them. Informing parents about the potential effect of low-magnitude stressors such as violent or fearful scenes on TV and funeral ceremony can decrease the prevalence of PTSD in youth.

10. BMC Pediatr. 2013 Mar 1;13:31. doi: 10.1186/1471-2431-13-31.

CD64-Neutrophil expression and stress metabolic patterns in early sepsis and severe traumatic brain injury in children.

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BACKGROUND: Critical illness constitutes a serious derangement of metabolism. The aim of our study was to compare acute phase metabolic patterns in children with sepsis (S) or severe sepsis/septic shock (SS) to those with severe traumatic brain injury (TBI) and healthy controls (C) and to evaluate their relations to neutrophil, lymphocyte and monocyte expressions of CD64 and CD11b.

METHODS: Sixty children were enrolled in the study. Forty-five children with systemic inflammatory response syndrome (SIRS) were classified into three groups: TBI (n = 15), S (n = 15), and SS (n = 15). C consisted of 15 non- SIRS patients undergoing screening tests for minor elective surgery. Blood samples were collected within 6 hours after admission for flow cytometry of neutrophil, lymphocyte and monocyte expression of CD64 and CD11b (n = 60). Procalcitonin (PCT), C-reactive protein (CRP), glucose, triglycerides (TG), total cholesterol (TC), high (HDL) or low-density-lipoproteins (LDL) were also determined in all groups, and repeated on day 2 and 3 in the 3 SIRS groups (n = 150).

RESULTS: CRP, PCT and TG ($p < 0.01$) were significantly increased in S and SS compared to TBI and C; glucose did not differ among critically ill groups. Significantly lower were the levels of TC, LDL, and HDL in septic groups compared to C and to moderate changes in TBI ($p < 0.0001$) but only LDL differed between S and SS ($p < 0.02$). Among septic patients, PCT levels declined significantly ($p < 0.02$) with time, followed by parallel decrease of HDL ($p < 0.03$) and increase of TG ($p < 0.02$) in the SS group. Neutrophil CD64 (nCD64) expression was higher in patients with SS (81.2%) and S (78.8%) as compared to those with TBI (5.5%) or C (0.9%, $p < 0.0001$). nCD64 was positively related with CRP, PCT, glucose, and TG ($p < 0.01$) and negatively with TC, LDL, and HDL ($p < 0.0001$), but not with severity of illness, hematologic indices, length of stay or mechanical ventilation duration.

CONCLUSIONS: In sepsis, the early stress-metabolic pattern is characterized by a

high (nCD64, glucose, TG) - low (TC, HDL, LDL) combination in contrast to the moderate pattern of TBI in which only glucose increases combined with a moderate cholesterol - lipoprotein decrease. These early metabolic patterns persist the first 3 days of acute illness and are associated with the acute phase CD64 expression on neutrophils.

11. Am J Psychother. 2012;66(4):313-30.

Beyond attachment: psychotherapy with a sexually abused teenager.

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When children are abused they utilize strategies already in place to cope with stress. These strategies develop during early life within the family and may be part of the unconscious framework formed within attachments and relationships. The case presented illustrates a teen-aged girl who was the victim of sexual abuse and experienced depression, PTSD and substance abuse. This paper describes the psychodynamic psychotherapy used to examine the patient's coping skills, which predated the abuse, and how these coping mechanisms were used to ameliorate her symptoms.

12. J Nerv Ment Dis. 2013 Feb;201(2):145-52. doi: 10.1097/NMD.0b013e31827f627d.

The factorial invariance across gender of three well-supported models: further evidence for a five-factor model of posttraumatic stress disorder.

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Three well-supported latent models of posttraumatic stress disorder (PTSD; i.e., Emotional Numbing, Dysphoria, and Dysphoric Arousal [DA] models) were examined using factorial invariance across gender. There is a notable lack of studies that have investigated the factorial invariance of the PTSD models across gender, and, to date, no study has assessed the factorial invariance of the DA model across gender. The current sample consisted of 571 children and adolescent earthquake survivors (297 male and 274 female participants) from China. The results indicated that the 17 symptoms of PTSD have equivalent factor loadings between the male and female participants. Furthermore, the female participants evidenced more severe manifestations of PTSD. Moreover, the newly proposed five-factor DA model provided superior fit to the data compared with the Emotional Numbing and Dysphoria models. The implication of these results is discussed.

13. BMC Public Health. 2013 Jan 22;13:58. doi: 10.1186/1471-2458-13-58.

Changes in alcohol consumption after a natural disaster: a study of Norwegian survivors after the 2004 Southeast Asia tsunami.

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BACKGROUND: Many studies suggest that disaster exposure is related to a subsequent increase in alcohol consumption. Most of these studies have relied on retrospective self-reports to measure changes in alcohol use. The aim of the present study was to examine the association between disaster exposure and drinking behaviors more closely, analyzing data on both self-perceived changes in alcohol consumption and current drinking habits in groups with different extents of disaster exposure.

METHODS: A sample of Norwegian adults (≥ 18 years) who resided in areas affected by the 2004 Southeast Asia tsunami ($N = 899$) were assessed by a postal questionnaire 6 months after the disaster. Based on detailed questions about experiences with the tsunami, participants were grouped according to their extent of disaster exposure. The Impact of Event Scale-Revised was applied to measure the level of post-traumatic stress. Participants were asked whether they had increased or decreased their alcohol consumption after the disaster. Moreover, weekly alcohol consumption and frequency of intoxication during the past month were used as indicators of current drinking behaviors.

RESULTS: Severely exposed individuals more often reported changing their alcohol consumption compared with those who were less exposed. Severe exposure to the tsunami was associated with both a self-perceived increase (OR 21.38, 95% CI 2.91-157.28) and decrease in alcohol consumption (OR 7.41, 95% CI 1.74-31.51). The odds ratios decreased and were not significant when adjusting for post-traumatic stress symptoms. Weekly consumption and frequency of intoxication during the past month did not vary with extent of disaster exposure.

CONCLUSIONS: Our findings indicate a polarization effect of severe disaster exposure on self-perceived changes in alcohol consumption; that is, disaster exposure was associated with self-perceived increases and decreases in drinking. However, the absence of associations between disaster exposure and indicators of current drinking behaviors suggests that the observed polarization effect may be overestimated because of attribution and recall bias.

14. J Bone Joint Surg Am. 2013 Jan 16;95(2):138-45. doi: 10.2106/JBJS.K.00734.

The Military Extremity Trauma Amputation/Limb Salvage (METALS) study: outcomes of amputation versus limb salvage following major lower-extremity trauma.

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Comment in

J Bone Joint Surg Am. 2013 Jan 16;95(2):e12 1-2.

BACKGROUND: The study was performed to examine the hypothesis that functional outcomes following major lower-extremity trauma sustained in the military would be similar between patients treated with amputation and those who underwent limb salvage.

METHODS: This is a retrospective cohort study of 324 service members deployed to Afghanistan or Iraq who sustained a lower-limb injury requiring either amputation or limb salvage involving revascularization, bone graft/bone transport, local/free flap coverage, repair of a major nerve injury, or a complete compartment injury/compartment syndrome. The Short Musculoskeletal Function Assessment (SMFA) questionnaire was used to measure overall function. Standard instruments were used to measure depression (the Center for Epidemiologic Studies Depression Scale), posttraumatic stress disorder (PTSD Checklist-military version), chronic pain (Chronic Pain Grade Scale), and engagement in sports and leisure activities (Paffenbarger Physical Activity Questionnaire). The outcomes of amputation and salvage were compared by using regression analysis with adjustment for age, time until the interview, military rank, upper-limb and bilateral injuries, social support, and intensity of combat experiences.

RESULTS: Overall response rates were modest (59.2%) and significantly different between those who underwent amputation (64.5%) and those treated with limb salvage (55.4%) ($p = 0.02$). In all SMFA domains except arm/hand function, the patients scored significantly worse than population norms. Also, 38.3% screened positive for depressive symptoms and 17.9%, for posttraumatic stress disorder (PTSD). One-third (34.0%) were not working, on active duty, or in school. After adjustment for covariates, participants with an amputation had better scores in all SMFA domains compared with those whose limbs had been salvaged ($p < 0.01$). They also had a lower likelihood of PTSD and a higher likelihood of being engaged in vigorous sports. There were no significant differences between the groups with regard to the percentage of patients with depressive symptoms, pain interfering with daily activities (pain interference), or work/school status.

CONCLUSIONS: Major lower-limb trauma sustained in the military results in significant disability. Service members who undergo amputation appear to have better functional outcomes than those who undergo limb salvage. Caution is needed in interpreting these results as there was a potential for selection bias.

15. Br J Clin Psychol. 2012 Nov;51(4):418-33. doi: 10.1111/j.2044-8260.2012.02037.x. Epub 2012 May 17.

A prospective study of PTSD following recovery from first-episode psychosis: the threat from persecutors, voices, and patienthood.

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OBJECTIVES: Approximately one third of people with early psychosis report post-traumatic symptoms, some of which are thought to arise from traumatic experiences associated with psychosis itself. This prospective study tested hypotheses based on retrospective findings that threat appraisals of voices, persecutors, or the new label of 'mental health patient' predict symptoms of post-traumatic stress disorder (PTSD).

METHODS: Appraisals of power and threat from voices and other persecutors and appraisals of the threat posed to identity by the diagnosis were assessed during the first acute phase of psychosis. Eighteen months later, PTSD symptom levels and diagnosis were established.

DESIGN: Prospective.

RESULTS: Of 39 participants who completed the follow-up phase, 12 (31%) met criteria for PTSD diagnosis. Nineteen (49%) of the participants were still distressed by memories of their psychosis or the associated treatment. During the acute phase of psychosis, appraisals of threat from voices and persecutors were strongly associated with distress. With the exception of the perceived ability to cope with threat, none of these appraisals were predictive of subsequent post-traumatic stress however. Similarly, only one appraisal of the diagnosis (loss of control) was predictive of PTSD.

CONCLUSION: It may be that retrospective studies have overestimated the influence of candidate appraisals in predicting PTSD. It might also be that assessments made during the acute phase of psychosis preceded a key phase of psychological processing that takes place during the immediate aftermath of the psychotic episode. A staged prospective design is required to uncover the true impact of psychosis on PTSD.

16. Psychosom Med. 2012 Nov-Dec;74(9):916-24. doi: 10.1097/PSY.0b013e31827078e2. Epub 2012 Oct 15.

Physical health status of female veterans: contributions of sex partnership and in-military rape.

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OBJECTIVE: The aim of this study was to determine whether current physical health status in female veterans is associated with rape during military service and same-sex partnership.

METHODS: Retrospective computer-assisted telephone interviews of 1004 Midwestern US female veterans identified from Veterans Affairs electronic records were conducted. Data included rape history including rape in military, sex partnership history, demographics, and medical history including chronic pain, mental health (depression and posttraumatic stress disorder [PTSD]), and the physical health component of the Short-Form 12-item interview (PCS-12).

RESULTS: Physical health in this sample was lower than norm values [PCS-12: mean (standard deviation) = 43 [12]; norm: mean (standard deviation) = 50 [10]].

Fifty-one percent of the participants reported rape in their lifetime, 25% reported rape in military, 11% reported history of women as sex partners, and 71% reported history of chronic pain. Multiple regression analysis indicated that physical health (PCS-12) was associated with chronic pain history ($\beta = -.40$, $p < .001$), rape in military ($\beta = -.09$, $p = .002$), and current PTSD ($\beta = .07$, $p = .03$), adjusting for demographic data. Mediation analysis indicated that chronic pain history significantly mediated relationships of women who have sex with women, childhood rape, PTSD, depression, and current substance use disorder with PCS-12.

CONCLUSIONS: Both rape and sex partnership are adversely associated with lower physical functioning in female veterans. Clinicians evaluating the physical health of this population should therefore consider obtaining detailed sexual histories, and a multidisciplinary team is needed to address mental health issues in female veterans.

17. Sci Signal. 2012 Oct 9;5(245):pt6. doi: 10.1126/scisignal.2003327.

Posttraumatic stress disorder in children and adolescents: neuroendocrine perspectives.

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Posttraumatic stress disorder (PTSD) is a syndrome of distress that develops after exposure to traumatic life experiences. Dysregulation of both the

hypothalamic-pituitary-adrenal (HPA) axis and the locus caeruleus/norepinephrine-sympathetic nervous system (LC/NE-SNS) is associated with the pathophysiology of the disorder. Studies have demonstrated a neuroendocrine profile unique to adults with PTSD, with centrally elevated corticotropin-releasing hormone (CRH), low cortisol in the periphery, and elevated catecholamines. Traumatic stress experiences in early life are strong predisposing factors for later PTSD development. In addition, early life stress programs the developing brain to overreact to future stressors. In children and adolescents involved in motor vehicle accidents, we found that high evening salivary cortisol and morning serum interleukin 6 concentrations were predictive of PTSD development 6 months later. We demonstrated a progressive divergence of the HPA and LC/NE-SNS axes of the stress system, which may be part of the pathophysiologic mechanism responsible for PTSD maintenance. An initial elevation of cortisol in the aftermath of the trauma, followed by a gradual normalization and finally low cortisol secretion, together with a gradual elevation of catecholamines over time, may represent the natural history of neuroendocrine changes in pediatric PTSD. Thus, the low cortisol concentrations found in adults with PTSD may reflect prior trauma and might represent a biologic vulnerability factor for later PTSD development.

18. Behav Ther. 2012 Dec;43(4):812-24. doi: 10.1016/j.beth.2012.04.006. Epub 2012 Apr 27.

An investigation of the efficacy of online expressive writing for trauma-related psychological distress in Hispanic individuals.

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This study compared the efficacy of 2 online expressive writing protocols for a traumatic/stressful life event in a Hispanic student sample. Participants who had reported a traumatic event were randomly assigned to either the emotion-focused group or the fact-focused group. The emotion-focused group focused their written accounts on emotions and feelings as well as facts about a stressful/traumatic experience, whereas the fact-focused group focused on facts of a stressful/traumatic event. Both groups completed 3 online writing sessions scheduled for 3 consecutive days, a 1-week online follow-up assessment, and a 5-week online follow-up assessment. Both groups statistically significantly reduced trauma symptoms over time with the emotion-focused group demonstrating statistically significantly greater trauma symptom reductions than the fact-focused group at the 5-week follow-up assessment.

19. Am J Orthopsychiatry. 2012 Oct;82(4):585-93. doi:10.1111/j.1939-0025.2012.01184.x.

Effects of mental health disorders on the risk of juvenile justice system involvement and recidivism among children placed in out-of-home care.

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This study examined the effect of specific mental health disorders on the risk of juvenile justice system involvement and subsequent recidivism among maltreated children placed in out-of-home care. The sample was comprised of all children in Florida aged 7-17 years who were investigated for maltreatment and subsequently placed in out-of-home care between July 1, 2004, and June 30, 2005 (N = 5,720). Presence of mental health disorders and absence of a caregiver were both significantly associated with juvenile justice involvement. Among all examined mental health disorders, conduct disorder was the strongest predictor of juvenile justice involvement. Findings also indicated that, compared to children who did not have identified mental health disorders, children diagnosed with mental health disorders were approximately 80% more likely to experience recidivism. Implications of these findings are discussed.

20. Psychiatr Danub. 2012 Sep;24(3):333-5.

Family survived the sinking of "Costa Concordia".

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21. Violence Against Women. 2012 Aug;18(8):934-57.

Psychological distress and substance use among community-recruited women currently victimized by intimate partners: a latent class analysis and examination of between-class differences.

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Latent class analysis was used to examine patterns of victimization among a community sample of 212 women experiencing intimate partner violence (IPV). Results identified three classes of women characterized by victimization history

(recent IPV, childhood victimization); classes were further differentiated by IPV-related posttraumatic stress disorder symptoms, other indicators of psychological distress, and substance use. Differentiating levels of victimization and their associated patterns of psychosocial functioning can be used to develop intervention strategies targeting the needs of different subgroups of women so that mental health and substance use problems can be reduced or prevented altogether. Implications for treatment and future research are presented here.

22. Curr HIV/AIDS Rep. 2012 Dec;9(4):344-50. doi: 10.1007/s11904-012-0139-3.

Interventions to improve psychological functioning and health outcomes of HIV-infected individuals with a history of trauma or PTSD.

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The experience of early or later life trauma in HIV-positive adults can have devastating mental and physical health consequences. Women bear the brunt of this double burden. Depression, posttraumatic stress disorder, and alcohol and drug use disorders are among the most common psychiatric disorders documented, both in infected women and men, in high-, middle-, and low-income countries. Traumatized individuals, particularly those with childhood sexual abuse characterized by repeated traumatization, are at high risk of engaging in risky behaviors, including substance abuse and sexual promiscuity. These issues are further compounded by stigma, discrimination, poverty, and low social support. While there is a significant need to pay more attention to psychiatric and psychological outcomes in the context of HIV-trauma and improve screening for traumatic stress in HIV care settings, there are currently few treatment and secondary prevention studies. Group cognitive-behavioral strategies, including prolonged exposure, coping skills training, and stress management have, to date, shown some evidence for efficacy in HIV-positive individuals with childhood trauma and in those with PTSD.

23. Psychodyn Psychiatry. 2012 Sep;40(3):481-503.

Toward a definition of "hypersexuality" in children and adolescents.

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Recent psychiatric literature has used the term "hypersexuality" to denote pathologically increased sexual behavior in children and adolescents. Various patterns of increased sexuality have been described in youth, including sexuality that is excessive, developmentally precocious, compulsive, aggressive, or otherwise socially inappropriate. Such "hypersexual" behavior in children and adolescents is associated with a variety of factors. Social factors include sexual abuse, physical abuse, life stress, and impaired family relationships. Psychiatric factors include emotional and behavioral problems in general, posttraumatic stress disorder and dissociative symptoms in particular, and possibly bipolar disorder. Despite the importance of increased sexual behavior in youth as a possible sign of these problems, there is currently no uniform definition in psychiatric literature of the term "hypersexuality" applied to children and adolescents. The usefulness of this term depends upon the degree to which it can be defined, measured, and distinguished from non-pathological juvenile sexual behavior. Research instruments are described that may be useful in measuring levels of sexual behavior in children and adolescents. Elements of a definition of juvenile hypersexuality are proposed based upon current knowledge about children and adolescents' sexuality in both normal development and a variety of conditions in which it is increased. Care is warranted in distinguishing between normal and abnormal sexual behavior in youth because of the variety of factors that can affect its measurement.

24. J Trauma Dissociation. 2012;13(5):526-38.

Childhood betrayal trauma and self-blame appraisals among survivors of intimate partner abuse.

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Child abuse perpetrated by a close other, such as a parent, is linked to a wide range of detrimental effects, including an increased risk of self-blame. The current study evaluated whether experiences of childhood betrayal trauma were linked to self-blame following victimization in adulthood. A diverse sample of women (n = 230) from an urban city were recruited based on having experienced an incident of intimate partner abuse (IPA) reported to the local police. Women reported on their trauma histories and levels of self-blame for the target IPA incident. Results showed that a history of childhood betrayal trauma exposure predicted the degree of self-blame for the IPA incident. Women who experienced severe IPA during the target incident also indicated higher levels of self-blame. Findings from this study suggest that it may be important to target self-blame

appraisals in interventions with adults exposed to abuse in childhood.

25. J Trauma Dissociation. 2012;13(5):509-25.

Peritraumatic dissociation and peritraumatic emotional predictors of PTSD in Latino youth: results from the Hispanic family study.

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This is the 1st study to examine peritraumatic dissociation and peritraumatic emotions as they predict symptoms and diagnosis of posttraumatic stress disorder (PTSD) in Latino youth. Our aim was to test the hypothesis that the degree of peritraumatic dissociation would predict the number of PTSD symptoms and PTSD clinical diagnosis when the influences of other salient factors were statistically controlled. We also explored the possible contributions of peritraumatic emotional responses to PTSD symptomatology and PTSD diagnosis. We expected that peritraumatic dissociation would emerge as a significant predictor of PTSD. A total of 204 Latino youth (mean age = 12.37 years) completed semistructured individual clinical interviews with bilingual research assistants. These interviews assessed trauma exposure, peritraumatic responses, and current psychopathology. A linear regression analysis demonstrated significant relationships between lifetime number of traumatic events, peritraumatic dissociation, shame, and number of PTSD symptoms endorsed. Significant inverse (protective) relationships were demonstrated between anger and guilt and current PTSD symptomatology. Logistic regression analysis demonstrated significant relationships between peritraumatic dissociation, shame, lifetime number of traumatic events experienced, and PTSD diagnosis. The analyses examined both the number of PTSD symptoms as well as diagnosis of PTSD while simultaneously controlling for age, lifetime exposure to traumatic events, time residing in the United States, and gender. These results support an increasingly robust body of empirical literature suggesting that the peritraumatic dissociative and emotional responses to trauma are important predictors of future PTSD diagnosis. Possible cultural factors contributing to the dissociative responses in Latino youth and clinical implications are discussed.

26. Fam Process. 2012 Sep;51(3):391-404. doi: 10.1111/j.1545-5300.2012.01404.x.

Voices of dialogue and directivity in family therapy with refugees: evolving ideas about dialogical refugee care.

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In this article, we reflect on our evolving ideas regarding a dialogical approach to refugee care. Broadening the predominant phased trauma care model and its engaging of directive expertise in symptom reduction, meaning making, and rebuilding connectedness, these developing dialogical notions involve the negotiation of silencing and disclosure, meaning and absurdity, hope and hopelessness in a therapeutic dialogue that accepts its encounter of cultural and social difference. In locating therapeutic practice within these divergent approaches, we argue an orientation on collaborative dialogue may operate together with notions from the phased trauma care model as heuristic background in engaging a polyphonic understanding of coping with individual and family sequelae of forced displacement. This locating of therapeutic practice, as informed by each perspective, invites us to remain present to fragments of therapeutic positioning that resonate power imbalance or appropriation in a therapeutic encounter imbued with a social context that silences refugees' suffering. In a clinical case analysis, we further explore these relational complexities of negotiating directive expertise and collaborative dialogue in the therapeutic encounter with refugee clients.

27. *Neurosci Bull.* 2012 Oct;28(5):541-9. doi: 10.1007/s12264-012-1261-3. Epub 2012 Aug 30.

Altered regional homogeneity in post-traumatic stress disorder: a resting-state functional magnetic resonance imaging study.

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Erratum in

Neurosci Bull. 2013 Feb;29(1):125.

OBJECTIVE: Little is known about the brain systems that contribute to vulnerability to post-traumatic stress disorder (PTSD). Comparison of the resting-state patterns of intrinsic functional synchronization, as measured by functional magnetic resonance imaging (fMRI), between groups with and without PTSD following a traumatic event can help identify the neural mechanisms of the disorder and targets for intervention.

METHODS: Fifty-four PTSD patients and 72 matched traumatized subjects who

experienced the 2008 Sichuan earthquake were imaged with blood oxygen level-dependent (BOLD) fMRI and analyzed using the measure of regional homogeneity (ReHo) during the resting state.

RESULTS: PTSD patients presented enhanced ReHo in the left inferior parietal lobule and right superior frontal gyrus, and reduced ReHo in the right middle temporal gyrus and lingual gyrus, relative to traumatized individuals without PTSD.

CONCLUSION: Our findings showed that abnormal brain activity exists under resting conditions in PTSD patients who had been exposed to a major earthquake.

Alterations in the local functional connectivity of cortical regions are likely to contribute to the neural mechanisms underlying PTSD.

28. J Psychiatr Res. 2012 Nov;46(11):1524-9. doi: 10.1016/j.jpsychires.2012.07.015. Epub 2012 Aug 14.

Early and late perceived pubertal timing as risk factors for anxiety disorders in adult women.

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Anxiety disorders generally have an early age of onset and can contribute to the development of comorbid disorders later in life. Thus, it is important to identify adolescent risk factors for anxiety. Past research has identified early pubertal timing as a risk factor for anxiety, typically measured as a general construct through self-report. The current study used data from the National Comorbidity Survey-Replication (NCS-R) to examine recollection of early and late menarche as a predictor of posttraumatic stress disorder (PTSD), specific phobias (SP), social anxiety disorder (SAD), generalized anxiety disorder (GAD), and panic disorder (PD) among women. Findings showed that early timing predicted increased risk of a lifetime diagnosis of PTSD, SP, and SAD, whereas late pubertal timing only predicted increased rates of SAD. Examination of race as a potential moderator of these relationships did not yield significant findings, but these analyses were limited by low power. Other limitations and future directions are discussed.

29. BMC Psychiatry. 2012 Aug 17;12:114. doi: 10.1186/1471-244X-12-114.

Mental health of asylum seekers: a cross-sectional study of psychiatric disorders.

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BACKGROUND: Asylum procedures are known to be protracted, stretching to over ten years in many host countries. International research shows high levels of distress for asylum seekers. Little is known about actual psychiatric morbidity in this population, especially during the first few years postmigration.

METHODS: The mental health status of two groups of asylum seekers was assessed: Group 1 (n = 43) had arrived in Switzerland 2.9 (SD 1.1) months prior to assessment, while Group 2 (n = 43) had arrived 15.5 (SD 3.2) months prior to assessment. Psychiatric disorders were diagnosed using the Mini International Neuropsychiatric Interview (MINI). Symptom severity of posttraumatic stress disorder (Posttraumatic Diagnostic Scale), anxiety (Hopkins Symptom Checklist), depression (Hopkins Symptom Checklist), and pain (Verbal Rating Scale) were assessed using self-report questionnaires. Postmigratory factors such as German language proficiency and social contacts were also assessed. Interviews were conducted with the assistance of trained interpreters.

RESULTS: Four out of ten participants met diagnostic criteria for at least one DSM-IV disorder. Groups did not differ with respect to psychiatric morbidity or symptom levels. Major depression (31.4%) and PTSD (23.3%) were diagnosed most frequently. The number of experienced traumatic event types was highly correlated with psychiatric morbidity.

CONCLUSIONS: Psychiatric morbidity in asylum seekers in the first two years after arrival is high, with no indication of a decrease in mental distress over time. Traumatic experiences seem to play a major role in morbidity during this time. Considering the magnitude of clinically relevant distress, a short psychological screening upon arrival with a focus on traumatic experiences may be warranted.

30. Scand J Psychol. 2012 Oct;53(5):430-6. doi: 10.1111/j.1467-9450.2012.00965.x. Epub 2012 Aug 7.

The structure of acute stress disorder among Chinese adults exposed to an earthquake: is dysphoric arousal a unique construct of acute posttraumatic responses?

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As a diagnosis organized mainly on the basis of theoretical conceptualization, acute stress disorder (ASD) has been widely criticized for lack of empirical

support since it was introduced into the DSM system. To address this issue, the present study investigated the latent structure of ASD symptoms measured by the Acute Stress Disorder Scale (ASDS). A total of 350 adults with a mean age of 32.9 years (SD = 14.0, range: 16-85) took part in this study 12 to 15 days after an earthquake. The results of confirmatory factor analyses showed that a five-factor intercorrelated model (dissociation, reexperiencing, avoidance, dysphoric arousal, and anxious arousal) demonstrated the best data fit. The findings provide preliminary empirical evidence in favor of a new reconceptualization of ASD symptoms, and are informative for the impending DSM-5.

31. Br J Psychiatry. 2012 Oct;201(4):268-75. doi: 10.1192/bjp.bp.111.096222. Epub 2012 Aug 9.

Political violence and mental health in Nepal: prospective study.

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Comment in

Br J Psychiatry. 2012 Oct;201(4):255-7.

BACKGROUND: Post-conflict mental health studies in low-income countries have lacked pre-conflict data to evaluate changes in psychiatric morbidity resulting from political violence.

AIMS: This prospective study compares mental health before and after exposure to direct political violence during the People's War in Nepal.

METHOD: An adult cohort completed the Beck Depression Inventory and Beck Anxiety Inventory in 2000 prior to conflict violence in their community and in 2007 after the war.

RESULTS: Of the original 316 participants, 298 (94%) participated in the post-conflict assessment. Depression increased from 30.9 to 40.6%. Anxiety increased from 26.2 to 47.7%. Post-conflict post-traumatic stress disorder (PTSD) was 14.1%. Controlling for ageing, the depression increase was not significant. The anxiety increase showed a dose-response association with conflict exposure when controlling for ageing and daily stressors. No demographic group displayed unique vulnerability or resilience to the effects of conflict exposure.

CONCLUSIONS: Conflict exposure should be considered in the context of other types of psychiatric risk factors. Conflict exposure predicted increases in anxiety whereas socioeconomic factors and non-conflict stressful life events were the major predictors of depression. Research and interventions in post-conflict

settings therefore should consider differential trajectories for depression v. anxiety and the importance of addressing chronic social problems ranging from poverty to gender and ethnic/caste discrimination.

32. *Transl Psychiatry*. 2012 Jan 31;2:e75. doi: 10.1038/tp.2012.1.

Fatty-acid amide hydrolase polymorphisms and post-traumatic stress disorder after penetrating brain injury.

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The past few years have seen an increase in the clinical awareness of post-traumatic stress disorder (PTSD), one of the most disabling and least understood behavioral disorders. Although the biological bases of PTSD are poorly understood, fatty-acid amide hydrolase (FAAH) activity has been linked with arousability and aversive-memories extinction, that is, two key features of PTSD. In this study, we investigated the association between the FAAH genetic polymorphisms and PTSD development and maintenance. We assessed PTSD frequency in a group of male Vietnam war veterans who suffered combat-related penetrating traumatic brain injury, that is, a relatively homogeneous population regarding the nature of the events that led to PTSD. We showed that rs2295633, a single-nucleotide polymorphism of FAAH, was significantly associated with PTSD diagnosis in subjects without lesions in the ventromedial prefrontal cortex. Moreover, the presence of the C allele was associated with more severe re-experiencing of trauma and more negative reported childhood experiences. In conclusion, our data suggest that FAAH has an important role in PTSD through modulation of aversive memories and point to both a novel therapeutic target and a possible risk marker for this condition.

33. *PLoS One*. 2012;7(6):e38964. doi: 10.1371/journal.pone.0038964. Epub 2012 Jun 26.

Resilience in the face of disaster: prevalence and longitudinal course of mental disorders following hurricane Ike.

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OBJECTIVES: Natural disasters may increase risk for a broad range of psychiatric disorders, both in the short- and in the medium-term. We sought to determine the prevalence and longitudinal course of posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), panic disorder (PD), depression, and suicidality in the first 18 months after Hurricane Ike.

METHODS: Six hundred fifty-eight adults representative of Galveston and Chambers Counties, Texas participated in a random, population-based survey. The initial assessment was conducted 2 to 5 months after Hurricane Ike struck Galveston Bay on September 13, 2008. Follow-up assessments were conducted at 5 to 9 and 14 to 18 months after Hurricane Ike.

RESULTS: Past-month prevalence of any mental disorder (20.6% to 10.9%) and hurricane-related PTSD (6.9% to 2.5%) decreased over time. Past-month prevalence of PTSD related to a non-disaster traumatic event (5.8% to 7.1%), GAD (3.1% to 1.8%), PD (0.8% to 0.7%), depression (5.0% to 5.6%), and suicidality (2.6% to 4.2%) remained relatively stable over time.

CONCLUSIONS: PTSD, both due to the hurricane and due to other traumatic events, was the most prevalent psychiatric disorder 2 to 5 months after Hurricane Ike. Prevalence of psychiatric disorders declined rapidly over time, suggesting that the vast majority of individuals exposed to this natural disaster 'bounced back' and were resilient to long-term mental health consequences of this large-scale traumatic event.

34. Cad Saude Publica. 2012 Jul;28(7):1312-8.

Accuracy of the Composite International Diagnostic Interview (CIDI 2.1) for diagnosis of post-traumatic stress disorder according to DSM-IV criteria.

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The objective was to study the accuracy of the post-traumatic stress disorder (PTSD) section of the Composite International Diagnostic Interview (CIDI 2.1) DSM-IV diagnosis, using the Structured Clinical Interview (SCID) as gold standard, and compare the ICD-10 and DSM IV classifications for PTSD. The CIDI was applied by trained lay interviewers and the SCID by a psychologist. The subjects were selected from a community and an outpatient program. A total of 67 subjects completed both assessments. Kappa coefficients for the ICD-10 and the DSM IV compared to the SCID diagnosis were 0.67 and 0.46 respectively. Validity for the DSM IV diagnosis was: sensitivity (51.5%), specificity (94.1%), positive predictive value (9.5%), negative predictive value (66.7%), misclassification rate (26.9%). The CIDI 2.1 demonstrated low validity coefficients for the

diagnosis of PTSD using DSM IV criteria when compared to the SCID. The main source of discordance in this study was found to be the high probability of false-negative cases with regards to distress and impairment as well as to avoidance symptoms.

35. Psychopharmacology (Berl). 2012 Nov;224(2):337-45. doi:

10.1007/s00213-012-2755-4. Epub 2012 Jun 15.

Higher striatal dopamine transporter density in PTSD: an in vivo SPECT study with [(99m)Tc]TRODAT-1.

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RATIONALE: Some evidence suggests a hyperdopaminergic state in posttraumatic stress disorder (PTSD). The 9-repetition allele (9R) located in the 3' untranslated region of the dopamine transporter (DAT) gene (SLC6A3) is more frequent among PTSD patients. In vivo molecular imaging studies have shown that healthy 9R carriers have increased striatal DAT binding. However, no prior study evaluated in vivo striatal DAT density in PTSD.

OBJECTIVES: The objective of this study was to evaluate in vivo striatal DAT density in PTSD.

METHODS: Twenty-one PTSD subjects and 21 control subjects, who were traumatized but asymptomatic, closely matched comparison subjects evaluated with the Clinician-Administered PTSD Scale underwent a single-photon emission computed tomography scan with [(99m)TC]-TRODAT-1. DAT binding potential (DAT-BP) was calculated using the striatum as the region of the interest and the occipital cortex as a reference region.

RESULTS: PTSD patients had greater bilateral striatal DAT-BP (mean \pm SD; left, 1.80 ± 0.42 ; right, 1.78 ± 0.40) than traumatized control subjects (left, 1.62 ± 0.32 ; right, 1.61 ± 0.31 ; $p = 0.039$ for the left striatum and $p = 0.032$ for the right striatum).

CONCLUSIONS: These results provide the first in vivo evidence for increased DAT density in PTSD. Increases in DAT density may reflect higher dopamine turnover in PTSD, which could contribute to the perpetuation and potentiation of exaggerated fear responses to a given event associated with the traumatic experience. Situations that resemble the traumatic event turn to be interpreted as highly salient (driving attention, arousal, and motivation) in detriment of other daily situations.

36. J Neural Transm. 2012 Oct;119(10):1205-11. Epub 2012 Jun 12.

Influence of acute psychological trauma on time estimation behaviour: a prospective pilot study.

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In addition to the symptom triad of intrusions, avoidance behaviour and hyperarousal, typical and frequent characteristics of acute and chronic posttraumatic disorders are neuropsychological disturbances of working memory and executive functions. So far, however, only a very limited number of studies have dealt with their effects on the capability to assess time-related information. The purpose of this prospective study therefore was to compare persons after an acute traumatic experience with healthy controls in the course of 12 months, focusing on their ability to estimate time as a measure of their readiness of attention. 39 participants aged 17-59 years (mean age = 35.1 years, who had experienced a traumatic event and exhibited symptoms of acute stress disorder) were compared with 38 healthy controls (mean age = 36.1 years) at eight times of measurement within a period of 12 months. Performance was determined by means of a prospective time estimation task. The participants had to estimate a time interval of 5 s, once with and once without feedback about the quality of the estimates. The time estimates by the traumatised persons were significantly less precise than those by the control group. Progress analyses have shown that trauma patients exhibit larger deviations from the defined time interval, both under feedback conditions and without feedback. Psychological traumatising leads to both an acute and long-term, demonstrable impairment of time estimation ability. The recognizable disturbance of information processing may both be a cause and a result of clinical trauma symptoms.

37. Ital J Pediatr. 2012 Apr 26;38:13. doi: 10.1186/1824-7288-38-13.

Posttraumatic stress symptoms in children diagnosed with type 1 diabetes.

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BACKGROUND: Studies consistently found remarkable rates of posttraumatic stress symptoms (PTSS) in children with chronic diseases. But, only one study had

searched PTSS in children with diabetes, until now. So, the present study aimed to examine incidence rate and predictors of PTSS in children with type 1 diabetes.

METHOD: PTSS were evaluated by Child Posttraumatic Stress Reaction Index in fifty four children with diabetes (aged between 8-18 years). This assessment was based on hypoglycaemia as the potential traumatic event. Children were also introduced a brief questionnaire about demographic and disease related information. Some other information was obtained from families, medical staff and records. Among 54 children, forty two had complete information. Hence, to evaluate possible predictive factors related with PTSS, multiple regression analysis was conducted for 42 children.

RESULTS: 18.5% of children were reported PTSS at severe or very severe level, and 51.9% were reported PTSS at moderate level or above. Multiple regression analyses were shown that child PTSS were not significantly related with possible predictive factors other than number of hypoglycaemic attacks for the last month.

CONCLUSION: The study results support that posttraumatic stress symptoms are not rarely seen in paediatric patients with diabetes, and even if not severe, hypoglycaemic attacks may be perceived as traumatic by the children with diabetes. But, because of some limitations, the results should be carefully interpreted.

38. Clin Child Psychol Psychiatry. 2012 Oct;17(4):571-601. doi: 10.1177/1359104511426408. Epub 2012 Jan 27.

The validity of the DSM-IV PTSD criteria in children and adolescents: a review.

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OBJECTIVE: DSM-V is on its way and doubts have been raised regarding the validity of pediatric PTSD. It is the goal of the current review to critically review the empirical literature on PTSD in youth.

METHOD: A search of PsycINFO, PubMed and reference lists was conducted. Empirical information considered relevant regarding the validity of the criteria was collected.

RESULTS/CONCLUSIONS: The validity of the symptom criteria and clusters varies, with the Avoidance/Numbing cluster outperforming the Re-experiencing-and Arousal cluster. Factor analytic findings suggest that Arousal criterion D4 should be placed within the Re-experiencing cluster, and that the Avoidance/Numbing cluster should be split up. Some non-DSM-IV PTSD symptoms, among which guilt, have considerable validity in trauma-exposed youth and their inclusion in DSM-V PTSD

should be considered. As for preschool children, alternative criteria are recommended that are more developmentally sensitive.

39. Nord J Psychiatry. 2012 Oct;66(5):349-54. Epub 2012 Jan 30.

Anxiety symptoms among children after the Wenchuan earthquake in China.

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AIM: We explore the prevalence and risk factors of anxiety symptoms among child survivors after an earthquake.

METHODS: This study was conducted among children aged 7-15 years in Qingchuan County 1 year after the Wenchuan earthquake. Trauma experiences and anxiety symptoms were assessed with a modified earthquake exposure scale and the Revised Children's Manifest Anxiety Scale. A total of 21,652 children participated in the survey.

RESULTS: The prevalence rate of anxiety symptoms was 18.9% among all participants. In a multivariate analysis, anxiety symptoms were significantly associated with gender, age, cultural differences and earthquake exposure. Anxiety symptoms were common among children in the Wenchuan earthquake area 1 year after the earthquake. Gender, age, culture and traumatic experiences from the earthquake may significantly influence anxiety symptoms among children.

DISCUSSION: This study provides baseline data about psychological outcomes among child survivors following an earthquake.

40. J Midwifery Womens Health. 2011 Sep-Oct;56(5):488-93. doi:

10.1111/j.1542-2011.2011.00051.x. Epub 2011 Aug 12.

Moving beyond the pain: women's responses to the perinatal period after childhood sexual abuse.

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INTRODUCTION: Childhood sexual abuse (CSA), a significant public health problem, affects 1 in 9 women presenting for prenatal care. Female survivors of CSA often experience posttraumatic stress disorder. Flashbacks of the trauma can interfere with a survivor's ability to get appropriate perinatal care. The purpose of this study was to construct a theoretical framework describing how CSA survivors manage intrusive reexperiencing of their CSA trauma during the perinatal period.

METHODS: Grounded theory was used to construct the framework of this study.

Twelve women, aged 18 to 39 years, who were pregnant or gave birth within 12 months of the interview and self-identified as having experienced CSA were recruited. Open-ended interviews were conducted. Participants were asked to describe the CSA experience and how it affected them during the perinatal period. Constant comparison analysis was used to construct the framework.

RESULTS: The study framework depicts how pregnant survivors of CSA manage the intrusive reexperiencing of CSA triggered during the perinatal period by 3 processes categorized as reliving it, taking charge of it, and getting over it.

DISCUSSION: This framework suggests that survivors can begin to move beyond the pain of posttraumatic stress disorder, a mental health sequelae of CSA, during the perinatal period. Practitioners can use this framework to tailor interventions to the phase of the survivor's current experience.

41. J Midwifery Womens Health. 2011 Sep-Oct;56(5):427-35. doi: 10.1111/j.1542-2011.2011.00090.x.

Postpartum Depressive symptomatology: results from a two-stage US national survey.

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INTRODUCTION: Up to 19% of new mothers have major or minor depression sometime during the first 3 months after birth. This article reports on the prevalence of postpartum depressive symptoms and risk factors obtained from a 2-stage US national survey conducted by Childbirth Connection: Listening to Mothers II (LTM II) and Listening to Mothers II Postpartum Survey.

METHODS: The weighted survey results are based on an initial sample of 1573 women (1373 online, 200 telephone interviews) who had given birth in the year prior to the survey and repeat interviews with 902 women (859 online, 44 telephone) 6 months later. Three main instruments were used to collect data: the Postpartum Depression Screening Scale (PDSS), the Patient Health Questionnaire-2 (PHQ-2), and the Posttraumatic Stress Disorder Symptom Scale-Self Report (PSS-SR).

RESULTS: Sixty-three percent of the women in the LTM II sample screened positive for elevated postpartum depressive symptoms with the PDSS, and 6 months later 42% of the women in this sample screened positive for elevated postpartum depressive symptoms with the PHQ-2. A stepwise, multiple regression revealed 2 variables that significantly explained 54% of the variance in postpartum depressive symptom scores: posttraumatic stress symptom scores on the PSS-SR and health promoting behaviors of healthy diet, managing stress, rest, and exercise.

DISCUSSION: The high percentage of mothers who screened positive for elevated

postpartum depressive symptoms in this 2-stage national survey highlights the need for prevention and routine screening during the postpartum period and follow-up treatment.

42. Int J Offender Ther Comp Criminol. 2012 Aug;56(5):715-29. doi: 10.1177/0306624X11410587. Epub 2011 May 31.

Adolescent parricide and psychopathy.

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Most cases of juvenile parricide are believed to be the result of child abuse, yet the vast majority of abused children do not kill their parental abusers. This study explored the role of psychopathy in 10 adolescent parricide offenders tried in adult court who were referred for pretrial psychiatric evaluation. In addition, psychopathological findings, crime-related behaviors, and judicial outcomes are described. Diagnostic and Statistical Manual of Mental Disorders diagnoses, most commonly posttraumatic stress disorder, and chronic, severe child abuse were prevalent. Psychopathic traits were not found to have played a role in the traumatized youths' parricidal behavior. Killings occurred in the family homes, usually through a surprise attack with parent-owned firearms. There was an average of 1.7 victims per event, with fathers being the most likely victim. Bodies were commonly covered or wrapped and moved postmortem. Confessions were often incredible in quality. One half received sentences of 40+ years, and the modal sanction was a life sentence, despite 90% premorbidly described as good youth. Further studies of adolescent parricide are needed to better understand this unusual population.

43. J Matern Fetal Neonatal Med. 2012 Mar;25(3):272-6. doi: 10.3109/14767058.2011.573829. Epub 2011 May 11.

Maternal psychosocial outcome after early onset preeclampsia and preterm birth.

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OBJECTIVE: To evaluate the impact of severe, early onset preeclampsia on long-term maternal psychosocial outcome after preterm birth.

METHODS: Women with severe, early onset preeclampsia before 32 weeks' gestation

(cases) admitted in a tertiary university referral center between 1993 and 2004, and women with preterm delivery without preeclampsia (controls), matched for age, parity, gestational age at delivery, ethnicity, and year of delivery. Women who consented to participation received three questionnaires in 2008 concerning depression (Zung Depression Scale: score range 0-20; 20 items with 2-point frequency scale: no=0 and yes=1), posttraumatic stress symptoms (Impact of Event Scale: score range 0-75; 15 items with 4-point frequency scale: not at all=0, rarely=1, sometimes=3 and often=5. Scores > 19 are regarded as high symptom levels), and social aspects (Social Readjustment Rating Scale: selection of six items concerning relational aspects with husband/partner, employer, or future family planning).

RESULTS: Included in the study were 104 cases and 78 controls (response rate 79% and 58%, respectively). There was no difference in depression scores between cases (5.4 ± 4.0) and controls (5.4 ± 4.3). Patients with severe, early onset preeclampsia had significantly higher scores of posttraumatic stress symptoms (28.7 ± 8.6 vs. 25.7 ± 7.9). The majority of women among both cases and controls had high-posttraumatic stress symptom levels (88% vs. 79%). No differences could be found in relational aspects.

CONCLUSION: Women with preterm birth due to severe, early onset preeclampsia experience more often posttraumatic stress symptoms on average 7 years after the pregnancy compared to women with preterm birth without preeclampsia.

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Increased methylation of glucocorticoid receptor gene (NR3C1) in adults with a history of childhood maltreatment: a link with the severity and type of trauma.

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Childhood maltreatment, through epigenetic modification of the glucocorticoid receptor gene (NR3C1), influences the hypothalamic-pituitary-adrenal axis (HPA axis). We investigated whether childhood maltreatment and its severity were associated with increased methylation of the exon 1(F) NR3C1 promoter, in 101 borderline personality disorder (BPD) and 99 major depressive disorder (MDD) subjects with, respectively, a high and low rate of childhood maltreatment, and 15 MDD subjects with comorbid post-traumatic stress disorder (PTSD). Childhood sexual abuse, its severity and the number of type of maltreatments positively correlated with NR3C1 methylation ($P=6.16 \times 10^{-8}$), 5.18×10^{-7} and 1.25×10^{-9} , respectively). In BPD, repetition of abuses and sexual abuse with

penetration correlated with a higher methylation percentage. Peripheral blood might therefore serve as a proxy for environmental effects on epigenetic processes. These findings suggest that early life events may permanently impact on the HPA axis through epigenetic modifications of the NR3C1. This is a mechanism by which childhood maltreatment may lead to adulthood psychopathology.

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[Application of the Children's Impact of Event Scale (Chinese Version) on a rapid assessment of posttraumatic stress disorder among children from the Wenchuan earthquake area]. [Article in Chinese]

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OBJECTIVE: To explore the reliability and validity of the Children's Impact of Event Scale (Chinese version, CRIES-13) and to determine the value and the optimal cutoff point of the score of CRIES-13 in screening posttraumatic stress disorder (PTSD), so as to provide evidence for PTSD prevention and identify children at risk in Wenchuan earthquake areas.

METHODS: A total of 253 children experienced the Wenchuan earthquake were tested through Stratified random cluster sampling. The authors examined CRIES-13's internal consistency, discriminative validity and predictive value of the cut-off. PTSD was assessed with the DSM-IV criteria. Area under the curve while sensitivity, specificity and Youden index were computed based on the receiver operating characteristic curve analysis. Optimal cutoff point was determined by the maximum of Youden index.

RESULTS: 20.9% of the subjects were found to have met the DSM-IV criteria for PTSD 7 months after the Wenchuan earthquake accident. The Cronbach's coefficient of CRIES-13 was 0.903 and the mean inter-item correlation coefficients ranged from 0.283 to 0.689, the correlation coefficient of the three factors with the total scale scores ranged from 0.836 to 0.868 while the correlation coefficient among the three factors ranged from 0.568 to 0.718, PTSD cases indicated much higher scores than non-PTSD cases, the Youden index reached maximum value when the total score approached 18 in CRIES-13 with sensitivity and specificity as 81.1% and 76.5% respectively. Consistency check showed that there were no significant differences between the results of CRIES-13 score \geq 32 and clinical diagnosis (Kappa = 0.529) from the screening program.

CONCLUSION: CRIES-13 appeared to be a reliable and valid measure for assessing the posttraumatic stress symptoms among children after the earthquake accident in

the Wenchuan area. The CRIES-13 seemed to be a useful self-rating diagnostic instrument for survivors with PTSD symptoms as a clinical concern by using a 18 cut-off in total score. Consistency check showed that there was no significant difference between the screening result of CRIES-13 score ≥ 32 and clinical diagnosis.