

February, 2013 Medline Topic Alert

1. J Trauma Stress. 2013 Jan 31. doi: 10.1002/jts.21782. [Epub ahead of print]

Development and Psychometric Evaluation of Child Acute Stress Measures in Spanish and English.

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Clinicians and researchers need tools for accurate early assessment of children's acute stress reactions and acute stress disorder (ASD). There is a particular need for independently validated Spanish-language measures. The current study reports on 2 measures of child acute stress (a self-report checklist and a semistructured interview), describing the development of the Spanish version of each measure and psychometric evaluation of both the Spanish and English versions. Children between the ages of 8 to 17 years who had experienced a recent traumatic event completed study measures in Spanish (n = 225) or in English (n = 254). Results provide support for reliability (internal consistency of the measures in both languages ranged from .83 to .89; cross-language reliability of the checklist was .93) and for convergent validity (with later PTSD symptoms, and with concurrent anxiety symptoms). Comparing checklist and interview results revealed a strong association between severity scores within the Spanish and English samples. Differences between the checklist and interview in evaluating the presence of ASD appear to be linked to different content coverage for dissociation symptoms. Future studies should further assess the impact of differing assessment modes, content coverage, and the use of these measures in children with diverse types of acute trauma exposure in English- and Spanish-speaking children.

2. Behav Ther. 2013 Mar;44(1):152-61. doi: 10.1016/j.beth.2012.09.003. Epub 2012 Sep 28.

Emotion regulation difficulties, low social support, and interpersonal violence mediate the link between childhood abuse and posttraumatic stress symptoms.

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We examined how difficulties with emotion regulation, social support, and interpersonal violence in adult relationships mediated the relationship between childhood abuse and post traumatic symptoms (PTS) in adults. We fit a multiple mediation model to data from 139 socio-economically disadvantaged women (85% African American) of whom 44% endorsed moderate to severe levels of childhood physical, sexual, or emotional abuse and 12% screened positive for probable posttraumatic stress disorder (PTSD). The model accounted for 63% of the variance in adult PTS symptoms. Child abuse exerted a direct effect on PTS symptoms and indirect effects through difficulties with emotion regulation, lower social support, and greater exposure to adult interpersonal violence. Implications of findings for the treatment of individuals at high risk of having experienced childhood abuse and PTS are discussed.

3. J Psychosoc Oncol. 2013 Jan;31(1):13-29. doi: 10.1080/07347332.2012.741095.

Guided self-help as intervention for traumatic stress in parents of children with cancer: conceptualization, intervention strategies, and a case study.

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Being a parent of a child diagnosed with cancer poses an enormous stressor. Indeed, several parents have difficulties adjusting to such a situation and react with symptoms of traumatic stress, depression, and reduced quality of life. However, there is little conceptual work on behavioral mechanisms that contribute to suboptimal adaptation in these parents. The authors present a conceptualization in which experiential avoidance and rumination are suggested to contribute to increased levels of traumatic stress and suboptimal adaptation. Based on this conceptualization, a recently developed intervention for parents of children with cancer, in the form of guided self-help, is presented. Finally, the authors present a successful case study as an example of the application of this intervention. Clinical implications and suggestions for future research are discussed.

4. J Nerv Ment Dis. 2012 Nov;200(11):985-9. doi: 10.1097/NMD.0b013e3182718c51.

Persistence of "past-life" memories in adults who, in their childhood, claimed memories of a past life.

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This article tests the consistency and the continuation of alleged "past-life" memories from childhood into adulthood and the possible detrimental effects of such childhood memories on the development into adult life. Twenty-eight adults aged 28 to 56 years who had claimed to have memories of a past life when they were children were interviewed in Lebanon. Their memories had been recorded when they were children, at the mean age of 6 years. Of the 28 participants, 24 still reported some past-life memories, whereas 4 had forgotten everything. Twenty-one were sure that their memories were a continuation of their past-life memories in childhood, whereas three were unsure about it. For those who were sure of still having genuine past-life memories, the mean number of statements about the past life fell from 30, as children, to 4, as adults. Only half of the currently reported statements were reported when the participants were interviewed as children, raising the question of false and distorted memories. There were no indications that the past-life memories had a detrimental effect on the participants' development into adulthood. They were all leading normal active lives.

5. Psychiatr Danub. 2012 Oct;24 Suppl 3:S277-84.

Trauma, resiliency and recovery in children: lessons from the field.

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War atrocities, natural disasters, community violence, physical abuse and catastrophic illnesses are many faces of trauma and are endemic and the children are the most vulnerable victims. Since 1994, this author has visited war zones and disaster areas 80 times in 18 different countries and has collected data on children's reactions across cultures. Most children around the world show similar responses to the exposure to traumatic experience. Sleep disturbance, nightmares, flashbacks and re-enactment of traumatic events are common. Most children recover from these symptoms in couple of weeks depending on the resiliency and vulnerability factors that they may or may not possess. This author also studied resiliency in children across cultures. In this presentation, the author will present the current understanding of PTSD including the role of amygdala, medial prefrontal cortex and hippocampus in symptom formation. Drawing from the lessons learned during his work with children around the world, the author will discuss the role of resiliency in recovery from trauma.

6. Int J Circumpolar Health. 2012;71. doi: 10.3402/ijch.v71i0.18378. Epub 2012 Aug 24.

Victimisation and PTSD in a Greenlandic youth sample.

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BACKGROUND: Despite a growing number of studies and reports indicating a very high and increasing prevalence of trauma exposure in Greenlandic adolescents, the knowledge on this subject is still very limited. The purpose of the present study was twofold: To estimate the lifetime prevalence of potentially traumatic events (PTEs) and post-traumatic stress disorder (PTSD) and to examine the relationship between PTEs, estimated PTSD, and sociodemographic variables.

METHODS: In a Greenlandic sample from 4 different schools in 2 different minor towns in Northern Greenland, 269 students, aged 12-18 (M=15.4; SD=1.84) were assessed for their level of exposure to 20 PTEs along with the psychological impact of these events.

RESULTS: Of the Greenlandic students, 86% had been directly exposed to at least 1 PTE and 74.3% had been indirectly exposed to at least 1 PTE. The mean number of directly experienced PTEs was 2.8 and the mean number of indirectly experienced PTEs was 3.9. The most frequent direct events recorded were death of someone close, near drowning, threat of assault/beating, humiliation or persecution by others and attempted suicide. The estimated lifetime prevalence of PTSD was 17.1%, whereas another 14.2% reached a subclinical level of PTSD (missing the full diagnosis by 1 symptom). Education level of the father, and being exposed to multiple direct and indirect PTEs were significantly associated with an increase in PTSD symptoms.

CONCLUSION: The findings indicate substantial mental health problems in Greenlandic adolescents and that these are associated with various types of PTEs. Furthermore, the findings indicate that Greenlandic adolescents are more exposed to certain specific PTEs than adolescents in similar studies from other nations. The present study revealed that Greenlandic girls are particularly vulnerable towards experiencing PTEs. Indeed, in general, girls reported more experiences of direct and indirect PTEs. Furthermore, girls reported being more commonly exposed to specific types of PTEs compared to boys.

7. Child Abuse Negl. 2012 Sep;36(9):676-9. doi: 10.1016/j.chiabu.2012.07.007. Epub 2012 Sep 3.

Five forms of childhood trauma: relationships with employment in adulthood.

Sansone RA, Leung JS, Wiederman MW.
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8. Child Abuse Negl. 2012 Sep;36(9):671-5. doi: 10.1016/j.chiabu.2012.07.005. Epub 2012 Sep 4.

Potential mediators of adjustment for preschool children exposed to intimate partner violence.

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9. Psychiatry. 2012 Fall;75(3):243-66. doi: 10.1521/psyc.2012.75.3.243.

DSM-V diagnostic criteria for bereavement-related disorders in children and adolescents: developmental considerations.

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Two bereavement-related disorders are proposed for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V): Adjustment Disorder Related to Bereavement, to be located in the main body of the text as an official diagnostic entity; and Bereavement-Related Disorder, including a Traumatic Death Specifier, to be located in the Appendix as an invitation for further research. These diagnoses currently do not include developmentally informed criteria, despite the importance of developmental processes in the ways children and adolescents grieve. In this article, we draw upon a selective review of the empirical literature and expert clinical knowledge to recommend developmentally informed modifications and specifiers of the proposed criteria for both bereavement disorders and strategies to improve future research. This article is derived from an invited report submitted to the DSM-V Posttraumatic Stress Disorder, Trauma, and Dissociative Disorders Sub-Work Group, and suggested modifications have received preliminary approval to be incorporated into the DSM-V at the time of this writing. Adoption of these proposals will have far-reaching consequences, given that DSM-V criteria will influence both critical treatment choices for bereaved youth and the next generation of research studies.

10. Psychiatry. 2012 Fall;75(3):203-22. doi: 10.1521/psyc.2012.75.3.203.

A conceptual framework for understanding the mental health impacts of oil spills:

lessons from the Exxon Valdez oil spill.

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Comment in

Psychiatry. 2012 Fall;75(3):233-5.

Psychiatry. 2012 Fall;75(3):223-6.

Psychiatry. 2012 Fall;75(3):236-42.

Psychiatry. 2012 Fall;75(3):227-32.

This paper introduces a conceptual framework for understanding and responding to the currently unfolding social and psychological impacts of the Deepwater Horizon oil spill. Drawing from the concept of corrosive communities and its relationship to theories of conservation of resources, cognitive activation, and risk and resilience, the conceptual model identifies three levels or tiers of impacts: biopsychosocial impacts that are direct consequences of the contamination of the physical environment; interpersonal impacts that are direct consequences of the biopsychosocial impacts; and intrapersonal or psychological impacts that are consequences of both the biopsychosocial and the interpersonal impacts. The model is then evaluated in light of research conducted in the aftermath of the Exxon Valdez oil spill as well as studies of other manmade disasters, and offers a set of testable hypotheses that predict likely impacts of the Deepwater Horizon oil spill. The conceptual framework may be used to identify strategies to develop community resilience and target specific services to prevent and mitigate these adverse effects.

11. AIDS Care. 2012;24(11):1453-60. doi: 10.1080/09540121.2012.712665. Epub 2012 Aug 22.

Relationship between trauma and high-risk behavior among HIV-positive men who do not have sex with men (MDSM).

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The incidence of heterosexual HIV transmission continues to increase in the USA. However, little is known about factors that influence high-risk behavior among men who do not have sex with men (MDSM). This study examines the association of

childhood sexual abuse and high-risk behaviors among MDSM. The Coping with HIV/AIDS in the Southeast (CHASE) study included 611 HIV-positive individuals in the Southeastern US. Bivariate statistics were used to examine the influence of childhood sexual abuse among MDSM, men who have sex with men (MSM), and women. Study findings indicated that among MDSM with HIV, childhood sexual abuse predicted a higher number of sexual partners, alcohol and drug use problems, depression, post-traumatic stress disorder (PTSD), and less trust in medical providers. Similar statistically significant relationships between childhood sexual abuse and negative outcomes were not found for MSM and women with the exception of childhood sexual abuse predicting PTSD and alcohol use in women. Study findings indicate a need for more in-depth research to examine the role of childhood sexual abuse in shaping adult risk behaviors among MDSM as well as a need to assess for and address childhood sexual abuse in this population.

12. Psychol Psychother. 2011 Dec;84(4):367-88. doi: 10.1111/j.2044-8341.2010.02003.x. Epub 2011 Feb 25.

Childhood trauma in obsessive compulsive disorder: the roles of alexithymia and attachment.

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OBJECTIVE: The aim of this study was to investigate the interrelationships between childhood trauma, attachment, alexithymia, and the severity of obsessive compulsive disorder (OCD) in a cohort of participants with OCD.

RATIONALE: There is a growing body of research linking traumatic experiences in childhood with the development of OCD. The mechanisms involved in this association are not yet clear.

METHODS: The sample was comprised of 82 people with OCD and 92 comparison participants. A cross-sectional design was used, utilizing internet-mediated administration of the Childhood Trauma Questionnaire - revised (CTQ-R); the Yale-Brown Obsessive Compulsive Scale - Self-Report (Y-BOCS-SR); the Experiences in Close Relationships Scale (ECR); and Toronto Alexithymia Scale (TAS-20). Partial least squares (PLS) analysis was used to determine significant paths between the constructs.

RESULTS: Results of PLS analysis supported all of the hypotheses made: there was a significant positive correlation between childhood trauma and attachment avoidance, which in turn was significantly positively associated with alexithymia. Alexithymia was significantly associated with the severity of OCD symptoms and the number of OCD symptoms. Mediation analysis showed that

alexithymia significantly carried an influence from attachment avoidance to the severity of obsessions and the number of obsession symptoms.

CONCLUSIONS: There is a relationship between childhood trauma and OCD, however this relationship is not direct in nature but is influenced by peoples' past experiences with significant others and associated difficulties in emotional processing.

13. Psychiatry Res. 2012 Aug-Sep;203(2-3):146-52. doi: 10.1016/j.psychresns.2011.12.012. Epub 2012 Aug 16.

Prone to excitement: adolescent females with Non-suicidal self-injury (NSSI) show altered cortical pattern to emotional and NSS-related material.

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Emotion-regulation difficulties have been identified as one of the core components in Non-suicidal self-injury (NSSI), a behaviour often beginning in adolescence. This pilot study evaluated differences in emotion processing between 18 female adolescents with and without NSSI by using verbal responses and functional magnetic resonance imaging (fMRI). Responses to pictures taken from the International Affective Picture System and slides with reference to NSSI were recorded both by verbal rating of valence and arousal and by fMRI. The NSSI group rated pictures with self-injurious reference as significantly more arousing than controls. For emotional pictures, the NSSI group showed a significantly stronger brain response in the amygdala, hippocampus and anterior cingulate cortex bilaterally. Depression explained differences between groups in the limbic area. Furthermore, the NSSI group also showed increased activity in the middle orbitofrontal cortex, and inferior and middle frontal cortex when viewing NSSI picture material. Participants with NSSI showed decreased activity in correlation to arousal in the occipital cortex and to valence in inferior frontal cortex when watching emotional pictures. The fMRI data support the notion that individuals with NSSI show an altered neural pattern for emotional and NSSI pictures. Behavioural data highlight proneness to excitement regarding NSSI topics. This fMRI study provides evidence for emotion-regulation deficits in the developing brain of adolescents with NSSI.

14. Trauma Violence Abuse. 2012 Oct;13(4):209-33. doi: 10.1177/1524838012455873. Epub 2012 Aug 16.

The consequences of maltreatment on children's lives: a systematic review of data

from the East Asia and Pacific Region.

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This study explores the consequences of child maltreatment in East Asia and the Pacific region based on the results of a systematic review of 16 English and non-English databases for journal articles and "gray" literature published between January 2001 and November 2010. This review shows that children in the region experiencing maltreatment are at increased risk of experiencing mental health consequences, physical health sequelae, high-risk sexual behaviors, and increased exposure to future violence including intimate partner violence (IPV) as an adult. Children who suffer from child sexual abuse have a median twofold increased risk of experiencing mental health disorders than those who have never experienced child maltreatment. Similar findings were found for those who experience physical abuse. Children who have been maltreated in the region are also at an increased risk of suicide ideation and attempts than those that have experienced child sexual or physical abuse being at a median fourfold increased risk. Children who have experienced physical abuse or those who have witnessed parental domestic abuse as a child are at median twofold increased risk of experiencing IPV as an adult, while children who have been sexually abused have a median threefold increase in risk of IPV later in life. There are still gaps in our understanding of the consequences of child maltreatment, but we do know that the consequences are profound and far-reaching. The findings indicate that there is an urgent need for governments, civil society organizations, development agencies, and academia to advocate for, invest in, and collaborate across sectors for the strengthening of child protection systems in the East Asia and Pacific Region, with a focus on evidence-based child maltreatment prevention policies and programs.

15. Trauma Violence Abuse. 2012 Oct;13(4):187-97. doi: 10.1177/1524838012454943. Epub 2012 Aug 16.

An examination of measures related to children's exposure to violence for use by both practitioners and researchers.

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Millions of children each year are exposed to violence in their homes, schools, and communities as both witnesses and victims. As a result, evidence-based

programs for children and adolescents who have been exposed to traumatic events (CEV-EBPs) have been widely disseminated but rarely evaluated in their real-world applications. One crucial aspect of conducting such evaluations is finding appropriate measures that can be of use both to the practitioner and to the researcher. This review aims to provide guidance to the field by first identifying any gaps in the availability of psychometrically tested measures for certain outcome domains and age ranges and then recommending the measures that are most appropriate for use by both researchers and practitioners. Interviews with content experts in the measurement of trauma symptoms and parent-child relationships were conducted to identify the key outcome domains for measurement that are critical to the evaluation of CEV-EBPs and the criteria for dual-use measures, defined as measures that are useful to both researchers and practitioners. A database of 46 relevant measures was created by compiling measures from existing repositories and conducting a focused literature review. Our review of these measures found that existing repositories had few measures of depression, a major gap that should be addressed. Further, there were few measures for young children ages 0-3 years ($n = 15$) and only a handful of measures ($n = 9$) had both a child and parent version of the measure. Overall, although the different repositories that currently exist are helpful, researchers and practitioners would benefit from having a single reputable source (e.g., a centralized repository or item bank) to access when searching for measures to use in evaluating CEV-EBPs. Such a tool would hold promising to narrow the current gap between research and practice in the field of children's exposure to violence.

16. Psychother Psychosom. 2012;81(5):305-11. doi: 10.1159/000330887. Epub 2012 Jul 20.

Quality of life after traumatic injury: a latent trajectory modeling approach.

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BACKGROUND: It is largely unknown how quality of life (QoL) changes following accidental injuries. Equally, the mechanisms underlying such changes have not yet been identified in detail. This study of injured accident survivors aimed to: (1) detect a model of change which best explains the observed course of QoL, and (2) identify potential predictor variables.

METHODS: 323 injured accident survivors were interviewed within 2 weeks of the trauma, and followed up at 6 and 12 months. Latent trajectory modeling was used to analyze the fit of three potential trajectories regarding the observed course

of general QoL as measured by the Questions on Life Satisfaction questionnaire. RESULTS: The trajectory model adopting a negative square-root change fitted the observed data best, meaning that shortly after the accident, general QoL decreased strongly with diminishing negative changes occurring later on. Early and prolonged QoL impairment was largely attributable to the initial level of posttraumatic stress as measured by the Clinician-Administered PTSD Scale. To a lesser extent, depressive symptoms also predicted change in subjective QoL, while injury severity showed no direct effect; rather, its impact on QoL was mediated by initial posttraumatic stress. By contrast, reduced occupational functioning was attributable to injury severity rather than psychopathology.

CONCLUSIONS: When treating injured accident survivors, clinicians should consider symptoms of posttraumatic stress and comorbid depression in order to prevent or mitigate negative changes in QoL.

17. Psychiatr Serv. 2012 Sep 1;63(9):855-61. doi: 10.1176/appi.ps.201100337.

Readjustment stressors and early mental health treatment seeking by returning National Guard soldiers with PTSD.

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Comment in

Psychiatr Serv. 2012 Dec;63(12):1262; author reply 1262-3.

OBJECTIVES: Readjustment stressors are commonly encountered by veterans returning from combat operations and may help motivate treatment seeking for posttraumatic stress disorder (PTSD). The study examined rates of readjustment stressors (marital, family, and employment) and their relationship to early mental health treatment seeking among returning National Guard soldiers with PTSD.

METHODS: Participants were 157 soldiers who were surveyed approximately three months after returning from combat operations in Iraq and scored positive on the PTSD Checklist (PCL). The survey asked soldiers about their experience with nine readjustment stressors as well as their use of mental health care in the three months after returning.

RESULTS: Many readjustment stressors were common in this cohort, and most soldiers experienced at least one stressor (72%). Univariate analyses showed that readjustment stressors were related to higher rates of treatment seeking. These findings remained significant after multivariate analyses adjusted for depression and PTSD severity but were no longer significant after adjustment for age and marital status.

CONCLUSIONS: Readjustment stressors are common among soldiers returning from duty with PTSD and may be more predictive than PTSD symptom levels in treatment seeking. These effects appeared to be at least partially accounted for by demographic variables and the role of greater familial and occupational responsibilities among older veterans. Treatment seeking may be motivated by social encouragement or social interference and less by symptom severity.

18. J Psychiatr Res. 2012 Sep;46(9):1191-8. doi: 10.1016/j.jpsychires.2012.05.009. Epub 2012 Jun 8.

Predicting persistent posttraumatic stress disorder (PTSD) in UK military personnel who served in Iraq: a longitudinal study.

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In a longitudinal study we assessed which baseline risk factors are associated with persistent and partially remitted PTSD in comparison to fully remitted PTSD. 6427 (68%) of a randomly selected sample of UK service personnel completed the PTSD checklist (PCL) between 2004 and 2006 (Phase 1) and between 2007 and 2009 (Phase 2). 230 (3.9%) had possible PTSD at baseline. 66% of those with possible PTSD at baseline remitted (PCL score <30) or partially remitted (PCL score 30-49) by phase 2 of the study. Associations of persistent PTSD with the fully remitted group for risk factors at phase 1 adjusted for confounders were having discharged from service (OR 2.97, 95% CI 1.26-6.99), higher educational qualification (OR 2.74, 95% CI 1.23-6.08), feeling unsupported on return from deployment (OR 10.97, 95% CI 3.13-38.45), deployed not with parent unit (OR 5.63, 95% CI 1.45-21.85), multiple physical symptoms (OR 3.36, 95% CI 1.44-7.82), perception of poor or fair health (OR 2.84, 95% CI 1.28-6.27), older age and perception of risk to self (increasing with the number of events reported, $p = 0.04$). Deploying but not with a parent unit and psychological distress were associated in the partially remitted PTSD when compared to the fully remitted group. The positive and negative likelihood ratios for the factors most highly associated with persistent PTSD indicated they were of marginal value to identify those whose presumed PTSD would be persistent. Many factors contribute to the persistence of PTSD but none alone is useful for clinical prediction.

19. Acta Obstet Gynecol Scand. 2012 Nov;91(11):1261-72. doi: 10.1111/j.1600-0412.2012.01476.x. Epub 2012 Aug 13.

Risk factors for developing post-traumatic stress disorder following childbirth: a systematic review.

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BACKGROUND: Approximately 1-2% of women suffer from post-traumatic stress disorder (PTSD) postnatally. This review aims to elucidate how women at risk can be identified.

METHODS: A systematic search of the published literature was carried out using the MEDLINE database (November 2003 to 29 October 2010) with both MeSH terms and free text. Thirty-one studies were considered appropriate for qualitative synthesis. Articles were included on the basis of (a) publication pertaining to PTSD following childbirth, (b) study carried out in Western Europe and (c) publication written in English. The results were primarily based on observational studies. The literature was thoroughly read and results were compiled.

Furthermore, a novel quality rating system was employed to minimize the impact of bias.

RESULTS: Subjective distress in labor and obstetrical emergencies were the most important risk factors. Infant complications, low support during labor and delivery, psychological difficulties in pregnancy, previous traumatic experiences, and obstetrical emergencies were identified as risk factors.

CONCLUSIONS: We have identified factors both strongly associated and non-associated with PTSD following childbirth. While the literature is limited by methodological shortcomings, a hypothesis regarding the development of PTSD is outlined, and recommendations with respect to screening and future research are provided.

20. BMC Psychiatry. 2012 May 14;12:41. doi: 10.1186/1471-244X-12-41.

When combat prevents PTSD symptoms—results from a survey with former child soldiers in Northern Uganda.

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BACKGROUND: Human beings from time immemorial have eradicated neighbouring tribes, languages, religions, and cultures. In war and crisis, the cumulative

exposure to traumatic stress constitutes a predictor of the development of post traumatic stress disorder (PTSD). However, homicide has evolved as a profitable strategy in man, leading to greater reproductive success. Thus, an evolutionary advantage of perpetrating violence would be eliminated if the exposure to aggressive acts would traumatize the perpetrator. We argue that perpetrating violence could actually 'immunize' a person against adverse effects of traumatic stressors, significantly reducing the risk of developing PTSD.

METHODS: We surveyed 42 former child soldiers in Northern Uganda that have all been abducted by the Lord Resistance Army (LRA) as well as 41 non-abducted controls.

RESULTS: Linear regression analyses revealed a dose-response effect between the exposure to traumatic events and the Posttraumatic Diagnostic Scale (PDS) sum score. However, the vulnerability to develop trauma related symptoms was reduced in those with higher scores on the Appetitive Aggression Scale (AAS). This effect was more pronounced in the formerly abducted group.

CONCLUSIONS: We conclude that attraction to aggression when being exposed to the victim's struggling can lead to a substantial risk-reduction for developing PTSD.

21. Biol Psychiatry. 2012 Sep 15;72(6):505-11. doi: 10.1016/j.biopsych.2012.03.020. Epub 2012 Apr 21.

Posttraumatic stress disorder across two generations: concordance and mechanisms in a population-based sample.

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BACKGROUND: Research conducted using small samples of persons exposed to extreme stressors has documented an association between parental and offspring posttraumatic stress disorder (PTSD), but it is unknown whether this association exists in the general population and whether trauma exposure mediates this association. We sought to determine whether mothers' posttraumatic stress symptoms were associated with PTSD in their young adult children and whether this association was mediated by higher trauma exposure in children of women with PTSD.

METHODS: Using data from a cohort of mothers ($n = 6924$) and a cohort of their children ($n = 8453$), we calculated risk ratios (RR) for child's PTSD and examined mediation by trauma exposure.

RESULTS: Mother's lifetime posttraumatic stress symptoms were associated with child's PTSD in dose-response fashion (mother's 1-3 symptoms, child's RR = 1.2;

mother's 4-5 symptoms, RR = 1.3; mother's 6-7 symptoms, RR = 1.6, compared with children of mothers with no symptoms, $p < .001$ for each). Mother's lifetime symptoms were also associated with child's trauma exposure in dose-response fashion. Elevated exposure to trauma substantially mediated elevated risk for PTSD in children of women with symptoms (mediation proportion, 74%, $p < .001$). CONCLUSIONS: Intergenerational association of PTSD is clearly present in a large population-based sample. Children of women who had PTSD were more likely than children of women without PTSD to experience traumatic events; this suggests, in part, why the disorder is associated across generations. Health care providers who treat mothers with PTSD should be aware of the higher risk for trauma exposure and PTSD in their children.

22. Soc Psychiatry Psychiatr Epidemiol. 2012 Nov;47(11):1745-52. doi: 10.1007/s00127-012-0493-x. Epub 2012 Mar 11.

Adjustment disorders: prevalence in a representative nationwide survey in Germany.

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OBJECTIVES: This is the first study to estimate the prevalence of adjustment disorder (AjD) in the general population. A new conceptualisation of AjD as a stress response syndrome was applied, which allowed AjD to be assessed directly from its symptom profile, including intrusive, avoidance and failure-to-adapt symptoms (Maercker et al., *Psychopathology* 40:135-146, 2007).

METHODS: Prevalence rates of distressing life events and AjD were estimated from a representative sample of the German general population ($n = 2,512$) with a broad age range (14-93 years). A questionnaire including a life events checklist and self-rating questions that assessed AjD symptoms and symptom duration were personally handed out by an interviewer.

RESULTS: The prevalence of AjD fulfilling the criterion of clinically significant impairment was 0.9%; a further 1.4% of the sample was diagnosed with AjD without fulfilling the impairment criterion. In ~72.5% of AjD cases, symptoms had developed 6-24 months prior to assessment. AjD was most often associated with acute events such as moving or chronic stressors such as serious illness, conflicts at the respondent's job or with friends or neighbours (with ~5% conditional probability each).

CONCLUSIONS: The results correspond with the few other studies that have examined the prevalence of AjD, even though a new conceptualisation of the disorder was used. Explorative results regarding the duration of AjD syndromes and symptoms

call for further redefinition and empirical investigation of this under-researched mental condition.

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Mental and physical health in Rwanda 14 years after the genocide.

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PURPOSE: To examine the socio-demographic determinants of post-traumatic stress disorder (PTSD) and its association with major depressive episode and self-perceived physical and mental health in a large random sample of the Rwandan population 14 years after the 1994 genocide.

METHODS: Using the Mini International Neuropsychiatric Interview and Medical Outcomes Study 36-Item Short-Form (SF-36) translated in Kinyarwanda, we interviewed 1,000 adult residents from the five provinces of Rwanda.

Socio-demographic data and specific somatic symptoms were also recorded. Data analysis included 962 questionnaires.

RESULTS: Participants were predominantly female (58.9%), aged between 16 and 34 years (53.2%), with a low level of education (79.7% below secondary school).

Prevalence of PTSD was estimated to be 26.1%. In multivariable analysis, factors associated with PTSD were being aged between 25 and 34 years, living in extreme poverty, having endured the murder of a close relative in 1994, being widowed or remarried, having lost both parents and living in the South Province.

Participants who fulfilled diagnostic criteria for PTSD were significantly more often affected with major depression (68.4 vs. 6.6%, $P < 0.001$) and substance dependence (7.6 vs. 3.5%, $P = 0.013$) than respondents without PTSD. They scored significantly lower on all SF-36 subscales. Somatic symptoms such as hiccups, fainting and loss of speech or hearing delineated a specific pattern of post-traumatic stress syndrome.

CONCLUSIONS: PTSD remains a significant public health problem in Rwanda 14 years after the genocide. Facilitating access to appropriate care for all those who need it should be a national priority.