Posttraumatic stress disorder (PTSD) in children after paediatric intensive care treatment compared to children who survived a major fire disaster.

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ABSTRACT: BACKGROUND: The goals were to determine the presence of posttraumatic stress disorder (PTSD) in children after paediatric intensive care treatment, to identify risk factors for PTSD, and to compare this data with data from a major fire disaster in the Netherlands. METHODS: Children completed the Dutch Children's Responses to Trauma Inventory at three and nine months after discharge from the paediatric intensive care unit (PICU). Comparison data were available from 355 children survivors who completed the same questionnaire 10 months after a major fire disaster. RESULTS: Thirty-six children aged eight to 17 years completed questionnaires at three month follow-up, nine month follow-up, or both. More than one third (34.5%) of the children had subclinical PTSD, while 13.8% were likely to meet criteria for PTSD. Maternal PTSD was the strongest predictor for child PTSD. There were no significant differences in (subclinical) PTSD symptoms either over time or compared to symptoms of survivors from the fire disaster. CONCLUSION: This study shows that a considerable number of children have persistent PTSD after PICU treatment. Prevention of PTSD is important to minimize the profound adverse effects that PTSD can have on children's well-being and future development.

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OBJECTIVE: We aimed at evaluating surgery-related posttraumatic stress disorder (PTSD) in parents of children undergoing cardiopulmonary bypass surgery. Risk factors for parental PTSD symptoms were explored. DESIGN: A prospective cohort study was performed assessing PTSD symptoms immediately after discharge and 6 months after cardiopulmonary bypass surgery. SETTING: Recruitment took place at a tertiary pediatric medical center in Switzerland. SUBJECTS: German-speaking parents of children with congenital heart defects aged between 0 and 16 yrs undergoing cardiopulmonary bypass surgery were eligible (n = 228). After child discharge, 135 mothers and 98 fathers of 139 children (response rate 61.0%) participated. Six months after surgery, 121 mothers and 92 fathers of 128 children (response rate, 56.1%) took part in the study. INTERVENTIONS: Assessment via a screening instrument and self-rating scale, and extraction of data from charts. MEASUREMENTS AND MAIN RESULTS: The Posttraumatic Diagnostic Scale was applied to estimate self-reported symptoms of PTSD. Following discharge, 16.4% of mothers and 13.3% of fathers met diagnostic criteria for acute PTSD. Another 15.7% of mothers and 13.3% of fathers experienced significant symptoms of posttraumatic stress. Six months after surgery, PTSD rates were 14.9% and 9.5%,
respectively. Mothers experienced more severe symptoms of PTSD, but gender differences were not detected with regard to the frequency of PTSD at either time. After controlling for socioeconomic status and child preoperative morbidity, PTSD symptom severity after discharge remained the only significant predictor of PTSD severity at 6 months. Pre-, peri-, and postoperative factors did not predict parental PTSD. CONCLUSIONS: Parents of children undergoing cardiopulmonary bypass surgery are at increased risk for intermediate and long-term psychological malfunctioning. Acute symptoms of PTSD in parents shortly after discharge of their child are a major risk factor for the development of chronic PTSD. Clinicians need to identify parents at risk at an early stage to provide them with systematic support.

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Post-traumatic stress disorder and its treatment in children and adolescents.

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This article reviews current concepts of and treatments for post-traumatic stress disorder (PTSD) in children and adolescents. We discuss the DSM-IV-TR diagnostic criteria and their applicability to children and adolescents. We also review the history of PTSD and the development of its diagnostic criteria. We present the concept of complex trauma and trauma's effect on the developing child and describe a new diagnosis labeled developmental trauma disorder that would better describe children and adolescents who have been exposed to abuse and neglect. Finally, we summarize psychotherapeutic and psychopharmacologic approaches to treating PTSD in children and adolescents. More research is needed on the diagnosis and treatment of PTSD in children and adolescents.

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Traumatic life events and posttraumatic stress disorder among Mexican adolescents: results from a survey.

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OBJECTIVE: To estimate the prevalence and the association of Traumatic Life Events (LEs) and Posttraumatic Stress Disorder (PTSD) among the Mexico City Metropolitan Area (MCMA) adolescent population. MATERIAL AND METHODS: Adolescents aged 12 to 17 were administered the adolescent version of the World Mental Health Composite International Diagnostic Interview (n=3 005). Data were collected using a stratified, multistage and probability sample. Prevalence, odds ratios and 95% confidence intervals for LEs and PTSD (assessed with DSM-IV criteria) were obtained. RESULTS: The percentage of adolescents reporting at least one traumatic event in their lifetimes was 68.9%, with differences by sex. Prevalence for PTSD were 1.8% (2.4% females and 1.2% males), and sexual-related traumas were the LEs most associated with PTSD [OR=3.9 (CI95%=1.8-8.2)], adjusted by sex, education and age. CONCLUSIONS: Exposure to traumatic life events is not uncommon among Mexico City adolescents. Effort should be made to reduce child and adolescent sexual abuse, a very traumatic event highly associated with PTSD.
OBJECTIVES: To describe practical ways for pediatric providers to screen children for exposure to potentially traumatic events and trauma symptoms, provide brief office-based pediatric interventions for trauma-exposed children, engage families in mental health care referrals, and recognize elements of evidence-based practices for traumatized children. MAIN EXPOSURE: Many children exposed to potentially traumatic events develop severe and long-lasting negative somatic and psychological problems. Pediatric providers are often ideally situated to detect children with these symptoms, provide office-based interventions, and make referrals to optimal community treatment providers. MAIN OUTCOME MEASURES: Several comprehensive literature reviews of evidence-based treatments for traumatized children conducted by other organizations were evaluated and summarized for their relevance to primary care pediatricians. RESULTS: Optimal pediatric screening and office-based interventions for traumatized children are described. Evidence-based practices for traumatized children are summarized and their common treatment elements extracted. Suggestions for engaging families in mental health care referrals are included. CONCLUSIONS: Pediatric providers can identify and provide office-based interventions for traumatized children as well as play a critical role in referring children for optimal mental health treatments.

OBJECTIVES: To examine the psychiatric antecedents that put parents at risk for early death, and the psychological sequelae of bereavement in offspring and caregivers. DESIGN: A population-based study. SETTING: Bereaved families were recruited through the coroner's records and by advertisement. Control families were recruited by random-digit dialing and advertisement. PARTICIPANTS: Families with biological offspring from 7 to 25 years of age in which 1 parent died of suicide, accident, or sudden natural death were included (n = 140). Controls (n = 99) had 2 living parents and their biological offspring and had no death of a first-degree relative within the past 2 years. MAIN OUTCOME MEASURES: Lifetime psychiatric history for deceased parents (proband) and new-onset psychiatric disorders, self-reported symptoms, and functional status in offspring and surviving caregivers. RESULTS: Bipolar disorder, substance abuse, and personality disorders are more common in probands who died of suicide or accident than in
control parents. Bereaved offspring and their caregivers were at increased risk for depression and posttraumatic stress disorder. Bereaved offspring had a 3-fold (95% confidence interval, 1.3-7.0) increased risk of depression, even after controlling for antecedent and concomitant risk factors. Offspring bereaved by suicide showed similar outcomes compared with those bereaved by other types of death. CONCLUSIONS: Bereavement conveys an increased risk of depression and posttraumatic stress disorder above and beyond other vulnerability factors. Better integration of medical and psychiatric care may prevent premature parental death, but once it occurs, physicians should be alert to the increased risk for depression and posttraumatic stress disorder in bereaved offspring and their caregivers.

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BACKGROUND: The consequences of war violence and natural disasters on the mental health of children as well as on family dynamics remain poorly understood. Aim of the present investigation was to establish the prevalence and predictors of traumatic stress related to war, family violence and the recent Tsunami experience in children living in a region affected by a long-lasting violent conflict. In addition, the study looked at whether higher levels of war violence would be related to higher levels of violence within the family and whether this would result in higher rates of psychological problems in the affected children.

METHODS: 296 Tamil school children in Sri Lanka's North-Eastern provinces were randomly selected for the survey. Diagnostic interviews were carried out by extensively trained local Master level counselors. PTSD symptoms were established by means of a validated Tamil version of the UCLA PTSD Index. Additionally, participants completed a detailed checklist of event types related to organized and family violence. RESULTS: 82.4% of the children had experienced at least one war-related event. 95.6% reported at least one aversive experience out of the family violence spectrum. The consequences are reflected in a 30.4% PTSD and a 19.6% Major Depression prevalence. Linear regression analyses showed that fathers' alcohol intake and previous exposure to war were significantly linked to the amount of maltreatment reported by the child. A clear dose-effect relationship between exposure to various stressful experiences and PTSD was found in the examined children. CONCLUSION: Data argue for a relationship between war violence and violent behavior inflicted on children in their families. Both of these factors, together with the experience of the recent Tsunami, resulted as significant predictors of PTSD in children, thus highlighting the detrimental effect that the experience of cumulative stress can have on children's mental health.

PMID: 18454851 [PubMed - in process]

Prevalence of and factors influencing posttraumatic stress disorder among mothers of children under five in Kabul, Afghanistan, after decades of armed conflicts.
BACKGROUND: In the period following wars and other forms of armed conflict, health and quality of life of mothers is a major concern as they have the closest contact with children. The present study was performed to examine the impact of exposure to events related to armed conflicts on post traumatic stress disorder (PTSD) among women raising children, and to identify factors that alleviate the negative consequences of exposure to traumatic events. METHODS: A structured interview survey was conducted in Kabul Province, Afghanistan, in 2006. The subjects were the mothers of children less than 5 years old randomly selected from 1400 households in Kabul Province, Afghanistan. Symptoms of PTSD were assessed according to the criteria of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Exposure to traumatic events related to armed conflict, experience of hardship with regard to basic needs, resources that the subjects seek for mental health support, and socioeconomic variables were evaluated. Logistic regression analysis was performed to determine the association between PTSD symptoms and predictor variables. RESULTS: The prevalence rate of PTSD among 1172 women participated in this study was 29.8%. The most prevalent symptom was arousal (74.8%), followed by re-experiencing (54.9%) and avoidance (33.7%). The prevalence rate of PTSD symptoms among subjects who reported having experienced at least one event related to armed conflict (52.7%) was significantly higher than that among those who reported no such experiences (9.6%). Experience of food shortage was independently associated with PTSD. Seeking support for mental health was related to lower prevalence of PTSD symptoms among those who reported no direct experience of events related to armed conflict. However, no such relationship was observed with PTSD symptoms among those who reported having direct experience of events related to armed conflict. CONCLUSION: Direct exposure to traumatic events was significantly associated with PTSD symptoms among women raising children. For those who had experienced armed conflict-related events, food security mitigated the occurrence of PTSD symptoms; however, support seeking behavior did not show a significant mitigating influence on PTSD. Means to alleviate the negative influence of exposure to armed conflicts on the quality of life of women should be developed from the viewpoint of quality of mental health support and avoidance of material hardship.

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Adolescents' attitudes toward schizophrenia, depression and PTSD.

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The objective of this study was to compare adolescents' attitudes toward schizophrenia, depression, and posttraumatic stress disorder (PTSD). Stigmatizing attitudes toward these three mental disorders were evaluated in 325 senior students from medical, commercial, and grammar high schools in Croatia using a 45-item questionnaire. Results indicated that stigmatizing attitudes toward PTSD were at the same level as attitudes toward depression and were less stigmatizing than were attitudes toward schizophrenia. Negative attitudes were the lowest among medical students. Gender differences existed only for attitudes toward depression. Stigmatizing attitudes toward PTSD were not as high as expected. All
of the students believed mental disorders are different from other disorders. Specific knowledge of psychiatry has been shown to reduce stigma. The nonaddictive nature of psychotropic medications should receive greater emphasis when teaching psychiatry.

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Intra-operative awareness in children and post-traumatic stress disorder.

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Adults who experience intra-operative awareness can develop disturbing long-lasting after-effects, such as daytime anxiety, sleep disturbances, nightmares, flashbacks and, in the worst case, a post-traumatic stress disorder (PTSD). It is unknown whether intra-operative awareness has a similar psychological impact in children. We designed the present study in order to evaluate the incidence of psychological symptoms in children who had either confirmed or possible intra-operative awareness. Attempts were made to locate 11 children who had been identified in a previous study, approximately 1 year following their experience. A PTSD questionnaire was administered to the children and their parents in order to detect any long-term or short-term psychological symptoms (the 1-month postoperative data were evaluated retrospectively). Factors believed to be associated with PTSD, such as intra-operative perceptions, the children's temperament and cognitive strategies, and the parents' coping strategies, were also analysed. Seven children were successfully located and interviewed and no short or long-term psychological symptoms were identified. None of them offered negative appraisals of the traumatic event and none had displayed dysfunctional behaviour or cognitive strategies. Thus, none of them had developed a PTSD syndrome. In contrast with what has been reported in adults, these children claimed not to have experienced major pain, terror or helplessness during their surgery. Despite the small sample size, the results of the present study suggest that children suffer less psychological sequelae than adults following intra-operative awareness. This may be due to the fact that the children reported less frightening intra-operative sensations as compared with the adults, and had less understanding of the anaesthesia procedure, and this may have influenced their appraisal of their awareness and protected them from the full impact of this potentially traumatic experience.

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BACKGROUND: Although sustaining physical injury in theater increases service members' risk for posttraumatic stress disorder (PTSD), exposure to explosive munitions may increase the risk of mild traumatic brain injury (mTBI). We hypothesized a higher incidence of PTSD and mTBI in service members who sustained both burn and explosion injuries than in nonexplosion exposed service members.
METHODS: A retrospective review of PTSD and mTBI assessments was completed on burned service members between September 2005 and August 2006. Subjects were divided into cohort groups: (1) PTSD and mTBI, (2) PTSD and no mTBI, (3) mTBI and no PTSD, (4) no mTBI and no PTSD. Specific criteria used for group classification were based on subjects' total score on Posttraumatic Stress Disorder Checklist, Military version (PCL-M), clinical interview, and record review to meet American Congress of Rehabilitation Medicine criteria for mTBI. Descriptive analyses were used. RESULTS: Seventy-six service members met the inclusion criteria. The incidence rate of PTSD was 32% and mTBI was 41%. Eighteen percent screened positive for PTSD and mTBI; 13% screened positive for PTSD, but not mTBI; 23% screened positive for mTBI but not PTSD; 46% did not screen positive for either PTSD or mTBI. CONCLUSION: Given the high incidence of these disorders in burned service members, further screening of PTSD and TBI appears warranted. Because symptom presentation in PTSD and mTBI is clinically similar in acute and subacute stages, and treatments can vary widely, further research investigating symptom profiles of PTSD and mTBI is warranted.

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The impact of unintentional pediatric trauma: a review of pain, acute stress, and posttraumatic stress.

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This article reviews current research on acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) resulting from pediatric simple (i.e., single, unpredictable, and unintentional) physical injury and how pain may act as both a trigger and a coexisting symptom. Although several studies have explored predictors of ASD and PTSD, as well as the relationship between these conditions in adults, there is less research on ASD and PTSD in children and adolescents. This review highlights the importance of early detection of pain and acute stress symptoms resulting from pediatric unintentional physical injury in the hopes of preventing long-term negative outcomes, such as the potential development of PTSD and associated academic, social, and psychological problems.

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Secondary traumatic stress in nurses who care for traumatized women.

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Each year, thousands of women experience violence, and many of these are survivors of intimate partner violence. Each year, thousands of nurses provide physical and emotional care to these women. Nurses and employers need to recognize that exposures to traumatized women place nurses at risk for the development of secondary traumatic stress disorder. This article describes secondary traumatic stress, its risk factors, and its consequences. Workplace interventions and policies are recommended to reduce the avoidance, numbness, intrusive imagery, and other negative symptoms associated with secondary traumatic stress disorder.
Technical considerations in the psychotherapy of traumatized individuals: a psychoanalytic perspective.

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This paper addresses two specific aspects of clinical technique in the treatment of traumatized individuals. The first aspect involves the creation of a safe holding environment as an essential step for the emergence of trauma-related memories and the containment of the affects accompanying them. Such scenarios may appear in the clinical material only through the workings of "procedural memory." It is therefore important to contain and gradually decipher repetitive patterns of behavior and feelings of shame, guilt and rage that go with them. The second aspect examines the challenges such work poses to the analyst's containing capacities, credulousness and even his or her reality testing within a clinical situation. The resulting instability of the analyst's work ego can make it hard for him or her to remain vigilant yet empathic, and emotionally attuned but analytically skeptical. The analyst's flexibility to be utilized as a transference object, developmental object and self-object remains a critical determinant of the treatment outcome under such circumstances. The paper provides clinical material to illustrate these two aspects of clinical technique.

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Childhood and trauma.

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In this paper, I follow the evolution of the concept of trauma within psychoanalytic theory, and some of the effects of this evolution. Starting out from the point where Freud gives up the theory of trauma as the cause of neurosis in 1897, and the alleged reasons for such a change, I analyze the theoretical and clinical consequences of this change within psychoanalysis. I proceed to develop Ferenczi's ideas on trauma, their relevance to present-day psychoanalytic theorizing and practice, as well as for the understanding of the psychic processes in children, tracing the development of some of these ideas in contemporary psychoanalytic thinking.

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Mental health, health, and substance abuse service needs for the Native American Rehabilitation Association Northwest (NARA NW) in the Portland, Oregon metropolitan area.

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Consistent with results of previous needs assessments for urban American Indian and Alaska Native populations, a needs assessment in the Portland, Oregon metropolitan area for the Native American Rehabilitation Association Northwest revealed high levels of co-occurring conditions for American Indian and Alaska Native clients, often combining chronic health problems, substance abuse histories, and mental health diagnoses. Focus group results suggest the need for crisis care as well as specific needs of children and families, veterans, elders, and adults.


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AIM: To study the prevalence of posttraumatic stress in parents after an acute admission to a paediatric intensive care unit (PICU) and to determine risk factors for the development of posttraumatic stress. METHODS: Parents completed posttraumatic stress questionnaires three months after their child's discharge. This questionnaire measures both symptoms of posttraumatic stress disorder (PTSD) and enables determination of the full psychiatric diagnosis of PTSD. Medical and demographic data concerning their child were gathered from physical evaluations three months after discharge. Of 250 eligible families, 144 (57.6%) participated in this study. The questionnaires were completed by 140 mothers and 107 fathers. RESULTS: More than three-quarters of the parents experienced persistent symptoms of PTSD. In 21 mothers (15.0%) and 10 fathers (9.3%), the full psychiatric diagnosis of PTSD was determined. In six families, both parents had PTSD. Furthermore, a significant positive correlation was found between symptoms of PTSD of the mothers and the fathers. No obvious medical risk factors could be distinguished. CONCLUSION: The unexpected admission of a child to a PICU is a stressful event associated with parental posttraumatic stress. Treatment should not end after discharge. Follow-up care is warranted and research should be focused on prevention of these symptoms.

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RATIONALE: Delusional memories are significantly associated with post-traumatic stress in adult patients after intensive care. OBJECTIVES: In this study, we attempted to establish whether this relationship was found in children. We also examined the association between factual memory and distress. METHODS: One hundred two consecutive children, aged between 7 and 17 years, were interviewed about their pediatric intensive care unit (PICU) experience 3 months after discharge from a PICU. Principal measures were the ICU Memory Tool (a checklist of intensive care memories) and an abbreviated version of the Impact of Event Scale (a screen for post-traumatic stress disorder). MEASUREMENTS AND MAIN RESULTS: In total, 64 of 102 (63%) children reported at least one factual memory of their admission and 33 of 102 (32%) reported delusional memories, including
disturbing hallucinations. Traumatic brain injury was negatively associated with factual memory (odds ratio, 0.23; 95% confidence interval [CI], 0.09-0.58; P = 0.002). Longer duration of opiates/benzodiazepines was associated with delusional memory (odds ratio, 4.98; 95% CI, 1.3-20.0; P = 0.023). Post-traumatic stress scores were higher in children reporting delusional memories (adjusted difference, 3.0; 95% CI, 0.06-5.9; P = 0.045) when illness severity and emergency status were controlled for. Factual memory was not significantly associated with post-traumatic stress. CONCLUSIONS: This study indicates that delusional memories are reported by almost one-third of children and are associated both with the duration of opiates/benzodiazepines and risk of post-traumatic stress. More research is needed on the presence of delusional memories and associated risk factors in children receiving intensive care treatment.

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INTRODUCTION: There is increasing awareness of the contribution of perceived social support (PSS) to emotional and physical well-being. Numerous scales measuring PSS have been developed, including the Multidimensional Scale of Perceived Social Support (MSPSS). The psychometric properties of the MSPSS have been demonstrated in diverse samples, although its reproducibility in the South African youth has not yet been investigated. METHODS: This study aimed to investigate the psychometric properties of the MSPSS in the South African youth using confirmatory factor analysis. The relationship of PSS to depressive and anxiety symptoms, as well as the effects of sex and ethnicity, was investigated. Participants completed a battery of self-report measures, including the MSPSS, Beck Depression Inventory, and the Child Posttraumatic Stress Disorder Checklist on a single occasion. Confirmatory factor analysis was performed to validate the a priori factor structure of the MSPSS. In addition, Cronbach alpha coefficients and intercorrelations (for clinical variables) were calculated. A missing value analysis was performed to assess the influence of missing data on our findings. RESULTS: Data are reported for 502 youth (11.3-23.5 years). The 3-factor structure of the MSPSS (significant other, family, and friends) fitted the data well. The MSPSS showed good internal consistency. Perceived social support was also positively correlated with resilience and negatively correlated with depression, exposure to community violence, and other potentially life-threatening traumas. Females and youth of white or mixed race reported significantly higher levels of PSS than males and black youth, respectively. CONCLUSIONS: The MSPSS is a psychometrically sound instrument that can be applied to South African youth.

PMID: 18243894 [PubMed - indexed for MEDLINE]

This study compared the prevalence rates of various psychiatric disorders in persons with first onset of a potentially traumatic event (PTE) in childhood, persons with first onset of a PTE in adulthood, and those with no history of a PTE in a representative sample of Chilenos. The Diagnostic of Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R), posttraumatic stress disorder, and antisocial personality disorder modules from the Diagnostic Interview Schedule and modules for a range of DSM-III-R diagnoses from the Composite International Diagnostic Interview were administered to 2390 Chilenos. The study found that exposure to a lifetime PTE was associated with a higher probability of psychiatric morbidity than no PTE exposure. A PTE with childhood onset relative to adult onset was related to lifetime panic disorder, independent of the number of lifetime and demographic differences between the 2 groups. Childhood interpersonal trauma compared with interpersonal trauma in adulthood was significantly associated with lifetime panic disorder, agoraphobia, and posttraumatic stress disorder. Our findings suggest that specific disorders are linked to interpersonal trauma and PTEs that occur in childhood rather than later in life.

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Relationships between suicide risk, traumatic experiences, and substance use among juvenile detainees.

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Youth suicide ideation in juvenile justice settings is a phenomenon with multiple determinants. This article examines relationships among determinants of suicidal ideation utilizing various screening instruments. Consecutive youth admitted to detention in Connecticut (N = 757) completed the Massachusetts Youth Screening Instrument 2 (MAYSI-2), the Suicidal Ideation Questionnaire (SIQ), measures of substance use, and risk and protective factors for violence during intake screening. In bivariate and multivariate analyses (controlling for demographic and MAYSI-2 sub-scale scores), relationships were found between the Traumatic Experiences and Alcohol and Drug Use subscales of the MAYSI-2 and the SIQ. The potential impact of traumatic stress and substance use symptoms in understanding and detecting youths who are at risk for suicide is discussed.

PMID: 18240034 [PubMed - indexed for MEDLINE]

Obesity and mental disorders in the adult general population.

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OBJECTIVE: The aim of this study was to investigate (i) the associations between mental disorders (in particular the anxiety disorders) and obesity in the general
population and (ii) potential moderators of those associations (ethnicity, age, sex, and education). METHODS: A nationally representative face-to-face household survey was conducted in New Zealand with 12,992 participants 16 years and older, achieving a response rate of 73.3%. Ethnic subgroups (Maori and Pacific peoples) were oversampled. Mental disorders were measured with the Composite International Diagnostic Interview (CIDI 3.0). Height and weight were self-reported. Obesity was defined as a body mass index (BMI) of 30 kg/m(2) or greater. RESULTS: Obesity was significantly associated with any mood disorder (OR 1.23), major depressive disorder (OR 1.27), any anxiety disorder (OR 1.46), and most strongly with some individual anxiety disorders such as post-traumatic stress disorder (PTSD) (OR 2.64). Sociodemographic correlates moderated the association between obesity and mood disorders but were less influential in obesity-anxiety disorder associations. Adjustment for the comorbidity between anxiety and mood disorders made little difference to the relationship between obesity and anxiety disorders (OR 1.36) but rendered the association between obesity and mood disorders insignificant (OR 1.05). CONCLUSION: Stronger associations were observed between anxiety disorders and obesity than between mood disorders and obesity; the association between PTSD and obesity is a novel finding. These findings are interpreted in light of research on the role of anxiety in eating pathology, and deserve the further attention of researchers and clinicians.

PMID: 18158005 [PubMed - indexed for MEDLINE]

Focal brain damage protects against post-traumatic stress disorder in combat veterans.

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Post-traumatic stress disorder (PTSD) is an often debilitating mental illness that is characterized by recurrent distressing memories of traumatic events. PTSD is associated with hypoactivity in the ventromedial prefrontal cortex (vmPFC), hyperactivity in the amygdala and reduced volume in the hippocampus, but it is unknown whether these neuroimaging findings reflect the underlying cause or a secondary effect of the disorder. To investigate the causal contribution of specific brain areas to PTSD symptoms, we studied a unique sample of Vietnam War veterans who suffered brain injury and emotionally traumatic events. We found a substantially reduced occurrence of PTSD among those individuals with damage to one of two regions of the brain: the vmPFC and an anterior temporal area that included the amygdala. These results suggest that the vmPFC and amygdala are critically involved in the pathogenesis of PTSD.

PMID: 18157125 [PubMed - indexed for MEDLINE]

Sexual assault in childhood: risk HIV and AIDS behaviours in adulthood.

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This study examined the hypothesis that sexual assault in childhood is a risk factor in HIV and AIDS prevention and control in adulthood. It comprised 40
participants who were survivors of child sexual abuse and 40 participants who were not sexually abused. The sample had 20 sexually abused men, 20 non sexually abused men, 20 sexually abused women and 20 non sexually abused women. The group that had men and women who had a history of sexual assault reported higher HIV and AIDS risk behaviours than the non-abused comparison group. The survivors of sexual assault also had higher levels of post-traumatic stress disorder, depression, suicide ideation and external locus of control. They reported low self-esteem. This unhealthy psychological functioning was found to be a risk factor in HIV and AIDS prevention and control. Implications for future research are discussed.

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Platelet serotonin concentration and suicidal behavior in combat related posttraumatic stress disorder.

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Posttraumatic stress disorder (PTSD) is a serious and global problem, a psychiatric disorder that frequently occurs with different comorbidities, and is associated with a high suicide rate. Pathophysiologically, both PTSD and suicidal behavior are related to disturbances in the central serotonergic system. Serotonin (5-hydroxytryptamine, 5-HT) controls emotional behavior, anxiety, impulsivity and aggression, and nearly all known antidepressants and antianxiety drugs affect 5-HT transmission. Platelet 5-HT can be used as a limited peripheral marker of the central serotonergic synaptosomes, since it is related to particular basic psychopathological characteristics of several psychiatric disorders. Platelet 5-HT concentration has been reported to be similar in PTSD subjects and healthy controls, but suicidal patients across different psychiatric diagnoses have reduced platelet 5-HT concentration. This study examined platelet 5-HT concentration by the spectrofluorimetric method in male subjects: 73 suicidal and 47 non-suicidal veterans with current and chronic combat related PTSD, 45 suicidal and 30 non-suicidal comparative non-PTSD subjects and 147 healthy men. The presence of suicidal behavior (score=0, non-suicidal; scores > or =1, suicidal) was assessed with the Hamilton Depression Rating Scale-17 (HDRS). Platelet 5-HT concentration was significantly lower in suicidal PTSD and non-PTSD patients compared to non-suicidal patients or healthy controls. Since the majority of patients scored very low on item 3 of HDRS, no significant correlation between suicidal scores and platelet 5-HT concentration was found. These results show that reduced platelet 5-HT concentration is related to suicidal behavior in PTSD, and suggest that platelet 5-HT concentration might be used as a peripheral marker to predict suicidal behavior across psychiatric diagnoses.

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Comparative Study
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The aim was to assess symptoms consistent with posttraumatic stress (PTS; cognitive intrusions, avoidance, arousal) related to the child's illness, and generic distress (anxiety, depression) in parents of childhood cancer patients. Outcomes were compared to normative and relevant reference data, and analysed for their dependence on time passed since diagnosis. Swedish parents (266 mothers, 208 fathers) were recruited at two centres. Data from a clinical sample of posttraumatic stress disorder (PTSD) patients and parents of healthy children were used for comparison. The Impact of Events Scale (IES-R) was used for assessing PTS symptoms, and self-report scales for anxiety and depression. Elevated stress and generic distress varied as a function of time from diagnosis. Up to 12% of parents for whom >5 years had passed since diagnosis still reported equally, or more intrusive thoughts, avoidance and arousal when contrasted to patients suffering from PTSD. Parents of recently diagnosed children had more cancer-related intrusive thoughts than those of long-term survivors. Heightened anxiety and depression was most prominent in mothers and fathers up to 2.5 years after diagnosis. In conclusion, severe generic distress characterises the first years after diagnosis, and initially common PTS symptoms are found in a considerable portion of parents years after diagnosis. Clinically, attention should be paid to continuous parent support needs. Individual variation vis-à-vis distress vulnerability should be acknowledged, and presupposed gender differences avoided. When treatment situation asks the most of parents' collaboration, many are under pressure of severe stress.

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Emotional and behavioural problems in migrant adolescents in Belgium.

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Refugee and migrant adolescents may be at increased risk for the development of emotional and behavioural problems. Since studies on this topic are rather scarce and results inconsistent, this large-scale screening study aims at investigating the prevalence of emotional and behavioural problems in recently arrived migrant adolescents in Belgium, compared to Belgian peers. About 1,249 migrant adolescents and 602 Belgian adolescents filled in four self-report questionnaires on the prevalence of emotional and behavioural problems, traumatic experiences and symptoms of post-traumatic stress. Migrant adolescents experienced more traumatic events than their Belgian peers, and show higher levels of peer problems and avoidance symptoms. On the contrary, non-migrant adolescents reveal more symptoms of anxiety, externalizing problems and hyperactivity. Factors influencing the prevalence of emotional and behavioural problems are the number of traumatic events experienced, gender and the living situation. Although
migrant and non-migrant adolescents don't differ much in the prevalence of emotional and behavioural symptoms, attention should be given to the screening and support of risk groups within the population of migrant adolescents, such as girls, those who experienced a lot of traumatic events and unaccompanied refugee children and adolescents.

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A dimensional model of psychopathology among homeless adolescents: suicidality, internalizing, and externalizing disorders.

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The present study examined associations among dimensions of suicidality and psychopathology in a sample of 428 homeless adolescents (56.3% female). Confirmatory factor analysis results provided support for a three-factor model in which suicidality (measured with lifetime suicidal ideation and suicide attempts), internalizing disorders (assessed with lifetime diagnoses of major depressive episode and post-traumatic stress disorder), and externalizing disorders (indicated by lifetime diagnoses of conduct disorder, alcohol abuse, and drug abuse) were positively intercorrelated. The findings illustrate the utility of a dimensional approach that integrates suicidality and psychopathology into one model.

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