The relationship between acute stress disorder and posttraumatic stress disorder in injured children.

Bryant RA, Salmon K, Sinclair E, Davidson P.
School of Psychology, University of New South Wales, Sydney, Australia.

This study indexed the relationship between acute stress disorder (ASD) and subsequent posttraumatic stress disorder (PTSD) in injured children. Consecutive children between 7-13 years admitted to a hospital after traumatic injury (n = 76) were assessed for ASD. Children were followed up 6-months posttrauma (n = 62), and administered the PTSD Reaction Index. Acute stress disorder was diagnosed in 10% of patients, and 13% satisfied criteria for PTSD. At 6-months posttrauma, PTSD was diagnosed in 25% of patients who were diagnosed with ASD. Acute stress reactions that did not include dissociation provided better prediction of PTSD than full ASD criteria. These findings suggest that the current ASD diagnosis is not optimal in identifying younger children who are high risk for PTSD development.

PMID: 18157890 [PubMed - in process]

2: Child Abuse Negl. 2007 Dec 19 [Epub ahead of print]
Recognition of facial emotions among maltreated children with high rates of post-traumatic stress disorder.

Masten CL, Guyer AE, Hodgdon HB, McClure EB, Charney DS, Ernst M, Kaufman J, Pine DS, Monk CS.
Department of Psychology, University of California, 1285 Franz Hall, Box 951563, Los Angeles, CA 90095, USA.

OBJECTIVE: The purpose of this study is to examine processing of facial emotions in a sample of maltreated children showing high rates of post-traumatic stress disorder (PTSD). Maltreatment during childhood has been associated independently with both atypical processing of emotion and the development of PTSD. However, research has provided little evidence indicating how high rates of PTSD might relate to maltreated children's processing of emotions. METHOD: Participants' reaction time and labeling of emotions were measured using a morphed facial emotion identification task. Participants included a diverse sample of maltreated children with and without PTSD and controls ranging in age from 8 to 15 years. Maltreated children had been removed from their homes and placed in state custody following experiences of maltreatment. Diagnoses of PTSD and other disorders were determined through combination of parent, child, and teacher reports. RESULTS: Maltreated children displayed faster reaction times than controls when labeling emotional facial expressions, and this result was most pronounced for fearful faces. Relative to children who were not maltreated, maltreated children both
with and without PTSD showed enhanced response times when identifying fearful faces. There was no group difference in labeling of emotions when identifying different facial emotions. CONCLUSIONS: Maltreated children show heightened ability to identify fearful faces, evidenced by faster reaction times relative to controls. This association between maltreatment and atypical processing of emotion is independent of PTSD diagnosis.

PMID: 18155144 [PubMed - as supplied by publisher]

Prediction of posttraumatic stress in fathers of children with chronic diseases or unintentional injuries: A six-months follow-up study.

Ribi K, Vollrath ME, Sennhauser FH, Gnehm HE, Landolt MA.

ABSTRACT: BACKGROUND: While fathers were neglected for a long time in research investigating families of pediatric patients, there are now a few studies available on fathers' posttraumatic stress symptoms (PTSS) and posttraumatic stress disorder (PTSD). However, little is known about the course of PTSS and PTSD in fathers of pediatric patients. The present study aimed to compare the prevalence and course of PTSS and PTSD in fathers of children with different chronic and acute conditions and to identify factors that contribute to fathers' PTSS. METHODS: Sixty-nine fathers of children newly diagnosed with either cancer, type I diabetes mellitus, or epilepsy and 70 fathers of children suffering from an unintentional injury completed questionnaires at 4-6 weeks (Time 1) and six months (Time 2) after diagnosis or injury. RESULTS: Noticeable PTSD rates were found in fathers of children with a chronic disease (26% at Time 1 and 21% at Time 2, respectively). These rates were significantly higher than rates found in fathers of children with unintentional injuries (12% at Time 1 and 6% at Time 2, respectively). Within 6 months after the child's diagnosis or accident a decrease in severity of PTSS was observed in both groups. Significant predictors of PTSS at Time 2 were the father's initial level of PTSS, the child's medical condition (injuries vs. chronic diseases) and functional status, the father's use of dysfunctional coping strategies, and father's level of neuroticism. CONCLUSIONS: Our findings suggest that fathers with initially high PTSS levels are at greater risk to experience PTSS at follow-up, particularly fathers of children with a chronic disease. Sensitizing health care professionals to the identification of PTSS symptoms but also to indicators of neuroticism and the use of specific coping strategies early in the treatment course is essential for the planning and implementation of adequate intervention strategies.

PMID: 18086307 [PubMed - as supplied by publisher]

Gender comparison of exposed trauma and posttraumatic stress disorder in a
community sample of adolescents.

Ghanizadeh A, Tavassoli M.
Department of Psychiatry, Hafez Hospital, Shiraz, Iran. ghanizad@sina.tums.ac.ir

This study surveys the prevalence of exposed traumatic events and posttraumatic stress disorder among the high school students. A total of 735 students were selected by stratified cluster sampling. The self-report trauma checklists and Mississippi Scale were used. The most common traumatic experiences were "witnessing or being in a bad car accident," "getting some really bad news unexpectedly," and witnessing violence. The last 2 experiences were more common among girls. The rate of the subjects who scored more than the cutoff point in the Mississippi Scale was 27.2%. There is an extremely high rate of exposed trauma rate, and approximately one third of them have posttraumatic stress disorder symptoms.

PMID: 18080581 [PubMed - in process]

Childhood maltreatment and revictimization: the role of affect dysregulation, interpersonal relatedness difficulties and posttraumatic stress disorder.

Dietrich A.
Vancouver General Hospital Outpatient Psychiatry Department, #209-6700 No. 3 Road, Richmond, BC, V6Y 2C3. adietrich@telus.net

In this study, posttraumatic stress disorder (PTSD) and other posttraumatic sequelae, including affect dysregulation and problems with interpersonal relatedness, were examined as potential predictors of revictimization. Data were analyzed for 207 individuals who reported childhood maltreatment per the Child Maltreatment Interview Schedule. Participants included prison inmates, a treatment-seeking community sample, and a sample recruited via the internet. Significant gender differences were found for rates of revictimization. Controlling for the effects of childhood maltreatment, PTSD significantly predicts sexual revictimization of women. Interpersonal relatedness problems enter as a predictor for most types of revictimization of women, and indices reflective of affect dysregulation variably predict the different types of revictimization examined in this study. doi:10.1300/J229v08n04_03.

PMID: 18077283 [PubMed - in process]

6: J Pediatr Psychol. 2007 Dec 11 [Epub ahead of print]
Symptoms of Posttraumatic Stress in Parents of Children with Cancer: Are they Elevated Relative to Parents of Healthy Children?

Jurbergs N, Long A, Ticona L, Phipps S.
Division of Behavioral Medicine, St Jude Children's Research Hospital.
OBJECTIVE: To examine posttraumatic stress symptoms (PTSS) in parents of children with cancer as a function of time since diagnosis, treatment status, and relapse history, and as compared to parents of healthy children. METHOD: Participants included parents of 199 children with cancer, comprising a cross-sectional sample of diagnoses and treatment phases, ranging from currently on therapy to long-term survivors, and 108 parents of healthy children obtained via acquaintance control methods. Parents completed a standardized self-report measure of PTSS. RESULTS: Within the cancer group, parental report of PTSS differed as a function of treatment status and time since diagnosis. Parents of children on active treatment endorsed similar levels of PTSS as control parents, whereas parents of children off treatment reported significantly lower levels of PTSS than did controls. Similarly, parents of long-term survivors reported significantly lower levels of PTSS than did controls, while parents of recently diagnosed children did not differ from controls on PTSS. In contrast, parents of children who had suffered a relapse reported significantly higher levels of PTSS, and were much more likely to be identified as a posttraumatic stress disorder (PTSD) case. CONCLUSIONS: As a group, parents of children with cancer did not demonstrate any evidence of increased PTSS relative to parents of healthy children. Time since diagnosis, child treatment status, and relapse history are significant determinants of parent PTSS. Only parents of children who experienced a relapse appear to be at increased risk of PTSD. The current results appear discrepant from the existing literature, and possible explanations for these discrepancies are examined.

PMID: 18073235 [PubMed - as supplied by publisher]

A comparison of selected risk factors for unipolar depressive disorder, bipolar affective disorder, schizoaffective disorder, and schizophrenia from a danish population-based cohort.

Munk Laursen T, Munk-Olsen T, Nordentoft M, Bo Mortensen P.
National Centre for Register-Based Research, University of Aarhus, Denmark.
tml@ncrr.dk

OBJECTIVE: Growing evidence of an etiologic overlap between schizophrenia and bipolar disorder has become increasingly difficult to disregard. In this study, we examined paternal age, urbanicity of place of birth, being born "small for gestational age," and parental loss as risk factors for primarily schizophrenia and bipolar disorder, but also unipolar depressive disorder and schizoaffective disorder. Furthermore, we examined the incidence of the disorders in a population-based cohort and evaluated our results in the context of the Kraepelinian dichotomization. METHOD: We established a register-based cohort study of more than 2 million persons born in Denmark between January 1, 1955, and July 1, 1987. Overall follow-up began on January 1, 1973 and ended on June 30, 2005. Relative risks for schizophrenia, bipolar disorder, unipolar depressive
disorder, and schizoaffective disorder (ICD-8 or ICD-10) were estimated by survival analysis, using Poisson regression. RESULTS: Differences were found in age-specific incidences. Loss of a parent (especially by suicide) was a risk factor for all 4 disorders. High paternal age and urbanization at birth were risk factors for schizophrenia. Children born pre-term had an excess risk of all disorders except schizophrenia if they were born "small for gestational age."

CONCLUSIONS: An overlap in the risk factors examined in this study was found, and the differences between the phenotypes were quantitative rather than qualitative, which suggests a genetic and environmental overlap between the disorders. However, large gender differences and differences in the age-specific incidences in the 4 disorders were present, favoring the Kraepelinian dichotomization.

PMID: 18052560 [PubMed - indexed for MEDLINE]

8: Psychosom Med. 2007 Dec;69(9):860-3.
Epidemiology of the association between somatoform disorders and anxiety and depressive disorders: an update.

Lieb R, Meinlschmidt G, Araya R.
Epidemiology and Health Psychology, Institute of Psychology, University of Basel, Missionsstrasse 60-62, 4055 Basel, Switzerland. roselind.lieb@unibas.ch

OBJECTIVE: To review the available epidemiological evidence on associations between somatoform disorders with anxiety and depressive disorders. RESULTS: Clinical and population-based studies have found that the co-occurrence of some types of somatoform disorders (e.g., somatization disorder, somatic-symptom-index (SSI)4,6, and pain disorder) and anxiety and depressive disorders is common. These findings may suggest either a causal relationship between these disorders or that they share some common etiological factors. For other forms of somatoform disorders, empirical evidence about co-occurrence is even thinner or not available at all, especially from non-western settings. CONCLUSION: Some implications of how these findings, or the absence of them, can help us understand better the etiology of somatoform disorders and improve the classification of mental disorders as a whole are discussed.

PMID: 18040095 [PubMed - indexed for MEDLINE]

The relationship of child maltreatment and self-capacities with distress when telling one's story of childhood sexual abuse.

Palesh O, Classen CC, Field N, Kraemer HC, Spiegel D.
University of Rochester Cancer Center, USA. Oxana_Palesh@urmc.rochester.edu

This study examined the impact of telling one's story of childhood sexual abuse and its relationship with the survivor's self-capacities and history of other
child maltreatment. The baseline data were collected from 134 female CSA survivors who were participating in a large intervention study. Participants were given 10 minutes to describe their childhood sexual abuse and completed a post-interview questionnaire assessing post-traumatic stress symptoms and their emotional response. The distress in response to their narrative was both predicted and mediated by the survivors' self-capacities and other forms of child maltreatment beyond child sexual abuse.

PMID: 18032246 [PubMed - indexed for MEDLINE]

Trauma prevalence and somatoform symptoms: are there specific somatoform symptoms related to traumatic experiences?

Sack M, Lahmann C, Jaeger B, Henningsen P.
Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University Munich, Munich, Germany. m.sack@tum.de

There is still insufficient knowledge on the subject of possibly specific patterns of somatoform symptoms related to sexual or nonsexual traumatizations. Using standardized questionnaires, a sample of 892 patients consecutively admitted to a psychotherapy outpatient clinic were evaluated for psychological symptoms in general, for somatoform symptoms and for history of traumatizations. Any severe lifetime trauma was reported in 67.8% of the total sample. Somatoform symptoms were notably more prevalent in traumatized patients when compared with nontraumatized patients. Descriptive data analysis revealed specific elevations of symptom frequencies for pseudoneurological symptoms and for symptoms associated with discomfort or dysfunction in sexual organs.

PMID: 18000455 [PubMed - indexed for MEDLINE]

Cortisol, dehydroepiandrosterone, and estradiol measured over 24 hours in women with childhood sexual abuse-related posttraumatic stress disorder.

Bremner D, Vermetten E, Kelley ME.
Departments of Psychiatry and Behavioral Sciences and Radiology, Emory Center for Positron Emission Tomography, Emory University School of Medicine, Atlanta, Georgia, USA. jdbremn@emory.edu

Preclinical studies have shown long-term alterations in several hormonal systems including cortisol, dehydroepiandrosterone (DHEA) and DHEA-Sulfate, and estradiol. The purpose of this study was to assess cortisol, DHEA, and estradiol over a 24-hour period in women with early childhood sexual abuse and posttraumatic stress disorder (PTSD); with early abuse and without PTSD; and women without early abuse or PTSD. Forty-three women with early childhood sexual
abuse and PTSD, early abuse without PTSD, and without abuse or PTSD, underwent a comprehensive assessment of hormones in plasma at multiple time points over a 24-hour period. Abused women with PTSD had lower concentrations of cortisol during the afternoon hours (12-8 p.m.) compared with women with abuse without PTSD and women without abuse or PTSD. DHEA-Sulfate was elevated throughout the 24-hour period in PTSD women, although this was of marginal statistical significance. There were no differences between groups in DHEA or estradiol. PTSD women also had increased cortisol pulsatility compared with the other groups. These findings suggest that a resting hypocortisolemia in the afternoon hours with increased cortisol pulsatility is associated with childhood abuse-related PTSD in women.

PMID: 18000454 [PubMed - indexed for MEDLINE]

Comment on:

Treatment for depression symptoms in Ugandan adolescent survivors of war and displacement.

Başoğlu M.

PMID: 18000195 [PubMed - indexed for MEDLINE]

Forgiving the September 11th terrorists: associations with coping, psychological distress, and religiosity.

Rhoades GK, McIntosh DN, Wadsworth ME, Ahlkvist JA, Burwell RA, Gudmundsen GR, Raviv T, Rea JG.
Department of Psychology, University of Denver, Denver, Colorado 80208, USA.

Two studies examined how non-interpersonal forgiveness (when there is no social relationship between the transgressor and forgiver) related to coping and involuntary responses to stress, psychological distress, and religiosity. Three to six weeks after September 11th, 2001, forgiveness had non-linear associations with other responses to the terrorist attacks. Among college students (N=488), those who were trying or had forgiven (pro-forgiveness) the terrorists reported less involuntary engagement, more primary and secondary control coping, and more meaning finding than those who were unsure about forgiveness (ambivalent) and those who did not believe the perpetrators should be forgiven (anti-forgiveness). Ambivalent students reported the most distress, even after controlling for religion. Anti-forgiveness students reported less religiosity than ambivalent and pro-forgiveness students. Most findings were consistent among middle schoolers (N=154), particularly regarding psychological distress and responses to stress. Also, forgiveness of strangers for acts against one's community functioned
Posttraumatic stress disorder as a risk factor for obesity among male military veterans.

Psychiatry and Medicine Services, Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, VA. vvieweg@visi.net

OBJECTIVE: Obesity is a significant public health problem in the United States, particularly among military veterans with multiple risk factors. Heretofore, posttraumatic stress disorder (PTSD) has not clearly been identified as a risk factor for this condition. METHOD: We accessed both a national and local database of PTSD veterans. RESULTS: Body mass index (BMI) was greater (P < 0.0001) among male military veterans (n = 1819) with PTSD (29.28 +/- 6.09 kg/m(2)) than those veterans (n = 44 959) without PTSD (27.61 +/- 5.99 kg/m(2)) in a sample of randomly selected veterans from the national database. In the local database of male military veterans with PTSD, mean BMI was in the obese range (30.00 +/- 5.65) and did not vary by decade of life (P = 0.242). CONCLUSION: Posttraumatic stress disorder may be a risk factor for overweight and obesity among male military veterans.

Asylum seekers seeking mental health services in the United States: clinical and legal implications.

Piwowarczyk L.
Boston University School of Medicine, Department of Psychiatry, Boston Center for Refugee Health and Human Rights, Boston Medical Center, Boston, Massachusetts 02118, USA. piwo@bu.edu

Asylum seekers flee their countries in search of safety due to persecution at home. Characteristics were assessed of 134 consecutive asylum seekers who sought mental health services at a program caring for survivors of torture and refugee trauma, using a chart review of patients seen between January 1999 and December 2002. Two-thirds of the sample were female, and 82% came from Africa. Eighty-four percent of the sample reported a history of torture, and one-half experienced rape or attempted rape. Most common diagnoses included posttraumatic stress disorder and depression. Predictors of torture included: postrauastic stress disorder [odds ratio (OR) = 4.93, p = 0.03], rape (OR = 4.23, p = 0.035), and political persecution (OR = 9.28, p = 0.006). Most common self-reported health
problems were headaches (29.9%), sexual dysfunction (26.1%), chronic pain (12.7%), and gastrointestinal symptoms (11.2%).

PMID: 17984770 [PubMed - indexed for MEDLINE]

The serotonin transporter genotype and social support and moderation of posttraumatic stress disorder and depression in hurricane-exposed adults.

National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, P.O. Box 250852, Charleston, SC 29425, USA. kilpatdg@musc.edu

OBJECTIVE: Disasters are associated with increased risk of posttraumatic stress disorder (PTSD) and major depression, but no study, to the authors' knowledge, has determined whether genotype interacts with disaster exposure and social support to moderate risk of these phenotypes. The authors tested the hypothesis that a polymorphism in the serotonin transporter gene (locus, SLC6A4; variant, serotonin 5-HTTLPR) moderates risk of posthurricane PTSD and major depression given high hurricane exposure and low social support. METHOD: The authors interviewed a household probability sample of adults 6-9 months after the 2004 hurricanes about hurricane exposure, social support, and posthurricane PTSD and major depression. DNA was collected from a subset of participants. Participants were 589 adults ages 18 and older from 38 Florida counties who provided valid DNA samples. Outcome measures were DSM-IV diagnoses of posthurricane PTSD and major depression derived from structured interviews. RESULTS: The low-expression variant of the 5-HTTLPR polymorphism increased risk of posthurricane PTSD and major depression but only under the conditions of high hurricane exposure and low social support after adjustment for sex, ancestry (as determined by Bayesian clustering of genotypes), and age. Similar effects were found for major depression. High-risk individuals (high hurricane exposure, the low-expression 5-HTTLPR variant, low social support) were at 4.5 times the risk of developing PTSD and major depression of low-risk individuals. CONCLUSIONS: The low-expression variant of the 5-HTTLPR polymorphism modifies risk of postdisaster PTSD and major depression under conditions of high hurricane exposure and low social support, confirming and extending previous research.

PMID: 17974934 [PubMed - indexed for MEDLINE]

Alcohol consumption and posttraumatic stress after exposure to terrorism: effects of proximity, loss, and psychiatric history.

Hasin DS, Keyes KM, Hatzenbuehler ML, Aharonovich EA, Alderson D.
OBJECTIVES: We examined the effects of exposure to or interpersonal loss resulting from a terrorist attack on posttraumatic stress and alcohol consumption after we controlled for psychiatric history assessed before the attack. METHODS: At baseline (1991-1992) and at 1- and 10-year follow-ups, an adult community sample of drinkers living approximately 12 mi (19.2 km) from the World Trade Center were evaluated for alcohol dependence and major depression. Of this group, 82.2% were assessed regarding the impact of the September 11, 2001, attacks, including proximity to the World Trade Center, interpersonal loss, posttraumatic stress, and alcohol consumption. RESULTS: In regression models, interpersonal loss and past major depression, but not proximity to the World Trade Center, predicted posttraumatic stress symptoms. Proximity and past alcohol dependence, but not interpersonal loss, predicted high levels of post-September 11 alcohol consumption. Past alcohol dependence did not modify the proximity-drinking relationship, and past major depression did not modify the loss-posttraumatic stress relationship. CONCLUSIONS: Participants' responses to September 11 were specific to their type of exposure and not predetermined by their psychiatric history. A better understanding of responses to traumatic events should assist more-effective prevention and intervention efforts.

PMID: 17971553 [PubMed - indexed for MEDLINE]

Childhood trauma and combat-related PTSD.

Regan J, Barrett D, Gordon S.
Tennessee Valley Healthcare System's Mental Health Care Line, USA.

PMID: 17966719 [PubMed - indexed for MEDLINE]


Kazak AE, Baxt C.

The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania 19104, USA.
kazak@email.chop.edu

Despite unique vulnerabilities in infants and young children, little research has been devoted to understanding the psychological impact of the diagnosis of cancer in this age group. We outline psychological factors affecting very young cancer patients and their families, using the broader literature on psychological adjustment of children and adolescents with cancer and their families, and a
post-traumatic stress model for understanding likely reactions of children and families. Examples of evidence-based interventional approaches relevant to families of young children with cancer are presented. Copyright 2007 Wiley-Liss, Inc.

PMID: 17943959 [PubMed - indexed for MEDLINE]

Depression and anxiety in children at the end of life.

Kersun LS, Shemesh E.
Division of Oncology, The Children’s Hospital of Philadelphia, 4th Floor Wood Building, 34th and Civic Center Boulevard, Philadelphia, PA 19104, USA.
segall@email.chop.edu

A significant component of palliative care is the prompt diagnosis and management of distress, anxiety, and depression. This article reviews the symptoms and treatment of anxiety and depressive disorders in children at the end of life. Distinguishing between symptoms and disorders, the importance of open communication, consideration of the child's understanding of death, diagnostic challenges in chronically ill children, and suicidality are discussed. Because treatment options are available, it is imperative that symptoms are recognized and addressed. Understanding the issues involved in screening and diagnosis and the risks and benefits of available treatments can lead to an informed approach to the management of these disorders in the palliative care setting.

PMID: 17933618 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder and psychiatric comorbidity among detained youths.

Abram KM, Washburn JJ, Teplin LA, Emanuel KM, Romero EG, McClelland GM.
Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, 710 North Lake Shore Dr., Suite 900, Chicago, IL 60611, USA. psycho-legal@northwestern.edu

OBJECTIVE: This study examined the prevalence of posttraumatic stress disorder (PTSD) and comorbid psychiatric disorders among juvenile detainees. METHODS: The sample consisted of a stratified random sample of 898 youths aged ten to 18 years who were arrested and detained in Chicago. RESULTS: Among participants with PTSD, 93% had at least one comorbid psychiatric disorder; however, among those without PTSD, 64% had at least one comorbid psychiatric disorder. Over half (54%) of the participants with PTSD had two or more types of comorbid disorders—that is, affective, anxiety, behavioral, or substance use disorders—and 11% had all four types of comorbid disorders. Among males, having any psychiatric diagnosis significantly increased the odds of having comorbid PTSD. Among females, alcohol
use disorder and both alcohol and drug use disorders significantly increased the odds of having PTSD. No significant difference in prevalence rates of PTSD was found between males and females with specific psychiatric disorders. The prevalence of any comorbid psychiatric disorder was significantly greater for males with PTSD than that for females with PTSD (OR=3.4, CI=1.1-10.6, p<.05).

CONCLUSIONS: Detection of comorbid PTSD among detained youths must be improved. PTSD is often missed because traumatic experiences are rarely included in standard screens or volunteered by patients. When planning treatment, clinicians must consider ramifications of comorbid PTSD.

PMID: 17914008 [PubMed - indexed for MEDLINE]

Comment on:

The mental health disaster in conflict settings: can scientific research help?

Neuner F, Elbert T.
Dept Psychology, University of Konstanz, Germany. Frank.Neuner@uni-konstanz.de

PMID: 17910750 [PubMed - indexed for MEDLINE]

What predicts psychological resilience after disaster? The role of demographics, resources, and life stress.

Bonanno GA, Galea S, Bucciarelli A, Vlahov D.
Department of Counseling and Clinical Psychology, Teachers College, Columbia University, New York, NY 10027, USA. gab38@columbia.edu.

A growing body of evidence suggests that most adults exposed to potentially traumatic events are resilient. However, research on the factors that may promote or deter adult resilience has been limited. This study examined patterns of association between resilience and various sociocontextual factors. The authors used data from a random-digit-dial phone survey (N = 2,752) conducted in the New York City area after the September 11, 2001, terrorist attack. Resilience was defined as having 1 or 0 posttraumatic stress disorder symptoms and as being associated with low levels of depression and substance use. Multivariate analyses indicated that the prevalence of resilience was uniquely predicted by participant gender, age, race/ethnicity, education, level of trauma exposure, income change, social support, frequency of chronic disease, and recent and past life stressors. Implications for future research and intervention are discussed. (PsycINFO Database Record (c) 2007 APA, all rights reserved).

PMID: 17907849 [PubMed - indexed for MEDLINE]
Physical activity protects male patients with post-traumatic stress disorder from developing severe fibromyalgia.

Department of Medicine D, Meir Medical Center, Kfar-Saba, Israel (affiliated with the Sackler Faculty of Medicine, Tel-Aviv University).

OBJECTIVES: Fibromyalgia syndrome (FMS) has been associated with various psychiatric and other, ill-defined disorders. We recently showed that fibromyalgia is more prevalent in men suffering from combat-related Post Traumatic Stress Disorder (PTSD). In this paper we analyze the relationship between engagement in physical activity, the psycho-metric traits of PTSD and the future development of FMS. METHODS: Fifty-five male patients, all known to have combat-related PTSD, were investigated for the presence of fibro-myalgia according to the American College of Rheumatology (ACR) criteria. Each patient completed questionnaires characterizing his quality of sleep, and the Sheehan Disability Scale measuring performance in the familial, social and vocational spheres. Additionally, each of the enrollees was interviewed by an experienced psychiatrist, who then completed a Clinician Administered PTSD Scale, a Clinical Global Impression Scale, and calculated an SF-36 score. Each patient was asked whether he exercised often, occasionally or not at all. The data was analyzed by the chi2 test and by ANOVA. RESULTS: PTSD patients who also suffered from FMS had a more severe form of disease as measured by the Clinician Administered PTSD Scale (CAPS) score, 88.2 +/- 14.0 (n = 28) compared to 97.6 +/- 13.2 of patients with PTSD and FMS (n = 27) (p = 0.013, F(d.f 2)-6.61, ANOVA test). Interestingly, engaging in physical exercise was also associated with less severe disease. When the patients were analyzed based on their tender point count (0-5, 6-10, or > 11), the number of tender points decreased with increasing physical activity (p = 0.02, chi2(d.f.-4) = 11.3). CONCLUSION: Physical exercise in male patients with combat-related PTSD provides protection from the future development of fibromyalgia. Furthermore, physical activity is related in this group of patients to a better perception of their quality of life.

PMID: 17888207 [PubMed - indexed for MEDLINE]

Psychiatric morbidity in adolescents operated in childhood for congenital cyanotic heart disease.

Toren P, Horesh N.
Tel Aviv-Brull Community Mental Health Center and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. ptoren@post.tau.ac.il

AIM: The aim of the present study was to assess psychiatric morbidity of adolescents operated in childhood for congenital cyanotic heart disease (CCHD)
and their parents. METHODS: Participants were 31 adolescents (19 boys, 12 girls) aged 10-21 (mean +/- SD, 14.7 +/- 0.3) years, who had undergone cardiac surgery 13.7 +/- 2.48 years before the study assessment period. Twenty-two mothers and nine fathers participated in the study. Assessment tools for adolescents included: the UCLA Post Traumatic Stress Disorder-Reaction Index, The Screen for Child Anxiety Related Emotional Disorders, and The Beck Depression Inventory; for the parents: The Posttraumatic Stress Diagnostic Scale, The Spielberger State Trait Anxiety Inventory, and The Beck Depression Inventory. RESULTS: Nine out of 31 adolescents (29.03%) were defined as 'full post-traumatic stress disorder (PTSD) likely' with a total post-traumatic stress symptom (PTSS) score significantly higher than that of the non-PTSS subgroup (P < 0.001). A non-significant trend was noted for more adolescents with 'anxiety disorder likely' (P = 0.096, NS) in the PTSS versus the non-PTSS subgroups. A non-significant trend was detected showing that on all symptom domains of PTSD, as well as on anxiety and depressive measures, parents of children with PTSS received higher scores than parents of children without PTSS (P = 0.095, 0.03, 0.04, respectively, NS). CONCLUSION: Children undergoing cardiac surgery for CCHD may be at a high risk for long-term PTSS.

PMID: 17854449 [PubMed - indexed for MEDLINE]

Post-traumatic stress disorder among adolescents with bipolar disorder and its relationship to suicidality.

Dilsaver SC, Benazzi F, Akiskal HS, Akiskal KK.
Mental Health Mental Retardation Clinic, Rio Grande City, TX, USA.
stevendilsaver@aol.com

OBJECTIVES: The aims of this cross-sectional pilot study were to ascertain the rates of post-traumatic stress disorder (PTSD) among adolescents with bipolar disorder (BPD) and major depressive disorder (MDD) relative to a comparison group comprised of non-affectively ill patients, and to determine whether PTSD is related to suicidal ideation and attempts. The impetus for the study was born of clinical impressions derived in the course of routine clinical practice. METHODS: Patients were screened by a single interviewer for BPD, MDD and PTSD, panic disorder, obsessive-compulsive disorder (OCD) and social phobia using the apposite modules from the Structured Clinical Interview for DSM-IV (SCID) and histories of suicidal ideation and attempts. The data were subjected to analysis using a logistic regression model. RESULTS: The database included 34 patients with BPD, 79 with MDD and 26 with a non-affective disorder. The risk for PTSD for a patient with BPD significantly exceeded that for a patient with MDD [odds ratio (OR) = 4.9, 95% confidence interval (CI) = 1.9-12.2, p = 0.001]. Patients with PTSD had an insignificantly increased risk for suicidal ideation (OR = 2.8, 95% CI = 0.9-8.9, p = 0.069), and a 4.5-fold significantly increased risk of having had a suicide attempt (OR = 4.5, 95% CI = 1.7-11.7, p = 0.002). The relationship between PTSD and suicide attempts remained significant even after controlling for
the confounding effects of concurrent panic disorder, OCD and social phobia (OR = 3.4, 95% CI = 1.1-10.0, p = 0.023). CONCLUSIONS: Patients with BPD have a greater risk for PTSD than those with MDD. Post-traumatic stress disorder is significantly related to history of suicide attempts.

PMID: 17845281 [PubMed - indexed for MEDLINE]

The association between traumatic experience, paranoia and hallucinations: a test of the predictions of psychological models.

Gracie A, Freeman D, Green S, Garety PA, Kuipers E, Hardy A, Ray K, Dunn G, Bebbington P, Fowler D.
King's College London, Department of Psychology, Institute of Psychiatry, London, UK.

OBJECTIVE: The current study investigated the relationship between trauma and predisposition to hallucinations and to paranoia in a non-clinical sample.

METHOD: A total of 228 students completed online measures of trauma, post traumatic stress disorder (PTSD), schematic beliefs, perceptual anomalies, and predisposition to hallucinations and paranoia.

RESULTS: Associations were found between negative schematic beliefs, PTSD and predisposition to both paranoia and hallucinations. PTSD reexperiencing-symptoms were most strongly associated with a predisposition to hallucinations. Negative beliefs about self and others were most strongly associated with a predisposition to paranoia.

CONCLUSION: The results provide support for the prediction that there may be two routes between trauma and predisposition to psychosis. Clear support was found for a link between trauma and psychosis mediated by negative beliefs about self and others. There may also be a direct association between re-experiencing symptoms and hallucinations.

PMID: 17803758 [PubMed - indexed for MEDLINE]

Intimate partner violence, depression, and posttraumatic stress disorder as additional predictors of low birth weight infants among low-income mothers.

Rosen D, Seng JS, Tolman RM, Mallinger G.
University of Pittsburgh, Pittsburgh, PA, USA.

Estimates of intimate partner violence (IPV) during pregnancy vary by population being studied, measures, and other methodological limitations, hindering the ability to gauge the relationship between IPV and negative birth outcomes. The authors report aggregated data from a subsample (n = 148) of the first three waves of the Women's Employment Study. The authors compared groups of women who did and did not give birth to low birth weight infants on demographic, material
deprivation, risk behavior, mental health, and IPV factors. The prevalence of domestic violence was more than twice as high for women with low birth weight infants as those women who had a normal weight infant. When considering additional risk factors, including food insufficiency, substance dependence, and depression and/or posttraumatic stress disorder, IPV remained a significant indicator, but it was most strongly associated with low birth weight among women also experiencing depression and/or posttraumatic stress disorder.

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Adult perspectives on growing up following uxoricide.

Steeves RH, Parker B.
University of Virginia School of Nursing, Charlottesville, VA 22908, USA.
Rhs2p@virginia.edu

The purpose of this article is to provide an overview of the state of the science on uxoricide, including qualitative findings on 47 survivors. Two qualitative interviews were conducted between January 2004 and January 2005 with 47 convenience sample adult survivors of uxoricide. Data were analyzed using hermeneutic analysis. A number of themes emerge, such as later experiences with violence, including sexual abuse as a child; family difficulties in speaking about the death; the need to learn about the homicide as an adult as well as a need to reconnect with and forgive the assailant; and the importance of a caring adult to provide stability.

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Family context and young children's responses to earthquake.

Proctor LJ, Faucher A, Oliver PH, Ramos MC, Rios MA, Margolin G.
Department of Psychology, University of Southern California, Los Angeles, California 90089-1061, USA. margolin@usc.edu

BACKGROUND: Family context can affect children's vulnerability to various stresses, but little is known regarding the role of family variables on children's reactions to natural disaster. This prospective study examined the influence of predisaster observed parenting behaviors and postdisaster parental stress on young children's distress following an earthquake. METHODS: Participants were 117 two-parent families with a child age 4-5 at the initial assessment. The families experienced different degrees of impact from the earthquake. Pre-earthquake family context comprised observations of parents' positive and negative behaviors during a parent-child play task. Eight months after the earthquake, mothers reported symptoms of parental stress and children's distress. RESULTS: Earthquake impact and children's distress symptoms were
moderately correlated \( r = .44 \), but certain pre-earthquake parental behaviors moderated the relationship. The dose-response association between earthquake impact and children's symptoms did not hold for families in which fathers showed high levels of negative behaviors with daughters, or mothers showed low levels of positive behaviors with sons. In addition, results consistent with full mediation for boys (and partial mediation for girls) indicated that 86% of the total effect of earthquake impact on boys' distress (and 29% on girls' distress) occurred through the mediator of reported parental stress. CONCLUSIONS: These findings demonstrate that young children's responses to an abrupt, negative environmental event, such as an earthquake, are influenced in part by the nature of the parent-child relationship prior to the event as well as by the responses parents exhibit following the event.

Childhood trauma, borderline personality, and eating disorders: a developmental cascade.

Sansone RA, Sansone LA.
Wright State University School of Medicine, Dayton, Ohio, USA.
Randy.sansone@kmcnetwork.org

In this article, we discuss the nature and role of trauma in relationship to borderline personality disorder and eating disorders. As is clinically evident, trauma can result in a variety of psychological consequences. These consequences include both Axis I and II disorders. Among the Axis II disorders, trauma appears to heighten the risk for the development of borderline, antisocial, avoidant, paranoid, and even schizotypal personality disorders. Likewise, trauma may heighten the risk for developing an eating disorder. There appear to be complex inter-relationships among trauma, borderline personality disorder, and eating disorders. In this article, we attempt to summarize these inter-relationships.

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Eating disorders, trauma, and comorbidity: focus on PTSD.

Brewerton TD.
Medical University of South Carolina, Charleston, South Carolina, USA.
tbrewerton1@comcast.net

This paper reviews the relationships among eating disorders (EDs), trauma, and comorbid psychiatric disorders, with a particular focus on posttraumatic stress disorder (PTSD). There have been a number of significant conclusions in the literature, applicable to clinical practice, which are essential to the understanding of the relationships between EDs and trauma. These are summarized as follows: a) childhood sexual abuse (CSA) is a nonspecific risk factor for EDs; b) the spectrum of trauma linked to EDs has been extended from CSA to include a
variety of other forms of abuse and neglect; c) trauma is more common in bulimic EDs compared to nonbulimic EDs; d) findings linking EDs with trauma have been extended to children and adolescents with EDs; e) findings linking EDs with trauma have been extended to boys and men with EDs; f) multiple episodes or forms of trauma are associated with EDs; g) trauma is not necessarily associated with greater ED severity; h) trauma is associated with greater comorbidity (including and often mediated by PTSD) in ED subjects; i) partial or subthreshold PTSD may also be a risk factor for BN and bulimic symptoms; and j) the trauma and PTSD or its symptoms must be expressly and satisfactorily addressed in order to facilitate full recovery from the ED and all associated comorbidity.

PMID: 17710567 [PubMed - indexed for MEDLINE]


Jang KL, Taylor S, Stein MB, Yamagata S. Department of Psychiatry, University of British Columbia, Vancouver, Canada. kjang@interchange.ubc.ca

People differ markedly in their risk for developing posttraumatic stress symptoms (PTSS) after exposure to traumatic events. Twin studies suggest that the trauma-PTSS relationship is moderated by genetic and environmental influences. The present study tested for specific types of genetic and environmental interaction effects on PTSS. A sample of 222 monozygotic and 184 dizygotic twin pairs reported on lifetime frequency of assaultive and nonassaultive trauma and associated PTSS. Biometric analyses indicated that in the case of nonassaultive trauma, PTSS were directly affected by environmental factors that also influence exposure to nonassaultive trauma. For assaultive trauma both genetic and non-shared environmental influences jointly affected PTSS, and the number of traumatic events moderated the severity of PTSS. Genetic factors were found to become less important beyond some threshold (e.g., 3 or 4 types of serious trauma) suggesting that genetic factors - which may confer either risk or resilience to PTSS - modify these symptoms within a range of human experience, beyond which environmental effects supervene.

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Tull MT, Barrett HM, McMillan ES, Roemer L. Center for Addictions, Personality, and Emotion Research and Department of Psychology, University of Maryland, College Park, MD 20742, USA. MTull@psyc.umd.edu
This study examined the relationship between posttraumatic stress (PTS) symptoms and particular aspects of emotion regulation difficulties among trauma-exposed individuals. Participants were an ethnically diverse sample of 108 undergraduates from an urban university. PTS symptom severity was found to be associated with lack of emotional acceptance, difficulty engaging in goal-directed behavior when upset, impulse-control difficulties, limited access to effective emotion regulation strategies, and lack of emotional clarity. Further, overall difficulties in emotion regulation were associated with PTS symptom severity, controlling for negative affect. Finally, individuals exhibiting PTS symptoms indicative of a PTSD diagnosis reported greater difficulties with emotion regulation than those reporting PTS symptoms at a subthreshold level. The implications of these findings for research and treatment are discussed.

PMID: 17697854 [PubMed - indexed for MEDLINE]

Comment in:

Post-traumatic stress disorder, depression, and anxiety among Gaza Strip adolescents in the wake of the second Uprising (Intifada).

Elbedour S, Onwuegbuzie AJ, Ghannam J, Whitcome JA, Abu Hein F.
Department of Human Development and Psychoeducational Studies, School of Education, Howard University, 2441 Fourth Street NW, Washington, DC 20059, USA.

OBJECTIVE: Children and adolescents of the Gaza Strip have been subjected to continuous violence since the eruption of the second Intifada (Uprising). Little is known, however, about the psychological effects of this violence on children and adolescents of Gaza. Thus, the purpose of the present investigation was to evaluate and describe the psychological effects of exposure of war-like circumstances on this population. METHOD: Participants for this study were 229 Palestinian adolescents living in the Gaza Strip who were administered measures of post-traumatic stress disorder (PTSD), depression, anxiety, and coping. RESULTS: Of the 229 participants, 68.9% were classified as having developed PTSD, 40.0% reported moderate or severe levels of depression, 94.9% were classified as having severe anxiety levels, and 69.9% demonstrated undesirable coping responses. A canonical discriminant analysis revealed that adolescents diagnosed with PTSD tended to be those who reported the highest levels of depression, anxiety, and positive reappraisal coping, and the lowest levels of seeking guidance and support coping. CONCLUSIONS: These results indicate that a significant proportion of Palestinian adolescents living in the Gaza Strip are experiencing serious psychological distress.

PMID: 17631959 [PubMed - indexed for MEDLINE]
Predictors of psychological distress and positive resources among Palestinian adolescents: trauma, child, and mothering characteristics.

Qouta S, Punamäki RL, Montgomery E, El Sarraj E. Gaza Community Mental Health Programme, Gaza, Palestine.

OBJECTIVE: The aim was to examine how traumatic and stressful events, responses to violence, child characteristics, and mothering quality, as measured in middle childhood predict psychological distress and positive resources in adolescence.

METHOD: The participants were 65 Palestinian adolescents (17+/-.85 years; 52% girls), who had been studied during the First Intifada (T1), during the Palestinian Authority rule (T2) and before the Second Al Aqsa Intifada (T3) in Gaza. Psychological distress was indicated by PTSD, and depressive symptoms and positive resources by resilient attitudes and satisfaction with quality of life, all measured at T3. The predictors that were measured at T1 were exposure to military violence, active coping with violence and children's intelligence, cognitive capacity, and neuroticism. Mothering quality and stressful life-events were measured at T2, the former reported by both the mother and the child, and the latter by the mother. RESULTS: Adolescents' PTSD symptoms were most likely if they had been exposed to high levels of traumatic and stressful experiences and had poor cognitive capacity and high neuroticism in middle childhood. Only high levels of childhood military violence and stressful life-events predicted high depressive symptoms and low satisfaction with quality of life in adolescence. CONCLUSIONS: Military violence in childhood forms risks for both increased psychological distress and decreased positive resources. However, child characteristics such as cognitive capacity and personality are important determinants of psychological vulnerability in military trauma.
Multiple logistic regression analysis and confirmatory factor analysis was used to examine the relationship between social support and PTSD. RESULTS: Out of a total of 25,478 subjects interviewed, 2336 (9.7%) were diagnosed as having PTSD. PTSD was significantly associated with total social support (odds ratio [OR] 0.80, 95% confidence interval [CI], 0.78-0.82), subjective support (OR 0.48, 95%CI, 0.44-0.52), and support utilization (OR 0.53, 95%CI, 0.49-0.57).

CONCLUSION: PTSD in flood victims is significantly associated with social support; subjective support and support utilization may play more important roles in mitigating the impact of flood than objective support.

PMID: 17606382 [PubMed - indexed for MEDLINE]

Ayers S, McKenzie-McHarg K, Eagle A.

Department of Psychology, University of Sussex, Falmer, Sussex, UK.  
S.Ayers@sussex.ac.uk

Background. Approximately 1-2% of women suffer from postnatal post-traumatic stress disorder (PTSD) with wide ranging consequences for these women and their families 1. Appropriate treatment of women who have difficult or traumatic births is not yet established. Evidence in other populations shows that cognitive behavior therapy (CBT) is effective for PTSD and it is therefore the recommended treatment 2. However, a recent review of treatments for postnatal distress concluded that descriptions of postnatal counseling are largely generalized and non-specific, which makes them difficult to assess or replicate 3. Aims and method. The current paper therefore aims to describe the use of CBT interventions to treat postnatal distress, and to illustrate common themes or issues that occur in postnatal PTSD. This paper reports two case studies of women with postnatal PTSD and their treatment using CBT. Conclusions. In these cases, CBT was an effective treatment for postnatal PTSD. A number of implications are explored for the management of pregnancy and labor.

PMID: 17577761 [PubMed - indexed for MEDLINE]

Divalproex sodium for the treatment of PTSD and conduct disordered youth: a pilot randomized controlled clinical trial.

Steiner H, Saxena KS, Carrion V, Khanzode LA, Silverman M, Chang K.  
Division of Child Psychiatry and Child Development, Stanford University School of Medicine, 401 Quarry Road, Stanford, CA 94305-5719, USA.

We examined the efficacy of divalproex sodium (DVP) for the treatment of PTSD in conduct disorder, utilizing a previous study in which 71 youth were enrolled in a
randomized controlled clinical trial. Twelve had PTSD. Subjects (all males, mean age 16, SD 1.0) were randomized into high and low dose conditions. Clinical Global Impression (CGI) ratings for core PTSD symptoms (Intrusion, avoidance and hyper arousal) were primary outcome measures, weekly slopes of impulsivity secondary ones. Intent-to-treat analyses showed significant positive associations between receiving high dose of DVP CGI's. Parallel analyses comparing outcome by drug level achieved strengthened the results.

PMID: 17570057 [PubMed - indexed for MEDLINE]

Explanations for the increase in mental health problems in UK reserve forces who have served in Iraq.

Browne T, Hull L, Horn O, Jones M, Murphy D, Fear NT, Greenberg N, French C, Rona RJ, Wessely S, Hotopf M.
King's Centre for Military Health Research, King's College, UK.

BACKGROUND: Deployment to the 2003 Iraq War was associated with ill health in reserve armed forces personnel. AIMS: To investigate reasons for the excess of ill health in reservists. METHOD: UK personnel who were deployed to the 2003 Iraq War completed a health survey about experiences on deployment to Iraq. Health status was measured using self-report of common mental disorders, post-traumatic stress disorder (PTSD), fatigue, physical symptoms and well-being. RESULTS: Reservists were older and of higher rank than the regular forces. They reported higher exposure to traumatic experiences, lower unit cohesion, more problems adjusting to homecoming and lower marital satisfaction. Most health outcomes could be explained by role, experience of traumatic events or unit cohesion in theatre. PTSD symptoms were the one exception and were paradoxically most powerfully affected by differences in problems at home rather than events in Iraq. CONCLUSIONS: The increased ill-health of reservists appears to be due to experiences on deployment and difficulties with homecoming.

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Johansen VA, Wahl AK, Eilertsen DE, Weisaeth L.
Faculty of Health, Buskerud University College, Buskerud, Norway.
venke.a.johansen@helse-bergen.no

BACKGROUND: Victims of violent assault experience diverse post-event emotional problems such as post-traumatic stress disorder (PTSD), and they may have multiple emotional problems. The aim of the present study was to evaluate the prevalence and predictors of PTSD in a longitudinal design. METHODS: The levels
of physical injury, perceived life threat, prior experience of violence, peritraumatic dissociation (PD), acute PTSD, perceived self-efficacy and perceived social support are considered possible predictors. This study had a single group (N = 70), longitudinal design with three repeated measures over a period of 12 months. Questionnaires used were: Impact of Event Scale-15 and 22 (IES-15 and 22), Post-Traumatic Symptom Scale-10 (PTSS-10), Peritraumatic Dissociation (PD) 7-item self-report measure, Social Provisions Scale (SPS) and Generalized Self-Efficacy scale (GSE). RESULTS: Results showed a high prevalence and severity of PTSD on all outcomes, for instance 31% scored as probable PTSD-cases and 14% as risk level cases by IES-15 at T3. Either injury severity or prior experience of being a victim of violence predicted PTSD in this study. Early PTSD predicted subsequent PTSD, and perceived life threat was a predictor of PD. Furthermore, lack of perceived social support was a predictor of PTSD symptoms at T3. In addition, low perceived self-efficacy was a predictor of PTSD and influenced perceived social support at T1. CONCLUSIONS: Our results showed that experience of non-domestic violence may cause serious chronic emotional problems, and therefore it is important to be aware of early symptoms indicating needs for special follow-ups.

PMID: 17530151 [PubMed - indexed for MEDLINE]

History of trauma and dissociative symptoms among patients with obsessive-compulsive disorder and social anxiety disorder.

Fontenelle LF, Domingues AM, Souza WF, Mendlowicz MV, de Menezes GB, Figueira IL, Versiani M.
Anxiety and Depression Research Program, Institute of Psychiatry of the Universidade Federal do Rio de Janeiro (IPUB/UFRJ), Rua Otávio Carneiro, 93 601 Rio de Janeiro, RJ, Brazil. lfontenelle@gmail.com

We aimed to compare the history of trauma and the profile and severity of dissociative symptoms of patients with obsessive-compulsive disorder (OCD) to those of patients with social anxiety disorder (SAD). Patients with OCD (n = 34) and patients with SAD (n = 30) were examined with the following instruments: Trauma History Questionnaire (THQ), Dissociative Experience Scale (DES), Obsessive-Compulsive Inventory (OCI), Liebowitz Social Anxiety Scale (LSAS), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). Patients with OCD reported significantly lower rates of exposure to traumatic events. Nevertheless, the severity of dissociative symptoms was not significantly different between the groups. Regression analyses showed that, while the OCI scores better predicted the variance on DES scores in the OCD sample, the LSAS and the BAI better predicted the variance on the DES among patients with SAD. Patients with OCD are probably less vulnerable to some types of traumatic experiences. Dissociative symptoms may cut across different anxiety disorders.

PMID: 17453345 [PubMed - indexed for MEDLINE]
Delayed recall of childhood sexual abuse memories and the awakening rise and diurnal pattern of cortisol.

Smeets T, Geraerts E, Jelicic M, Merckelbach H.
Department of Experimental Psychology, Maastricht University, The Netherlands.
tom.smeets@psychology.unimaas.nl

Traumatic stress associated with childhood sexual abuse (CSA) may result in chronic alterations of stress-sensitive neurochemical systems (e.g., the hypothalamic-pituitary-adrenal axis and sympathetic-adrenal medullary activity). Some authors have suggested that these alterations might help explain why some individuals, after a period of inability to remember, demonstrate delayed recall of CSA memories (i.e., "recovered" memories). The present study is the first study that explored morning cortisol responses and circadian cortisol profiles among women with recovered (n=7), repressed (n=8), or continuous (n=6) memories of CSA and women without a history of CSA (n=9). Although there were group differences in current depression and post-traumatic stress symptoms, we found no differences in cortisol awakening response or daytime profile between women reporting recovered, repressed, or continuous memories of CSA as compared to women without a history of CSA. Implications for neurobiological models intended to explain the delayed recall of CSA are discussed.

PMID: 17449112 [PubMed - indexed for MEDLINE]

Brief screening instrument of posttraumatic stress disorder for children and adolescents 7-15 years of age.

Department of Epidemiology & Health Statistics, School of Public Health, Central South University, Xiangya Road 110, Changsha, Hunan 410078, PR China.

The objective of this paper is to develop a brief screening instrument of posttraumatic stress disorder (PTSD) for young victims of natural disasters. Data were derived from flood victims in 1998 and 1999 in Hunan, China. A representative population sample of 6,852 subjects 7-15 years of age was selected. Among them, 6,073 (88.6%) were interviewed. Multistage sampling was used to select the subjects and PTSD was ascertained with Diagnostic and Statistical Manual of Mental Disorders: 4th Edition (DSM-IV). We randomly assigned 80% (4,851) of the study subjects to construct the screening instrument (construct model) and the remaining 20% (1,222) subjects to examine the model (validation model). Logistic regression analysis and receiver operating characteristics curves were utilized to select a subset of symptoms and cutoff point from the pre-structured questionnaires. A seven-symptom instrument for PTSD screening was selected. Scores of 3 or more on this instrument were employed to
define positive cases of PTSD with a sensitivity of 96.9%, specificity 99.0%, positive predictive value (PPV) 82.6%, and negative predictive value (NPV) 99.8%. The brief screening instrument developed in this study is highly valid, reliable, and predictable.

PMID: 17404830 [PubMed - indexed for MEDLINE]


Otto MW, Henin A, Hirshfeld-Becker DR, Pollack MH, Biederman J, Rosenbaum JF. Massachusetts General Hospital and Harvard Medical School, MA, United States. mwoffto@bu.edu

With the extensive media coverage on September 11, 2001, adults and children indirectly witnessed the terrorist attacks leading to the deaths of almost 3,000 people. An ongoing longitudinal study provided the opportunity to examine pre-event characteristics and the impact of this media exposure. We assessed symptoms of PTSD in 166 children and 84 mothers who had no direct exposure to the 9/11 attacks. The sample included children who had parents with or without anxiety and mood disorders, and who had been assessed for the presence or absence of temperamental behavioral inhibition (BI). We found a 5.4 percent rate of symptomatic PTSD in response to 9/11 in children and 1.2 percent in their mothers. Children's identification with victims of the attack, and for younger children, the amount of television viewing predicted increased risk of PTSD symptoms. Parental depression was associated with higher symptoms, and pre-event levels of family support was associated with a lower risk for PTSD symptoms. BI in children was also linked to lower rates of PTSD symptoms, suggesting that a cautious and fearful approach to novelty may offer protection against exposure to media-based traumatic images. Media viewing of tragic events is sufficient to produce PTSD symptoms in vulnerable populations such as children. Given the links between PTSD symptoms and viewing habits, parental monitoring of media exposure may be important for younger children.

PMID: 17276653 [PubMed - indexed for MEDLINE]

Substance use and abuse among older youth in foster care.

Vaughn MG, Ollie MT, McMillen JC, Scott L Jr, Munson M. University of Pittsburgh, 2117 Cathedral of Learning, Pittsburgh, PA 15260, United States. mgv6@pitt.edu

The purpose of this study was to explore prevalence and predictors of current and
lifetime substance use, substance abuse disorder, and polysubstance use among older youth in foster care. Interviews were conducted with 406 17-year old youth (90% of those eligible) in one state's foster care system between December 2001 and June 2003. Forty-five percent of foster care youth reported using alcohol or illicit drugs within the last six months; 49% had tried drugs sometime during their lifetime and 35% met criteria for a substance use disorder. Having a diagnosis of Conduct Disorder and/or living in an independent living situation significantly increased the likelihood of current and lifetime substance use and disorder. A diagnosis of Post Traumatic Stress Disorder also predicted increased likelihood of polysubstance use and substance abuse disorder. In conclusion, older youth in the foster care system report similar levels of lifetime alcohol and illicit substance use when compared to the general adolescent population. However, rates of substance use disorder are high. Particularly at risk for both high rates of use and disorder are youth in independent living situations and youth with a diagnosis of Conduct Disorder or Post Traumatic Stress Disorder.

PMID: 17239547 [PubMed - indexed for MEDLINE]


Kenny LM, Bryant RA.
School of Psychology, University of New South Wales, Sydney, NSW, Australia.

This study investigated the relationship between memory vantage point and avoidance following trauma. Sixty trauma survivors with differing levels of avoidance were interviewed about the vantage point of their memory for trauma, a positive memory, and a neutral memory. Avoidant individuals were more likely to remember their trauma from an observer perspective than individuals with a lower level of avoidance. Avoidance did not influence vantage point for positive or neutral memories. These data support the proposal that adoption of the observer vantage point for trauma memories may serve an avoidant function for people affected by trauma.

PMID: 17097605 [PubMed - indexed for MEDLINE]


Williams AD, Moulds ML.
The University of New South Wales, Sydney, NSW 2052, Australia.

Although recent research demonstrates that intrusive memories represent an overlapping cognitive feature of depression and post-traumatic stress disorder (PTSD), there is still a general paucity of research investigating the prevalence and maintenance of intrusive memories in depression. The current study
investigated the association between a range of cognitive avoidant mechanisms that characterize PTSD samples (i.e., suppression, rumination, emotional detachment, and an observer vantage perspective) and intrusive memories of negative autobiographical events in relation to dysphoria. Hypotheses were based on the proposition that employment of these cognitive mechanisms would hinder the emotional processing of the negative event, thus contributing to the maintenance of intrusions. Results supported an association between negative intrusive memories, dysphoria, and avoidant mechanisms. Significant differences were also found between field and observer memories and measures of emotional detachment and rumination. Implications relating to intrusive memory maintenance and treatment approaches are discussed.

PMID: 17067549 [PubMed - indexed for MEDLINE]

Basal cortisol and DHEA levels in women with borderline personality disorder.

Jogems-Kosterman BJ, de Knijff DW, Kusters R, van Hoof JJ.
Institute of Mental Health Care, GGZ Oost Brabant, PO Box 632, 5340 AP Oss, The Netherlands. bjm.jogems@ggzoostbrabant.nl

Previous research suggests that in borderline personality disorder (BPD) normal stress regulation, with a main role for cortisol, is disturbed. However, most studies were confounded by their lack of attention to co-morbidity. Relevant patient characteristics such as depression, childhood abuse, posttraumatic stress disorder (PTSD) and coping styles were not systematically examined. Moreover, none of the studies incorporated dehydroepiandrosterone (DHEA), a hormone that can antagonize the effects of cortisol. Hence, the present pilot study investigates the basic levels of cortisol and DHEA and the ratio (CDR) between the two hormones in BPD patients. Twenty-two women with BPD and 22 healthy female controls provided two diurnal (8 a.m./8 p.m.) salivary samples. Overall cortisol levels were not significantly increased in the patient group as a whole but only in those patients diagnosed with co-morbid PTSD and a history of childhood abuse. The patients' cortisol secretions decreased relatively less steep during the day than it did in the controls. Surprisingly, morning DHEA levels were significantly higher in the patients than in the controls. Moreover, the CDR showed a significantly larger and less favourable increase in the BPD group during the day. In the patients lower levels of DHEA in the evening proved significantly related to a stronger tendency to avoid active problem solving and a lowered inclination to seek social support. The current findings underline the relevance of cortisol and DHEA assessments and the need for further scrutiny of their interplay to foster our understanding of the biological basis of stress regulation in BPD.

PMID: 17028025 [PubMed - indexed for MEDLINE]

Lee YL, Santacroce SJ.
School of Nursing, College of Medicine, National Taiwan University, 1, Jen-Ai Road, Section 1, Taipei 10063, Taiwan. yallee@ha.mc.ntu.edu.tw

BACKGROUND: Posttraumatic stress is one of many psychological late effects in young adult survivors of childhood cancer and needs to be explored thoroughly. OBJECTIVE: The purpose of this study was to examine the characteristics and correlates of posttraumatic stress symptoms in a sample of young adult survivors of childhood cancer. DESIGN: Cross-sectional and correlational descriptive design was used. Data was collected by a mailed survey. The University of California at Los Angeles Post Traumatic Stress Disorder Index (PTSDI) was the measure selected for the evaluation of posttraumatic stress. SETTING: The study took place in a medical center in the Eastern part of the United States. PARTICIPANTS: The inclusion criteria for participants were: (a) diagnosis of childhood cancer between birth and 19 years of age; (b) 3 or more years post successful completion of cancer treatment; (c) free of active cancer; (d) at least 19 years of age; and (e) able to read and write English. A total of 51.1% (N=46) of the potentially eligible survivors responded to the survey. The analysis was based on the data from 45 respondents who had a mean age of 27.4 years. RESULTS: The mean PTSDI score was 15.7 (SD=11.0, range=0-43). Thirteen percent (n=6) of participants had PTSDI scores that exceeded the cutoff point of 32, which is considered indicative of clinically significant posttraumatic stress disorder (PTSD). Participants who lived alone (t=-2.17, p=.035), had no health insurance (t=2.08, p=.044) and did not have a history of bone marrow transplantation (t=4.52, p=.000) reported significantly higher scores on PTSDI than others. The clinically significant PTSD group had a significantly higher rate of living alone than the non-PTSD group (p=.038). CONCLUSION: Cancer-related posttraumatic stress emerges in childhood cancer survivors in young adulthood. Health care providers should screen childhood cancer survivors for posttraumatic stress so that referrals can be made to provide survivors with further assistance.

PMID: 16989835 [PubMed - indexed for MEDLINE]

Psychosocial dimensions of cancer in adolescents and young adults.

Evan EE, Zeltzer LK.
Department of Pediatrics, David Geffen School of Medicine at the University of California, UCLA Jonsson Comprehensive Cancer Center, Los Angeles, California, USA. eevan@mednet.ucla.edu

Psychosocial research examining the impact of cancer on adolescents and young adults has focused mostly on domains relating to family, psychological/emotional...
impact and social effects. An overview of the evidence-based literature available in each of these domains is presented to highlight the trends and provide a basis for clinical application. A review of the research literature was conducted to summarize what is known regarding the psychosocial dimensions of cancer in adolescents and young adults. Key elements critical to the psychosocial adaptation of the adolescents and young adults with cancer, as well as later effects of the cancer experience, are discussed in terms of clinical implications. A case example is utilized to demonstrate the application of what has been investigated empirically in regard to psychosocial dimensions of cancer in young adults and adolescents. Studies have identified various psychosocial challenges that adolescents and young adults experience when faced with cancer. Further research, incorporating the effects of treatment stage and developmental level of the patient on specific psychosocial dimensions of the cancer experience, is needed. Evidence-based information regarding the influence and interaction of family, psychological and emotional state, and social status of adolescents and young adults with cancer can aid clinicians when developing psychosocial assessment and treatment approaches for these patients. (c) 2006 American Cancer Society.

PMID: 16921479 [PubMed - indexed for MEDLINE]

The acceptability and preference for the psychological treatment of PTSD.

Tarrier N, Liversidge T, Gregg L.
Academic Division of Clinical Psychology, School of Psychological Sciences, University of Manchester, UK. nicholas.tarrier@manchester.ac.uk

The acceptability and preference of psychological treatments is important in understanding patient treatment seeking, choice, engagement and attrition and possibly treatment response in health care. The acceptability of, and preference for, 14 different types of psychological treatment for posttraumatic stress disorder (PTSD) were investigated in a student population through invitation to participate in a web-based survey. Respondents were asked to rate each treatment on 10 scales and to rank the treatments in order of preference. Respondents were also asked whether they would seek treatment themselves, recommend treatment to friends and family, feel stigmatised by suffering from PTSD, had any prior knowledge of the treatments and if this had been positive or negative and whether they had a history of psychological problems or treatment. A total of 330 respondents completed the survey. A past or current history of psychological problems and treatment was surprisingly high. Almost all respondents indicated that they would seek or recommend treatment in spite of high levels of stigmatisation. Factor analysis of the 10 scales indicated two factors: Endorsement and Discomfort. Rank ordering on preference and Endorsement scores was highly consistent. The highly preferred and endorsed treatments involved cognitive therapy, exposure or psycho-education in spite of high levels of discomfort anticipated with exposure. Treatments involving new technologies, EMDR
and psychodynamic psychotherapy received the lowest Endorsement and preference. There was a modest influence of prior knowledge of a treatment.

PMID: 16460671 [PubMed - indexed for MEDLINE]