

POST TRAUMATIC STRESS DISORDER NOVEMBER – DECEMBER 2019

A current awareness update service from Library and Knowledge Services. If you know anyone who could benefit from receiving this please ask them to sign up by emailing

Patrick.Glaister@elht.nhs.uk or library.blackburn@elht.nhs.uk

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We hope this bulletin is useful. We are keen to promote our services at your team meetings/huddles. If you feel that this would be useful, then please contact me to arrange a brief induction to how we can support you in education and training, researching for information, literature support, critical appraisal skills, free article requests, social media training (learn to Tweet!) and much more.

Kind regards

Abbas

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The spectral fingerprint of sleep problems in post-traumatic stress disorder

Source: Sleep

[Follow this link to read the full text](#)

Author: De Boer et al.

Date: 8th November 2019

Publication type: Journal Article

Description: Sleep problems are a core feature of post-traumatic stress disorder (PTSD). The aim of this study was to find a robust objective measure for the sleep disturbance in patients having PTSD. This is the first study to show pronounced changes in EEG spectral topologies during both NREM and REM sleep in PTSD. Importantly, the observed power changes reflect the hallmarks of PTSD sleep problems: insomnia

and nightmares and may thus be specific for PTSD. A spectral index derived from these data distinguishes patients from controls with high effect size, bearing promise as a candidate biomarker.

If you would like to request full text of this article email library.blackburn@elht.nhs.uk

Implementation of a Standardized Screening Protocol to Improve Post-traumatic Stress Disorder Surveillance in First Responders

Source: Journal of Occupational and Environmental Medicine, Vol 21, Issue 12

[Follow this link to read the abstract](#)

Author: Robertson, E.

Date: November 2019

Publication type: Journal Article

Description: The purpose of this quality improvement project was to implement a standardized screening protocol to identify post-traumatic stress disorder (PTSD) in first responders during employment physicals in a primary care setting. A pre-/post-intervention project design was used, utilizing the PTSD Checklist for the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (PCL-5) screening tool. Outcome measures included screening completion, positive screening rate, and referral rate. A total of 331 first responders presented for employment physicals. In the post-intervention cohort, 96% (152/158) of first responders were screened. From pre- to post-intervention, first responders who screened positive increased from less than 1% (1/173) to 4.6% (7/152). Of those screening positive, a total of five of seven (71%) patients were referred for mental health evaluation. A standardized screening protocol using a validated self-assessment tool improved PTSD surveillance in first responders and triggered referral.

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Twelve years later: The long-term mental health consequences of Hurricane Katrina

Source: Social Science and Medicine, Vol 242

[Follow this link to read the abstract](#)

Author: Raker, E. and Waters, M.

Date: November 2019

Publication type: Journal Article

Description: In August 2005, Hurricane Katrina caused unprecedented damage, widespread population displacement, and exposed Gulf Coast residents to traumatic events. The hurricane's adverse impact on survivors' mental health was apparent shortly after the storm and persisted, but no study has examined the long-term effects now that more than a decade has transpired. Using new data from a panel study of low-income mothers interviewed once before Hurricane Katrina and now three times after, we document

changes in mental health, and estimate the sociodemographic and hurricane-related factors associated with long-term trajectories of mental health. We find that post-traumatic stress symptoms (PTSS) declined at each of the three post-Katrina follow-ups, but 12 years after the hurricane, one in six still had symptoms indicative of probable post-traumatic stress disorder. The rate of non-specific psychological distress (PD) remained consistently higher in all three follow-ups, compared to the pre-disaster period. In full covariate-adjusted models, no sociodemographic variables predicted long-run combinations of PTSS and PD. However, 12 years later, exposure to hurricane-related traumatic events and pre-disaster PD significantly predicted co-occurring PTSS and PD. Hurricane-related housing damage predicted PTSS in earlier follow-ups, but no longer predicted PTSS in the long-term. Furthermore, hurricane-related traumatic events significantly differentiated the risk of having persistent PTSS, relative to recovering from PTSS. The results suggest that there is still a non-negligible group of survivors with continued need for recovery resources and that exposure to traumatic events is a primary predictor of adverse mental health more than a decade post-disaster.

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Service provider perspectives on treating adolescents with co-occurring PTSD and substance use: challenges and rewards

Source: Advances in Dual Diagnosis

[Follow this link to read the abstract](#)

Author: Barret, E et al

Date: November 2019

Publication type: Journal Article

Description Post-traumatic stress disorder (PTSD) and substance use disorder (SUD) frequently co-occur (PTSD+SUD). The onset of these disorders often occurs during adolescence. There is limited understanding of the perspectives of service providers working with this population. The purpose of this paper is to identify the practices, attitudes, experiences and training needs of Australian service providers treating adolescents with PTSD+SUD.

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Post-traumatic stress disorder and subthreshold post-traumatic stress disorder in recent male asylum seekers: An expected but overlooked “European” epidemic

Source: Stress and Health

[Follow this link to read the abstract](#)

Author: Sacchetti, E. et al.

Date: November 2019

Publication type: Journal Article

Description:

The literature shows an increased risk for post-traumatic stress disorder (PTSD) among illegal migrants. We aimed to estimate the prevalence of PTSD, subthreshold PTSD, the degree of disability, and differences in sociodemographic and anamnestic characteristics associated with these clinical conditions in a sample of newly arrived migrants. Two hundred male asylum seekers from West sub-Saharan Africa were evaluated for traumatic life events, PTSD symptoms, and disability through the Life Events Checklist for DSM-5 (LEC-5), the Primary Care PTSD Screen, the PTSD Checklist for DSM-5, and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). The current prevalence of PTSD and subthreshold PTSD was 9.5% and 12.0%, respectively. PTSD and subthreshold PTSD subgroups presented higher WHODAS 2.0 scores and LEC-5 events, an over-representation of individuals with childhood adversities and an excess of premigration psychiatric contacts unrelated to PTSD spectrum disorders and peri-migration offences. Witnessing a traumatic event and disability in understanding and communication predicted both the presence of PTSD symptoms and PTSD status. PTSD spectrum disorders should be considered among the clinical emergencies associated with asylum seeker condition, and targeted interventions also involving the host citizens should be predisposed.

If you would like to request full text of this article email library.blackburn@elht.nhs.uk

Post-traumatic Stress Disorder Following Acute Delirium

Source: Journal of Clinical Psychology in Medical Settings

[Follow this link to read the abstract](#)

Author: Bolton, C. et al

Date: December 2019

Publication type: Journal Article

Delirium is a significant medical condition that is common in hospitalized patients. Beyond the increased risk of mortality, patients who experience an episode of delirium often go on to develop long-term psychiatric disturbance, including symptoms of post-traumatic stress disorder (PTSD). While there is a growing interest in understanding the complex relationship between delirium and PTSD, the existing literature is sparse and lacking harmony. Thus, this review seeks to develop a unified and thorough

description of the cognitive and psychiatric underpinnings of post-delirium PTSD with the aims of promoting awareness of this condition amongst clinicians in medical settings, improving patient care, and sparking further research on this topic. While specific underlying mechanisms are yet unclear, PTSD was found to be associated with delirium in that delirious patients may have decreased factual recall of hospital events and increased hallucinations/delusions of a traumatic nature. Several potential interventions were identified, as well as suggestions for future research and clinical practice

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Gaming and PTSD: I'm more relaxed and happy online

Source: BBC News

[Follow this link to read the article](#)

Author: Cashmore, A.

Date: November 2019

Publication type: News Article

A woman with post-traumatic stress disorder (PTSD) says playing video games has helped her manage her condition for more than a decade. Jennie Manley, 34, from Swansea, was introduced to gaming by her now-husband, when she was 19. She said: "Even when I wasn't playing, during everyday life, it felt easier." Experts said more research was needed on the therapeutic value of gaming, but there was "scope" for it to help mental health problems. Ms Manley, a mother-of-two, had tried to kill herself a couple of times: "I was extremely low, my anxiety was through the roof and I was very depressed." But she said her anxiety and depression "seemed to ease off a bit while I was playing".

If you would like to request full text of this article email library.blackburn@elht.nhs.uk

Improving mental health and physiological stress responses in mothers following traumatic childbirth and in their infants: study protocol for the Swiss TrAumatic biRth Trial (START)

Source: BMJ Open

[Follow this link to read the article](#)

Author: Sandoz, V et al

Date: December 2019

Publication type: Study Protocol

Introduction: Emergency caesarean section (ECS) qualifies as a psychological trauma, which may result in postnatal post-traumatic stress disorder (PTSD). Maternal PTSD may not only have a significant negative impact on mother-infant interactions, but also on long-term infant development. The partner's mental health may also affect infant development. Evidence-based early interventions to prevent the development of postpartum PTSD in mothers are lacking. Immediately after a traumatic event, memory formation is vulnerable to interference. There is accumulating evidence that a brief behavioural intervention including a visuospatial task may result in a reduction in intrusive memories of the trauma. Methods and analysis: This study protocol describes a double-blind multicentre randomised controlled phase III trial testing an early brief maternal intervention including the computer game 'Tetris' on intrusive memories of the ECS trauma (≤ 1 week) and PTSD symptoms (6 weeks, primary outcome) of 144 women following an ECS. The intervention group will carry out a brief behavioural procedure including playing Tetris. The attention-placebo control group will complete a brief written activity log. Both simple cognitive tasks will be completed within the first 6 hours following traumatic childbirth. The intervention is delivered by midwives/nurses in the maternity unit. The primary outcome will be differences in the presence and severity of maternal PTSD symptoms between the intervention and the attention-placebo control group at 6 weeks post partum. Secondary outcomes will be physiological stress and psychological vulnerability, mother-infant interaction and infant developmental outcomes. Other outcomes will be psychological vulnerability and physiological regulation of the partner and their bonding with the infant, as well as the number of intrusive memories of the event.

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Pharmacological prevention and early treatment of post-traumatic stress disorder and acute stress disorder: a systematic review and meta-analysis

Source: Translational Psychiatry, Vol 9

[Follow this link to read the article](#)

Author: Wright, L.A. et al.

Date: December 2019

Publication type: Systematic Review

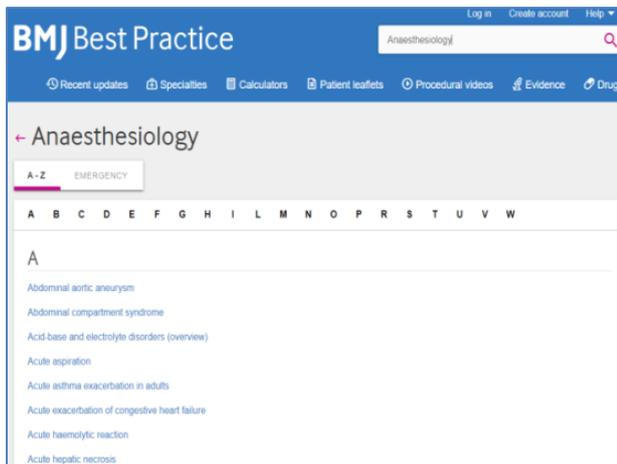
Post-traumatic stress disorder (PTSD) is a common mental disorder associated with significant distress and reduced functioning. Its occurrence after a severe traumatic event and association with characteristic neurobiological changes make PTSD a good candidate for pharmacological prevention and early treatment. The primary aim for this systematic review and meta-analysis was to assess whether pharmacological interventions when compared to placebo, or other pharmacological/psychosocial interventions resulted in a clinically significant reduction or prevention of symptoms, improved functioning or quality of life, presence of disorder, or adverse effects. A systematic search was undertaken to identify RCTs, which used early pharmacotherapy (within three months of a traumatic event) to prevent and treat PTSD and acute stress disorder (ASD) in children and adults. Using Cochrane Collaboration methodology, RCTs were identified and rated for risk of bias. Available data was pooled to calculate risk ratios (RR) for PTSD prevalence and standardised mean differences (SMD) for PTSD severity. 19 RCTs met the inclusion criteria; 16 studies with adult participants and three with children. The methodological quality of most trials was low. Only hydrocortisone in adults was found to be superior to placebo (3 studies, n = 88, RR: 0.21 (CI 0.05 to 0.89)) although this was in populations with severe physical illness, raising concerns about generalisability. No significant effects were found for the other pharmacotherapies investigated (propranolol, oxytocin, gabapentin, fish oil (1470 mg DHA/147 mg EPA), fish oil (224 mg DHA/22.4 mg EPA), dexamethasone, escitalopram, imipramine and chloral hydrate). Hydrocortisone shows the most promise, of pharmacotherapies subjected to RCTs, as an emerging intervention in the prevention of PTSD within three months after trauma and should be a target for further investigation. The limited evidence for hydrocortisone and its adverse effects mean it cannot be recommended for routine use, but, it could be considered as a preventative intervention for people with severe physical illness or injury, shortly after a traumatic event, as long as there are no contraindications. More research is needed using larger, high quality RCTs to establish the most efficacious use of hydrocortisone in different populations and optimal dosing, dosing window and route. There is currently a lack of evidence to suggest that other pharmacological agents are likely to be effective.

If you would like to request full text of this article email library.blackburn@elht.nhs.uk



For references where there is a link to the full text, you may need to use your NHS Athens username & password to access

<https://openathens.nice.org.uk/>



BMJ Best Practice is a decision-support tool published by the BMJ Group and is a single source of evidence based medicine, which combines the latest research evidence, guidelines and expert opinion – providing essential learning on prevention, diagnosis, treatment and prognosis. BMJ Best Practice is of use to all staff - Doctors, Nurses and Midwives, HCAs, Patients, Volunteers, Admin. The website also has a CME/CPD activity tracking tool which logs your searches and active hours and allows users to create activity certificates to support revalidation and CME/CPD.



ELHT Library has subscribed to BMJ Learning for all staff and students @ ELHT. BMJ Learning provides continuing medical education that is high-quality, evidence-based and covers clinical topics, professional skills and career



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How to Book

- Go to <http://bit.ly/2obLR99>
- Choose your 30-minute slot
- Come to the Learning Centre Library, RBTH on your chosen time - we will provide tea, coffee and biscuits too!

If you cannot attend these sessions please contact [Abbas Bismillah](#), Head of Library and Knowledge Services (Ext. 84308) to arrange one for a more convenient time.

Reflective Reading Club

This is how the Reflective Reading Club works:

Individual Learning – 1.5 hours CPD

1. You let us know you are interested.
2. We send you a short journal article and a small checklist of points to consider when reading it. Make notes as you read the paper in your own time and this earns you one and a half hours CPD time!

Participatory Learning – 1.5 hours CPD

Our meetings takes just 1.5 hours

3. We meet for the club and discuss the article in a small group, reflecting on points whilst working our way through the checklist.
- Participate in both sessions will count for a total of 3 CPD hours!

Come and join our Reflective Reading Club which will provide attendees with 3 hours of valuable CPD! It will give healthcare staff the opportunity to read, discuss and to critically reflect upon a published paper using a set of guided questions. Participants are required to read a pre-set paper prior to attending the session.

<https://twitter.com/beckystanworth1/status/1178709749409419264?s=20>

Contact us at library.blackburn@elht.nhs.uk

01254 734312 or Ext. 84312

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Library and Knowledge Services Team

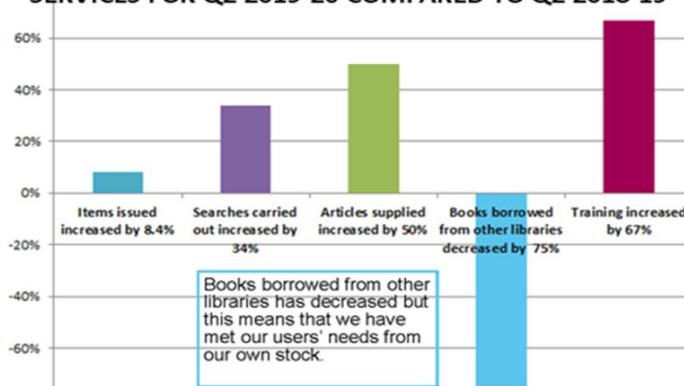
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Judith Aquino	E-Resources Librarian
Sarah Glover	Library Services Officer
Charlotte Holden	Library Services Officer
Lauren Kay	Library Services Officer

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Please visit our website for more information



PERFORMANCE FOR ELHT LIBRARY AND KNOWLEDGE SERVICES FOR Q2 2019-20 COMPARED TO Q2 2018-19



Performance Indicators – In Q2, we have increased delivery on many of our training programmes. This includes literature searches and our social media training. To ensure that these programmes are of benefit to the learner, we have implemented a range of tools to measure the quality and the impact of what we do. For example, our learners tell us that ***our library induction is the best induction that they have ever had at any Trust (FY2s)***. In

addition to this, our social media training questionnaire has received very favourable comments, including ***“the training received has been brilliant and I can’t wait to use this to promote all the things that we do”***.

Education @ELHT is produced every two months and it highlights all the wonderful work that the department does. Our **Library Guide** highlights all the services that we offer. Click on the Bulletin or Guide and find out more about how we can support you, whether you are staff, student, or volunteers.



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