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.

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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
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.

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Post-traumatic Stress Disorder Following Acute Delirium

Source: Journal of Clinical Psychology in Medical Settings

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”.

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**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
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.
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.

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