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Treatment

Disparities, not differences, in PTSD care for some Veterans

Veterans from ethnic and racial minority groups are less likely than White Veterans to receive an adequate amount of PTSD treatment. Why differences occur is not known—whether they reflect disparities or what the Institute of Medicine describes as “admissible” differences such as needs and preferences. New findings suggest that differences in PTSD treatment for Black and Latino Veterans are disparities. Investigators at the National Center for PTSD and Center for Chronic Disease Outcomes Research conducted a prospective study of 6,788 Veterans who received a new diagnosis of PTSD between 2004-2009, using survey data and VA administrative data from the 6 months following diagnosis. The investigators defined sufficient retention during follow-up as 8 sessions for psychotherapy and 4 or more 30-day refills for pharmacotherapy. Only 8% of Veterans had sufficient psycho-

therapy and only 18% had sufficient pharmacotherapy. Racial and ethnic groups differed on demographic and clinical variables, need, beliefs about treatment, access, and treatment facility characteristics. According to analyses that adjusted for these factors, racial and ethnic groups did not differ in psychotherapy retention. However, the adjusted analyses found that pharmacotherapy retention was lower for Black than White Veterans. There was a similar pattern for Latino Veterans, although the difference from White Veterans was eliminated when treatment beliefs were added to the model. Further investigation is needed to understand why the Black-White disparity exists and how to address it. One take-away message is that clinicians should address negative beliefs about treatment. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43163.pdf>

Spoont, M. R., Nelson, D. B., Murdoch, M., Sayer, N. A., Nugent, S., Rector, T., & Westermeyer, J. (2014). Are there racial/ethnic disparities in VA PTSD treatment retention? *Depression and Anxiety*. Advance online publication. PILOTS ID: 43163

Special Notices

Journal issue on CAM for Servicemembers

Articles in the December 2014 supplement of *Medical Care* cover complementary and alternative medicine (CAM) in Veterans and Servicemembers, as well as VA providers' attitudes and implementation of CAM. The issue also features clinical trials of meditation and acupuncture for PTSD, including the Engel et al., 2014 study presented in this *CTU-Online*. Read the free issue at <http://journals.lww.com/lww-medicalcare/toc/2014/12001>

Taylor, S. L., & Elwy, A. R. (Eds.). (2014). Building the evidence base for complementary and integrative medicine use among veterans and military personnel [Special Issue]. *Medical Care*, 52 (Suppl 5).

Review of women Veterans' mental health

A new systematic review by VA investigators from the VISN 6 MIRECC and VA Mental Health Services suggests certain disorders are more prevalent and have differential outcomes among female versus male Veterans. The investigators also identify gender-specific barriers to care and gaps in the literature. Read the review... <http://dx.doi.org/10.1016/j.whi.2014.06.012>

Runnals, J. J., Garovoy, N., McCutcheon, S. J., Robbins, A. T., Mann-Wrobel, M. C., Elliot, A., . . . Strauss, J. L. (2014). Systematic review of women veterans' mental health. *Women's Health Issues*, 24, 485-502. PILOTS ID: 43162

PE and CPT are not the most common types of psychotherapy in VA clinics

To evaluate the success of VA's nationwide rollout of evidence-based psychotherapy, several studies have examined the number of Veterans receiving Cognitive Processing Therapy and Prolonged Exposure. Recently, investigators at the San Antonio VA and the National Center for PTSD took a new approach to measuring the use of CPT and PE within VA—examining the amount of time VA providers spend delivering these treatments. A total of 128 providers from VA PTSD clinics across the nation completed an online survey asking how often they use CPT and PE. Most providers reported using both PE and CPT in a typical week. On average, providers delivered 4.5 hours of PE, 3.9 hours of individual CPT, and 1.2 hours of group CPT each week. Comparatively more time, 13.4 hours per week, was devoted to delivering other types therapy for PTSD. Providers perceived CPT and PE as more effective than these other therapies—so why aren't they spending more time delivering CPT and PE? The study suggests that targeting provider attitudes and clinic characteristics may help increase utilization of evidence-based psychotherapy for PTSD. For example, perceived effectiveness of PE and CPT was linked with greater use of these treatments, whereas the perception that the clinic was understaffed was linked with greater use of other therapies. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43147.pdf>

Finley, E. P., Garcia, H. A., Ketchum, N. S., McGeary, D. D., McGeary, C. A., Stirman, S. W., & Peterson, A. L. (2014). Utilization of evidence-based psychotherapies in Veterans Affairs post-traumatic stress disorder outpatient clinics. *Psychological Services*. Advance online publication. PILOTS ID: 43147

Acupuncture as an adjunct treatment for PTSD among active duty soldiers

The [VA/DoD PTSD Practice Guideline](#) notes that acupuncture may be helpful for PTSD, based on Hollifield et al.'s 2007 randomized trial showing acupuncture was superior to waitlist and comparable to group CBT for PTSD in a non-Veteran sample. A study led by investigators from Walter Reed Army Medical Center and the Uniformed Services University of the Health Sciences examined if acupuncture adds to the effectiveness of usual PTSD care among Servicemembers. Study participants were 55 active duty personnel with PTSD recruited from primary care clinics or self- and clinician referrals. Participants were randomized to 4 weeks of usual PTSD care or usual PTSD care plus acupuncture delivered in 60-min sessions twice per week. Study retention was high (78%). Self-reported and clinician-assessed PTSD decreased more following the combined treatment than usual care alone, with very large effects that were maintained through the 12-week follow-up; depression, pain, and functioning also improved more in the combined treatment group. The results suggest acupuncture is feasible and associated with promising benefits. However, the investigators did not assess the exact nature of usual PTSD care

and, as was the case for the Hollifield et al. study, there was no sham-acupuncture condition to control for possible nonspecific effects of the acupuncture group. Whether acupuncture works as well as or adds to the effect of evidence-based PTSD treatment remains to be investigated. Read the article... <http://dx.doi.org/10.1097/MLR.0000000000000237>

Engel, C. C., Cordova, E. H., Benedek, D. M., Liu, X., Gore, K. L., Goertz, C., . . . Ursano, R. J. (2014). Randomized effectiveness trial of a brief course of acupuncture for posttraumatic stress disorder. *Medical Care*, 52, S57-S64. PILOTS ID: 43160

Hyperbaric oxygen is not effective for treating mTBI or PTSD

Hyperbaric Oxygen Therapy (HBOT) has been suggested as an effective strategy for treating mild TBI as well as PTSD, based on positive findings that have been reported in uncontrolled studies. A new randomized controlled trial of HBOT that was led by the Uniformed Services University of the Health Sciences serves as a reminder of how important controlled experimentation is for determining a treatment's effectiveness. HBOT is a treatment that delivers oxygen to a patient in a special chamber that has higher than standard atmospheric pressure, measured in atmospheres absolute (ATA). In the study, the investigators randomized 72 Servicemembers with persistent post-concussive symptoms for at least 4 months after a mTBI (average = 18-26 months) to receive 40 one-hour sessions of either HBOT delivered at 1.5 ATA, sham chamber exposure to room air at 1.2 ATA, or no chamber treatment. HBOT and sham treatment lasted 10 weeks and all participants received usual care. Two-thirds of participants also had PTSD. On the primary outcome, the Rivermead Post-Concussion Symptoms Questionnaire, and on other measures of neurocognitive symptoms, PTSD, and other symptoms, results showed that both the HBOT and sham groups improved whereas the usual care only group did not. The sham group did particularly well on some measures, even relative to the HBOT group. These findings have immediate implications for the use of HBOT in clinical care, suggesting that this intensive and expensive therapy is not an answer for treating mTBI or PTSD in Veterans or Servicemembers. Read the article... <http://dx.doi.org/10.1001/jamainternmed.2014.5479>

Miller, R. S., Weaver, L. K., Bahraini, N., Churchill, S., Price, R. C., Skiba, V., . . . Brenner, L. A. (2014). Effects of hyperbaric oxygen on symptoms and quality of life among service members with persistent postconcussion symptoms: A randomized clinical trial. *JAMA Internal Medicine*. Advance online publication. PILOTS ID: 43055

Novel approaches for PTSD in primary care

Veterans are increasingly able to access mental health services in primary care because of VA's Primary Care Mental Health Integration initiative, but there is limited evidence about how to best target PTSD in primary care patients. Three VA studies offer helpful information about new strategies for delivering PTSD treatment in primary care.

Findings from the Telemedicine Outreach for PTSD study suggest that collaborative care interventions may help get rural Veterans connected to evidence-based psychotherapy for PTSD. Participants ($N = 265$) were recruited from VA Community Based Outpatient Clinics and randomized to either usual care or a telemedicine collaborative care intervention (TOP). In the TOP condition, clinic providers got support from an off-site PTSD care team that could, for example, make recommendations about medications or offer Cognitive Processing Therapy via videoteleconferencing. Over the next 12 months, usual care and TOP participants did not differ in medication use. However, TOP participants were much more likely to receive CPT (OR = 18.1). They also experienced greater PTSD improvement, but the effect was mediated by increased likelihood of receiving CPT. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43084.pdf>

A separate study indicates that the Patient Aligned Care Team (PACT) model, which places the Veteran at the center of a treatment team that works together to make care decisions, can effectively optimize service use among Veterans with PTSD. Investigators at the VA Puget Sound reviewed the records of Veterans diagnosed with PTSD in either the pre-PACT period of 2009-2010 ($n = 461,980$) or the PACT period of 2011 to 2012 ($n = 575,579$). PACT Veterans had comparatively more primary care visits, suggesting that PACT may improve access to primary care. PACT Veterans also had fewer hospitalizations and fewer specialty medical care visits, which tend to be more costly than primary care visits. Interestingly, both groups had a similar number of mental health visits; PACT may have more of impact on the use of medical than mental health care. Read the article... <http://dx.doi.org/10.1111/jhq.12092>

Finally, a study by investigators from the VA Ann Arbor shows promising findings for the combination of computer-based interventions and peer support in primary care. Veterans with depression ($N = 19$) received an 8-module computer-based CBT intervention called *Beating the Blues*. Participants were also contacted weekly by a Veteran peer for support. Twelve of the 19 participants (63%) completed the full program. This is similar to completion rates from earlier *Beating the Blues* studies involving support from mental health professionals. Eight weeks after starting treatment, participants' depression and anxiety improved, but Veterans seen in primary care mental health clinics showed more improvement than Veterans from outpatient clinics, possibly because they started with less severe symptoms. Although the intervention targeted depression, this strategy could also be relevant for PTSD. Read the article... <http://dx.doi.org/10.1016/j.chb.2013.10.012>

Fortney, J. C., Pyne, J. M., Kimbrell, T. A., Hudson, T. J., Robinson, D. E., Schneider, R., . . . Schnurr, P. P. (2014). Telemedicine-based collaborative care for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*. Advance online publication. PILOTS ID: 43084

Randall, I., Mohr, D. C., & Maynard, C. (2014). VHA Patient-Centered Medical Home associated with lower rate of hospitalizations and specialty care among veterans with posttraumatic stress disorder. *Journal for Healthcare Quality*. Advance online publication. PILOTS ID: 43161

Nelson, C. B., Abraham, K. M., Walters, H., Pfeiffer, P. N., & Valenstein, M. (2014). Integration of peer support and computer-based CBT for veterans with depression. *Computers in Human Behavior*, 31, 57-64. PILOTS ID: 41800

Suicide

Identifying soldiers at high risk for suicide

Evidence suggests that actuarial methods that synthesize multiple risk factors can help identify individuals with an elevated risk of suicide. Investigators from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) report on one such computer-generated risk algorithm based on a sample known to have a high risk of suicide: soldiers recently discharged from inpatient psychiatric care. The study used administrative data from 40,820 soldiers who had had at least one inpatient psychiatric admission between 2004 and 2009. In the 12 months following discharge from the hospital, 68 of the soldiers died by suicide. Investigators created a suicide risk algorithm based on 421 variables representing potential factors for suicide. A total of 18 variables predicted elevated odds of suicide in multivariate analyses, including being male (OR = 7.9) and a history of nonviolent weapons offense in the past 2 years (OR = 5.6). With respect to disorders diagnosed during the current hospitalization, hearing loss was the strongest predictor (OR = 6.0), followed by somatoform or dissociative disorder, nonaffective psychosis, and suicidal ideation. Although a PTSD diagnosis during the current hospitalization was associated with higher suicide risk in bivariate analyses, PTSD was associated with lower odds in the multivariate model (OR = 0.40). The final algorithm, if validated in a study planned using data from 2010-2014, could enhance suicide prevention efforts targeted at military personnel. Read the article... <http://dx.doi.org/10.1001/jamapsychiatry.2014.1754>

Kessler, R. C., Warner, C. H., Ivany, C., Petukhova, M. V., Rose, S., Bromet, E. J., . . . Ursano, R. J. (2014). Predicting suicides after psychiatric hospitalization in US Army soldiers: The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *JAMA Psychiatry*. Advance online publication. PILOTS ID: 43086

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