Assess PTSD-Related Impairment and Symptoms

BY DAMIAN McNAMARA

ATLANTA — Personal injury from a rocket attack, sleep difficulties, alcohol use, and nontraumatic major events in the past year significantly predicted functional impairment associated with symptoms of posttraumatic stress disorder in a large study of Israeli civilians exposed to pervasive war and terrorism.

Researchers surveyed 1,001 Israeli residents via telephone during the summer of 2008. A total of 500 respondents who lived close to the town of Sderot near the Gaza Strip and along the northern border of Gaza, an area subjected to frequent rocket attacks over several years, composed a higher-exposure group. Their reports of posttraumatic stress disorder (PTSD) symptoms and impairment were compared with those of 501 respondents who lived in lower-exposure regions of the country.

PTSD severity was similar between groups, but the level of symptom-related impairment was higher in those living in areas struck by rocket attacks.

A large proportion of people interviewed were distressed but did not necessarily meet the full criteria for PTSD, Katie J. Horsey, said in an interview at her poster during the annual meeting of the International Society for Trauma Stress Studies. "Only about 5.5% met full DSM-IV criteria for PTSD, but 29% reported impairment by those symptoms," she said, adding that this subclinical impairment after exposure to pervasive trauma suggests reliance on a full PTSD diagnosis may be insufficient to identify those most in need of intervention.

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MS. HORSEY

The findings in the current study support previous findings that even people with subthreshold symptoms might significantly suffer from PTSD (Behav. Ther. 2009;40:39-49; J. Nerv. Ment. Dis. 2007;195:48-53). Psychosocial resource loss—defined as a loss of hope, of closeness to family, of a sense that one is of value to others, and of feelings of control over one's life—was "very significantly" associated with impairment, according to logistic regression analysis. People who reported a slight degree of loss were more than twice as likely to be impaired (odds ratio, 2.53), for example, and risk increased with a higher degree of loss (OR, 4.59), compared with those with no such loss.

"It may be that people who have more resources are better able to cope with their PTSD," Ms. Horsey said.

In addition, poor or fair health quality and sleep difficulty each significantly predicted greater risk for functional impairment (OR, 1.71 and 1.73, respectively). "When you are not sleeping well, you cannot cope as well," said Ms. Horsey, a doctoral student in the Clinical Psychology Program at Kent State University in Akron, Ohio.

Respondents who reported injury to themselves or a close other were at higher risk for impairment (OR, 2.8), compared with those who reported no such injuries (OR, 1.0).

It might be worthwhile to assess PTSD-related impairment—and not just symptoms—even in populations with a low level of symptoms, Ms. Horsey said. Some respondents reporting a high level of symptoms, including some who met all three DSM-IV clusters, did not report impairment. In contrast, some could not function well at a low level of symptoms.

All of the telephone interviews were conducted in Hebrew. The interviewers used the PTSD Symptom Scale–Self-Report Version, a measure previously validated in Hebrew-speaking populations. Impairment was based on a single question about whether posttraumatic symptoms interfered with functioning.

The researchers may explore more specifics, including which symptoms of PTSD are most associated with functional impairment and which areas of life are most impaired by exposure to trauma.

Ms. Horsey had no relevant disclosures. The study was supported by a National Institutes of Health grant. ■

Are Lupus, Depression Linked To Atherosclerosis in Women?

BY MITCHEL L. ZOLER

PHILADELPHIA — Patients with systemic lupus erythematosus who are also diagnosed with depression were nearly four times more likely to have subclinical atherosclerosis than were lupus patients without depression in a cross-sectional study with 161 women with lupus.

"Depression may be a component of the 'lupus factor' that increases risk for cardiovascular disease," Carol M. Greco, Ph.D., said at the annual meeting of the American College of Rheumatology. "Depressive symptoms may add to the inflammatory burden" of systemic lupus erythematosus, said Dr. Greco, a clinical psychologist at the lupus center of the University of Pittsburgh.

Finding evidence of a role for depression in causing atherosclerosis in patients with SLE is important because depression is a modifiable risk factor that can be targeted for intervention, she added. Her group's next step is to follow these interactions in a longitudinal clinical study.

To examine correlates of preclinical atherosclerosis in women with SLE, Dr. Greco and her associates studied 161 lupus patients with no history of a cardiovascular event. The women had enrolled in the HEARTS (Heart Effects on Atherosclerosis and Risk of Thrombosis in SLE) study at the University of Pittsburgh. At their baseline examination in 2001-2005, their average age was 50 years; 88% were white. Their average waist:hip ratio (a measure of adiposity) was 0.85, 55% were hypertensive, and 36% had a history of smoking. Their average duration of SLE was 16 years, with an average SLE disease activity index of 2.0. Two-thirds of the women received steroid treatment, and among these patients the median duration on a steroid was 10 years.

The researchers assessed depression with the 20-item CES-D (Centers for Epidemiologic Study–Depression) scale. In Dr. Greco's analysis, patients who scored 16 or higher on the CES-D were diagnosed with depression, and among the 161 patients in the study 27% met this criterion.

Depression might be relatively common among patients with SLE as a manifestation of central nervous system involvement of the disease, or because medications used to treat SLE may contribute to mood symptoms, Dr. Greco said.

The researchers diagnosed atherosclerosis by two measures: coronary artery calcium detected by electron beam CT, and carotid artery plaque visualized with ultrasound. Patients with either a coronary artery calcium Agatston score greater than zero or a carotid plaque index score of at least 1, or both, were considered to have atherosclerosis. In the study, 63% of the patients met this standard for having atherosclerosis.

Depression was among the strongest factors. Lupus patients with a CES-D score of 16 or higher had a significant and independent 3.85-fold greater risk for atherosclerosis, compared with patients without depression. ■

Trazodone Shows Efficacy in Adults With Primary Insomnia

BY BRUCE JANCIN

ISTANBUL, TURKEY — The antidepressant trazodone showed objective polysomnographic evidence of efficacy for primary insomnia in a small double-blind, randomized trial.

This is the first objective evidence of a sleep-promoting effect for trazodone (Desyrel) in patients with primary insomnia—that is, unaccompanied by depression or anxiety, Dr. Louise M. Paterson told the annual congress of the European College of Neuropsychopharmacology.

It's an important observation, because trazodone is widely prescribed for this purpose despite the previous absence of supporting data. The drug is said to be the second most often prescribed for primary insomnia in the United States (J. Clin. Psychiatry 2005;66:469-76), though this is an off-label use for an agent licensed as an antidepressant, noted Dr. Paterson of the University of Bristol (England).

There is still an unmet clinical need for sleep-promoting agents that address poor sleep quality and treat middle insomnia—awakening in the middle of the night and difficulty falling back asleep—without causing dependence. The polysomnographic study suggests trazodone might have value toward that end.

Dr. Paterson reported on 12 adults, average age 43 years, with primary chronic insomnia of more than 1 year's duration. All had baseline normal-range anxiety and depression scores. None were on psychotropic or hypnotic medication. They were randomized double blind to 1 night of 100 mg of trazodone or placebo 2 hours before their usual bedtime, after which they underwent home polysomnography. At least 1 week later, they crossed over to the other study arm.

The 433-minute mean total sleep time on trazodone represented a 38-minute increase over placebo. The mean 129 minutes spent in slow wave sleep during the trazodone night was 33 minutes longer than with placebo. Time spent awake after sleep onset decreased from 77 minutes on placebo to 57 minutes on trazodone.

Trazodone also significantly reduced the number of awakenings while decreasing spindle density, with no change in REM sleep, overall sleep efficiency, or sleep onset, compared with placebo.

Results on the Leeds Sleep Evaluation Questionnaire and the St. Mary's Hospital Sleep Questionnaire showed significant improvements in subjective sleep factors (quality, satisfaction), compared with placebo. Yet there was no difference between trazodone and placebo in terms of "awakening from sleep" or "behavior following awake," indicating the drug was not associated with a significant morning hangover effect, said Dr. Paterson.

There were 11 adverse events associated with the single dose of trazodone, compared with 3 with placebo. In patients on trazodone, two complained of dizziness; one had a fall; and one each reported clumsiness, nausea, attentional disturbance, or "feeling abnormal." No one had any such complaints while on placebo.

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