

# PTSD Rates Higher in Relatives Than in Veterans

BY DAMIAN McNAMARA

ATLANTA — Significant others and family members experience posttraumatic stress disorder at rates that exceed those of military service members of current and previous wars, according to a study.

Using the most conservative estimates on the Psychopathology Checklist, 56 of 273 partners, parents, siblings, and other family members studied had PTSD, Brenda Nash, Ph.D., said in an interview at her poster during the annual meeting of the International Society for Traumatic Stress Studies.

This 21% rate is more than three times the reported 6%

PTSD prevalence among Afghanistan veterans and well above the 13% rate reported for Iraq War veterans (U.S. Army Med. Dept. J. 2008;July-September:7-17). The prevalence is also more than twice the 9.4% estimate for the general adult population (J. Traum. Stress 2003;16:495-502).

"I'm surprised at the degree of the finding," Dr. Nash said. "We never expected it would be twice as high."

A lack of recognition and services to address their mental health symptoms may explain this higher rate of PTSD, compared with military personnel, Dr. Nash said. "My hypothesis is that rates are so much higher

because ... we prepare our troops before they leave but we don't prepare [their] families."

Military training facilities and VA and community health centers should screen and treat significant others and family members for PTSD, added Dr. Nash, of Spalding University, Lexington, Ky.

Family members of deployed military personnel "typically don't have support, and they do all the work at home," Dr. Nash said. Also, they may feel guilty about their symptoms, compared with what their family member might be experiencing, she added.

Lead author Rebecca K. Stahl, Dr. Nash, and their colleagues re-

cruited participants through Yahoo and MSN forums for significant others of military service members. The participants completed a stressor-specific PTSD checklist and provided demographic information through an online survey.

They ranked degree of 17 possible PTSD symptoms on a scale from 1 (not at all) to 5 (extremely). Sleep issues, concentration, isolation, irritability/anger, and feeling upset at being reminded of the military service member's trauma were cited most often. "They see images [of the war] on TV," Dr. Nash said.

People were diagnosed with PTSD if they had a total checklist score of 50 or more, com-

bined with moderate or higher endorsement of certain DSM-IV TR symptoms: at least one reexperiencing symptom, three avoidance symptoms, and two hyperarousal symptoms. With this dual definition, 55 (20%) of significant others were diagnosed with PTSD.

The study cohort included significant others of service members deployed to Iraq, Afghanistan, Vietnam, Korea, and World War II.

Further investigation of PTSD in significant others is warranted, Dr. Nash said. If the findings are replicated, it would lend credence to inclusion of a vicarious trauma diagnosis in the DSM-5, Dr. Nash said. ■

## PTSD Predicts Increased Risk Of Suicidality in Veterans

BY DAMIAN McNAMARA

ATLANTA — Assessment of suicidality might be warranted when treating recent combat veterans with posttraumatic stress disorder, according to a study.

PTSD, major depressive disorder (MDD), and a history of one or more suicide attempts each independently predicted increased risk of suicidality among 393 veterans of Opera-

tion Enduring Freedom or Operation Iraqi Freedom after their return to the United States.

Of note, PTSD predicted increased risk for suicidality even in the absence of well-known psychiatric comorbidity risk factors, Vito S. Guerra, Ph.D., said at the annual meeting of the International Society for Trauma Stress Studies.

"For someone with PTSD, even without alcohol use disorder or major depressive disorder, [there are] data that they are at risk for self-harm," Dr. Guerra said in an interview at his poster.

Previous research showed a significantly increased risk for suicidality among veterans of the Vietnam War with PTSD (Mil. Med. 2007;172:1144-7). To assess the risks in more recent combat veterans, Dr. Guerra and his colleagues studied 322 men and 71 women deployed to Afghanistan or Iraq. Mean age of participants was 38 years.

Psychiatric diagnoses and suicidality were assessed using the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I); the Beck Depression Inventory-Second Edition; the Davidson Trauma Scale; the Combat Exposure Scale; and the Beck Scale for Suicide

Ideation (BSS)/Scale for Suicide Ideation-Adapted (SSI-A).

A total of 143 (36%) veterans met SCID-I criteria for PTSD. The emotional numbing cluster of PTSD symptoms, measured on the Davidson Trauma Scale, was independently associated with suicidality within this subgroup (adjusted odds ratio 3.8).

Suicidality was defined as a combined score of three or more

on the BSS and SSI-A measures, said Dr. Guerra, a postdoctoral psychology fellow at the VA Mid-Atlantic Mental Illness Research, Education and Clinical Center in Durham, N.C.

Major depression and alcohol use disorder (AUD) were less common than PTSD: 88 (22%) of veterans met MDD criteria and 17 (4%) met AUD criteria.

The researchers also looked at comorbidity: 66 (17%) participants met criteria for both PTSD and MDD and 11 (3%) veterans were comorbid with PTSD and AUD. However, presence of either comorbidity did not significantly elevate the risk for suicidality, compared with PTSD alone, Dr. Guerra said.

In contrast, there are data suggesting that people dually diagnosed with PTSD and MDD might be at greater risk of engaging in suicidal acts than persons diagnosed with MDD only, Dr. Guerra said (Am. J. Psychiatry 2005;162:560-6; Am. J. Psychiatry 2001;158:1467-73).

The cognitive-affective cluster of depressive symptoms, such as persistent depressed mood or excessive/inappropriate guilt, was positively associated with increased suicidality among PTSD-diagnosed participants. ■

## PTSD, Reflux Still Affecting World Trade Center Workers

BY SHERRY BOSCHERT

SAN DIEGO — Workers who responded to the scene and cleaned up after the Sept. 11, 2001, attack on New York's World Trade Center continued to have high rates of gastroesophageal reflux disease and mental health disorders 4-6 years later, a study of 697 patients has shown.

The findings suggest that mental health disorders may play an important role in the development and persistence of gastroesophageal reflux disease (GERD) after a highly stressful and toxic exposure such as the environs of the World Trade Center attack, Dr. Yvette Lam said at the annual meeting of the American College of Gastroenterology.

A multidisciplinary approach to care that includes treatment of mental health disorders may be needed to resolve GERD symptoms, suggested Dr. Lam of the State University of New York, Stony Brook.

Among the 697 patients studied, 55% had responded to the disaster scene on Sept. 11, and 97% had responded by the end of that month. The patients worked at the site for an average of 4 months. More time spent at the site correlated with a higher prevalence of GERD and posttraumatic stress disorder (PTSD).

The workers encountered toxic conditions: 63% were exposed to blood or bodily fluids, 80% to human remains, and 99.5% to dust. There was no association between the type of exposure and the prevalence of GERD.

The cohort was nearly all male (92%) and ranged in age from 34 to 50 years.

Data on these patients, seen between July 2005 and September 2006, were compared with data from the general population, serving as a control group in this retrospective study. The preva-

lence of GERD was 41% in the World Trade Center workers and 20% in the control group. PTSD was seen in 28% of the workers and 4% of the control group. Major depressive disorders affected 31% of the workers and 7% of the control group, and anxiety was diagnosed in 46% of the workers and 3% of the control group.

In addition, the 41% of workers who had GERD were significantly more likely than workers without GERD to have PTSD (21% vs. 7%), major depression (22% vs. 9%), and anxiety (30% vs. 16%), Dr. Lam and her associates reported.

Among 413 of the workers who came in for a follow-up visit 19-31 months after the first visit, those who had GERD at the second visit were significantly more likely than those without GERD to have PTSD (21% vs. 10%) and depression (33% vs. 12%).

Patients with more mental health disorders had a higher risk for GERD. The analysis showed that the prevalence of GERD increased to 72% among the patients with four mental health disorders.

More than 40,000 police, fire fighters, contract workers, and volunteers participated in the massive rescue and cleanup efforts at Ground Zero, recovering human remains and cleaning up debris over a 9-month period. A previous study of conditions in the World Trade Center workers found a 58% prevalence of GERD, among other disorders (Int. Arch. Occup. Environ. Health 2008;81:479-85).

In another previous study, people with anxiety disorders were three times more likely to have GERD, and people with depression were twice as likely to have GERD, compared with those without those mental health diagnoses (Aliment. Pharmacol. Ther. 2007;26:683-91). ■