

Watch for Vascular, Other Risks in PTSD Patients

BY KATE JOHNSON

FROM THE ANNUAL MEETING OF THE INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

MONTREAL – The physical burden of psychological trauma remains largely underrecognized from both a public health and clinical perspective, a panel of experts explained at the meeting. The interplay of mental and physical health should be a central consideration in prevention and treatment programs, they said.

“I think we are just beginning to peel apart the onion” of the extent to which physical illness and mental illness are comorbid, said Dr. Sandro Galea, a physician and epidemiologist affiliated with the school of public health at Columbia University, New York. Mental illness “is a key component in the onset, progression, and severity of a full range of physical illnesses, which, if factored in properly, would illustrate a dramatically greater burden of mental illness than we have currently accepted,” he said.

In several ongoing studies across a wide variety of populations, Dr. Galea and his colleagues have documented “an extraordinary relationship” between posttraumatic stress disorder (PTSD) and health disorders such as vascular problems, respiratory and lung problems (in-

cluding chronic obstructive pulmonary disease, tuberculosis, and emphysema), and other major illnesses such as arthritis, cancer, and diabetes, he reported.

“With few exceptions, it is pretty consistent across the board” that there is a clear association of physical health, functioning, and disability according to the presence or absence of current or life-



‘We are just beginning to peel apart the onion’ of the extent to which physical and mental illnesses are comorbid.

DR. GALEA

time PTSD, he said. For example, the Detroit Neighborhood Health Study shows evidence of epigenetic and immune system dysfunction among individuals with depression and/or PTSD, compared with unaffected individuals (Proc. Natl. Acad. Sci. 2010;10720:9470-5).

“As providers, we need to be aware of this association and should think about screening for trauma in many of our patients, particularly those with chronic illness,” said Dr. Beth E. Cohen of the University of California, San Francisco, and

an internal medicine specialist at the San Francisco VA Medical Center. “There’s a lot of data showing [that] people do not actually get diagnosed and treated for things like PTSD for years or even decades after they start to experience these symptoms. If we were able to treat people more aggressively up front, perhaps we could prevent a lot of this.”

As coinvestigator on the Heart and Soul Study, Dr. Cohen and her colleagues have documented an increased rate of cardiovascular disease (CVD) events among heart disease patients with a history of psychological trauma vs. those without (Arch. Gen. Psychiatry 2010;67:750-8). Over a mean of 6 years’ follow-up, there was a 44% rate of CVD events in subjects in the highest quartile of psychological trauma, compared with 36% among those in the lowest quartile, she said.

“Psychological trauma was common in this cohort of patients with heart disease,” she said. In addition, greater lifetime trauma was prospectively associated with an increased risk of cardiac events, independent of psychiatric comorbidities, health behaviors, and conventional cardiac risk factors, she added.

“Cumulative psychological trauma is a very real risk factor for cardiac disease, and patients do not have to either develop a psychiatric disorder or engage in a

negative health behavior for this cardiac risk to emerge,” Dr. Cohen said.

Dr. Cohen and Dr. Galea noted the importance of communication between mental and medical health care providers.

Psychiatrists should know that the psychological trauma they treat is “part of a much greater constellation of symptoms,” Dr. Galea said in an interview. “One of the big challenges of medicine is that we are trained in silos. The rheumatologist doesn’t think about PTSD, and the psychiatrist doesn’t think about arthritis. We need to be profoundly aware that mental illness does not exist in isolation and, in fact, is linked to an inextricable part of physical function. We need to make sure that the physicians in charge of the physical symptoms realize the centrality of mental illness in that presentation.”

Conversely, mental health practitioners need to be aware of their patients’ increased risk for physical illness, Dr. Cohen said. “We need to think of efforts to reduce cardiac risk in patients with psychological trauma, but given that this doesn’t seem to be driven simply by things like cholesterol or blood pressure, we really need to think outside the box,” she said in an interview.

Neither Dr. Cohen nor Dr. Galea reported any conflicts of interest. ■

Sleep Problems, PTSD, Obesity ‘Related, but to What Degree?’

BY KATE JOHNSON

FROM THE ANNUAL MEETING OF THE INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

MONTREAL – Sleep problems are common among individuals exposed to terrorist attacks, and new evidence suggests that sleep deficits are contributing to obesity in this traumatized population, researchers reported at the meeting.

Disturbed sleep and traumatic nightmares are hallmarks of posttraumatic stress disorder (PTSD), said Brian Hall, a doctoral candidate at Kent (Ohio) State University and a clinical psychology intern at the Medical University of South Carolina, Charleston. “Sleep is a treatment-refractory target in PTSD. In folks who respond well to treatments for PTSD, sleep problems tend to be a residual issue.”

In a study of 501 Israeli Jews living along the Gaza strip, Mr. Hall and his colleagues found that 47% had had at least one direct terrorist exposure involving the death of a relative, personal injury, injury of a relative or close friend, or witnessing a rocket or terrorist attack with injuries or fatalities.

PTSD was present in 5.5% of this highly exposed cohort, and depression in an additional 3.8%. Clinical sleep disturbance, assessed using the 18-item Pittsburgh Sleep Quality Index (PSQI), was present in 37.4% of the cohort, but reached 82% among those identified with PTSD, and 79% among those who were depressed. Overweight, assessed by body mass index, was present in 45% of the entire cohort,

with 11% of the overweight group meeting criteria for obesity, he said at the meeting, cosponsored by Boston University.

Statistical analysis showed that although there was no direct effect of PTSD on BMI, sleep mediated this effect.

In a separate analysis of the same data, Stevan Hobfoll, Ph.D., of Rush University Medical Center, Chicago, reported that females were more prone than were males to sleep problems (odds ratio, 1.45), as were individuals aged 50-64 years (OR, 2.07) and those older than age 65 years (OR, 4.45). Sleep problems can worsen PTSD symptoms and might exacerbate health problems such as cardiovascular disease, stroke, and diabetes, Mr. Hall said in an interview. “Interventions targeting sleep problems are important in PTSD.”

Asked to comment on the findings, Jeffrey Knight, Ph.D., raised questions about them. “These things are all related, but to what degree and in what order? What do you do with the person in front of you?” said Dr. Knight, a clinical neuropsychologist at the National Center for PTSD, VA Boston Healthcare System, and Boston University. “What you have is a ball of symptoms traveling together as a unit – it’s like a soccer ball – and at any particular time it rolls over and you see certain facets, but the other parts are still operative. Sleep is a piece of the protocol, but whether it’s driven by anxiety or depression or nightmares, you need to address it differently.”

None of the presenters reported having conflicts of interest. ■

Sleepiness Linked to Poor Heart Medicine Adherence

BY BRUCE JANCIN

FROM THE ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES

SAN ANTONIO — Poor medication adherence is significantly more common in heart failure patients who have excessive daytime sleepiness, a study shows.

The implication of this finding is that interventions aimed at improving excessive daytime sleepiness may pay dividends in terms of better medication adherence. This would be particularly advantageous in a condition such as heart failure, in which patients take numerous drugs that are important in controlling the neuroendocrine response to the disease, Barbara Riegel, D.N.Sc., observed.

She presented a study of a convenience sample of 278 adult outpatients with chronic stage C heart failure who participated in structured in-home interviews by trained research assistants who assessed medication adherence during the previous month.

Participants were also evaluated for excessive daytime sleepiness according to the Epworth Sleepiness Scale. Excessive day-

time sleepiness (defined as an Epworth score of 6 or greater) was present in 56.5% of patients. Among the subset of heart failure patients with excessive daytime sleepiness who had undergone testing in a sleep laboratory, the majority was found to have sleep-disordered breathing, with an apnea-hypopnea index of at least 15 events per hour, reported Dr. Riegel of the University of Pennsylvania School of Nursing, Philadelphia.

The most problematic medication adherence issue for the study participants was forgetting to take their medications on schedule. In all, 56% of heart failure patients with excessive daytime sleepiness reported often taking their medications more than 2 hours late, compared with 38% of nonsleepy subjects. In addition, 10% of subjects with excessive daytime sleepiness reported skipping consecutive medication doses, compared with 3% of nonsleepy patients.

This study was funded by the National Heart, Lung, and Blood Institute. Dr. Riegel reported having no financial conflicts. ■