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--* SEP 30, 1998 TIME 141537 *

--END << ENTER NEXT COMMAND >> END --
@rsq@

POST TRAUMATIC STRESS DISORDER
?60PTSD
*TRAUMA
*STRESS (PSYCHOLOGY)
*STRESS (PHYSIOLOGY)
*MENTAL DISORDERS
AND
VIETNAM
(ALL)
END

--END << ENTER NEXT COMMAND >> END --

#939

-- 1 OF 19

-- 1 - AD NUMBER: M000834
-- 5 - CORPORATE AUTHOR: HENRY M JACKSON FOUNDATION ROCKVILLE MD
-- 6 - UNCLASSIFIED TITLE: WDMET NUMERIC AND DESCRIPTIVE DATA USER
-- INTERFACE DEVELOPMENT PROJECT CD-ROM)
--11 - REPORT DATE: 29 JUN 1998
--12 - PAGINATION: 1 MEDIA COST: \$ 30.00 PRICE CODE: RA
--23 - DESCRIPTORS: *DATA BASES, *MAN COMPUTER INTERFACE, *TRAUMA,
-- *WOUNDS AND INJURIES, *COMBAT FORCES, INFORMATION RETRIEVAL, ACCESS,
-- SEARCHING, FORMATS, VIETNAM, CASUALTIES, READ ONLY MEMORIES,
-- COMPUTER FILES, COMPACT DISKS, COMPUTER PROGRAM DOCUMENTATION.
--25 - IDENTIFIERS: TRAUMABASE PROJECT, *COMBAT TRAUMA, WDMET(WOUND
-- DATA AND MUNITIONS EFFECTIVENESS TEAM), MULTIMEDIA(CD-ROM)
--27 - ABSTRACT: FILE CHARACTERISTICS: SOFTWARE AND DATABASE. PHYSICAL
-- DESCRIPTION: 1 CD-ROM DISC; COL. SYSTEM REQUIREMENTS: WORDPERFECT;
-- BITMAP IMAGES; PLAYTIME 74 MINUTES; 600MB. THE TRAUMABASE PROJECT
-- ENDING IN 1990 ATTEMPTED TO DEVELOP A HYPERTEXT STYLE INTERFACE TO
-- ACCESS THE UNIQUE MULTIMEDIA WDMET DATA SET ON COMBAT TRAUMA. DATA
-- WERE REENTERED AND A VISUAL INTERFACE WAS COMPLETED. THERE WERE NO
-- LINKS TO MULTIMEDIA AS ORIGINALLY ENVISIONED AND THE BROWSER LACKED
-- GOOD SEARCH CAPABILITIES. THE TRAUMABASE DATA SET CURRENTLY EXIST
-- IN A MACINTOSH BASED 4TH DIMENSION DATABASE, A SET OF ASCII
-- DELIMITED TEXT FILES, AND IN PC BASED PARADOX TABLES. THE CURRENT

-- PROJECT ASSESSED THE BEST APPROACH FOR IMPROVING ACCESSIBILITY
-- WHILE PRESERVING AVAILABILITY OF THE DATA IN THE FUTURE.

-- 2 OF 19

-- 1 - AD NUMBER: B117743
-- 5 - CORPORATE AUTHOR: DEFENCE RESEARCH INFORMATION CENTRE GLASGOW
-- (SCOTLAND)
-- 6 - UNCLASSIFIED TITLE: LEADERSHIP MASTERING OF BATTLE REACTIONS
-- (LEDELSE. MESTRING AV STRIDSREAKSJONER),
--10 - PERSONAL AUTHORS: LONNUM, A.; MALM, O. J.
--11 - REPORT DATE: OCT 1987
--12 - PAGINATION: 73P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *ARMY TRAINING, *STRESS(PSYCHOLOGY), BATTLES,
-- DISASTERS, DOCUMENTS, GLOBAL, KOREA, LEADERSHIP, MORALE, NORWAY,
-- PEACETIME, PHYSIOLOGY, STUDENTS, VIETNAM, WARFARE, PSYCHOLOGICAL
-- WARFARE.
--27 - ABSTRACT: INTENDED FOR USE AS A READING TEXT AT NORWEGIAN ARMY
-- OFFICER TRAINING SCHOOLS, THIS BOOKLET AIMS TO MAKE STUDENTS AWARE
-- OF STRAINS ENCOUNTERED IN BATTLE SITUATIONS, TO MAKE THEM FAMILIAR
-- WITH COMMON BATTLE REACTIONS, AND TO MAKE REACTIONS RECOGNISABLE IN
-- BOTH THEMSELVES AND OTHERS. THE TEST IS BASED ON LITERATURE ON
-- OBSERVED BATTLE REACTIONS DURING THE FIRST AND SECOND WORLD WARS,
-- AND CONFLICTS IN VIETNAM AND KOREA AS WELL AS NORWEGIAN STUDIES OF

-- PSYCHOLOGICAL AND PHYSIOLOGICAL REACTIONS TO PEACETIME AND WAR
-- DISASTER SITUATIONS. PREVENTION AND TREATMENT OF BATTLE REACTIONS
-- IS DISCUSSED IN SOME DETAIL. KEYWORDS: STRESS(PSYCHOLOGY);
-- DISASTERS; WARFARE; ARMY TRAINING; MORALE; LEADERSHIP.

-- 3 OF 19

-- 1 - AD NUMBER: A348846
-- 5 - CORPORATE AUTHOR: VA CONNECTICUT HEALTH CARE SYSTEM WEST HAVEN CT

-- 6 - UNCLASSIFIED TITLE: PSYCHOLOGICAL AND NEUROBIOLOGICAL
-- CONSEQUENCES OF THE GULF WAR EXPERIENCE.
--10 - PERSONAL AUTHORS: SOUTHWICK, STEVEN
--11 - REPORT DATE: JUL 1997
--12 - PAGINATION: 26P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *STRESS (PHYSIOLOGY), *VETERANS (MILITARY PERSONNEL)
-- , *TRAUMA, *PERSIAN GULF WAR, MILITARY OPERATIONS, FUNCTIONS,
-- VOLUME, WARFARE, IRAQ, THEATER LEVEL OPERATIONS, COMMUNITIES, SIGNS
-- AND SYMPTOMS, ORDER DISORDER TRANSFORMATIONS, MEMORY DEVICES, CROSS
-- SECTIONS, DIAGNOSIS (GENERAL), SURVIVAL (PERSONNEL), VIETNAM, NATURAL
-- HISTORY, HIPPOCAMPUS, CRIMES, ACCIDENTS, NATURAL DISASTERS.
--25 - IDENTIFIERS: PTSD (POST TRAUMATIC STRESS DISORDER)
--27 - ABSTRACT: THE FOLLOWING GRANT APPLICATION IS COMPOSED OF TWO
-- PARTS: THE FIRST PART IS A FOLLOW-ALONG DESCRIPTIVE STUDY OF TRAUMA-
-- RELATED SYMPTOMATOLOGY IN VETERANS OF OPERATION DESERT STORM. THE

-- SECOND PART IS AN INVESTIGATION OF MEMORY FUNCTION AND HIPPOCAMPAL
-- VOLUME IN VETERANS OF OPERATION DESERT STORM WHO MEET CRITERIA FOR
-- POST-TRAUMATIC STRESS DISORDER (PTSD). ALTHOUGH PTSD IS A COMMON
-- DISORDER, RELATIVELY LITTLE IS KNOWN ABOUT ITS NATURAL HISTORY.
-- CROSS SECTIONAL DESCRIPTIVE STUDIES HAVE MADE IT CLEAR THAT STRESS-
-- RELATED SYMPTOMS ARE OFTEN PROBLEMATIC EVEN DECADES AFTER A
-- CATASTROPHIC EVENT. FOR EXAMPLE, IN A LARGE COMMUNITY SAMPLE OF
-- VIETNAM THEATER VETERANS NEARLY TWENTY YEARS AFTER THE WAR, KULKA
-- ET AL (1) FOUND THAT 15% MET DIAGNOSTIC CRITERIA FOR PTSD AND
-- ANOTHER 15% FOR PARTIAL PTSD. CHRONIC TRAUMA-RELATED SYMPTOMATOLOGY
-- ALSO HAS BEEN REPORTED IN SURVIVORS OF THE HOLOCAUST (2-4), NATURAL
-- DISASTERS (5,6), ACCIDENTS (7,8), AND VIOLENT CRIME (9,10). WHILE
-- CROSS-SECTIONAL STUDIES ARE HIGHLY INFORMATIVE, THEY ARE NOT
-- DESIGNED TO INVESTIGATE THE NATURAL COURSE OF A DISORDER. SIMILARLY,
-- RETROSPECTIVE APPROACHES ARE SUBJECT TO THE PROBLEM OF INACCURATE
-- RECALL. PROSPECTIVE STUDIES, ON THE OTHER HAND, ARE IDEAL FOR
-- COLLECTING DETAILED INFORMATION ABOUT THE EVOLUTION AND COURSE OF
-- PSYCHIATRIC SYMPTOMS AND SYNDROMES.

-- 4 OF 19
-- 1 - AD NUMBER: A306962
-- 5 - CORPORATE AUTHOR: NAVAL WAR COLL NEWPORT RI
-- 6 - UNCLASSIFIED TITLE: CAPTIVITY AND CULTURE: INSIGHTS FROM THE

-- DESERT STORM PRISONER OF WAR EXPERIENCE.
--10 - PERSONAL AUTHORS: ANDERSON, MARY A.
--11 - REPORT DATE: MAR 1996
--12 - PAGINATION: 66P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *STRESS (PSYCHOLOGY), *PRISONERS OF WAR,
-- *BRAINWASHING, MILITARY OPERATIONS, MILITARY HISTORY, INTERNATIONAL
-- POLITICS, SURVIVABILITY, SURVEYS, MILITARY TRAINING, EVASION,
-- CULTURE, VIETNAM, PRISONS.
--25 - IDENTIFIERS: DESERT STORM OPERATION, ESCAPE, WORLD WAR 1,
-- WORLD WAR 2, WAR OF 1812, KOREAN WAR, CODE OF CONDUCT,
-- SERE (SURVIVAL EVASION RESISTANCE ESCAPE)
--27 - ABSTRACT: A STUDY WAS PERFORMED FOR THE PURPOSE OF UTILIZING THE
-- HARD WON INSIGHTS OF THE DESERT STORM POWS TO ENHANCE TRAINING
-- PROGRAMS WHICH PROMOTE HONORABLE SURVIVAL AS A PRISONER OF WAR. THE
-- PAPER BEGINS WITH A BRIEF HISTORICAL OVERVIEW OF ENCOUNTERS OF
-- AMERICAN PRISONERS OF WAR (POWS) WITH OPPOSING CULTURES. THE
-- HISTORY PROVIDES A BACKGROUND FOR THE ANALYSIS OF A SURVEY
-- COMPLETED BY THE DESERT STORM POWS WHICH ADDRESSES THE QUESTION, '

-- DOES KNOWLEDGE OF THE OPPOSING CULTURE IMPROVE ADAPTABILITY AND
-- SURVIVABILITY FOR A PRISONER OF WAR? THE 'CULTURE OF CAPTIVITY' IS
-- EXAMINED AND THE CHARACTERISTICS OF CAPTURE SHOCK AND LONG-TERM
-- CAPTIVITY ARE DISCUSSED. THE OBSERVATIONS AND OPINIONS OF AMERICANS
-- WHO WERE CAPTIVES IN IRAQ ARE THEN EXPLORED. OF THE TWENTY-ONE

-- DESERT STORM POWS, SEVENTEEN (81%) OFFERED THEIR OPINIONS ON THE
-- VALUE OF VARIOUS FORMS OF CULTURAL TRAINING AS WELL AS THE
-- USEFULNESS OF SURVIVAL TRAINING THAT THEY HAD RECEIVED PRIOR TO
-- CAPTIVITY. IN A CHAPTER DEVOTED TO CULTURAL TRAINING, THE LINKAGE
-- BETWEEN SURVIVAL, EVASION, RESISTANCE AND ESCAPE (SERE) TRAINING
-- AND CULTURAL TRAINING IS DISCUSSED. SUGGESTIONS ARE MADE FOR MAKING
-- CULTURAL TRAINING MORE WIDELY AVAILABLE IN A WAY THAT WOULD MAKE IT
-- RELEVANT, INTERESTING AND AFFORDABLE. THOUGH THE SMALL SIZE OF THE
-- DESERT STORM POW GROUP LIMITS THE SCOPE AND THE STRENGTH OF
-- CONCLUSIONS THAT CAN BE UNEQUIVOCALLY SUPPORTED BY THIS SURVEY
-- ANALYSIS, TWO IMPORTANT FINDINGS ARE HIGHLIGHTED. FIRST, KNOWLEDGE
-- OF THE CULTURE OF AN ENEMY APPEARS TO OFFER SURVIVAL BENEFITS FOR A
-- PRISONER OF WAR. THE DEGREE OF BENEFIT THAT CAN BE DERIVED FROM
-- CULTURAL KNOWLEDGE VARIES INVERSELY WITH THE INTENSITY OF THE
-- SITUATION THAT THE CAPTIVE IS EXPERIENCING. CULTURAL KNOWLEDGE I

-- 5 OF 19

-- 1 - AD NUMBER: A286979
-- 5 - CORPORATE AUTHOR: HENRY M JACKSON FOUNDATION ROCKVILLE MD
-- 6 - UNCLASSIFIED TITLE: WDMET NUMERIC AND DESCRIPTIVE DATA USER
-- INTERFACE DEVELOPMENT PROJECT.
--10 - PERSONAL AUTHORS: PRUETT, RICHARD K.
--11 - REPORT DATE: JUL 1996

--12 - PAGINATION: 102P MEDIA COST: \$ 11.00 PRICE CODE: AB
--23 - DESCRIPTORS: *DATA BASES, *MAN COMPUTER INTERFACE, *TRAUMA,
-- *WOUNDS AND INJURIES, *COMBAT FORCES, INFORMATION RETRIVAL, ACCESS,
-- SEARCHING, FORMATS, VIETNAM, CASUALTIES.
--25 - IDENTIFIERS: TRAUMABASE PROJECT, *COMBAT TRAUMA, WDMET(WOUND
-- DATA AND MUNITIONS EFFECTIVENESS TEAM)
--27 - ABSTRACT: THE TRAUMABASE PROJECT ENDING IN 1990 ATTEMPTED TO
-- DEVELOP A HYPERTEXT STYLE INTERFACE TO ACCESS THE UNIQUE MULTIMEDIA
-- WDMET DATA SET ON COMBAT TRAUMA. DATA WERE REENTERED AND A VISUAL
-- INTERFACE WAS COMPLETED. THERE WERE NO LINKS TO MULTIMEDIA AS
-- ORIGINALLY ENVISIONED AND THE BROWSER LACKED GOOD SEARCH
-- CAPABILITIES. THE TRAUMABASE DATA SET CURRENTLY EXIST IN A
-- MACINTOSH BASED 4TH DIMENSION DATABASE, A SET OF ASCII DELIMITED
-- TEXT FILES, AND IN PC BASED PARADOX TABLES. THE CURRENT PROJECT
-- ASSESSED THE BEST APPROACH FOR IMPROVING ACCESSIBILITY WHILE
-- PRESERVING AVAILABILITY OF THE DATA IN THE FUTURE. IT WAS DECIDED
-- THAT CURRENT DATA FORMATS WERE SUFFICIENT AND THAT THE BEST USE OF
-- PROJECT RESOURCES WOULD BE TO CONCENTRATE ON USER INTERFACE
-- DEVELOPMENT TO PRODUCE A USABLE BROWSER WITH GOOD QUERY
-- CAPABILITIES. SINCE THE STANDARD USUHS COMPUTER IS A PC COMPATIBLE
-- THEY ARE COMMON THROUGHOUT THE GOVERNMENT, A PC DEVELOPMENT
-- PLATFORM WAS CHOSEN. BORLAND DELPHI, A VISUAL INTERFACE DEVELOPMENT
-- PRODUCT TIGHTLY INTEGRATED WITH PARADOX WAS USED TO PRODUCE A WDMET

-- BROWSER VISUALLY SIMILAR TO THE ORIGINAL FORMS, WITH COMPLETE QUERY
-- CAPABILITIES USING THE EXISTING PARADOX TABLES.

-- 6 OF 19

-- 1 - AD NUMBER: A254266
-- 5 - CORPORATE AUTHOR: AIR FORCE INST OF TECH WRIGHT-PATTERSON AFB OH
-- 6 - UNCLASSIFIED TITLE: SPIRITUALITY AND TIME PERSPECTIVES IN
-- VIETNAM COMBAT VETERANS WITH AND WITHOUT POST TRAUMATIC STRESS
-- DISORDER: A COMPARATIVE STUDY.
--10 - PERSONAL AUTHORS: WEST, ELEANOR T.
--11 - REPORT DATE: 1992
--12 - PAGINATION: 95P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *TIME, *VIETNAM, *TRAUMA, POPULATION,
-- QUESTIONNAIRES, VARIABLES, WARFARE, THESES, STRESS (PSYCHOLOGY),
-- STRESS (PHYSIOLOGY).
--25 - IDENTIFIERS: *SPIRITUALITY, *PERSPECTIVES, *COMBAT VETERANS,
-- *PTSD (POST TRAUMATIC STRESS DISORDER).
--27 - ABSTRACT: THE PURPOSE OF THIS STUDY WAS TO COMPARE SPIRITUALITY
-- AND SUBJECTIVE SENSE OF TIME PASSAGE BETWEEN VIETNAM COMBAT
-- VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS DISORDER (PTSD) AND
-- THOSE WITHOUT PTSD. ROGERS' PRINCIPLE OF HELICY PROVIDED A
-- THEORETICAL PERSPECTIVE FOR THE STUDY. THE ABRUPT INTERACTIVE
-- REPATTERNING THAT MAY OCCUR UNDER THE EXTREME CONDITIONS OF COMBAT

-- CAN BE TRANSLATED INTO COMPROMISED ABILITIES OF THE COMBAT VETERAN
-- TO ASSUME AN ACCEPTABLE LIFESTYLE ONCE HE IS OUT OF THE COMBAT
-- SITUATION. A POPULATION OF 32 VIETNAM COMBAT VETERANS ANSWERED
-- QUESTIONNAIRES REGARDING THEIR PERSPECTIVES ON SPIRITUALITY AND
-- SUBJECTIVE SENSE OF TIME. IT WAS HYPOTHESIZED THAT THESE VARIABLES
-- MAY DIFFER SIGNIFICANTLY AMONG VIETNAM COMBAT VETERANS WITH AND
-- WITHOUT PTSD. FINDINGS REVEALED A STATISTICALLY SIGNIFICANT
-- DIFFERENCE IN SENSE OF TIME IN VIETNAM COMBAT VETERANS WITH PTSD
-- COMPARED TO THOSE WITHOUT PTSD. THERE WAS, HOWEVER, NO SIGNIFICANT
-- DIFFERENCE IN SPIRITUAL PERSPECTIVE WHEN THESE SAME GROUPS WERE
-- COMPARED.

-- 7 OF 19

-- 1 - AD NUMBER: A208430
-- 5 - CORPORATE AUTHOR: ARMY RESEARCH INST OF ENVIRONMENTAL MEDICINE
-- NATICK MA
-- 6 - UNCLASSIFIED TITLE: POST-TRAUMATIC STRESS DISORDER AND THE
-- CANADIAN VIETNAM VETERAN,
--10 - PERSONAL AUTHORS: STRETCH, ROBERT H.
--11 - REPORT DATE: 30 MAR 1989
--12 - PAGINATION: 13P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *CANADA, *VETERANS (MILITARY PERSONNEL),
-- *STRESS (PSYCHOLOGY), *TRAUMA, COMPENSATION, DIAGNOSIS (MEDICINE),

-- GAIN, PSYCHIATRY, QUESTIONNAIRES, SECONDARY, SIGNS AND SYMPTOMS,
-- UNITED STATES GOVERNMENT, VIETNAM, WARFARE, STRESS (PHYSIOLOGY),
-- ADJUSTMENT (PSYCHOLOGY).
--25 - IDENTIFIERS: PE61102A, ASS15, *POST TRAUMATIC STRESS DISORDERS,
-- PTSD (POST TRAUMATIC STRESS DISORDER), CANADIAN VIETNAM VETERANS.
--27 - ABSTRACT: THE STUDY OF PTSD AMONG THESE CANADIAN VIETNAM VETERANS
-- IS IMPORTANT FOR SEVERAL REASONS. ONE IS THE NATURE OF THEIR
-- HOMECOMING AND SUBSEQUENT READJUSTMENT EXPERIENCES. WHILE MANY
-- AMERICANS RETURNED TO THE U.S. TO FACE HOSTILITY AND REJECTION FOR
-- THEIR ROLE IN THE WAR, CANADIANS ESSENTIALLY RETURNED HOME TO A
-- VOID. THEY FOUND NEITHER REJECTION NOR RECOGNITION. A SECOND REASON
-- WHY THE STUDY OF THESE CANADIAN VETERANS IS IMPORTANT CONCERNS THE
-- ISSUE OF SECONDARY GAIN. PRIOR TO THE INCLUSION OF PTSD AS A

-- DISTINCT PSYCHIATRIC DIAGNOSIS, VETERANS WHO COMPLAINED OF
-- PSYCHOLOGICAL READJUSTMENT PROBLEMS WERE OFTEN THOUGHT TO BE FAKING
-- SYMPTOMS IN ORDER TO GAIN COMPENSATION FROM THE VA. CANADIAN
-- VIETNAM VETERANS ARE NOT ELIGIBLE FOR BENEFITS FROM THE FEDERAL
-- VETERANS AFFAIRS DEPARTMENT IN CANADA BECAUSE THEY DID NOT SERVE AS
-- PART OF A CANADIAN GOVERNMENT SPONSORED EFFORT. THE STUDY OF
-- CANADIAN VIETNAM VETERANS CAN PROVIDE INSIGHT ON POST-COMBAT
-- FACTORS WHICH AFFECT THE COURSE OF RECOVERY FROM PTSD. ONE
-- OBJECTIVE OF THIS RESEARCH IS TO DETERMINE WHETHER BEING IGNORED BY
-- SOCIETY, IS MORE OR LESS DETRIMENTAL TO RECOVERY FROM PTSD THAN IS

-- RETURNING TO NEGATIVE AND/OR HOSTILE REACTIONS BY SOCIETY. TO THIS
-- END, THE PREVALENCE OF PTSD AMONG CANADIAN VIETNAM VETERANS IN THE
-- STUDY WILL BE COMPARED WITH THAT FOUND FOR AMERICAN VIETNAM
-- VETERANS USING THE SAME ASSESSMENT QUESTIONNAIRE. (AW)

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-- 8 OF 19
-- 1 - AD NUMBER: A204909
-- 5 - CORPORATE AUTHOR: UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES
-- BETHESDA MD
-- 6 - UNCLASSIFIED TITLE: THE VIETNAM VETERAN: MEMORY, SOCIAL CONTEXT,
-- AND METAPHOR.
--10 - PERSONAL AUTHORS: HOLLOWAY, HARRY C.; URSANO, ROBERT J.
--11 - REPORT DATE: MAY 1984
--12 - PAGINATION: 7P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *MEMORY(PSYCHOLOGY), *MENTAL DISORDERS,
-- *PSYCHOLOGICAL WARFARE, CASE STUDIES, CLINICAL MEDICINE, POPULATION,
-- PRISONERS OF WAR, PSYCHIATRY, PSYCHOLOGY, REPRINTS, SIGNS AND
-- SYMPTOMS, SOCIAL PSYCHOLOGY, STRESSES, VETERANS(MILITARY PERSONNEL),
-- VIETNAM, WARFARE, STRESS(PSYCHOLOGY), MILITARY PSYCHOLOGY, TRAUMA.
--25 - IDENTIFIERS: COMBAT STRESS, METAPHORS.
--27 - ABSTRACT: POST-TRAUMATIC STRESS DISORDER (PTSD) HAS BECOME A
-- SYNDROME OF PARTICULAR IMPORTANCE IN THE STUDY OF THE VIETNAM
-- VETERAN. THE SYMPTOMS OF THIS DISORDER HIGHLIGHT THE ROLE OF MEMORY

-- IN PSYCHIATRIC DISORDERS. IN THIS PAPER, CASE STUDIES ARE PRESENTED
-- TO ILLUSTRATE THE ACTIVE GENERATIVE ROLE OF MEMORY AND THE
-- IMPORTANCE OF THE ROLE OF SOCIAL CONTEXT AND METAPHOR IN
-- UNDERSTANDING MEMORY. THIS PERSPECTIVE HAS SIGNIFICANCE BOTH FOR
-- CLINICAL WORK WITH VIETNAM VETERAN AND FOR FUTURE RESEARCH ON THIS
-- POPULATION. KEYWORDS: COMBAT STRESS, STRESS(PSYCHOLOGY), VIETNAM,
-- VETERAN, PSYCHIATRY, PSYCHOLOGY, PRISONER OF WAR, POW, MEMORY,
-- SOCIAL PSYCHOLOGY, PSYCHOLOGICAL WARFARE, REPRINTS. (SDW)

--*****

-- 9 OF 19
-- 1 - AD NUMBER: A203921
-- 5 - CORPORATE AUTHOR: UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES
-- BETHESDA MD
-- 6 - UNCLASSIFIED TITLE: PSYCHIATRIC ILLNESS IN U.S. AIR FORCE VIET
-- NAM PRISONERS OF WAR: A FIVE-YEAR FOLLOW-UP.
--10 - PERSONAL AUTHORS: URSANO, ROBERT J.; BOYDSTUN, JAMES A.; WHEATLEY,
-- RICHARD D.
--11 - REPORT DATE: MAR 1981
--12 - PAGINATION: 7P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *ILLNESS, *PSYCHIATRY, *PSYCHOLOGICAL WARFARE,
-- *PRISONERS OF WAR, *STRESS(PSYCHOLOGY), AEROSPACE MEDICINE, AIR
-- FORCE, MEDICINE, POPULATION, PRISONERS, PSYCHOLOGY, REPRINTS,
-- STRESSES, VIETNAM.

--25 - IDENTIFIERS: COMBAT STRESS.
--27 - ABSTRACT: THE U.S. AIR FORCE PRISONERS OF WAR (POWS) EXPERIENCED
-- A PROFOUND DEGREE OF STRESS DURING THE VIET NAM WAR. THE
-- PSYCHIATRIC STATUS OF THIS POPULATION HAS BEEN MONITORED BY AN
-- ONGOING VOLUNTARY FOLLOW-UP PROGRAM FROM THE TIME OF REPATRIATION
-- THROUGH THE FOLLOWING FIVE YEARS. DATA INDICATE A SIGNIFICANT
-- DEGREE OF PSYCHIATRIC READJUSTMENT PROBLEMS, WHICH WERE GREATEST
-- AMONG POWS CAPTURED BEFORE 1969. THESE FINDINGS SUPPORT THE
-- ASSOCIATION OF AN UNUSUALLY STRESSFUL ENVIRONMENT WITH AN INCREASED
-- INCIDENCE OF PSYCHIATRIC ILLNESS. KEYWORDS: POST-TRAUMATIC STRESS
-- DISORDER; COMBAT STRESS; VIETNAM; PSYCHOLOGY; MEDICINE; AVIATION;
-- AEROSPACE MEDICINE; PSYCHOLOGICAL WARFARE; STRESS (PSYCHOLOGY),
-- REPRINT. (SDW)

-- 10 OF 19
-- 1 - AD NUMBER: A203881
-- 5 - CORPORATE AUTHOR: UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES
-- BETHESDA MD
-- 6 - UNCLASSIFIED TITLE: THE PRISONER OF WAR: STRESS, ILLNESS AND
-- RESILIENCY.
--10 - PERSONAL AUTHORS: URSANO, ROBERT J.; WHEATLEY, RICHARD D.; CARLSON,
-- ERIN H.; RAHE, ALTON J.
--11 - REPORT DATE: 1987

--12 - PAGINATION: 6P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *PRISONERS OF WAR, *STRESS (PSYCHOLOGY), *TRAUMA,
-- AEROSPACE MEDICINE, ELASTIC PROPERTIES, MEDICINE, ORDER DISORDER
-- TRANSFORMATIONS, PRISONERS, PSYCHOLOGICAL WARFARE, RESILIENCE,
-- VIETNAM, PSYCHIATRY, ILLNESS, RESILIENCE.
--27 - ABSTRACT: THE AUTHORS EXAMINE THE STRESS OF PRISONER OF WAR (POW)
-- CAPTIVITY USING THE DEBRIEFING REPORTS OF 324 USAF REPATRIATED POWS
-- FROM THE VIETNAM WAR. MALTREATMENT INFLICTED UPON THE POWS
-- CONTRIBUTED TO THE HIGH DEGREE OF STRESS THEY EXPERIENCED. THE
-- TYPES OF MALTREATMENTS, EXPLOITATIONS, AND OTHER STRESSORS ARE
-- IDENTIFIED AND QUANTIFIED IN ORDER TO AID IN THE UNDERSTANDING OF
-- THE PSYCHIATRIC CONSEQUENCES OF TRAUMA AND TERROR. SOME OF THOSE
-- CONSEQUENCES ARE DISCUSSED. KEYWORDS: POST TRAUMATIC STRESS
-- DISORDER; COMBAT STRESS; MEDICINE; AVIATION; AEROSPACE MEDICINE;
-- PSYCHOLOGICAL WARFARE; STRESS (PSYCHOLOGY). (SDW)

-- 11 OF 19
-- 1 - AD NUMBER: A203680
-- 5 - CORPORATE AUTHOR: UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES
-- BETHESDA MD
-- 6 - UNCLASSIFIED TITLE: TRAINING FOR THE PSYCHOLOGICAL AND
-- BEHAVIORAL EFFECTS OF THE CBW (CHEMICAL AND BIOLOGICAL WARFARE)
-- ENVIRONMENT: A CONFERENCE TO EXPLORE TRAINING FOR OPERATIONAL AND

-- MEDICAL PERSONNEL FOR COPING, ADAPTATION AND PERFORMANCE IN THE
-- HIGH STRESS ENVIRONMENT OF CHEMICAL AND BIOLOGICAL WARFARE HELD IN
-- AIRLIE, VIRGINIA ON 6 THROUGH 8 NOVEMBER 1987.

--10 - PERSONAL AUTHORS: URSANO, ROBERT J.
--11 - REPORT DATE: JUN 1988
--12 - PAGINATION: 299P MEDIA COST: \$ 11.00 PRICE CODE: AC
--23 - DESCRIPTORS: *BEHAVIOR, *MEDICAL PERSONNEL, *PSYCHOLOGICAL
-- WARFARE, *STRESS (PSYCHOLOGY), *MILITARY TRAINING, BIOLOGICAL

-- WARFARE, CASUALTIES, CHEMICAL AGENTS, CHEMICAL WARFARE, DEATH,
-- DEPARTMENT OF DEFENSE, ILLNESS, MASS, MENTAL ABILITY, NERVE AGENTS,
-- OPERATORS (PERSONNEL), PRISONERS OF WAR, PSYCHIATRY, PSYCHOLOGY,
-- SOCIAL PSYCHOLOGY, STRESSES, TRAUMA, VIETNAM, VIRGINIA, WARFARE.
--27 - ABSTRACT: THIS IS THE LAST OF SIX VOLUMES ADDRESSING
-- PSYCHOLOGICAL AND BEHAVIORAL STRESS IN THE CHEMICAL AND BIOLOGICAL
-- WARFARE (CBW) ENVIRONMENT. THIS VOLUME CONTAINS THE PROCEEDINGS OF
-- A CONFERENCE HELD IN AIRLIE, VIRGINIA ON TRAINING OPERATIONAL AND
-- MEDICAL PERSONNEL TO COPE WITH, ADAPT TO, AND PERFORM IN THE HIGH
-- STRESS ENVIRONMENT OF CHEMICAL AND BIOLOGICAL WARFARE. THE
-- CONFERENCE INCLUDED DISTINGUISHED MILITARY, ACADEMIC, AND CIVILIAN
-- INDIVIDUALS KNOWLEDGEABLE IN THE AREAS OF STRESS, CBW, TRAINING,
-- AND THE DEPARTMENT OF DEFENSE. MANY PARTICIPANTS IN THIS CONFERENCE
-- HAD BEEN MEMBERS OF THE FIRST CONFERENCE HELD ONE YEAR EARLIER
-- WHICH BROADLY ADDRESSED THE STRESSORS OF THE CBW ENVIRONMENT.

-- KEYWORDS: COMBAT STRESS, STRESS (PSYCHOLOGY), DEATH, DISASTER,
-- TRAUMA, NERVE AGENTS, VIETNAM, PRISONER OF WAR, CHEMICAL AGENTS,
-- CASUALTY, MASS CASUALTIES, PSYCHIATRY, MENTAL ILLNESS, ADAPTATION,
-- SOCIAL PSYCHOLOGY, PSYCHOLOGICAL WARFARE. (SDW)

-- 12 OF 19

-- 1 - AD NUMBER: A189689

-- 5 - CORPORATE AUTHOR: NAVAL HEALTH RESEARCH CENTER SAN DIEGO CA

-- 6 - UNCLASSIFIED TITLE: PSYCHIATRIC DISORDER AMONG U.S. MARINES
-- WOUNDED IN ACTION IN VIETNAM.

--10 - PERSONAL AUTHORS: PALINKAS, LAWRENCE A.; COBEN, PATRICIA

--11 - REPORT DATE: JUN 1986

--12 - PAGINATION: 13P MEDIA COST: \$ 6.00 PRICE CODE: AA

--23 - DESCRIPTORS: *MENTAL DISORDERS, *PSYCHIATRY,
-- *VETERANS (MILITARY PERSONNEL), *VIETNAM, *WOUNDS AND INJURIES,
-- ACTIVE DUTY, ENVIRONMENTS, HOSPITALIZATIONS, HOSPITALS, JOBS,
-- MARINE CORPS PERSONNEL, ORDER DISORDER TRANSFORMATIONS, PATIENTS,
-- STANDARDIZATION, PSYCHOLOGY, RATIOS, RECORDS, RISK, WARFARE,
-- STRESS (PSYCHOLOGY), DIAGNOSIS (MEDICINE), EXPOSURE (PHYSIOLOGY),
-- MILITARY FORCES (UNITED STATES).

--25 - IDENTIFIERS: WU1052.

--27 - ABSTRACT: ALTHOUGH THE POSTTRAUMATIC STRESS DISORDERS OF VIETNAM
-- VETERANS HAVE BEEN WELL DOCUMENTED, THE PSYCHOLOGICAL AND

-- ENVIRONMENTAL FACTORS THAT GAVE RISE TO THESE AND OTHER PSYCHIATRIC
-- DISORDERS REMAIN TO BE CLEARLY IDENTIFIED. THE OBJECT OF THIS STUDY
-- IS TO DETERMINE IF UNITED STATES MARINES WHO WERE WOUNDED IN ACTION
-- IN VIETNAM WERE ALSO AT RISK FOR AN INPATIENT ADMISSION WITH
-- PSYCHIATRIC DISORDER. WE ALSO WISH TO EXAMINE THE EFFECT OF THE
-- PRACTICE OF RETURNING PSYCHIATRIC PATIENTS TO DUTY UPON COMPLETION
-- OF TREATMENT ON THE RELATIONSHIP BETWEEN COMBAT EXPOSURE AND
-- PSYCHIATRIC DISTRESS, RECORDS OF ALL HOSPITAL ADMISSIONS FOR ACTIVE-
-- DUTY MARINES FOR THE PERIOD 1965 TO 1972 WERE EXAMINED AND
-- PERSONNEL HAVING A COMBAT-RELATED WOUND OR INJURY AND/OR A
-- PSYCHIATRIC HOSPITALIZATION WERE IDENTIFIED. RATES OF FIRST
-- HOSPITALIZATION WERE CALCULATED AND STANDARDIZED INCIDENCE RATIOS
-- WERE USED TO OBTAIN MEASURES OF RISK. RESULTS INDICATED THAT,
-- COMPARED WITH MARINES NOT WOUNDED IN VIETNAM, MARINES WOUNDED IN
-- VIETNAM WERE AT SIGNIFICANT RISK FOR HAVING A PSYCHIATRIC
-- HOSPITALIZATION. MOST OF THE PSYCHIATRIC FIRST HOSPITALIZATIONS
-- OCCURRED BEFORE BEING WOUNDED IN ACTION, HOWEVER, AND PSYCHIATRIC
-- PATIENTS WHO WERE TREATED AND THEN RETURNED TO DUTY HAD A

-- SIGNIFICANTLY GREATER THAN EXPECTED RISK OF BEING SUBSEQUENTLY
-- WOUNDED. THE RISK DIFFERED WITH RESPECT TO PSYCHIATRIC DIAGNOSIS
-- DUE TO VARIATIONS IN THE PRACTICE OF RETURNING PSYCHIATRIC PATIENTS
-- TO DUTY ON THE BASIS OF PRIMARY DIAGNOSIS. VARIATIONS IN THE
-- PROBABILITY OF BEING RETURNED TO DUTY ALSO ACCOUNTED FOR VARIATIONS

-- IN THE RELATIVE RISK OF PSYCHIATRIC FIRST HOSPITALIZATIONS AMONG
-- WOUNDED MARINES BY DIAGNOSTIC CATEGORY.

-- 13 OF 19

-- 1 - AD NUMBER: A175672
-- 5 - CORPORATE AUTHOR: NAVAL HEALTH RESEARCH CENTER SAN DIEGO CA
-- 6 - UNCLASSIFIED TITLE: PSYCHIATRIC DISORDERS AMONG U.S. MARINES
-- WOUNDED-IN-ACTION IN VIETNAM.
--10 - PERSONAL AUTHORS: PALINKAS, L. A. ; COBEN, P. ;
--11 - REPORT DATE: JUN 1986
--12 - PAGINATION: 18P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *MARINE CORPS PERSONNEL, *CASUALTIES, *MENTAL
-- DISORDERS, *ANTIPERSONNEL EFFECTS, *TRAUMA, ACTIVE DUTY, WARFARE,
-- HISTORY, MEDICINE, DIAGNOSIS (GENERAL), HOSPITALIZATIONS, PSYCHIATRY,
-- ANXIETY, NEUROSES, ESTIMATES, RISK, WOUNDS AND INJURIES, PATIENTS,
-- HOSPITALIZATIONS, RATES, RATIOS, STANDARDIZATION, JOBS, PATIENTS,
-- VIETNAM
--25 - IDENTIFIERS: WU1052
--27 - ABSTRACT: THE OBJECT OF THIS STUDY IS TO EXPLORE THE RELATIONSHIP
-- BETWEEN COMBAT AND PSYCHIATRIC DISORDERS BY EXAMINING THE MEDICAL
-- CASE HISTORIES OF U.S. MARINES WHO WERE WOUNDED-IN-ACTION IN
-- VIETNAM TO DETERMINE IF AND WHEN THEY HAD ALSO BEEN HOSPITALIZED
-- FOR PSYCHIATRIC REASONS. RECORDS OF ALL HOSPITAL ADMISSIONS FOR

-- ACTIVE-DUTY MARINES FOR THE PERIOD 1965-1972 WERE EXAMINED AND
-- PERSONNEL HAVING A COMBAT-RELATED WOUND OR INJURY AND/OR A
-- PSYCHIATRIC HOSPITALIZATION WERE IDENTIFIED. RATES OF FIRST
-- HOSPITALIZATION WERE CALCULATED AND STANDARDIZED INCIDENCE RATIOS
-- WERE USED TO OBTAIN ESTIMATES OF RISK. RESULTS INDICATED THAT
-- MARINES WOUNDED IN VIETNAM WERE AT SIGNIFICANT RISK FOR HAVING A
-- PSYCHIATRIC HOSPITALIZATION RELATIVE TO MARINES IN VIETNAM WHO WERE
-- NOT WOUNDED. MOST OF THE PSYCHIATRIC FIRST HOSPITALIZATIONS
-- OCCURRED PRIOR TO BEING WOUNDED-IN-ACTION, HOWEVER, SUGGESTING THAT
-- PSYCHIATRIC PATIENTS WERE AT SIGNIFICANT RISK FOR BEING
-- SUBSEQUENTLY WOUNDED RELATIVE TO MARINES WITH NO RECORD OF
-- PSYCHIATRIC HOSPITALIZATION. THIS RISK DIFFERED WITH RESPECT TO
-- PSYCHIATRIC DIAGNOSIS, HOWEVER. INDIVIDUALS WITH DIAGNOSES OF
-- SCHIZOPHRENIA, DEPRESSIVE NEUROSES, AND ANXIETY NEUROSES WERE LESS
-- LIKELY TO RETURN TO COMBAT DUTY THAN THOSE WITH OTHER PRIMARY
-- DIAGNOSES. THIS IS ATTRIBUTED TO VARIATIONS IN THE PRACTICE OF
-- RETURNING PSYCHIATRIC PATIENTS TO DUTY UPON COMPLETION OF TREATMENT.
-- KEYWORDS: POST-TRAUMATIC STRESS DISORDERS, PSYCHIATRIC CASUALTIES.

-- 14 OF 19

-- 1 - AD NUMBER: A167347
-- 5 - CORPORATE AUTHOR: NAVAL HEALTH RESEARCH CENTER SAN DIEGO CA
-- 6 - UNCLASSIFIED TITLE: PSYCHIATRIC CASUALTIES AMONG U.S. MARINES

-- IN VIETNAM.

--10 - PERSONAL AUTHORS: PALINKAS, L. A. ; COBEN, P. ;
--11 - REPORT DATE: OCT 1985

--12 - PAGINATION: 20P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *CASUALTIES, *MARINE CORPS PERSONNEL, *MENTAL
-- DISORDERS, ARTILLERY, BATTLES, EPIDEMIOLOGY, FATIGUE, HOSPITALS,
-- IDENTIFICATION, KOREA, LENGTH, MANAGEMENT, MEDICAL SERVICES,
-- MILITARY PERSONNEL, PERSONNEL, POPULATION, PSYCHIATRY, RATES,
-- RATIOS, RESOURCE MANAGEMENT, RISK, VIETNAM, WARFARE, MILITARY
-- MEDICINE, DIAGNOSIS (MEDICINE), WOUNDS AND INJURIES,
-- HOSPITALIZATIONS, FILES (RECORDS)
--25 - IDENTIFIERS: PE63706N, WU1052
--27 - ABSTRACT: THE IDENTIFICATION OF FACTORS ASSOCIATED WITH
-- PSYCHIATRIC CASUALTIES IS CRITICAL BOTH FOR COMBAT CASUALTY CARE
-- AND MEDICAL RESOURCE MANAGEMENT, AND THE SAFEGUARDING OF THE HEALTH
-- AND WELL-BEING OF COMBAT PERSONNEL LONG AFTER HOSTILITIES HAVE
-- CEASED. THIS PAPER EXAMINES THE PSYCHIATRIC CASUALTIES AMONG MARINE
-- CORPS PERSONNEL IN VIETNAM BETWEEN 1965 AND 1972. THE MARINE CORPS
-- INPATIENT MEDICAL DATA FILE WAS SEARCHED FOR ALL FIRST HOSPITAL
-- ADMISSIONS WITH A DIAGNOSIS OF MENTAL DISORDER OR COMBAT-RELATED
-- WOUNDS AND INJURIES. THE RELATIVE RISK OF A FIRST HOSPITALIZATION
-- FOR A PSYCHIATRIC DIAGNOSIS WAS DETERMINED USING CRUDE INCIDENCE
-- RATES BASED ON THE POPULATION OF MARINE CORPS PERSONNEL WHO SERVED

-- IN VIETNAM, AND RATIOS OF PSYCHIATRIC CASUALTIES TO WOUNDED-IN-
-- ACTION. THE CRUDE RATES OF PSYCHIATRIC DISORDERS WERE FOUND TO BE
-- MUCH HIGHER THAN THOSE REPORTED IN OTHER STUDIES AND APPROXIMATED
-- THE CASUALTY RATE AMONG U.S. COMBAT TROOPS IN KOREA (34.3 PER 1,000)
-- . THE RELATIVE RISK OF BECOMING A PSYCHIATRIC CASUALTY APPEARED TO
-- INCREASE WITH AGE AND LENGTH OF SERVICE. SUPPORT PERSONNEL HAD MUCH
-- HIGHER PSYCHIATRIC CASUALTY: WOUNDED-IN-ACTION (PC:WIA) RATIOS THAN
-- FRONT LINE INFANTRY OR ARTILLERY PERSONNEL. THE YEARS OF GREATEST
-- COMBAT ACTIVITY ALSO DISPLAYED THE SMALLEST PC:WIA RATIOS FOR THE
-- STUDY PERIOD. KEYWORDS: EPIDEMIOLOGY; BATTLE FATIGUE; PERSONALITY
-- DISORDERS. (AUTHOR)

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-- 15 OF 19
-- 1 - AD NUMBER: A155108
-- 5 - CORPORATE AUTHOR: NAVAL HEALTH RESEARCH CENTER SAN DIEGO CA
-- 6 - UNCLASSIFIED TITLE: TREATMENT OF ACTIVE DUTY VIETNAM VETERANS.
-- SOME CLINICAL OBSERVATIONS.
--10 - PERSONAL AUTHORS: MCCAUGHEY, B. G. ; KLEIGER, J. H. ; REYES, A. F. C. ;
-- MILLER, A. C. ; NATHAN, H. W. ;
--11 - REPORT DATE: JAN 1985
--12 - PAGINATION: 12P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *STRESS (PSYCHOLOGY), *GROUP THERAPY,
-- *VETERANS (MILITARY PERSONNEL), SOCIAL PSYCHOLOGY, CLINICAL

-- PSYCHOLOGY, CONFLICT, ACTIVE DUTY, FACILITIES, FEMALES, GROUP
-- THERAPY, MEDICAL PERSONNEL, MENTAL HEALTH, MINORITIES, NAVY,
-- OBSERVATION, PATIENTS, PSYCHIATRY, PSYCHOLOGISTS, VIETNAM
--25 - IDENTIFIERS: TRAUMA (PSYCHOLOGY), VIETNAM VETERANS, PE62706N,
-- WU1052
--27 - ABSTRACT: MANY GROUPS OF VIETNAM VETERANS WITH POST-TRAUMATIC
-- STRESS DISORDER HAVE BEEN STUDIED, INCLUDING FEMALE VETERANS,
-- MEDICAL PERSONNEL, MINORITIES, POWS, ETC. ONE GROUP THAT HAD NOT
-- BEEN STUDIED IS ACTIVE DUTY VETERANS. THE EXPERIENCES OF SEVERAL
-- NAVY PSYCHIATRISTS AND PSYCHOLOGISTS INVOLVED IN THE TREATMENT OF
-- OVER 200 ACTIVE DUTY VIETNAM VETERANS AT THREE SEPARATE MILITARY
-- TREATMENT FACILITIES BETWEEN 1981 AND 1984 WERE PRESENTED. THEIR
-- REASONS FOR REJOINING THE SERVICE OR REMAINING IN AND THE SOCIAL

-- AND PSYCHOLOGICAL CONFLICTS THEY FACED WERE IDENTIFIED. ELEMENTS
-- CRITICAL TO THE SUCCESS OF GROUP THERAPY WERE: CONFIDENTIALITY, DE-
-- EMPHASIS OF ASSOCIATIONS WITH MENTAL HEALTH FACILITIES AND THE
-- PATIENT ROLE, AND PROMOTION OF INTER-CLIENT SUPPORT.

-- 16 OF 19

-- 1 - AD NUMBER: A145855
-- 5 - CORPORATE AUTHOR: ARMY HEALTH SERVICES COMMAND FORT SAM HOUSTON TX
-- 6 - UNCLASSIFIED TITLE: PROCEEDINGS OF THE AMEDD PSYCHOLOGY
-- SYMPOSIUM: MULTIPLE FUNCTIONS AND CHALLENGES HELD AT AUGUSTA,

-- GEORGIA ON 15-19 NOVEMBER 1982.

--10 - PERSONAL AUTHORS: MANGELSDORFF, A. D. ; RATH, F. H. , JR;
--11 - REPORT DATE: DEC 1983
--12 - PAGINATION: 555P MEDIA COST: \$ 41.00 PRICE CODE: AF
--23 - DESCRIPTORS: *MILITARY PSYCHOLOGY, *SYMPOSIA,
-- *STRESS (PSYCHOLOGY), *ARMY RESEARCH, *PSYCHIATRY, PSYCHOLOGISTS,
-- FAMILIES (HUMAN), ARMY PERSONNEL, ARMY PLANNING, HISTORY,
-- VETERANS (MILITARY PERSONNEL), VIETNAM, SIGNS AND SYMPTOMS, PATIENTS,
-- MODELS, PSYCHOTHERAPY, PERSONALITY, CADETS, ARMY FACILITIES, EUROPE,
-- SKILLS, BEHAVIOR, CHILDREN, NEUROLOGY, PSYCHOLOGY
--25 - IDENTIFIERS: *COMBAT STRESS, *PARENTING, COMPILATION REPORTS,
-- DIVORCE, NEUROPSYCHOLOGY
--27 - ABSTRACT: THE PROCEEDINGS DOCUMENT THE 1982 SYMPOSIUM
-- PRESENTATIONS AND GROUP REPORTS. PRESENTATIONS DEALT WITH:
-- PSYCHOLOGICAL SERVICE DELIVERY TO VIETNAM VETERANS WITH STRESS
-- DISORDERS, PSYCHOLOGICAL EFFECTS OF HIGH ALTITUDE EXPOSURE, FAMILY
-- THERAPY, DIVISION PSYCHOLOGY, NEUROPSYCHOLOGICAL ASSESSMENT, HEALTH
-- PSYCHOLOGY, COMBAT STRESS REACTIONS, COMMUNITY MENTAL HEALTH, MMPI
-- ASSESSMENT, AND ORGANIZATIONAL EFFECTIVENESS. TASK REPORTS FROM
-- COMMITTEES ON DIVISION PSYCHOLOGY, FITNESS, POLICY/PROFESSIONAL
-- PRACTICE, RESERVE AND NATIONAL GUARD COMPONENTS WERE MADE. ARTICLES
-- ON DIVISION PSYCHOLOGY WERE COLLECTED.

-- 17 OF 19

-- 1 - AD NUMBER: A104428
-- 5 - CORPORATE AUTHOR: UNITED STATES INTERNATIONAL UNIV SAN DIEGO CA
-- SCHOOL OF HUMAN BEHAVIOR
-- 6 - UNCLASSIFIED TITLE: WARTIME STRESS: FAMILY ADJUSTMENT TO LOSS.
--10 - PERSONAL AUTHORS: HUNTER, EDNA J. ;
--11 - REPORT DATE: 31 JUL 1981
--12 - PAGINATION: 38P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *MILITARY PERSONNEL, *STRESS (PSYCHOLOGY),
-- *MILITARY DEPENDENTS, PRISONERS OF WAR, VIETNAM, IRAN, COMPARISON,
-- BIBLIOGRAPHIES, CHILDREN
--25 - IDENTIFIERS: *MILITARY FAMILIES, MISSING IN ACTION, MIA
-- FAMILIES, MIA WIVES, HOSTAGES, CAPTIVITY, COPING (PSYCHOLOGY),
-- WUNR179888
--27 - ABSTRACT: WARTIME LOSS IS A SIGNIFICANT SOURCE OF STRESS FOR
-- MILITARY FAMILY MEMBERS. SUCH LOSS MAY BE PROLONGED BUT TEMPORARY,
-- AS DURING ARMED CONFLICTS, PEACEKEEPING, MISSIONS OR PRISONER OF
-- WAR EXPERIENCES. IT MAY BE AMBIGUOUS AND INDEFINITE AS IN THE
-- MISSING IN ACTION OR HOSTAGE EXPERIENCE, OR, IT MAY BE PERMANENT,
-- AS WHEN THE SERVICEPERSON IS KILLED IN ACTION OR HAS BEEN PRESUMED
-- TO HAVE DIED IN CAPTIVITY. THIS REPORT REVIEWS THE LITERATURE ON
-- WARTIME STRESS AND THE MILITARY FAMILY'S ADJUSTMENT TO THESE LOSSES.
-- (AUTHOR)

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-- 18 OF 19
-- 1 - AD NUMBER: A049647
-- 5 - CORPORATE AUTHOR: NAVAL HEALTH RESEARCH CENTER SAN DIEGO CALIF
-- 6 - UNCLASSIFIED TITLE: COPING ACTIVITIES IN SOLITARY CONFINEMENT
-- OF U. S. NAVY POWS IN VIETNAM.
--10 - PERSONAL AUTHORS: DEATON, JOHN E. ; BERG, S. WILLIAM ; RICHLIN, MILTON ;
-- LITROWNIK, ALAN J. ;
--11 - REPORT DATE: 1977
--12 - PAGINATION: 22P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: *PRISONERS OF WAR, *STRESS (PSYCHOLOGY),
-- *ADJUSTMENT (PSYCHOLOGY), BEHAVIOR, NAVAL PERSONNEL, SURVEYS,
-- QUESTIONNAIRES, VIETNAM, BEHAVIORAL SCIENCE, MENTAL HEALTH,
-- SURVIVAL (PERSONNEL), APTITUDES, CONFINED ENVIRONMENTS
--25 - IDENTIFIERS: PE62758N
--27 - ABSTRACT: A QUESTIONNAIRE WAS DEVELOPED AND ADMINISTERED TO 137
-- NAVY REPATRIATED PRISONERS OF WAR (RPWS) TO INVESTIGATE THE
-- USEFULNESS OF SPECIFIC 'TIME-KILLING' ACTIVITIES OR ADAPTATIONAL
-- STRATEGIES FOR COPING WITH SOLITARY CONFINEMENT. FACTOR ANALYSIS OF
-- THE USEFULNESS SCORES RESULTED IN THE DERIVATION OF FOUR FACTORS
-- ACCOUNTING FOR 32% OF THE VARIANCE: (1) CAPTOR-CAPTIVE
-- RELATIONSHIP, (2) RELIVING THE PAST, (3) REPETITIVE BEHAVIOR, AND
-- (4) SELF-DEVELOPMENT ACTIVITIES. FACTOR 1 COPING ACTIVITIES WERE

-- RATED AS MOST USEFUL, AND FACTOR 3 AT LEAST USEFUL. FACTOR 2
-- ACTIVITIES WERE USED BY MOSE RPWS DURING THE FIRST FEW WEEKS IN
-- SOLITARY, WHILE FACTOR 4 ACTIVITIES WERE NOT USED UNTIL LATER. IN
-- ADDITION, THE USEFULNESS OF ALL FOUR FACTORS INCREASED
-- SIGNIFICANTLY OVER TIME. THE RESULTS WERE DISCUSSED IN TERMS OF
-- THEORETICAL FORMULATIONS EMPHASIZING THE INDIVIDUAL'S NEED FOR
-- OPTIMAL STIMULATION. (AUTHOR)

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-- 19 OF 19
-- 1 - AD NUMBER: 757819
-- 5 - CORPORATE AUTHOR: MILTON S HERSHEY MEDICAL CENTER HERSHEY PA DEPT
-- OF PSYCHIATRY
-- 6 - UNCLASSIFIED TITLE: LIFE STRESS AND ILLNESS PATTERNS IN THE U.S.
-- NAVY. VI. ENVIRONMENTAL, DEMOGRAPHIC, AND PRIOR LIFE CHANGE
-- VARIABLES IN RELATION TO ILLNESS ONSET IN NAVAL AVIATORS DURING A
-- COMBAT CRUISE,
--10 - PERSONAL AUTHORS: RUBIN, ROBERT T. ; GUNDERSON, E. K. E. ; ARTHUR,
-- RANSOM J. ;
--11 - REPORT DATE: 17 MAR 1972
--12 - PAGINATION: 15P MEDIA COST: \$ 6.00 PRICE CODE: AA
--23 - DESCRIPTORS: (*NAVAL PERSONNEL, DISEASES), (*STRESS (PSYCHOLOGY)
-- , DISEASES), (*MILITARY MEDICINE, NAVAL VESSELS), EPIDEMIOLOGY,
-- PSYCHOLOGY, SOCIOLOGY, ECOLOGY, AGING (PHYSIOLOGY), POPULATION,
-- ENVIRONMENT, VIETNAM
--25 - IDENTIFIERS: *LIFE CHANGES, *PSYCHOSOMATIC DISORDERS, SOUTH
-- VIETNAM, DEMOGRAPHY
--27 - ABSTRACT: PATTERNS OF ILLNESS OCCURRENCE WERE EXAMINED IN NAVAL
-- AVIATORS FLYING COMBAT MISSIONS FROM AN AIRCRAFT CARRIER DURING A 6-
-- MONTH DEPLOYMENT TO VIETNAM. DEMOGRAPHIC AND SYMPTOM
-- QUESTIONNAIRES WERE ADMINISTERED AT THE BEGINNING OF THE CRUISE,
-- AND THE CRUISE ACTIVITIES, WORK ASSIGNMENTS AND THE ILLNESSES

-- DEVELOPED BY THE AVIATORS DURING THE CRUISE WERE TABULATED. THE
-- MEAN ILLNESS RATE VARIED WITH OPERATIONAL CONDITIONS AND PERSONNEL
-- CHARACTERISTICS. HIGHER ILLNESS RATES OCCURRED IN YOUNGER AGE
-- GROUPS AND AMONG THOSE MORE PREOCCUPIED WITH THEIR HEALTH. THE
-- FINDINGS PARALLEL THOSE FOR SEVERAL SHIPS' ENLISTED CREWS, FROM
-- WHOM THE AVIATORS DIFFERED ALONG SEVERAL DEMOGRAPHIC DIMENSIONS.
-- THE CIVILIAN SCORING SYSTEM FOR THE SCHEDULE OF RECENT EXPERIENCE,
-- MEASURING RECENT LIFE CHANGE, WAS EFFECTIVE IN DISCRIMINATING
-- FUTURE ILLNESS IN THIS OFFICER SAMPLE. (AUTHOR)

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-- END OF DISPLAY LIST

-- <<ENTER NEXT COMMAND>>

Chapter 16

CHRONIC POST-TRAUMATIC STRESS DISORDERS

FRANKLIN D. JONES, M.D., F.A.P.A.*

INTRODUCTION

History

Proposed Nomenclature for the Military

ETIOLOGY

Biological Models of PTSD

A Biopsychosocial Model of Etiology

PTSD PRESENTATIONS

TREATMENT

Psychotherapy

Pharmacotherapy

PTSD AMONG PRISONERS OF WAR

Precaptivity Training

Captivity Adaptation

Postcaptivity Recovery

SUMMARY AND CONCLUSION

*Colonel (ret), Medical Corps, U.S. Army; Clinical Professor, Uniformed Services University of the Health Sciences, Bethesda, Maryland; Past President and Secretary and currently Honorary President of the Military Section, World Psychiatric Association; formerly Psychiatry and Neurology Consultant, Office of The Surgeon General, U.S. Army

INTRODUCTION

Post-traumatic stress disorders (PTSDs) comprise the majority of stress disorders associated with the trauma of combat, either of the acute, chronic, or delayed type. Combat fatigue may be considered a form of acute PTSD in its original understanding. Chapter 1, *Psychiatric Lessons of War*, describes this in greater detail. The chronic and delayed forms of PTSD have assumed considerable importance as sequelae of combat in Vietnam and in the 1982 Lebanon War.¹ The specific criteria for a diagnosis of PTSD, as delineated by the American Psychiatric Association's descriptive and nontheoretical *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)*,² are presented in Exhibit 16-1.

History

Modern theories of PTSD begin with the 19th century concept of traumatic neurosis. Railway accidents from the middle of the century had seen the development of increasing litigation by injured persons suffering from pain and paralysis. The new specialty of neurology initially attributed these apparent neurological deficits to spinal cord injury; however, clinical and autopsy evidence began to accumulate, revealing little correspondence between tissue destruction (usually absent) and degree of disability. It was recognized that "railway spine" was a functional disorder. Charcot's³ demonstrations of the production of paralysis and other symptoms in "hysterical" women suggested to Freud in 1893 a psychological etiology of hysteria. Charcot retained his belief in a neurological cause of hysteria and its manifestations. This was the prevailing idea. In 1889 Charcot's student, Oppenheim,⁴ coined the term "traumatic neurosis" to describe what he thought was a "molecular derangement" of nerve tissue. Initially Freud accepted this idea, postulating with Breuer in their classic work, *Studies in Hysteria*,⁵ an organic "hypnotic state" that made one vulnerable to hysterical symptoms when stimulated by a traumatic event. Freud believed that the traumatic event in hysteria was sexual. Later, when evidence accumulated that cast doubt on the presence of actual sexual trauma, he postulated that a fantasized sexual trauma could produce hysteria.⁶ Later Freud attributed war neuroses to conflicts in ego structures (ego, id, superego) and instinctual drives (libido, destrudo).⁷

The idea that psychological trauma could produce apparent physical disabilities became generally recognized, especially with the appearance of numerous "shell shock" casualties of World War I. The pendulum swung from considering those with traumatic neuroses as neurological cases to considering them to be of purely psychological causation. Eventually traumatic neurosis was mostly subsumed under conversion or somatoform disorders but a large group, whose symptoms took the form of mood and behavioral disturbances, did not fit this categorization.

The first edition of the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* published in 1952 (DSM-I)⁸ included combat reactions under Gross Stress Reaction that corresponded in the *International Statistical Classification*⁹ 1948 revision to Acute Situational Maladjustment. In DSM-I Gross Stress Reaction was to be reserved for "conditions of great or unusual stress" in which "a normal personality may utilize established patterns of reaction to deal with overwhelming fear."^{8(p40)} These were differentiated from neurosis and psychosis on the basis of "clinical history, reversibility of reaction, and its transient character."^{8(p40)} In terms of prognosis the following was stated: "When promptly and adequately treated, the condition may clear rapidly. It is also possible that the reaction may progress to one of the neurotic reactions. If the reaction persists, this term is to be regarded as a temporary diagnosis to be used only until a more definitive diagnosis is established."^{8(p40)} The diagnosis was stated to be "justified only in situations in which the individual has been exposed to severe physical demands or extreme emotional stress, such as in combat or in civilian catastrophe (fire, earthquake, explosion, etc.)."^{8(p40)} In many instances this diagnosis applied to previously more or less "normal persons who have experienced intolerable stress."^{8(p40)}

The second edition of the *Diagnostic and Statistical Manual (DSM-II, 1968)*¹⁰ substituted the term Adjustment Reaction of Adult Life for Gross Stress Reaction. This was in the general category of Transient Situational Disturbances, which were defined as follows:

This major category is reserved for more or less transient disorders of any severity (including those

EXHIBIT 16-1

APA DIAGNOSTIC CRITERIA FOR DSM-IV 309.81 POST-TRAUMATIC STRESS DISORDER

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - (2) the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - (2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.
 - (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.
 - (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
 - (3) inability to recall an important aspect of the trauma
 - (4) markedly diminished interest or participation in significant activities
 - (5) feeling of detachment or estrangement from others
 - (6) restricted range of affect (eg, unable to have loving feelings)
 - (7) sense of a foreshortened future (eg, does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- (1) difficulty falling or staying asleep
 - (2) irritability or outbursts of anger
 - (3) difficulty concentrating
 - (4) hypervigilance
 - (5) exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

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of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent an acute reaction from overwhelming environmental stress.^{10(p48-49)}

It is further stated in terms of prognosis that, "If the patient has good adaptive capacity, his symptoms usually recede as the stress diminishes" (author's emphasis). If, however, the symptoms persist after the stress is removed, the diagnosis of another mental disorder is indicated.^{10(p49)}

This is a most unfortunate change because one gains the impression that therapy should be aimed at removing the individual from the stressful environment; in fact, a brief respite from the stressors is needed, but removal too far produces chronic symptoms, and the object of treatment is rapid return to the high-stress environment. Furthermore, it implies that outcome is dependent only on the individual's innate adaptive capacity rather than requiring therapeutic interventions to permit that adaptive capacity to recover. Contrast this impression with that given in DSM-I: "When promptly and adequately treated, the condition may clear rapidly."^{8(p40)}

In the third edition of the Diagnostic and Statistical Manual (DSM-III),¹¹ published in 1980, the clinician may place the combat stress reaction in the Adjustment Disorder category specifying the presentation (depressed mood, anxious mood, etc.) or may choose the Post-Traumatic Stress Disorder category. In the former, outcome as in DSM-II is stated to be dependent on removing the stressor: "It is assumed that the disturbance will eventually remit after the stressor ceases."^{11(p299)}

Post-Traumatic Stress Disorder, among other criteria, lists "a recognizable stressor that would evoke significant symptoms of distress in almost everyone."^{11(p238)} By dividing these disorders into acute (duration of symptoms or onset of symptoms, less than 6 mo following the onset of the traumatic event), chronic (duration of symptoms 6 mo or more) and delayed (onset at least 6 mo after the traumatic event), the impression is given that one is dealing with a lengthy disturbance due to psychological trauma.

In DSM III-R,¹² the 1987 revision of DSM-III, and DSM-IV,² the 1994 edition, there is a requirement for symptoms to last longer than a month. Presumably this was intended to make a distinction from transient adjustment disorders; however, this requirement introduces an unnecessary disjunction to the clinical and theoretical understanding of PTSD as an exaggeration of normal responses to psychic trauma. It does underscore the fact that the

eventuation of chronic symptoms suggests perhaps persistent biological changes.

DSM-IV adds a new category, Acute Stress Disorder, for similar symptoms that occur during or soon after the trauma, last for at least 2 days, and cause clinically significant distress or impairment. If this persists beyond 4 weeks, it becomes Acute PTSD. This category corresponds reasonably well to those stress (battle fatigue) casualties who require "restoration" at medical holding facilities (clearing stations) for 2 to 3 days. It also covers those who require "reconditioning" for 7 to 14 days (or up to 4 wks) further to the rear. The DSM-IV also notes that "some symptomatology following exposure to extreme stress is ubiquitous and often does not require any diagnosis." This could apply to those battle fatigued service members who can remain in their own small unit or be given 1 to 2 days of rest in a nonmedical support element, or who recover and return to duty with only 24 to 36 hours of treatment at a forward medical (clearing) company. The DSM-IV has also shortened the onset time of chronic PTSD to 3 months post-trauma, although "delayed onset" is still after 6 months.

In summary, DSM-I, having been published shortly after the Korean conflict and based in large part on the U.S. Army nomenclature growing out of World War II experience, retained the correct concept for battle fatigue, which was placed under Gross Stress Reaction. In fact, the description of Gross Stress Reaction was almost an exact reiteration of that for Combat Exhaustion given in TB Med 203, the War Department Technical Bulletin, Nomenclature and Method of Recording Diagnoses, published 19 October 1945.¹³ DSM-I was heavily influenced by the psychobiology of Adolf Meyer and the experiences of World War II psychiatrists.¹⁴ DSM-II, however, was published in 1967, over 15 years after the end of the Korean conflict, the last conflict in which large numbers of battle fatigue casualties were seen. The Vietnam conflict was in its early stages; however, very few battle fatigue cases were produced primarily because of the low-intensity nature of combat and other factors.^{15,16} Consequently the treatment lessons implicit in labeling did not have an urgent, emotional reality to the authors of DSM-II.

The authors of DSM-III were well aware of the effect of labeling as can be seen in the use of "schizophreniform" instead of "schizophrenia" but lack of familiarity with battle fatigue cases again led to a failure to understand the treatment implications of the labels involved.

Some of the thought involved might have been due in part to the need to view Vietnam veterans as having been damaged by their experiences in Vietnam and as appropriate recipients of psychiatric care. Such concern might have led to the acceptance of post-traumatic stress disorder (PTSD) and delayed post-traumatic stress disorder (DPTSD) for a larger cohort of behaviors (such as addictive and aggressive acts) than had previously been considered as sequelae of psychological trauma. Unfortunately, such labels hold potential untoward consequences for the perception, diagnosis, and treatment of the varied stress disorders that can be generated in combat and that are amenable to rapid intervention, very brief therapy, and quick restoration to duty. DPTSD must be seen as a special case that undoubtedly involves more complex historical factors both pre- and post-combat than the usual stress responses to the trauma of combat.

The DSM-IV category of Acute Stress Disorder helps to restore a distinction between the transitory reactions to extreme stress and more persistent symptoms, "Acute" may also have fewer negative connotations than DSM-I's use of "Gross," although "gross" does imply more than a trivial stressor.

Proposed Nomenclature for the Military

The following guidance was given when the author was Psychiatry and Neurology Consultant to the U.S. Army Surgeon General. It encapsulates ideas on proper nomenclature for combat psychiatric casualties, drawing from the *Manual of International Statistical Classification of Diseases, Injuries and Causes of Death*⁹ (also known as ICD-9):

Psychiatric combat casualties consist of a unique group of military patients for whom the diagnosis has strong possibilities for adversely affecting recovery. The term "battle fatigue" is ideal in that it suggests a nearly normal response, is relatively nonspecific in allowing for labeling of the great variety of symptom syndromes known to occur, and most importantly conveys an expectancy of

rapid resolution. The disadvantage is that many psychiatric casualties occur so soon in combat that fatigue cannot reasonably be presumed to be a factor. Policy will be that patients in whom fatigue can reasonably be considered a factor will continue to be diagnosed as battle fatigue while those in whom fatigue cannot be so considered will be diagnosed transient battle reaction. Both terms should be considered roughly equivalent, should be treated similarly and will be coded with ICD-9 number 308.4 (mixed disorders as reaction to stress). Avoidance of technical terms that could be regarded as diagnoses (eg, "anxiety," "conversion," "paralysis") is desirable. Two examples follow:

1. Unwounded soldier presenting with tremor, tachycardia, sweating, paralysis of right arm, and glove anesthesia of right hand ten minutes after observing a friend killed in the first hour of battle:
(Axis I) 308.4 *Transient battle reaction* manifested by numbness and weakness of right arm and hand, sweating, and rapid pulse.
2. Unwounded soldier developing fatigue, tremor, tachycardia, sweating, paralysis of right arm, and glove anesthesia of right hand following 36 hours of sustained combat exposure:
(Axis I) 308.4 *Battle fatigue* manifested by fatigue, numbness and weakness of right arm and hand, sweating, and rapid pulse.

Subsequently, in current doctrine, the distinction between battle fatigue and transient battle reaction was abandoned. The rationale is that fatigue, by definition, is impaired performance due to doing something too long or too hard. As S.L.A. Marshall observed, fatigue or exhaustion can be brought on very rapidly by extreme fear. Anticipatory anxiety, as well as physiologic strain can bring on battle fatigue even before the battle starts. Therefore, the one term, battle fatigue, suffices. As operations other than war, such as disaster relief or peacekeeping in high stress conditions have increased while combat has decreased, the terms "contingency fatigue" and "conflict fatigue" have also been proposed.

ETIOLOGY

Psychiatric theories of etiology generally derive from the cultural or scientific zeitgeist. Ancient Egyptian healers, noting almost exclusive incidence of hysteria in women and being well-versed in anatomy, assumed that the multiple somatic symptoms of hysteria were due to migration of the uterus,

a theory that held sway until the medieval Catholic Church, emphasizing the conflict between Satan and God, attributed hysteria to possession by evil spirits. After Isaac Newton revolutionized science with his theory of universal gravitation, Anton Mesmer began treating hysteria with magnets

thought to have effects similar to planetary bodies. In a contest with the renowned exorcist Father Gassner, Mesmer demonstrated the superiority of his "scientific" approach over the older theory of possession.¹⁷

Likewise, in an era in which the intelligentsia accepted Charles Darwin's concepts of the evolution of increasingly complex structure and behavior based on the survival of animals with the best instincts, Freud saw various neuroses as resulting from instinctual drives clashing with reality. Thus, those with hysteria suffered from unfulfilled sexual wishes and those with obsessions and compulsions suffered from expressions of or defenses against anal eroticism and aggression. In this view, psychological trauma could cause anxiety symptoms due to the activation of unacceptable sexual and aggressive wishes. While temperament varied, the psychological conflict was considered paramount. Until the late 1970s psychological explanations of PTSD etiology, usually based on psychoanalytic or learning theories, predominated.

Gradually, perhaps presaged by the Watson-Crick discovery of the molecular structure of DNA, biological explanations of causality in mental disorders have gained hegemony. The concept of hysteria has almost disappeared except as a cluster of personality traits; and obsessive-compulsive disorders are viewed by many as the survival in some persons of instinctual grooming and other social behaviors of our mammalian ancestors, often best treated with medications.¹⁸ Concerning PTSD, this biological supremacy has emphasized the physiological and neural aspects.

Biological Models of PTSD

Patients with chronic PTSD present with "positive" symptoms such as anxiety, tachycardia, muscle tension, shortness of breath, insomnia, irritability, and exaggerated startle response, which have been postulated as arising from conditioned autonomic activation to innocuous stimuli.¹⁹⁻²³ PTSD is also characterized by "negative" symptoms such as diminished interest in formerly significant activities, interpersonal detachment, restricted affective range, and a feeling of foreshortened future. These symptoms have been likened to the animal model of learned helplessness.²⁴

Biological models of PTSD have emphasized the role of noradrenergic systems in the brain (primarily the locus ceruleus and its projections), which are activated by situations of alarm or trauma, the fight-flight reaction of Cannon.²⁵ Such "trauma

centers" in the brain could be conditioned by threatening environmental events or stimuli associated with threat (conditioned fear stimuli) to respond to innocuous situations with PTSD symptoms.²⁶

Drugs that inhibit noradrenergic brain systems have been used to treat stress symptoms including those of PTSD. These include clonidine, β -adrenergic blocking agents (propranolol), antidepressants (which downregulate β -adrenergic receptors), and benzodiazepines (GABA facilitators).²⁶ Many substances abused by persons with PTSD may be attempts at self-treatment because they share the ability to inhibit noradrenergic systems, at least temporarily. These include alcohol, benzodiazepines, barbiturates, and opiates.²⁶ The effectiveness of serotonergic attenuating agents (such as buspirone, a partial mixed serotonin 1A/1B receptor agonist) in treating anxiety disorders suggests serotonergic excess theories of anxiety as well.

Stress-mediated changes in neuronal structures of lower animals suggest that PTSD could be associated with fundamental and long-lasting modifications, including alterations in neuronal structure and gene expression.²⁶ Treatment, therefore, must often be intensive and prolonged and preventive measures should be the first approach.

While traumas cannot be prevented in conflicts, it is noteworthy that not all those exposed to severe traumas develop PTSD. In animal experiments of inescapable shock or stress (ie, the learned helplessness model of PTSD and depression)²⁷ those animals that could gain control over stress presentation and the severity, duration, and repetition of the aversive stimulus did not develop learned helplessness. The presence of a supportive peer and previous escape experience have protective effects in animals though biological and social vulnerabilities are factors.²⁶

Studies also revealed that animals given antidepressants, clonidine, and benzodiazepines did not develop learned helplessness when exposed to inescapable stress.²⁷ Substances often abused by PTSD sufferers (stimulants, barbiturates, ethanol, and chronic use of benzodiazepines) were ineffective in reversing learned helplessness once it developed; however, antidepressants, clonidine, and buspirone, had a normalizing effect in animal studies.²⁶

In summary, while older theories emphasized psychological trauma or conflict and conditioning aspects of PTSD etiology, more recent investigators have emphasized lasting neuronal changes and behavior in traumatized animals, postulating a hyperadrenergic state with hypercortisolism and physiological arousal to innocuous stimuli that re-

semble the original stressor. Others^{28,29} have pointed out the aspect of repetition of the trauma manifested by intrusive thoughts, nightmares, and even hallucinations, thus implicating memory systems as paramount. The author has emphasized a multifactorial etiology or biopsychosocial model of chronic PTSD.³⁰

A Biopsychosocial Model of Etiology

Chronic PTSD symptoms develop in those with social and biological predispositions in whom the stressor is meaningful when social supports are inadequate and the symptoms are maintained because of subsequent inadvertent reinforcement of the maladaptive behaviors.

Following both World War I and World War II, large numbers of combat veterans were treated in Veterans Administration hospitals for chronic "war neuroses." Many of these former soldiers had broken in combat and had been evacuated, never to rejoin their comrades. In many such soldiers a dynamic was set up that produced increasing disability. The dynamic developed as follows: (a) the soldier was conflicted over almost instinctual urges to leave the combat arena to secure personal survival, battling with his own concepts of duty, honor, and responsibility to his comrades requiring him to remain in combat, (b) medical symptoms developed offering an honorable route out of combat, (c) the symptoms were accepted as a legitimate reason for leaving and the soldier was evacuated, (d) the soldier experienced guilt for abandoning his comrades because at some level he did not accept the legitimacy of his symptoms, (e) the symptoms became strengthened and exaggerated because of the soldier's need to prove to others and himself that he was really disabled and legitimately left combat, and finally, (f) any reproach either from internal guilt or from external doubt as to the medical necessity for his symptoms resulted in further strengthening of the symptoms.

Such a dynamic would explain the development, progression, and persistence of symptoms in the improperly treated acute post-traumatic stress casualty who becomes chronically disabled; but how can one explain the development of delayed PTSD symptoms, often occurring years after combat exposure? Such cases suggest that the dynamic described may represent only a special case of a more pervasive condition. Based on his study of psychiatric casualties in the 1973 Yom Kippur War and the 1982 Israel-Lebanon War, Belenky³¹ has postulated that psychiatric casualties form a spectrum ranging from immediate ("battle shock") through acute

("combat fatigue") to late (chronic and delayed PTSD) combat stress reactions. In each case the etiopathogenic element is combat stress. The distinctions are based on certain intrinsic (personality, prior adjustment) and extrinsic (degree and quality of trauma, presence of ameliorating influences) factors. This conceptualization complements Marlowe's battle ecologies scheme, with the latter focusing on environmental factors (combat intensity).³²

In Belenky's conceptualization, delayed PTSD results from the traumatic process itself, depending on degree of trauma, and develops somewhat independently of subsequent events. The author's view of the development of delayed PTSD is slightly different. While he agrees that a psychologically traumatic event will result in PTSD symptomatology, he would emphasize the contingent nature of the maintenance of, or delayed appearance of, disabling symptoms. As with the dynamic described earlier, acute post-traumatic symptoms are maintained and become chronic by their reinforcing value in preventing guilt or admonishment for the soldier's evasion of combat responsibilities. This has sometimes occurred because of improper or absent treatment.

The delayed PTSD syndrome, however, has a slightly different history. In these cases the soldier has experienced a traumatic event with variable degrees of subsequent symptoms that eventually disappear and may not even be remembered. Often, these soldiers performed without obvious impairment at the time, perhaps by denying fear or grief. After a symptom-free interval, the former combatant again experiences environmental stress. Such stress may or may not resemble the stress of combat; however, it evokes anxiety symptoms that usually are similar to those of combat. This similarity evokes memories of combat trauma and even produces in some instances reaction patterns similar to combat. These symptoms are reinforced in a variety of ways, including the concern of friends, justification for acting out otherwise unacceptable feelings, sustaining the patients' indignation over being abused by society, and monetary reinforcement (Veterans Administration [VA] pension).

Within the past decade the belief has developed that delayed and chronic PTSD are more common following unpopular conflicts. This belief is based on experience with U.S. veterans of the Vietnam conflict and more recently with Israeli veterans of the 1982 Lebanon War. In the Vietnam instance, estimates as high as 700,000 or 25% of Vietnam veterans were given as suffering from chronic

PTSD.^{33,34} Other estimates as high as 60% of combat veterans have been given.³⁵ A more accurate figure for Vietnam appears to be 17%,³⁶ less than the 25% psychiatric disabilities given for World War II veterans. In the Lebanon instance studies³⁷ have revealed that two thirds of Israeli psychiatric casualties have been of the chronic or delayed PTSD type. This is exaggerated because all Lebanon War veterans reporting to a mental health facility were labeled as suffering from PTSD even though they had prior psychiatric diagnoses including manic-depressive disorder.³⁸

Despite the possible exaggeration of PTSD prevalence, some relationship between unpopular wars and chronic and delayed PTSD seems to exist. Goodwin³³ has identified the following variables as producing chronic PTSD in Vietnam veterans: it was a teenage war (average age 20 for combatants); there was a fixed tour (unrealistic expectations after return to the states); the ideological basis of the war was unclear (saving the corrupt South Vietnamese "democracy" from the North Vietnamese, not Soviet or Chinese Communists); the enemy was hard to identify (sometimes the enemy appeared to be civilians—including women and children); there was widespread use of illicit drugs (especially heroin and cannabis); tranquilizing drugs were first used in combat (may have suppressed symptoms of stress); administrative discharges were frequent (often for drug abuse) and were only temporary solutions to stress; and the rapid return to the United States did not allow for decompression, with the returnee often being met with a hostile or indiffer-

ent homecoming. This may be a reflection of the lack of societal support for wars of this type. They are frequently ambiguous with a large percentage of the population indifferent or hostile to the war. Such wars are usually prolonged beyond the expectations of the initiators of combat and the patience of the populations, and they often include actions against civilians.

PTSD can be conceptualized as a special case of a broader mechanism by which the mental apparatus handles aversive stimuli. Freud's postulate, described shortly after World War I, of a repetition compulsion in which the organism replays the psychic trauma in an attempt to gain mastery, may play a role, especially with the early symptoms.⁷ This replaying may take the form of dreams or nightmares, recurrent memories, or even hallucinatory "flashbacks" of the traumatic event. The sufferer may be preoccupied with "if only I had (or hadn't...)" thoughts. Other mechanisms such as positive reinforcement (secondary gain in Freud's model) seem more important in the chronic maintenance of symptoms. The emergence of delayed symptoms may be explained on the basis of an association between the current situation and an aspect of the traumatic situation. Ullmann and Krasner³⁹ have used the term "redintegration" for such evocation of behavior more appropriate to an earlier life event. Whatever the theory of causation, PTSD symptoms appear to be relatively universal given a severe enough stressor; however, it is not the presence of symptoms but the psychological purposes they serve that determines the degree of disability.

PTSD PRESENTATIONS

Diagnosis, treatment, and prevention of PTSD will be considered in the context of the following cases, which illustrate some of the features of chronic and delayed PTSD. Diagnosis, treatment, and prevention of *acute* PTSD have already been described in Chapter 1, *Psychiatric Lessons of War*, and Chapter 2, *Traditional Warfare Combat Stress Casualties*, in terms of combat fatigue or combat stress reactions. The following two cases, known to the author, illustrate some of the features of *chronic* and *delayed* post-traumatic stress, ranging from normal memories which are not a disorder to disabling PTSD.

Case Study 1: Just Bad Dreams

June K., now 60 years old, has never sought mental health care despite mild, chronic post-traumatic stress

symptoms. Typically she develops nightmares after seeing a war movie or when undergoing unusual psychological stress such as the death of a family member. The nightmares awaken her and her husband who reassures her; then she falls asleep without further incident.

The psychic trauma that she experienced occurred at the age of 18 when she was captured by the North Koreans when they invaded Seoul in 1951. From a prominent South Korean family, she and her parents and siblings had been targeted for capture, torture, and death. Knowing this, the family had dispersed throughout Seoul. June K., the oldest child, had found work under an assumed name in order to buy food for her family (forced rationing and use of North Korean money prevented purchase of food with family resources). She was turned in to the North Koreans by a collaborator who had recognized her from newspaper photographs. After several days' captivity, which included occasional beatings, she escaped when the compound was bombed by U.S. planes.

She hid for several weeks until Seoul was recaptured by UN forces.

June K. served as a laboratory technician with U.S. forces until the war ended; then she came to the United States on a Fulbright Scholarship. Other than rare nightmares about her war experiences, there are no other symptoms and no apparent secondary gains.

Comment: This person exhibits typical mild chronic post-traumatic stress symptoms that do not appear to serve any adaptive role in her current functioning. Her symptoms are evoked by associations with the traumatic event.

Case Study 2: The Assassination Witness

While the author was consulting in the psychiatric unit of a military hospital in an Arabic country in 1985, he interviewed a 54-year-old army major, formerly a Warrant Officer, with 32 years of active duty. The major was married with five children. He dated the onset of his symptoms to an incident several years earlier when he was present at the assassination of the leader of his government, having been invited by his oldest son to see him march in the parade.

Sitting near the leader, he initially thought that the firing of weapons was part of the normal demonstration of support for him. When he recognized the hostile nature of the firing, which killed the head of state, the patient ran in a panic about 3 miles, collapsing at the gate to his military unit. He stated that ever since that time he has had headaches, nightmares, and giddiness. Physical exams and neurological studies revealed no apparent physical basis for his symptoms.

The symptoms persisted roughly a year at which time he was admitted to a hospital where he remained for another year. In the hospital he was found to be severely depressed but not suicidal. He also had severe anxiety, trembling, elevated heart rate, complaints of irritability, and dreams of airplanes bombing. He had also become angry with his oldest son, who had urged him to attend the ceremony. On one occasion he had even started choking him. Psychometrics revealed that he had average intelligence and neurotic symptoms, primarily a depressive disorder with hysterical personality. He was treated with thioridazine, lorazepam, and psychotherapy. His request for a medical separation from the military was denied.

Past history revealed that he had similar symptoms in the 1956 Arab-Israeli War when, as an officer candidate at the military academy, he was in a building that was bombed, causing it to collapse. He remained terrified underneath his bed for hours until he was dug out. Shortly thereafter, a bullet from a second air raid narrowly missed him. Afterwards he collected bullets as souvenirs. He had a period of nightmares and anxiety following these episodes, but this did not persist beyond a few weeks.

A decade later he was an advisor to the Yemen Army during their civil war. He stated that for a period of about 6 months he was constantly panicked. Several of his

fellow soldiers were ambushed and their bodies mutilated; however, he did not witness these episodes. He felt isolated, alone among foreigners. A psychiatrist who served at about the same time verified that such incidents did occur but that the biggest problem was material deprivation in an inhospitable climate. Following that tour he again developed symptoms of anxiety and nightmares that lasted for several months, but then they dissipated and he experienced no particular problems until the assassination.

Currently, the patient appeared as a middle-aged man with gray hair who was anxious and sweating profusely while recounting his symptomatology. He presented my fellow psychiatrists, some of whom had treated him, with a letter that detailed his current complaints. He could not tell us why he had persistent symptoms after the assassination, but did not after the barracks bombings in 1956 and after his Yemen tour. He did not participate in the 1967 or the 1973 wars with Israel.

The following were the patient's complaints: giddiness, especially when walking, with a tendency to be worse on the right side; tinnitus leading to irritability and sometimes violent actions toward his wife or children; numbness or tingling in his scalp, "like I had a helmet on"; general paresthesias all over the body; sleep disturbances (early morning awakening, fatigue after having nightmares, and frightening awakenings). During the day he often felt tense as if his "head were full of blood" and as if the blood in his head were "boiling." He stated that he would become irritable if in crowds or if he heard loud noises, especially shooting. He also stated that he had profuse sweating of the right hand. He described sexual difficulties (impotence for the past 3 years); pessimistic outlook (that he hadn't achieved anything in his life); withdrawal and suspiciousness of other people; impulsiveness, depression, and sadness (in contrast to formerly being friendly and energetic); anorexia with mild weight loss; and smelling something burning. (The author's colleagues pointed out that this is a common symptom among PTSD sufferers who were exposed to napalm or burning flesh in various wars; however, this patient was not exposed to those conditions, so the etiology of this symptom is obscure. Perhaps it may have been modeled after the symptoms of other PTSD patients on the wards; such "contagion" of symptoms among suggestible battle fatigue cases is common.)

During the interview the patient was very energetic and animated, sweating profusely at times when recalling his symptoms; but, at the same time he seemed to derive some relief or even pleasure from sharing those symptoms and his suffering. His physician said that this patient, despite the diagnosis on psychological testing of a hysterical personality, actually had many features of an obsessive-compulsive personality (having been meticulously clean, very organized, very attentive to details, and somewhat rigid in interpersonal relationships).

Etiologically, this patient appeared to have all of the elements of a post-traumatic stress disorder: a severe stressor (the assassination in which he could have been

killed) and recreation of this and earlier traumas in nightmares and perhaps the smelling of something burning (which could have been reminiscent of the gun powder at the time of the assassination—an intrusion of the trauma into the present). He also displayed the explosive irritability and aggressiveness as well as the withdrawal from social contact that are often found in PTSD. The irritability in the presence of loud noises, particularly the firing of weapons, has some components of a startle reaction.

In terms of treatment, group psychotherapy should be considered in this case although the lack of patients with PTSD symptoms from the assassination episode would weaken this approach. Usually group therapy works best when all group members have been exposed to a similar stressful situation.

Past individual psychotherapy apparently had focused on ventilation and supportive treatment. It had also emphasized work because he was denied compensation and a medical separation. Such an emphasis on "here and now" issues is desirable.

Comment: This patient exhibited a plethora of symptoms that, while typical of chronic PTSD, are seldom all found in one person. His symptoms appear to serve a current adaptive role in his functioning in making him a focus of attention and sympathy and excusing him from some military duties. Pharmacotherapy in such cases is often quite rewarding. The patient had received some anxiety relief from the thioridazine and lorazepam; however, he continued to be troubled by a multiplicity of symptoms. Recent studies have shown that the use of benzodiazepines beyond a few months may actually be countertherapeutic due to the development of tolerance effects.⁴⁰ He had not yet been treated with antidepressants, particularly monoamine oxidase inhibitors (MAOI) or the tricyclics. Although the mechanism of action of these agents is unknown (their effectiveness might be related to suppression of dreaming or REM (rapid-eye movement) sleep (and thus nightmares), due to a general antidepressant effect or due to a specific anxiolytic action related to downregulation of β -adrenergic or serotonin 1-A receptors), these antidepressants often produce dramatic relief of symptoms. The author recommended a trial of phenelzine (a hydralazine-type MAOI—Nardil) in a dose of up to 90 mg per day. If there were problems with his use of MAOI, perhaps dietary restrictions not being enforceable, or other problems such as hypotension, then a trial with a tricyclic, probably imipramine, was recommended. At the time, selective serotonin reuptake inhibitors (SSRI) were not available. Currently, a trial of an SSRI might be helpful.

The following case, provided by Dean A. Inouye, M.D., reveals an aspect of personality, alexithymia, that may play a role in chronic PTSD. Alexithymia (literally "inability to read emotions") was described as a characteristic of some patients who appear unable to properly interpret emotions in themselves and others.⁴¹

Case Study 3: Chronic PTSD and Alexithymia

First sergeant (1SG) MC is a 43-year-old married white male with 22 years of service, self-referred for feelings of distress following his involvement in a shooting incident. In July 1991, 1SG MC and a security officer had attempted to evict an occupant from the company barracks. The occupant produced a gun and, without warning, shot 1SG MC in the chest and killed the security officer. The patient underwent surgery, which revealed no injury to vital structures. His post-operative course was unremarkable.

Past medical history revealed that the patient experienced three injuries during his two tours as a medic in the Republic of Vietnam: 1969, gunshot wound to right thigh; 1970, fragment wounds to right leg and head; 1971, burns to right hand and head. He had no other significant past medical history or current medications. He rarely used alcohol and denied use of tobacco or caffeine. He had no known drug allergies.

Social history revealed that he was adopted in infancy with a fraternal twin brother into an upper middle class family. He was close to both parents, did well in school, graduating from high school. He had no behavior problems and joined the Army at age 20 after 2 years of business college, "because I always wanted to." His military history was exemplary with many awards and citations.

Course: The patient first presented to outpatient psychiatry 1 month after his injury, complaining of rumination about the shooting incident, decreased appetite, and early insomnia with multiple awakenings, which he stated was "no different than when I was shot in Vietnam." He appeared anxious but his mental status exam was otherwise unremarkable. He was given a diagnosis of adjustment disorder with mixed emotional features. He was briefly tried on lorazepam (Ativan) 1 to 2 mg at bedtime to improve the insomnia. The medication was discontinued when the patient terminated treatment after three visits.

The patient returned to psychiatry 6 months after his injury complaining of rumination with depressed mood, pan-insomnia, increased appetite with 22 lb weight gain, lack of energy and initiative, pervasive anxiety, sudden crying spells and angry outbursts, decreased self-esteem and social withdrawal, and a feeling of loss of control of his emotions.

He had experienced the death of friends during the war but denied survivor guilt. After returning from Vietnam he had complained of prominent generalized anxiety; pronounced startle reaction without hypervigilance; pan-insomnia with multiple awakenings; nightmares of battle scenes and ambush; difficulty concentrating; angry outbursts; fear of flying in helicopters but no vivid recollections while awake. He received no specific treatment for his symptoms except diazepam (Valium). His symptoms gradually abated after a few years although he continued to have occasional nightmares. He believed that his present PTSD symptoms were worse than those after the Vietnam conflict. He was anxious and tearful during his exam. He was given a provisional diagnosis of post-traumatic stress disorder. He was started on doxepin

(Sinequon) 25 mg at bedtime to improve his anxiety and insomnia. Six weeks later, his treatment was terminated due to his unwillingness to attend his appointments.

The patient returned to psychiatry a year after his injury, 3 weeks before the anniversary date of the shooting incident. He complained of vivid recollections and nightmares of the shooting event, hypervigilance and easy startle, fear of situations similar to the shooting event, difficulty falling and remaining asleep with multiple awakenings, generalized irritability with occasional explosive anger, decreased concentration, and thoughts of death. He denied feelings of guilt over his survival. He expressed ambivalence about "coming for help" and fear of becoming a patient in the hospital. On exam, he was restless, with labile affect, and was frequently tearful. During all interviews he was remarkably without insight and unable to verbalize his feelings. His diagnosis of post-traumatic stress disorder was confirmed. He was given an additional diagnosis of alexithymia. He was started on fluoxetine (Prozac) 20 mg tablets once a day and clonazepam (Klonopin) 0.5 mg tablets three times a day to improve his anxiety and insomnia. The patient was placed on buspirone (BuSpar) 15mg per day, later increased to 30 mg per day.

He experienced a marked increase in his symptoms during the anniversary week of the shooting. After that, his anxiety decreased slightly and he experienced occasional nights of improved sleep, with fewer awakenings. He complained of mild daytime sedation and the buspirone was discontinued. His PTSD symptoms, in general, remained unchanged. In October 1992, buspirone 5 mg tablets three times a day was reintroduced to improve anxiety, with the goal to discontinue clonazepam and morning drowsiness. He reported gradually decreasing anxiety and improved sleep. However, his anxiety was often markedly worse on weekends and he continued to have two to three awakenings per night.

The patient continued on the above medications with clonazepam reduced to 0.5 mg at bedtime. After 2 months on the medication regimen, the patient reported significantly decreased anxiety, improved feeling of control, and improved sleep quality with fewer awakenings. On exam, his restlessness and lability of affect were improved. His other PTSD symptoms were unchanged and he could not do his work satisfactorily. He was therefore presented to a medical evaluation board (MEB) for separation from the military.

Comment: This soldier had continued to experience difficulties at work and he anticipated difficulties working in a foreign country after impending retirement. The symptoms may have represented an attempt to delay

retirement and hold on to his U.S. Army identity. They may also have been an attempt to convey his feelings of disability for compensation purposes.

These case studies suggest that varying degrees of symptoms will follow a traumatic event. Whether they become disabling depends on the use to which they are put. In some circumstances, they can be highly adaptive. The Arabian major, for instance, trapped for 6 more years in a job that he did not enjoy with little chance of promotion, would have gained not only an exit from the army but also additional money for a disability separation. Furthermore, his possible envy and anger toward his upwardly mobile officer son could be justified by making him responsible for the major's current distress. June K., however, does not utilize her symptoms for current conflicts, having other adaptive mechanisms.

1SG MC functioned adequately until the time approached for his retirement from the military with the turmoil and uncertainties of a civilian life in a foreign country. The symptoms kept him his military identity and allowed him to express his distress in an acceptable manner, a common finding in alexithymic persons who cannot express feelings directly but do so with symptoms, usually physical.

One of the main methods of preventing chronic PTSD is by preventing (or properly treating) acute post-traumatic stress symptoms.^{42,43} An important element in preventing acute post-traumatic stress (combat breakdown) is the presence of cohesive units or social support *during* the stressful event. Stretch⁴⁴ has shown that social support *following* the stressful event is also important in preventing or attenuating symptoms of chronic or delayed PTSD. He found, for example, that soldiers who remained in the U.S. Army (which is socially supportive of the combat role) following combat in Vietnam had significantly less symptomatology than controls who left the military following assignment in Vietnam. It is possible, of course, that self-selection accounted for some differences (with those more prone to PTSD disaffiliating themselves from the military); however, other studies⁴⁵ reinforce the importance of social support in the prevention of PTSD.

TREATMENT

The treatment of chronic PTSD, like its etiology, involves multiple modalities including emotional conditioning, cognitive restructuring, and pharmacological interventions.⁴⁶

Psychotherapy

Individual therapy is often too intense for both patient and therapist, and group therapy with peers

is usually preferable. While some "debriefing" (abreaction and ventilation) of the original traumatic events must be expected, it is important to prevent these sessions from becoming "stuck in the past," endlessly reiterating old guilts and grudges and trying to outdo others' stories. Here, and in individual therapy if it is undertaken, the focus is on current issues as in Glasser's reality therapy approach.⁴⁷ It is usually clear to an objective observer what reinforcements are maintaining the symptoms. To help clarify this area and intervene in diminishing this reinforcement, family and other interested parties may need to be interviewed individually and conjointly. This may also reveal that the patient has minimized significant alcohol or other substance abuse. When substance dependency is clearly established, an intervention and referral for detoxification and rehabilitation in a specialized program is indicated. Self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) should play a prominent part in the treatment.

Deconditioning by teaching the evocation of the relaxation response⁴⁸ can help alleviate not only the heightened tension of the hyperadrenergic state but also the tendency to use substances for relaxation. Exercise programs can also be beneficial in this respect.

Pharmacotherapy

Since the early descriptions of barbiturate treatment of combat stress casualties of World War II,⁴⁹ a variety of medications have been used to treat acute and chronic PTSD symptoms. The first relatively effective use was reported in an uncontrolled study of five war veterans utilizing phenelzine.⁵⁰ Subsequent studies have validated the usefulness of MAOIs and tricyclic antidepressants (TCAs) in the treatment of some PTSD patients, particularly when complemented with psychosocial therapies.⁵¹⁻⁵⁴ More recently, the SSRIs may be useful for some of these patients.

Most reports have emphasized the presence of concurrent disorders with PTSD, particularly substance abuse, depressive disorders, and personality disorders.^{52,54} These concurrent disorders often require different approaches and may prevent effective pharmacotherapy of PTSD symptoms.

For the different PTSD symptoms themselves, different medications may vary in efficacy. Antidepressants appear to improve intrusive symptoms (such as recurrent intrusive recollections, nightmares, and panic episodes) but may be less effective with avoidant symptoms (such as withdrawal, emotional numbing).⁵⁴ Intrusive symptoms as well as hostility and feelings of violence were improved by the tricyclic anticonvulsant carbamazepine (Tegretol) in 70% of Vietnam veteran inpatients in a study by Lipper and others.⁵⁵ Again, improvement in the avoidant symptoms was somewhat less. In view of carbamazepine's antikingling effect, this suggests that PTSD symptoms may arise from the effect of trauma in evoking repeated strong emotions, which result in neuronal irritability and inappropriate activation as postulated by Post et al⁵⁶ in the pathophysiology of certain mood disorders and borderline personality disorders. Antikingling agents such as valproic acid (Depakene) and clonazepam appear useful as alternatives to lithium and carbamazepine.

Other medications that have been helpful with some PTSD patients include the antihypertensive drugs, clonidine and propranolol, both of which inhibit noradrenergic activity though by different mechanisms.⁵⁷ While benzodiazepines would seem useful in anxiety symptoms of PTSD, they have not been systematically studied, probably because of their high abuse potential in this population. Preliminary reports of lithium therapy by Davidson et al⁵⁴ reveal encouraging results in diminishing explosiveness, irritability, mood swings, and impulsive behavior, as well as in reducing nightmares and improving sleep. Carbamazepine, valproic acid, and clonazepam appear similarly useful in these symptoms.

At this time, careful assessment and treatment of concurrent conditions and clinical trials with a variety of medications along with psychosocial interventions are warranted for most chronic PTSD patients.

PTSD can occur following any severe stressor; however, prisoners of war represent a special case in which the stressors tend to be chronic as well as severe. They merit special consideration for study and proposed interventions since the entire group suffers similar status and deprivation stressors.

PTSD AMONG PRISONERS OF WAR

Prisoners of war (POWs) frequently develop symptoms of chronic PTSD (see Chapter 17, The Prisoner of War). POWs do not necessarily develop

psychiatric disorders; however, follow-up studies of POWs during World War II, the Korean conflict, and the Vietnam conflict indicate an increased risk

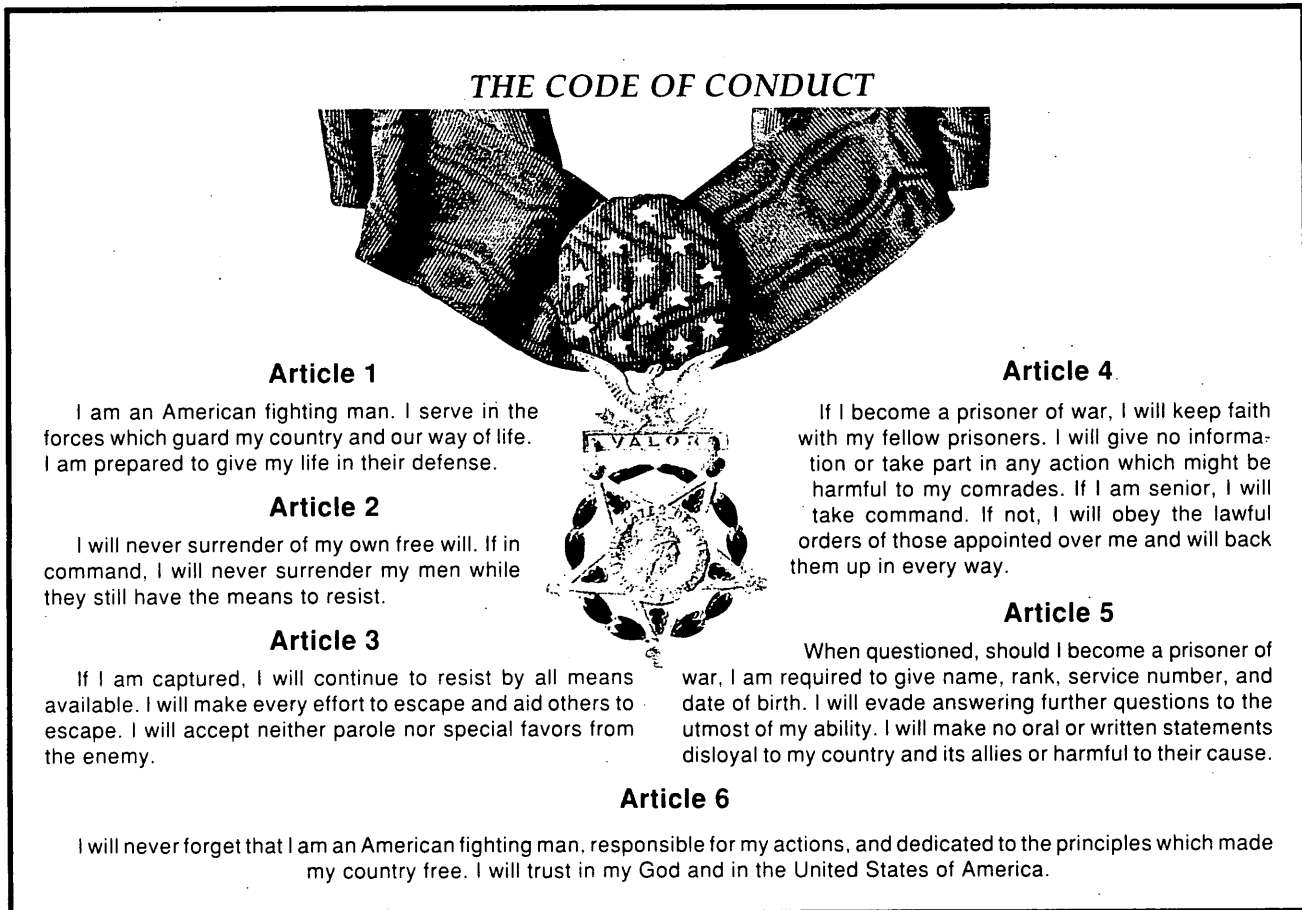


Fig 16-1. Code of Conduct for Members of the Armed Forces of the United States. After the Korean conflict, it was realized that coercive "brainwashing" could cause even the most patriotic soldier to be induced to make statements denouncing his country. The code was originally issued by Executive Order 10631 on 17 August 1955 by President Dwight D. Eisenhower and was amended by Executive Order 12017 on 3 November 1977 by President Jimmy Carter. Each soldier is given a copy. Data source: Department of the Army, *Code of Conduct/Survival, Evasion, Resistance, and Escape (SERE) Training*. Washington, DC: DA, 10 December 1985. Army Regulation 350-30.

tect the soldier from undue guilt associated with giving in under a less stringent code. More recently, forced "confessions" and denunciations of America are ignored because they are obtained by coercion.

Most of the American POWs of the Vietnam conflict were aviation officers shot down over North Vietnam. They had succeeded in the rigorous selection and training process for aviation pilots. Not surprisingly, these highly intelligent men invented ingenious methods of resisting the enemy, communicating among themselves even though usually placed in solitary confinement, and strengthening their mental defenses. They often practiced regular physical exercise, meditation, and "mental exercises" such as remembering books, mentally building a home, and writing journals though deprived

of writing materials. Follow-up studies conducted after their release revealed that they were healthier than matched controls in all physiological systems other than dental and mental health. They tended to suffer more psychological problems than the controls but the differences were slight.

The relatively small number of POWs who had been captured in South Vietnam consisted primarily of ground troops whose experiences were similar to those captured by the Japanese and North Koreans. Their postcaptivity adjustment resembled that of the World War II and Korean conflict POWs (ie, increased morbidity).

An understanding of and techniques for handling captivity stress have been developed⁶⁹⁻⁷² based on the experiences of POWs from World War II, the Korean and Vietnam conflicts as well as other groups

of such disorders.⁵⁸⁻⁶⁰ The risk is greatly influenced by the conditions of captivity. Holocaust victims almost universally suffered from PTSD.⁶¹ Soldiers incarcerated by the Japanese during World War II and by the North Koreans (and brainwashed by the Chinese) during the Korean conflict have had increased rates of depressive, anxiety, and psychosomatic disorders, as well as suicide. Conditions of captivity were often excessively harsh with many deaths from malnutrition, infections, and exposure.

Soldiers who had surrendered to the Japanese were treated with absolute contempt because they had violated the samurai warrior code of *Bushido*, which required the fighting man to die in combat, commit *hara kiri* (suicide by disembowelment), or request execution by the less favored method of decapitation.⁶² Undoubtedly, brain syndromes caused by malnutrition exacerbated the chronic post-traumatic stress disorders arising from captivity.

During the Korean conflict, captive Americans were not only exposed to malnutrition, disease, and harsh camp conditions but also to a calculated psychological offensive aimed at breaking them that came to be called *brainwashing*. Crude coercive measures involving Pavlovian conditioning, both aversive and positive, with sleep deprivation, physical and psychological torture, and rewards for "acceptable" behavior (such as denouncing capitalism and American "imperialism," and admitting to using chemical and biological warfare) were used in conjunction with sophisticated social manipulation. Officers were separated from enlisted ranks to destroy the influence of leadership. Cohesion was destroyed by rewarding selected soldiers for informing on their fellows. Rewards of food, clothing, and medication might mean the difference between survival and death during the cold Korean winters. Information was carefully controlled; only adverse news (such as race riots in the United States) was presented to the POWs.

Critics of the POWs, not taking into account this new form of psychological warfare and hearing American soldiers denounce America or confess to fabricated war crimes, accused them of lacking willpower and indicted American child-rearing practices as producing psychological weaklings. Such criticisms were even extended to those who died of malnutrition, exposure, and illness; they were accused of having "give-up-itis," moral strength so weak that they would die rather than try to live in adverse circumstances.⁶³

Based on his interviews with 20 randomly selected repatriates at the end of the Korean conflict and the work of colleagues who interviewed 300

men, Schein,⁶⁴ a researcher at Walter Reed Army Institute of Research, described what was probably the most extensive attempt to destroy unit cohesion and realign social viewpoints ever perpetrated against U.S. prisoners of war. The men were segregated according to race and ethnicity. Military rank was disregarded and the Chinese captors randomly selected small unit leaders. Informers were actively solicited and given special treatment, some of it life sustaining, such as adequate food while others were starving. Such favors were sometimes given noncollaborating soldiers to destroy confidence in them. POWs soon felt that they could not trust anyone. Signed confessions of germ warfare or other war crimes by U.S. forces were solicited and shown to POWs to attack the moral position of the United States. No group association was allowed other than Chinese-orchestrated self-criticism or propaganda lectures. Mail was censored so that only bad news was transmitted. Similarly, all news was from communist sources—press, radio, magazines, and movies. Race riots and criminal acts in the United States were highly publicized.

The postcaptivity evaluations revealed that the communists had little success in changing beliefs and attitudes; however, in producing collaboration they had been much more successful with about 10% to 15% of the men chronically collaborating in giving pro-communist lectures, broadcasting propaganda, giving false confessions, informing on fellow POWs, and so forth. Some attempted to obstruct the communists and they were generally transferred elsewhere. A few developed severe apathy, quit eating, and died. The most common response was neither collaboration nor obstruction of the communists but what the men called "playing it cool"; that is, physical and emotional withdrawal from the whole environment, developing an attitude of watching and waiting rather than hoping and planning.

Schein concluded, "Ultimately that which sustains humans is their personality integration born out of secure and stable group identifications."^{64(p30)} Long-term follow-up has revealed that while many POWs improved, symptoms were often life-long.⁶⁵⁻⁶⁷

Following the Korean conflict, there was a great deal of media attention focused on the behavior of Korean-era POWs and measures that might be taken for the physical and psychological survival of the POW. In 1955, President Eisenhower issued the Code of Conduct⁶⁸ (Figure 16-1) that reaffirmed the basic tenets of resisting the enemy as much as possible and attempting to escape when feasible. It was and is believed that these guidelines actually pro-

(USS *Pueblo* crew members captured by North Korea and the U.S. Embassy personnel taken hostage in Iran). These can be considered in three phases: (1) precaptivity training; (2) captivity adaptation; and (3) postcaptivity recovery.

Precaptivity Training

Precaptivity training is needed for anyone likely to become captive, including military personnel, embassy staff, and others. This should involve learning the expected responses to phases of captivity and methods of adapting optimally to them, and realistic role-playing for purposes of familiarization and desensitization. Generally such training will have survival value. While 30% of American prisoners of the Japanese and North Koreans died in captivity, only 15% of American POWs in North Vietnam died. Although demographic differences (higher education, older, and mostly officers in the Vietnam POW population) and a less hostile climate were predominantly responsible for fewer deaths, soldiers who became POWs in Vietnam had been given captivity training.⁷¹

Captivity Adaptation

Captivity adaptation generally occurs in certain stages, which have been described by Rahe and Genender⁷² as follows:

Stage 1: Startle/Panic—First Seconds to Minutes

Captivity typically occurs as an abrupt transition from normal daily activities to a situation of forceful, often brutal subjugation, a situation that cannot be assimilated quickly. Captors are excitable and have an increased likelihood of killing the captives at this point, producing paralyzing fear, stunned dissociation, or panic flights in captives. Feelings of defenselessness and confusion usually follow actual capture. Successful coping involves rapidly controlling these emotions. This may be facilitated by conscious attempts to count the captors, to memorize their features, and to focus on details of the situation.

Stage 2: Disbelief—First Minutes to Hours

Denial in the form of thinking, "This can't be happening" or "I'm dreaming," may occur. Captives often believe that they will be rescued quickly and are disappointed when this does not occur. Captors engage in various dehumanizing

activities such as stripping clothing and personal items, binding, blindfolding, beating, and photographing prisoners for propaganda purposes. Similarly, "confessions" may be extorted by torture for propaganda value. Captives usually cope best by turning their attention inward—thinking of loved ones, home, and freedom—because psychological dissociation from the painful situation is adaptive in this setting.

Stage 3: Hypervigilance—First Hours to Days

The emergence of increased alertness to environmental cues can be useful—attempting to keep track of time, mileage, turns of the vehicle; however, guards are usually highly attentive to possible escape attempts at this time. Generally some form of interrogation will begin with emphasis on intelligence gathering. Hypervigilance can be useful in helping the captive withhold desired intelligence, in orienting to a 24-hour cycle, in assessing the captors, and in possibly eliciting the sympathy of guards who may assist the captive in obtaining reading and writing materials and other basic amenities.

Stage 4: Resistance/Compliance—First Days to Weeks

As the captors attempt to coerce the captives into cooperating, the resistance/compliance stage begins. Interrogations change from intelligence gathering to exploitation with coercive demands for "confessions" of "crimes" or enforced public appearances, often in degrading conditions. Given sufficient physical and psychological torture, virtually anyone can be forced to cooperate with his captors. The degree of cooperation depends on the severity of torture inflicted and the captive's commitment to resist.

The techniques used by captors derive from those used by the Czarist Russian and Stalinist secret police and the state police of Nazi Germany, with refinements added by the Communist Chinese and North Koreans. They include intimidating arrest; imprisonments of indeterminate length; physical, social, and nutritional deprivation; disturbances of body rhythms; physical and sensory isolation; stressful (often brutal) interrogations; unpredictable responses from guards and inquisitors; prolonged fear of death; and attempts to "reeducate" the captive. Settings are usually cramped, filthy, pest-ridden, uncomfortably cold or hot, with poor lighting and ventilation. Communication with fellow captives, or even guards, is prohibited.

Coping in these circumstances involves attempts to keep physically fit, to give the captors just enough information (preferably hard to validate and requiring lengthy time) to prevent severe torture, and attempts to communicate with fellow captives. Religious faith, prayer, meditation, and thoughts of loved ones also play an important role in coping.

Stage 5: Depression—First Weeks to Months

As the extent of his losses (freedom, family, friends, fortune, and possibly future) becomes apparent, the captive may become depressed. The captive may show the classical signs and symptoms of depression, including anorexia, retarded speech and movements, insomnia, fatigue, guilt, self-condemnation, and suicidal thoughts or attempts. Coping is greatly aided by a strong support group, hence the need to establish communication. The captive can use his own intelligence to fight boredom, composing stories and poems, mentally constructing buildings, solving mathematical problems, etc. Captor behavior at this time is primarily custodial.

Stage 6: Gradual Acceptance—First Months to Years

The captive realizes that his captivity may be prolonged and that he must make more productive use of his time if he is to survive. Custodial behavior by captors is usually maintained although "re-education" efforts may continue. Coping behavior by captives involves living from day to day, taking each day as it comes, and attempting to maintain physical and mental stamina. Group support, if available, is extremely sustaining. Best is group creative work such as crafts, sports, and possibly escape planning.

Postcaptivity Recovery

Rahe and Genender⁷² have described six stages of recovery from captivity as follows:

Stage 1. Brief Euphoria—First Seconds to Minutes

The period of elevated spirits of a released captive is usually short-lived. The captive is often mistrustful that the return from captivity may be another false hope. Celebrations may fall flat.

Stage 2: Hyperarousal—First Minutes to Hours

In contrast to the understimulation of the later stages of captivity, the released captive is over-

whelmed by stimuli and mentally slowed, causing a "punch-drunk" appearance. Often sleep-deprived on their transition to freedom, the former captives may be confused and exhausted.

Postcaptivity management optimally includes a period of from several days to a week of "decompression." The ex-captive needs protection from the very intrusive media and even from relatives, because he may make remarks that he will later regret. For example, persons still influenced by the "Stockholm Syndrome" (identification with the captors) upon release have made statements favoring the aims of their captors and detrimental to the national interests of their country.

During this decompression time, thorough physical examination and correction of medical problems (eg, infections, infestations, dental care) can be accomplished. Rest and restoration of physiological deficits (sleep, food, fluids) are important just as with combat stress cases. In addition to physical restoration, the principles of proximity and immediacy indicate rapid return to the precaptivity milieu after decompression and positive expectancy. Psychiatric examination must be carefully conducted to avoid an expectation of mental illness, which can lead to a chronic "compensation neurosis." A positive expectation that the ex-captive will soon return to work is important. The psychiatric examination should be both diagnostic and therapeutic, allowing ventilation while providing reassurance.

Stage 3: Compliance/Resistance—First Hours to Days

Captives initially on release are likely to comply with most requests, having been conditioned to do so by their captors. As they regain feelings of individual power and capability, captives will begin to resist activities that appear to have little relevance to their own needs, for example, appointments, psychological testing, and intelligence debriefing. Treatment plans should take into account this emerging independence by allowing free time, the wearing of clothing other than hospital pajamas, time for group meetings with fellow captives, etc. Group cohesion can be fostered by having ex-captives eat together and engage in group "rap sessions." As with Marshall's⁷³ technique of debriefing troops after a battle, the reconstruction of events and correction of misperceptions can be highly therapeutic. Finally, follow-up reunions may be helpful.

Stage 4: Denial—First Days to Weeks

After an initial candidness about their problems adjusting to freedom, captives are likely to enter a phase of denying that their captivity has produced significant emotional or physical problems. While these statements should not be challenged directly, they should not be taken at face value. Arrangements for ongoing follow-up evaluations and treatment should be made, often through liaison with family members.

Stage 5: Restitution—First Weeks to Months

Attempts at restitution may take a variety of forms, such as gross obesity from overeating, problems with emotional control, and isolation to avoid overstimulation. Employers may attempt restitution by granting long vacations from work when, in actuality, return to a work routine generally helps the ex-captive reestablish feelings of self-worth. The family may attempt restitution by providing all the love and attention they could not show during the captivity. Captives may have difficulty interpreting nonverbal behaviors and the affective con-

tent of language. Families should be told to expect disconcerting responses, including crude table manners, and bathroom and sleeping habits acquired in captivity. They should also be told to expect and even encourage the ex-captive to recount his captivity experience because it seems to serve a therapeutic abreactive purpose.

Stage 6: Gradual Readjustment—First Months to Years

Follow-up studies of American POWs from Korea and from World War II Japanese prisons, in both circumstances experiences being extremely severe, revealed increased rates of infectious, cardiovascular, degenerative, and psychiatric disorders and accidental deaths compared to control subjects over the next 25 to 30 years.⁷² Depending on the severity of circumstances and the individual's coping skills, some psychological scarring and premature physical disability is likely for the duration of the ex-POW's life. Ongoing follow-up for significantly traumatized individuals may prevent or attenuate disability, but some degree of post-traumatic stress symptoms is inevitable.

SUMMARY AND CONCLUSION

Post-traumatic stress disorder has come to epitomize the blaming and legalistic tendency in modern American society. It is given currency to explain the most outrageous behavior from Vietnam veterans' trafficking in cocaine and narcotics and robbing banks to a sexually promiscuous woman's attributing her behavior to trauma on a San Francisco cable car. Despite these unlikely extensions of the PTSD concept, a core of solid data exists suggesting psychic trauma as underlying much of nonbiologically generated mental illness. Such apparently disparate conditions as multiple personality disorders, panic disorders, and

psychogenic depressions may result from early physical and sexual abuse. Psychic trauma occurring in older persons may lead to the development of a constellation of symptoms and behaviors that are termed PTSD. It is often unclear as to who is most responsible for these symptoms, the traumatized person or the original stressor. Attorneys make a living persuading juries and judges one way or the other.

The traumatized person's best hope is to accept responsibility for his symptoms and to develop coping methods to neutralize them. This should be the aim of psychiatric treatment.

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▶ 10 520 8 #b Workshop topics included regulation of charitable solicitation (as, for example, the benevolent associations), education funding and progress, protection of Florida's beaches and water resources, and post traumatic stress disorder among Vietnam veterans. The files consist of agendas, supporting materials, and some audio taped workshop sessions. ¶

▶ 11 [1] 545 The Department of State was created in 1969 (Ch. 69-106, Laws). The Secretary of State is the head of the Department of State. The Secretary of State keeps records of all official acts of the Legislature and the Executive Department. The Secretary and the Department administer elections, public records, the Great Seal, and the Administrative Code; issue charters to corporations; license public agencies (private detectives, security guards, charitable and consumer protection organizations); and manage the state's library services, archives, cultural affairs, museum, and historic ¶

▶ 11 [2] 545 resources. The Secretary is the Chief Cultural Officer and the Chief Protocol Officer of the State. The post of Secretary of State is one of the elected Cabinet posts, and the Secretary can succeed himself for an unlimited number of four-year terms. ¶

▶ 12 555 0 Item listing available. ¶

▶ 13 610 10 Florida. #b State Board of Education. ¶

▶ 14 610 10 Florida. #b Dept. of Natural Resources. ¶

▶ 15 610 20 Florida Land and Water Adjudicatory Committee. ¶

▶ 16 650 0 Post-traumatic stress disorder #z Florida. ¶

▶ 17 650 0 Veterans #z Florida. ¶

▶ 18 650 0 Vietnamese Conflict, 1961-1975. ¶

▶ 19 650 0 Natural resources #z Florida. ¶

▶ 20 650 0 Fund raising #z Florida. ¶

▶ 21 650 0 School management and organization #z Florida. ¶

▶ 22 650 0 Charity laws and legislation #z Florida. ¶

▶ 23 655 7 Sound recordings. #2 aat ¶

SOUND RECORDINGS

- ▶ 280¶ Figley, Charles R., [Traumatic stress and the rol Serco Marketin 1983
- ▶ 281¶ Green, Bonnie L. [Issues in evaluation] [diagn Serco Marketin 1983
- ▶ 282¶ Johnson, Richard, [Treatment of post-traumatic Serco Marketin 1983
- ▶ 283¶ Kramer, Rick. [Achieving intimacy and resol Serco Marketin 1983
- ▶ 284¶ Smith, John Russell [From nostalgia to stress dis Serco Marketin 1983
- ▶ 285¶ Solomon, George F. Emotional casualties of Vietn Sigma Informat 1972
- ▶ 286¶ Williams, Tom, [Treating post-vietnam stress Serco Marketin 1983
- ▶ 287¶ Wilson, John P. [The dimensions of post-traum Serco Marketin 1983

File 155:MEDLINE(R) 1966-1998/Nov W3
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Set	Items	Description
S1	7539	"STRESS DISORDERS, POST-TRAUMATIC"
S2	16666	"VIETNAM"
S3	949	S1 AND S2
S4	858	S3/MAJ, DE, TI, ENG, HUMAN
S5	404	RD (unique items)
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Journal Articles + Abstracts

t s5/7/all from 155,151,73,266,71,434,6,166

5/7/1 (Item 1 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09623253 98362672

Use of the hand test in the assessment of combat-related stress.

Walter C; Hilsenroth M; Arsenault L; Sloan P; Harvill L

Veterans Affairs Medical Center, Mountain Home, Tennessee USA.

J Pers Assess (UNITED STATES) Apr 1998, 70 (2) p315-23, ISSN

0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study investigated the effectiveness of the Hand Test in discriminating the differential symptomatology of posttraumatic stress (PTS) in Vietnam combat veterans (VCVs). Participants were 108 VCV outpatients, 85 of whom met the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994) criteria for posttraumatic stress disorder (PTSD), and 23 patients that were found to meet some, but not the minimum criteria, required for a diagnosis of PTSD by the DSM-IV. The latter group of patients was classified into a subclinical PTSD, posttraumatic stress symptoms (PTSS) group. Results showed higher levels of overall psychopathology, a vulnerable capacity for coping, and a tendency for feelings of inadequacy and inferiority in the PTSD group. The PTSD group also exhibited more limited interaction with the world around them than the PTSS group, which may be indicative of withdrawal, apathy, or a lack of concern with environmental activities and goals. These findings are discussed in relation to the assessment, understanding, and treatment of PTS symptomatology and PTSD.

5/7/2 (Item 2 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09608158 98291292

Effectiveness of anxiety management training in the treatment of posttraumatic stress disorder: a preliminary report.

Pantaloni MV; Motta RW

Yale University School of Medicine, New Haven, CT 06519, USA.

J Behav Ther Exp Psychiatry (UNITED STATES) Mar 1998, 29 (1) p21-9,

ISSN 0005-7916 Journal Code: HTN

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

This preliminary study investigated the effectiveness of anxiety management training (AMT), a coping skills treatment similar to systematic desensitization, in comparison to implosive therapy (IT), an exposure-based treatment, for treating six Vietnam combat veterans with posttraumatic stress disorder (PTSD). The Clinician Administered PTSD Interview Scale (CAPS; Blake et al. (1988), The Behaviour Therapist, 18, 187-188) and a self-monitoring measure (Weathers et al., 1991) were used as dependent measures. A single-subject, multiple-baseline, crossover design (ABC/ACB) was employed. A new statistic for such designs (Mueser et al. (1991), Behaviour Modification, 15, 134-155), based on classical test theory, was used to assess treatment effects on intrusive war memories and avoidance of stimuli reminiscent of war. Within-subject results indicated that AMT and IT were similarly effective in reducing the frequency and intensity of intrusions and avoidance. This preliminary report therefore suggests that

it may be productive to investigate multidimensional approaches (combining coping skills, exposure-based, and other approaches) to the treatment of combat-related PTSD as Foa et al. (1991), Journal of Consulting and Clinical Psychology, 59, 715-723 and Nishith et al. (1995), Behaviour Therapy, 26, 319-335 have for rape-related PTSD.

5/7/3 (Item 3 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09587210 98324044

Sleep disturbances in the Vietnam generation: findings from a nationally representative sample of male Vietnam veterans.

Neylan TC; Marmar CR; Metzler TJ; Weiss DS; Zatzick DF; Delucchi KL; Wu RM; Schoenfeld FB

Post Traumatic Stress Disorder Program, VA Medical Center, San Francisco, CA 94121, USA.

Am J Psychiatry (UNITED STATES) Jul 1998, 155 (7) p929-33, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study analyzed questionnaire items that address complaints about sleep from the National Vietnam Veterans Readjustment Study, a nationally representative sample of the 3.1 million men and women who served in Vietnam. This study compared the frequency of nightmares and difficulties with sleep onset and sleep maintenance in male Vietnam theater veterans with male Vietnam era veteran and male civilian comparison subjects. It focused on the role of combat exposure, nonsleep posttraumatic stress disorder (PTSD) symptoms, comorbid psychiatric and medical disorder, and substance abuse in accounting for different domains of sleep disturbance. METHOD: The authors undertook an archival analysis of the National Vietnam Veterans Readjustment Study database using correlations and linear statistical models. RESULTS: Frequent nightmares were found exclusively in subjects diagnosed with current PTSD at the time of the survey (15.0%). In the sample of veterans who served in Vietnam (N = 1,167), combat exposure was strongly correlated with frequency of nightmares, moderately correlated with sleep onset insomnia, and weakly correlated with disrupted sleep maintenance. A hierarchical multiple regression analysis showed that in Vietnam theater veterans, 57% of the variance in the frequency of nightmares was accounted for by war zone exposure and non-sleep-related PTSD symptoms. Alcohol abuse, chronic medical illnesses, panic disorder, major depression, and mania did not predict the frequency of nightmares after control for nonsleep PTSD symptoms. CONCLUSIONS: Frequent nightmares appear to be virtually specific for PTSD. The nightmare is the domain of sleep disturbance most related to exposure to war zone traumatic stress.

5/7/4 (Item 4 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09576280 98317299

The relationships between premilitary school record data and risk for posttraumatic stress disorder among Vietnam war veterans.

Watson CG; Davenport E; Anderson PE; Mendez CM; Gearhart LP

Department of Veteran Affairs Medical Research Service, St. Cloud, Minnesota 56303, USA.

J Nerv Ment Dis (UNITED STATES) Jun 1998, 186 (6) p338-44, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The purpose of this study was to determine whether Vietnam veterans' risk for posttraumatic stress disorder (PTSD) was correlated with their premilitary school performance. The authors compared both primary and secondary school record data on hospitalized chemically dependent PTSD patients with those of both non-PTSD, chemically dependent and community controls. All participants were male Vietnam war combat veterans. The comparisons were made with MANCOVA analyses with the effects of combat and age differences between groups controlled. For the most part, primary-school grade point average, absenteeism, and tardiness data on three groups did not differ significantly. However, the mean secondary school grade points of the future PTSD patients were generally substantially lower than those of controls. Additionally, more secondary school absenteeism and tardiness were reported among future PTSD patients than in the controls. The groups did not differ significantly on number of extracurricular activities. Academic weakness, absenteeism, and tardiness in secondary school appear to be moderately strong predictors of vulnerability to PTSD after traumatization. It also supports the claim that chronic PTSD is, in part, the result of weaknesses present before exposure to trauma.

5/7/5 (Item 5 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09568391 98261809

Getting "stuck" in the past: temporal orientation and coping with trauma.

Holman EA; Silver RC

School of Social Ecology, University of California, Irvine 92697-7085, USA.

J Pers Soc Psychol (UNITED STATES) May 1998, 74 (5) p1146-63, ISSN

0022-3514 Journal Code: JN3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The relations between temporal orientation and long-term psychological distress were studied cross-sectionally and longitudinally in 3 samples of traumatized individuals: adult victims of childhood incest, Vietnam War veterans, and residents of 2 southern California communities devastated by fire. Results indicated that a past temporal orientation--focusing attention on prior life experiences--was associated with elevated levels of distress long after the trauma had passed, even when controlling for the degree of rumination reported. Temporal disintegration at the time of the trauma--whereby the present moment becomes isolated from the continuity of past and future time--was associated with a high degree of past temporal orientation over time and subsequent distress. Temporal disintegration was highest among individuals who had experienced the most severe loss, had previously experienced chronic trauma, and had had their identities threatened by their traumatic experience.

5/7/6 (Item 6 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09548249 98282914

Effect of darkness on acoustic startle in Vietnam veterans with PTSD.

Grillon C; Morgan CA 3rd; Davis M; Southwick SM

Connecticut VA Medical Center, New Haven, USA. chris@zeus.psych.yale.edu
Am J Psychiatry (UNITED STATES) Jun 1998, 155 (6) p812-7, ISSN
0002-953X Journal Code: 3VG
Contract/Grant No.: MH-50720, MH, NIMH; MH-25642, MH, NIMH; MH-47840, MH,
NIMH; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Exaggerated startle is a symptom of posttraumatic stress disorder (PTSD), but empirical studies have not consistently documented elevated baseline startle in PTSD. The authors proposed in a previous study that Vietnam veterans with PTSD exhibit exaggerated startle only under stressful conditions. They reported that darkness facilitated startle in humans, suggesting that the startle reflex is sensitive to the aversive nature of darkness. In the present study they tested the hypothesis that the magnitude of facilitation of startle by darkness would be greater in Vietnam veterans with PTSD than in comparison groups of subjects without PTSD. Prepulse inhibition was also investigated. METHOD: The magnitude of startle and prepulse inhibition were assessed in alternating periods of darkness and light in 19 nonmedicated Vietnam veterans with PTSD, 13 Vietnam veterans without PTSD, and 20 civilians without PTSD. RESULTS: The overall startle level was higher in the veterans with PTSD than in either of the two groups of subjects without PTSD. Startle was facilitated by darkness, and the magnitude of this facilitation was greater in the veterans with PTSD than in the civilians without PTSD, but it was not greater in the veterans without PTSD. Prepulse inhibition was not affected by darkness and did not significantly differ among groups. CONCLUSIONS: Contrary to the hypothesis, elevated sensitivity to darkness was specific to individuals with combat experience, not to individuals with PTSD, perhaps because veterans had become aversively conditioned to darkness during their combat experiences. The more general increase in startle reactivity in the veterans with PTSD is consistent with clinical observations and descriptions of symptoms in DSM-IV.

5/7/7 (Item 7 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09505138 98125004

Physiologic responses to non-startling tones in Vietnam veterans with post-traumatic stress disorder.

Orr SP; Lasko NB; Metzger LJ; Pitman RK

Veterans Affairs Medical Center, Manchester, NH 03103, USA.

Psychiatry Res (IRELAND) Nov 14 1997, 73 (1-2) p103-7, ISSN 0165-1781
Journal Code: QC4

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We evaluated eyeblink and autonomic reactivity to non-startling acoustic stimuli in a convenience sample of Vietnam combat veterans. Twenty veterans with current PTSD and 19 veterans who never had PTSD were exposed to 15 consecutive 86-dB, 500-ms, 100-Hz tones with 40-ms rise and fall times, while orbicularis oculi electromyogram (EMG), skin conductance (SC) and heart rate (HR) responses were measured. PTSD subjects had higher resting HR levels and produced larger averaged HR responses across the 15 tone presentations compared to non-PTSD subjects. Skin conductance and EMG responses did not differ between the groups. Results suggest that previous findings of larger HR responses to loud tones in PTSD extend to lower intensity, non-startling stimuli, but that the magnitude of the HR response appears smaller to the lower intensity stimuli. Previously observed differences in the magnitude of the eyeblink response and rate of decline

of SC responses in PTSD to high intensity stimuli appear to disappear when using non-startling stimuli.

5/7/8 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09478205 98170508

Double trauma: a group therapy approach for Vietnam Veterans suffering from war and childhood trauma.

Goodman M; Weiss D

Department of Psychiatry, Cornell University Medical Center, USA.

Int J Group Psychother (UNITED STATES) Jan 1998, 48 (1) p39-54, ISSN 0020-7284 Journal Code: GRH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A model of a 9-month exploratory psychotherapy group for male Vietnam War veterans diagnosed with posttraumatic stress disorder (PTSD) who also experienced childhood physical and sexual abuse is presented. Recent literature delineating an association between combat PTSD and earlier childhood abuse is briefly reviewed and forms the basis for a new treatment strategy. A trauma group psychotherapy approach that investigates the connections between war and childhood traumas and their effects on later adult coping and interpersonal relationships is fundamentally different than existing trauma group treatment paradigms that focus primarily on war-related events. A description of the group formation, philosophy, course, and outcome is provided and enriched by clinical material.

5/7/9 (Item 9 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09476776 98113517

Personality and PTSD II: personality assessment of PTSD-diagnosed Vietnam veterans using the cloning tridimensional personality questionnaire (TPQ).

Richman H; Frueh BC

Department of Psychiatry and Behavioral Sciences Medical University of South Carolina, Charleston, USA.

Depress Anxiety (UNITED STATES) 1997, 6 (2) p70-7, ISSN 1091-4269
Journal Code: CSP

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Examined Tridimensional Personality Questionnaire (TPQ) responses of 53 Vietnam veterans with Combat-Related Posttraumatic stress disorder. When compared with normative data, veterans were found to be high on harm avoidance (HA), low on reward dependence (RD), and high on novelty seeking (NS). High HA and high NS scores were predictive of increased PTSD symptom severity as assessed by the MMPI-2 PK (PTSD) scale, Mississippi Combat Scale for PTSD (M-PTSD), and Beck Depression Inventory (BDI). Low RD was associated with higher scores on both the MMPI-2 PK and M-PTSD scales. The observed "high HA-low RD-high NS" TPQ configuration is consistent with previous research findings/clinical observations, and provides insights into a pattern of dysfunctional personality traits often observed in this population.

5/7/10 (Item 10 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09459946 98140305

The quality of the intimate relationships of male Vietnam veterans: problems associated with posttraumatic stress disorder.

Riggs DS; Byrne CA; Weathers FW; Litz BT

Department of Veterans Affairs Medical Center, National Center for PTSD, Boston, Massachusetts 02130, USA.

J Trauma Stress (UNITED STATES) Jan 1998, 11 (1) p87-101, ISSN 0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study examined the quality of the intimate relationships of male Vietnam veterans. Heterosexual couples in which the veteran had posttraumatic stress disorder (PTSD; n = 26) were compared to couples in which the veteran did not have PTSD (n = 24). Over 70% of the PTSD veterans and their partners reported clinically significant levels of relationship distress compared to only about 30% of the non-PTSD couples. Relationship difficulties appeared to encompass a wide range of areas, with PTSD veterans and their partners reporting that they had more problems in their relationships, more difficulties with intimacy, and had taken more steps toward separation and divorce than the non-PTSD veterans and their partners. The degree of relationship distress was correlated with the severity of veterans' PTSD symptoms, particularly symptoms of emotional numbing. Research and clinical implications of the results are discussed.

5/7/11 (Item 11 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09447939 98152285

Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: hardiness, postwar social support, and additional stressful life events.

King LA; King DW; Fairbank JA; Keane TM; Adams GA

National Center for Post-Traumatic Stress Disorder, Boston Department of Veterans Affairs Medical Center, Massachusetts 02130, USA.
king.lynda@boston.va.gov

J Pers Soc Psychol (UNITED STATES) Feb 1998, 74 (2) p420-34, ISSN 0022-3514 Journal Code: JN3

Contract/Grant No.: MH49168, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Structural equation modeling procedures were used to examine relationships among several war zone stressor dimensions, resilience-recovery factors, and post-traumatic stress disorder symptoms in a national sample of 1,632 Vietnam veterans (26% women and 74% men). A 9-factor measurement model was specified on a mixed-gender subsample of the data and then replicated on separate subsamples of female and male veterans. For both genders, the structural models supported strong mediation effects for the intrapersonal resource characteristic of hardiness, postwar structural and functional social support, and additional negative life events in the postwar period. Support for moderator effects or buffering in terms of interactions between war zone stressor level and resilience-recovery factors was minimal.

5/7/12 (Item 12 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09382821 98006615

Prevalence and correlates of heavy smoking in Vietnam veterans with chronic posttraumatic stress disorder.

Beckham JC; Kirby AC; Feldman ME; Hertzberg MA; Moore SD; Crawford AL; Davidson JR; Fairbank JA

Duke University Medical Center, Durham, NC, USA.

Addict Behav (ENGLAND) Sep-Oct 1997, 22 (5) p637-47, ISSN 0306-4603

Journal Code: 2GW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A study was conducted to investigate smoking patterns in 445 Vietnam veterans with and without posttraumatic stress disorder (PTSD). Combat veterans with PTSD reported similar occurrence of smoking (53%) compared to combat veterans without PTSD (45%). For those who smoked, combat veterans with PTSD reported a significantly higher rate of heavy smoking (> or = 25 cigarettes daily): 28% of combat veterans without PTSD were heavy smokers and 48% of combat veterans with PTSD were heavy smokers. PTSD diagnosis and heavy smoking status were independently and differentially related to motives for smoking. In combat veterans with PTSD, heavy smoking status was positively related to total health complaints, lifetime health complaints, health complaints in the past year, negative health behaviors, total PTSD symptoms, DSM-IV C cluster (avoidance and numbing) and D cluster (hyperarousal) PTSD symptoms. Heavy smoking status was also associated with fewer positive health behaviors.

5/7/13 (Item 13 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09369357 98029713

Survivors. A review of the late-life effects of prior psychological trauma.

Sadavoy J

Mount Sinai Hospital/Princess Margaret Hospital, Toronto, Ontario, Canada.

Am J Geriatr Psychiatry (UNITED STATES) Fall 1997, 5 (4) p287-301,

ISSN 1064-7481 Journal Code: CM3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The author reviews the literature on the epidemiology, symptom picture, and treatment of elderly patients who have encountered serious psychological trauma earlier in life. Data are predominantly derived from studies of aging Holocaust survivors and combat veterans from World War II, the Korean Conflict, and Vietnam. Survivor syndromes persist into old age, but patterns of expression vary. Holocaust survivors appear to have adapted well to instrumental aspects of life, whereas combat warriors may show less functional life-adaptation. Persisting symptoms in all groups include marked disruptions of sleep and dreaming, intrusive memories, impairment of trust, avoidance of stressors, and heightened vulnerability to various types of age-associated retraumatization. There is a deficiency of controlled treatment studies of traumatized elderly patients, but successful group, individual, and family clinical interventions have been described.

5/7/14 (Item 14 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09364184 97471296

Chronic posttraumatic stress disorder and chronic pain in Vietnam combat veterans.

Beckham JC; Crawford AL; Feldman ME; Kirby AC; Hertzberg MA; Davidson JR; Moore SD

Department of Psychiatry, Duke University Medical Center, Durham, NC, USA.

J Psychosom Res (ENGLAND) Oct 1997, 43 (4) p379-89, ISSN 0022-3999

Journal Code: JUV

Contract/Grant No.: R29 MH51752-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A study was conducted to investigate chronic pain patterns in Vietnam veterans with posttraumatic stress disorder (PTSD). Combat veterans with PTSD completed standardized PTSD severity, pain, somatization, and depression measures. Of 129 consecutive out-patient combat veterans with PTSD, 80% reported chronic pain. In descending order were limb pain (83%), back pain (77%), torso pain (50%), and headache pain (32%). Compared to PTSD combat veterans without chronic pain, PTSD veterans who reported chronic pain reported significantly higher somatization as measured by the Minnesota Multiphasic Inventory 2 hypochondriasis and hysteria subscales. In the sample of 103 combat veterans with PTSD and chronic pain, MMPI 2 hypochondriasis scores and B PTSD symptoms (reexperiencing symptoms) were significantly related to pain disability, overall pain index, and current pain level MMPI 2 hypochondriasis and depression scores were also significantly related to percent body pain. These results are discussed in the context of current conceptualizations of PTSD.

5/7/15 (Item 15 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09360092 98053435

Replication and extension of a risk profile for Amerasian youth.

Webb JA; McKelvey RS; Strobel R

Baylor College of Medicine, Houston, Texas 77030, USA.

J Trauma Stress (UNITED STATES) Oct 1997, 10 (4) p645-54, ISSN

0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The relationship between number of risk factors and symptoms of anxiety and depression was examined in a cohort of Vietnamese Amerasians, replicating a study done with a previous cohort. One hundred forty seven subjects awaiting U.S. placement completed the Hopkins Symptom Checklist, the Vietnamese Depression Scale, and a questionnaire which included items found to be risk factors for psychological distress among Amerasians. Number of risk factors was linearly related to symptoms of both depression and anxiety. Results are consistent with previous findings of the relationship between risk factors and symptoms of psychological distress. The profile may be helpful in anticipating which refugees may be at risk for future psychological distress, and thus be useful in preventively allocating scarce treatment resources.

5/7/16 (Item 16 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09360089 98053432

Predictors of emotional numbing in posttraumatic stress disorder.

Litz BT; Schlenger WE; Weathers FW; Caddell JM; Fairbank JA; LaVange LM
Boston Department of Veterans Affairs Medical Center, Medford,
Massachusetts, USA.

J Trauma Stress (UNITED STATES) Oct 1997, 10 (4) p607-18, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Little is known about the mechanisms underlying emotional numbing (EN). The functional relationship between other classes of posttraumatic stress disorder (PTSD) symptoms and EN is also not well understood. In the present study, we examined the statistical predictors of EN. We hypothesized that the severity of EN would be most strongly associated with the hyperarousal symptoms rather than the avoidance symptoms of PTSD, or comorbid depression or substance abuse. This prediction was derived from psychological and biological models that posit EN to be a product of the depletion of emotional resources subsequent to chronic hyperarousal. Using hierarchical multiple regression in two separate samples of Vietnam combat veterans, we found hyperarousal symptoms to be the most robust predictor of EN. These data suggest that there is a substantive relationship between hyperarousal symptoms and EN in PTSD.

5/7/17 (Item 17 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09359255 98048093

Auditory event-related potentials to tone stimuli in combat-related posttraumatic stress disorder.

Metzger LJ; Orr SP; Lasko NB; Pitman RK

Research Service, VA Medical Center, Manchester, New Hampshire 03103,
USA.

Biol Psychiatry (UNITED STATES) Dec 1 1997, 42 (11) p1006-15, ISSN
0006-3223 Journal Code: A3S

Contract/Grant No.: 5F32MH10315, MH, NIMH

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

This study attempted to replicate findings of abnormal auditory event-related potentials (ERPs) in posttraumatic stress disorder (PTSD) in a sample of Vietnam combat veterans. Veterans with combat-related PTSD, divided into unmedicated (unmed-PTSD, n = 12) and medicated (med-PTSD, n = 22) groups, and veterans without PTSD (non-PTSD, n = 10) completed a three-tone "oddball" target detection task while ERPs were measured. Individuals with comorbid panic disorder (PD) were excluded from the primary analyses. Parietal P3 amplitude to the target tone was significantly smaller in unmed-PTSD compared to med-PTSD and non-PTSD groups. These differences did not remain significant when an adjustment was made for level of depression. Parietal P3 amplitude was also negatively correlated with state anxiety. Secondary analyses within the unmed-PTSD group indicated that participants with comorbid PD (n = 3) had the largest parietal P3 amplitudes to target tones. Results are consistent with attentional or concentration deficits in PTSD and highlight the importance of considering comorbid diagnoses. The absence of ERP differences between med-PTSD and non-PTSD participants suggests that psychotropic medication may normalize these deficits.

5/7/18 (Item 18 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09354919 98067099

The efficacies of three relaxation regimens in the treatment of PTSD in Vietnam War veterans.

Watson CG; Tuorila JR; Vickers KS; Gearhart LP; Mendez CM

Research Service, Department of Veterans Affairs Medical Center, St. Cloud, MN 56303, USA.

J Clin Psychol (UNITED STATES) Dec 1997, 53 (8) p917-23, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Ninety male Vietnam veterans with posttraumatic stress disorder (PTSD) were administered relaxation instructions, relaxation instruction with deep breathing exercises, or relaxation instructions with deep breathing training and thermal biofeedback. Improvement appeared on only 4 of the 21 PTSD and physiological dependent variables studied. All 21 Treatment x Time interactions were nonsignificant. This suggests that the treatments were mildly therapeutic, but that the additions of training in deep breathing and thermal biofeedback did not produce improvement beyond that associated with simple instructions to relax in a comfortable chair.

5/7/19 (Item 19 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09354913 98067093

Interpersonal violence and its correlates in Vietnam veterans with chronic posttraumatic stress disorder.

Beckham JC; Feldman ME; Kirby AC; Hertzberg MA; Moore SD

Duke University Medical Center, Durham, NC, USA.

J Clin Psychol (UNITED STATES) Dec 1997, 53 (8) p859-69, ISSN 0021-9762 Journal Code: HTJ

Contract/Grant No.: R29 MH51752-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Two studies were conducted to investigate interpersonal violence in Vietnam veterans with posttraumatic stress disorder (PTSD). In study one, combat veterans with PTSD reported significantly greater occurrence of violent behaviors over the past year (22 acts) versus combat veterans without PTSD (.2 acts). Combat exposure had an independent positive association with interpersonal violence. In study two, variables related to current interpersonal violent behavior in 118 PTSD combat veterans were evaluated. In rank order of importance, lower socioeconomic status, increased aggressive responding and increased PTSD severity were related to interpersonal violence. These results suggest that combat veterans with PTSD exhibit greater interpersonal violence than combat veterans without PTSD, and that there are multiple factors in this population which determine violent behavior.

5/7/20 (Item 20 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09354911 98067091

Minnesota Multiphasic Personality Inventory profiles of Vietnam combat veterans with posttraumatic stress disorder and their children.

Beckham JC; Braxton LE; Kudler HS; Feldman ME; Lytle BL; Palmer S

Duke University Medical Center, Durham, NC, USA.

J Clin Psychol (UNITED STATES) Dec 1997, 53 (8) p847-52, ISSN 0021-9762 Journal Code: HTJ

Contract/Grant No.: R29 MH51752-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Forty children of 28 fathers who are Vietnam veterans with posttraumatic stress disorder (PTSD) completed the Minnesota Multiphasic Personality Inventory. Each of the fathers had at least one elevated clinical scale. Fathers averaged eight elevated clinical scales, and compared to more recent norms, fathers averaged seven elevated clinical scales. Seventy-eight percent of the children had at least one clinically elevated scale (averaging three elevated clinical scales). Compared to contemporary normal adolescents and adults, 65% of children had at least one clinically elevated scale (still averaging three elevated clinical scales). No consistent MMPI profile patterns emerged within or across the two groups. No gender differences were detected among child MMPI profiles. Forty percent of the children reported illegal drug use, and 35% reported behavior problems. Fifteen percent of children reported previous violent behavior. Eighty-three percent of the children reported elevated Cook-Medley hostility scores as compared to an age-matched national normative sample. Children with higher PK scores were also significantly more likely to report higher Cook-Medley hostility scores. Forty-five percent of children reported significant elevations on the PTSD/PK subscales.

5/7/21 (Item 21 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09343548 98059080

Posttraumatic stress disorder and functioning and quality of life outcomes in a nationally representative sample of male Vietnam veterans.

Zatzick DF; Marmar CR; Weiss DS; Browner WS; Metzler TJ; Golding JM; Stewart A; Schlenger WE; Wells KB

Robert Wood Johnson Clinical Scholars Program, University of California, San Francisco, USA.

Am J Psychiatry (UNITED STATES) Dec 1997, 154 (12) p1690-5, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Although posttraumatic stress disorder (PTSD) is a highly prevalent and often chronic condition, the relationship between PTSD and functioning and quality of life remains incompletely understood. METHOD: The authors undertook an archival analysis of data from the National Vietnam Veterans Readjustment Study. The study subjects consisted of the nationally representative sample of male Vietnam veterans who participated in the National Vietnam Veterans Readjustment Study. The authors estimated PTSD at the time of the interview with the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder. They examined the following outcomes: diminished well-being, physical limitations, bed day in the past 2 weeks, compromised physical health status, currently not working, and perpetration of violence. Logistic models were used to determine the association between PTSD and outcome; adjustment was made for demographic characteristics and comorbid psychiatric and other medical conditions. RESULTS: The risks of poorer outcome were significantly higher in subjects

with PTSD than in subjects without PTSD in five of the six domains. For the outcome domains of physical limitations, not working, compromised physical health, and diminished well-being, these significantly higher risks persisted even in the most conservative logistic models that removed the shared effects of comorbid psychiatric and other medical disorders. CONCLUSIONS: The suffering associated with combat related-PTSD extends beyond the signs and symptoms of the disorder to broader areas of functional and social morbidity. The significantly higher risk of impaired functioning and diminished quality of life uniquely attributable to PTSD suggests that PTSD may well be the core problem in this group of difficult to treat and multiply afflicted patients.

5/7/22 (Item 22 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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09342895 98033411

Is Gulf War syndrome due to stress? The evidence reexamined [see comments]

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Am J Epidemiol (UNITED STATES) Nov 1 1997, 146 (9) p695-703, ISSN 0002-9262 Journal Code: 3H3

Comment in Am J Epidemiol 1997 Nov 1;146(9):704-11; discussion 712

Languages: ENGLISH

Document type: JOURNAL ARTICLE; META-ANALYSIS

Medical policy-makers have concluded that stress from wartime trauma and deployment constitutes an important cause of the chronic physical symptoms observed in US veterans who served in the Persian Gulf War. The author reviewed scientific articles from peer-reviewed journals referenced in the final report of the Presidential Advisory Committee on Gulf War Veterans' illnesses and conducted a MEDLINE literature search. All reported prevalence rates of post-traumatic stress disorder (PTSD) in Gulf War veterans were defined by critical cutpoints on psychometric scales constructed by summing veterans' responses on standardized symptom questionnaires rather than by clinical psychiatric interviews. Observed PTSD rates varied from 0% to 36% (mean, 9%). Correcting for measurement errors with previously determined values of the sensitivity (range 0.77 to 0.96) and specificity (range 0.62 to 0.89) of the psychometric tests yielded estimated true PTSD rates of 0% for 18 of the 20 reported rates. Mean scores on the Mississippi PTSD scale in all subgroups of Gulf War veterans were within the range of values for well-adjusted Vietnam veterans (50-89) and far below that of Vietnam veterans with psychiatrically confirmed PTSD (120-140). Most PTSD and "stress-related symptoms" reported in studies of Gulf War veterans appear to represent false-positive errors of measurement reflecting nonspecific symptoms of other conditions.

5/7/23 (Item 23 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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09332660 98034919

Posttraumatic stress disorder in U.S. Army Vietnam veterans who served in the Persian Gulf War.

McCarroll JE; Fagan JG; Hermsen JM; Ursano RJ

Department of Psychiatry, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland 20814, USA.

J Nerv Ment Dis (UNITED STATES) Nov 1997, 185 (11) p682-5, ISSN
0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We reviewed U.S. Army medical boards (136 cases) held between October 1990 and July 1994 for posttraumatic stress disorder (PTSD) that involved participation in the Persian Gulf War of 1990 to 1991. Thirty-five percent of these soldiers (34 cases) had also served in Vietnam. Their records were compared with the records of 102 other soldiers also medically retired for PTSD who served in the Persian Gulf War but did not serve in Vietnam. Approximately one-half of the Vietnam group developed PTSD symptoms in anticipation of deployment to the Persian Gulf. Those soldiers with prior Vietnam service had statistically significant odds ratios for PTSD (between about 5 and 24) compared with soldiers without Vietnam service. These findings indicate that for some persons with prior war experience, the threat of another war is sufficient to exacerbate symptoms or provoke a new episode of PTSD and this risk is substantially greater than that for soldiers without such experience.

5/7/24 (Item 24 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09312962 98019398

Consistency of traumatic memories [letter]

French O

Am J Psychiatry (UNITED STATES) Nov 1997, 154 (11) p1628-9, ISSN
0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/25 (Item 25 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09306147 97480269

Post-traumatic stress disorder and functioning and quality of life outcomes in female Vietnam veterans.

Zatzick DF; Weiss DS; Marmar CR; Metzler TJ; Wells K; Golding JM; Stewart A; Schlenger WE; Browner WS

Robert Wood Johnson Clinical Scholars Program, University of California, San Francisco 94143, USA.

Mil Med (UNITED STATES) Oct 1997, 162 (10) p661-5, ISSN 0026-4075
Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This investigation assessed whether current post-traumatic stress disorder (PTSD) was associated with impaired functioning in a nationally representative sample of female Vietnam veterans. METHODS: Logistic models were used to determine the association between PTSD and outcome while adjusting for demographic characteristics and medical and psychiatric co-morbidities. RESULTS: PTSD was associated with significantly elevated odds of poorer functioning in five of the six outcome domains; only the association between perpetration of violence in the past year and PTSD did not achieve statistical significance. After adjusting for demographics and medical and psychiatric co-morbidities, PTSD remained associated with significantly elevated odds of bed days, poorer physical health, and currently not working. CONCLUSIONS: Among female Vietnam

veterans PTSD is associated with a broad profile of functional impairment. The significantly increased odds of impaired functioning and diminished quality of life suggest that PTSD may be the core problem of the set of problems afflicting female Vietnam veterans.

5/7/26 (Item 26 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09304298 97474208

Combat veterans with posttraumatic stress disorder exhibit decreased habituation of the P1 midlatency auditory evoked potential.

Gillette GM; Skinner RD; Rasco LM; Fielstein EM; Davis DH; Pawelak JE; Freeman TW; Karson CN; Boop FA; Garcia-Rill E

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Life Sci (ENGLAND) 1997, 61 (14) p1421-34, ISSN 0024-3205

Journal Code: L62

Contract/Grant No.: NS20246, NS, NINDS

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The current study used a paired stimulus paradigm to investigate the P1 midlatency auditory evoked potential in Vietnam combat veterans with posttraumatic stress disorder (PTSD) and three comparison groups: alcohol dependents, combat-exposed normals, and combat-unexposed normals. Compared to each comparison group, PTSD subjects exhibited significantly diminished habituation of the P1 potential. P1 potential habituation within the PTSD group, correlated significantly with intensity of PTSD reexperiencing symptoms, such as trauma-related nightmares and flashbacks. These findings are discussed as consistent with a sensory gating defect at the brainstem level in PTSD, and are further discussed in the context of other psychophysiological measures in PTSD and of P1 potential findings in psychiatric disorders other than PTSD.

5/7/27 (Item 27 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09264226 97229902

Positron emission tomography measurement of cerebral metabolic correlates of yohimbine administration in combat-related posttraumatic stress disorder.

Bremner JD; Innis RB; Ng CK; Staib LH; Salomon RM; Bronen RA; Duncan J; Southwick SM; Krystal JH; Rich D; Zubal G; Dey H; Soufer R; Charney DS

Department of Psychiatry, Yale University School of Medicine, New Haven, Conn, USA.

Arch Gen Psychiatry (UNITED STATES) Mar 1997, 54 (3) p246-54, ISSN 0003-990X Journal Code: 72C

Languages: ENGLISH

Document type: JOURNAL ARTICLE

BACKGROUND: We have previously reported an increase in symptoms of anxiety in patients with posttraumatic stress disorder (PTSD) following administration of the beta 2-antagonist yohimbine, which stimulates brain norepinephrine release. Preclinical studies show decreased metabolism in the neocortex and the caudate nucleus with high-dose yohimbine-induced norepinephrine release, but low levels of norepinephrine release result in an increase in metabolism in these areas. METHODS: We used positron emission tomography and fludeoxyglucose F 18 to measure brain metabolism in

Vietnam combat veterans with PTSD (n = 10) and healthy age-matched control subjects (n = 10), following administration of yohimbine (0.4 mg/kg) or placebo in a randomized, double-blind fashion. RESULTS: Yohimbine resulted in a significant increase in anxiety in the patients with PTSD, but not in healthy subjects. There was a significant difference in brain metabolic response to yohimbine in patients with PTSD compared with healthy subjects in prefrontal, temporal, parietal, and orbitofrontal cortexes. Metabolism tended to decrease in patients with PTSD and increase in healthy subjects following administration of yohimbine. CONCLUSION: These findings are consistent with our previous hypothesis of enhanced norepinephrine release in the brain with yohimbine in patients with PTSD.

5/7/28 (Item 28 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09248615 97045755

Cognitive functioning and posttraumatic stress disorder.

Barrett DH; Green ML; Morris R; Giles WH; Croft JB

Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Atlanta, GA 30341, USA.

Am J Psychiatry (UNITED STATES) Nov 1996, 153 (11) p1492-4, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The authors examined the association of cognitive impairment with posttraumatic stress disorder (PTSD) and other psychiatric diagnoses known to affect cognitive functioning. METHOD: The results of standardized neuropsychological tests were compared in four groups of Vietnam veterans: veterans with both a lifetime history of PTSD and a current diagnosis of depression, anxiety, or substance abuse; veterans with only a PTSD diagnosis; veterans with only a current diagnosis of depression, anxiety, or substance abuse; and veterans with none of these diagnoses. RESULTS: Veterans with both PTSD and concurrent diagnoses exhibited more impairment in cognitive functioning than did veterans without these diagnoses. CONCLUSIONS: Cognitive deficits seen among persons diagnosed with PTSD may be associated with their concomitant diagnoses.

5/7/29 (Item 29 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09247134 97028824

Dopamine D2 receptor (DRD2) gene and susceptibility to posttraumatic stress disorder: a study and replication.

Comings DE; Muhleman D; Gysin R

Department of Human Genetics, City of Hope National Medical Center, Duarte, CA 91010-0269, USA.

Biol Psychiatry (UNITED STATES) Sep 1 1996, 40 (5) p368-72, ISSN 0006-3223 Journal Code: A3S

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

Subjects on an addiction treatment unit who had been exposed to severe combat conditions in Vietnam were screened for posttraumatic stress disorder (PTSD). Of 24 with PTSD, 58.3% carried the D2A1 allele. Of the remaining eight who did not meet PTSD criteria, 12.5% carried the D2A1 allele (p = 0.04). In a replication study of 13 with PTSD, 61.5% carried

the D2A1 allele. Of the remaining 11 who did not meet criteria for PTSD, 0% carried the D2A1 allele ($p = 0.002$). For the combined group 59.5% of those with PTSD carried the D2A1 allele versus 5.3% of those who did not have PTSD ($p = 0.0001$). These results suggest that a DRD2 variant in linkage disequilibrium with the D2A1 allele confers an increased risk to PTSD, and the absence of the variant confers a relative resistance to PTSD.

5/7/30 (Item 30 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09227577 96221822

Current and lifetime psychiatric disorders among veterans with war zone-related posttraumatic stress disorder.

Orsillo SM; Weathers FW; Litz BT; Steinberg HR; Huska JA; Keane TM

Department of Veterans Affairs Medical Center, Boston, Massachusetts, USA.

J Nerv Ment Dis (UNITED STATES) May 1996, 184 (5) p307-13, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Previous research has found high rates of psychiatric disorders among veterans with war zone-related posttraumatic stress disorder (PTSD). However, many studies in this area are methodologically limited in ways that preclude unambiguous interpretation of their results. The purpose of this study was to address some of these limitations to clarify the relationship between war zone-related PTSD and other disorders. Participants were 311 male Vietnam theater veterans assessed at the National Center for PTSD at the Boston Veterans Affairs Medical Center. The Clinician-Administered PTSD Scale and the Structured Clinical Interview for DSM-III-R were used to derive current and lifetime diagnoses of PTSD, other axis I disorders (mood, anxiety, substance use, psychotic, and somatoform disorders), and two axis II disorders (borderline and antisocial personality disorders only). Participants also completed several self-report measures of PTSD and general psychopathology. Relative to veterans without PTSD, veterans with PTSD had significantly higher rates of current major depression, bipolar disorder, panic disorder, and social phobia, as well as significantly higher rates of lifetime major depression, panic disorder, social phobia, and obsessive-compulsive disorder. In addition, veterans with PTSD scored significantly higher on all self-report measures of PTSD and general psychopathology. These results provide further evidence that PTSD is associated with high rates of additional psychiatric disorders, particularly mood disorders and other anxiety disorders. The implications of these findings and suggestions about the direction of future research in this area are discussed.

5/7/31 (Item 31 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09223844 96180602

Chronic PTSD in Vietnam combat veterans: course of illness and substance abuse.

Bremner JD; Southwick SM; Darnell A; Charney DS

National Center for Posttraumatic Stress Disorder, West Haven VA Medical Center, CT 06516, USA.

Am J Psychiatry (UNITED STATES) Mar 1996, 153 (3) p369-75, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The purpose of this study was to measure the longitudinal course of specific symptoms of posttraumatic stress disorder (PTSD) and related symptoms of alcohol and substance abuse and the effects of alcohol and substances on the symptoms of PTSD. METHOD: A structured interview for the assessment of PTSD and alcohol and substance abuse, as well as other factors such as life stressors and treatment, was administered to 61 Vietnam combat veterans with PTSD. RESULTS: Onset of symptoms typically occurred at the time of exposure to combat trauma in Vietnam and increased rapidly during the first few years after the war. Symptoms plateaued within a few years after the war, following which the disorder became chronic and unremitting. Hyperarousal symptoms such as feeling on guard and feeling easily startled developed first, followed by avoidant symptoms and finally by symptoms from the intrusive cluster. The onset of alcohol and substance abuse typically was associated with the onset of symptoms of PTSD, and the increase in use paralleled the increase of symptoms. Patients reported a tendency for alcohol, marijuana, heroin, and benzodiazepines to make PTSD symptoms better, while cocaine made symptoms in the hyperarousal category worse. There was no relationship between treatment interventions and the natural course of PTSD. CONCLUSIONS: These findings suggest that symptoms of PTSD begin soon after exposure to trauma, that hyperarousal symptoms are the first symptoms to occur, that the natural course of alcohol and substance abuse parallels that of PTSD, and that specific substances have specific effects on PTSD symptoms.

5/7/32 (Item 32 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09205191 95353575

Post-traumatic stress and associated disorders among Vietnam veterans: the significance of combat exposure and social support.

Boscarino JA

Department of Epidemiology and Biostatistics, University of California, San Francisco 94105, USA.

J Trauma Stress (UNITED STATES) Apr 1995, 8 (2) p317-36, ISSN 0894-9867 Journal Code: B1B

Contract/Grant No.: T32 MH-19105, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The hypothesis is tested that individuals exposed to traumatic stress who currently have lower social support have higher rates of post-traumatic stress and associated disorders. To test this, the current prevalence of five psychiatric disorders, including post-traumatic stress, generalized anxiety, depression, alcohol abuse, and drug abuse, were studied among a random sample of veterans who served in Vietnam (N = 2,490) and a random sample of "era" veterans who did not (N = 1,972). Logistic regression was used to analyze each disorder, controlling for past combat exposure, current social status, childhood delinquency, military adjustment, and current social support. Combat exposure was the best predictor of post-traumatic stress and was also associated with anxiety and depression, but not alcohol or drug abuse. Substance abuse was associated with childhood delinquency, and the best predictor of drug abuse was illicit Army drug use. Lower social support was associated with all disorders, except drug abuse. Although the causal nexus is not clear in this case, this study suggests that future research and clinical interventions should not overlook the significance of social support among victims of traumatic stress.

5/7/33 (Item 33 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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09180411 97418260

A prospective study of psychological distress related to refugee camp experience.

McKelvey RS; Webb JA

Princess Margaret Hospital, Subiaco, Australia.

Aust N Z J Psychiatry (AUSTRALIA) Aug 1997, 31 (4) p549-54, ISSN
0004-8674 Journal Code: 9I6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Previous reports have suggested a direct relationship between refugee camp experience and levels of psychological distress among refugees. Specifically, it has been postulated that refugee camps with harsh conditions and low levels of social support foster high levels of psychological distress. The present study was designed to assess the relationship between camp conditions and social support within a refugee camp and refugees' levels of psychological distress. Unlike previous reports, which were based on retrospective data, the present study evaluated psychological distress among a group of Vietnamese refugees both prior to departure from Vietnam and during their refugee camp experience.

METHOD: A group of 101 Vietnamese Amerasians was assessed at a transit centre in Vietnam and subsequently at a refugee camp in the Philippines. Assessment instruments were the Hopkins Symptom Checklist-25 and a Camp Comparison Questionnaire. RESULTS: There were significant decreases in symptom levels of anxiety and depression between the transit centre in Vietnam and the refugee camp in the Philippines. However, these changes were not related to changes in refugee camp conditions or social support within the camp. CONCLUSIONS: Contrary to previous reports, levels of psychological distress among this group of Vietnamese refugees were not related to either refugee camp conditions or levels of social support within the camp.

5/7/34 (Item 34 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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09110926 97380881

Evidence for diminished P3 amplitudes in PTSD.

Metzger LJ; Orr SP; Lasko NB; Berry NJ; Pitman RK

Department of Psychiatry, Harvard Medical School, Boston, Massachusetts
02115, USA.

Ann N Y Acad Sci (UNITED STATES) Jun 21 1997, 821 p499-503, ISSN
0077-8923 Journal Code: 5NM

Contract/Grant No.: 5F32MH10315, MH, NIMH; RO1MH48559, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/35 (Item 35 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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09110919 97380874

Neurological status of combat veterans and adult survivors of sexual

abuse PTSD.

Gurvits TV; Gilbertson MW; Lasko NB; Orr SP; Pitman RK

Department of Psychiatry, Harvard Medical School, Boston, Massachusetts,
USA.

Ann N Y Acad Sci (UNITED STATES) Jun 21 1997, 821 p468-71, ISSN
0077-8923 Journal Code: 5NM

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We found higher levels of positive soft neurological signs in PTSD participants than in participants who also experienced similar trauma but did not develop PTSD. This finding was replicated in two samples, that is, Vietnam combat veterans and adult female survivors of childhood sexual abuse, despite differences in gender, age, nature of trauma, and period of life when the trauma occurred. Past developmental history of participants and a substance abuse history of first-degree relatives also differentiated PTSD from non-PTSD groups in both combat and sexual abuse samples. Evidence for neurological impairment and compromised developmental history raises the possibility of pretrauma impairment as a risk factor for the development of PTSD.

5/7/36 (Item 36 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09110892 97380849

Implicit and explicit memory for trauma-related information in PTSD.

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Department of Psychology, Harvard University, Cambridge, Massachusetts
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Ann N Y Acad Sci (UNITED STATES) Jun 21 1997, 821 p219-24, ISSN
0077-8923 Journal Code: 5NM

Contract/Grant No.: 51927

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Experiments on content-dependent memory abnormalities in PTSD suggest several conclusions. First, PTSD patients exhibit enhanced recall of words related to trauma relative to trauma-exposed persons with the disorder. Recognition tests, however, appear insensitive to these effects. Second, PTSD patients do not exhibit implicit memory biases for trauma cues on implicit memory tasks that are strongly influenced by perceptual (e.g., orthographic) aspects of input. They may, however, exhibit enhanced implicit memory for trauma-related material on conceptually more complex tasks. Third, directed forgetting research suggests that adult survivors of childhood sexual abuse who have PTSD exhibit memory deficits only for neutral and positive material, not for material related to their abuse. Psychiatrically healthy survivors exhibit normal memory performance in this paradigm. Fourth, autobiographical memory research indicates that trauma survivors, especially those with PTSD, are characterized by difficulties retrieving specific memories from their past in response to cue words. These findings are especially dramatic in Vietnam combat veterans whose self-presentational style suggests a fixation to the war and a failure of their autobiography to unfold. (23 Refs.)

5/7/37 (Item 37 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09080486 97281790

The Honolulu posttraumatic stress disorder stimulus set.
Chemtob CM; Roitblat HL; Hamada RS; Carlson JG; Muraoka MY; Bauer GB
Department of Veterans Affairs, Honolulu, Hawaii 96812, USA.

J Trauma Stress (UNITED STATES) Apr 1997, 10 (2) p337-43, ISSN
0894-9867 Journal Code: B1B
Languages: ENGLISH

Document type: JOURNAL ARTICLE

We present word and picture stimuli constituting a validated stimulus set appropriate for cognitive investigations of posttraumatic stress disorder (PTSD). Combat related and neutral words and pictures were rated by Vietnam veterans with PTSD and by three comparison groups along four dimensions: unpleasantness, Vietnam relevance, stressfulness, and memorability. There were distinctive patterns of responses by the PTSD group which efficiently discriminated the individuals in this group from those in the control groups. These stimuli have the potential to be developed as a diagnostic instrument.

5/7/38 (Item 38 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09080480 97281783

The impact of the homecoming reception on the development of posttraumatic stress disorder. The West Haven Homecoming Stress Scale (WHHSS).

Johnson DR; Lubin H; Rosenheck R; Fontana A; Southwick S; Charney D

National Center for PTSD, VA Medical Center, West Haven, Connecticut
06516, USA.

J Trauma Stress (UNITED STATES) Apr 1997, 10 (2) p259-77, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study reports on the development of a self-report measure of the homecoming experience among Vietnam veterans with posttraumatic stress disorder (PTSD). The West Haven Homecoming Stress Scale (WHHSS), measuring Frequency of Events, Intensity of Feelings, and Level of Support during the first 6 months after return from overseas, and within the past 6 months, was collected from 247 veterans who were receiving inpatient treatment for PTSD. Homecoming Stress was the most significant predictor of current PTSD symptomatology superseding combat exposure, childhood and civilian traumas, and stressful life events. A factor analysis resulted in four orthogonal factors: Shame, Negative Interpersonal Interaction, Social Withdrawal, and Resentment. Homecoming Stress was unchanged over the course of a 4 month inpatient program.

5/7/39 (Item 39 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09080479 97281782

Development and validation of the sources of trauma-related guilt survey-war-zone version.

Kubany ES; Abueg FR; Kilauano WL; Manke FP; Kaplan AS

Pacific Center for PTSD, Department of Veterans Affairs, Honolulu, Hawaii
96813, USA.

J Trauma Stress (UNITED STATES) Apr 1997, 10 (2) p235-58, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Despite clinical observations that many veterans have multiple sources of war-related guilt, many problematic guilt issues are commonly not treated or even detected by clinicians. We describe development of a survey that systematically assesses idiosyncratic sources of guilt across the spectrum of events that are potential sources of trauma-related guilt from the war-zone. A multimethod strategy was used to develop a survey with strong content validity-Results indicate the survey is temporally stable, substantially correlated with other measures of guilt, and highly correlated with measures of posttraumatic stress disorder (PTSD) and depression. Findings confirm that many Vietnam veterans have multiple sources of severe war-related guilt. The survey may have important clinical utility for problem identification, treatment planning, and evaluating treatment efficacy.

5/7/40 (Item 40 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09062721 97304717

Help-seeking in Vietnam veterans: post-traumatic stress disorder and other predictors.

Marshall RP; Jorm AF; Grayson DA; Dobson M; O'Toole B

NHMRC Psychiatric Epidemiology Research Centre, Australian National University, Canberra.

Aust. N Z J Public Health (AUSTRALIA) Apr 1997, 21 (2) p211-3, ISSN 1326-0200 Journal Code: CK2

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study investigated factors predicting help-seeking from the Department of Veterans' Affairs (DVA) by Vietnam veterans. Data used were from a national Australian survey of Vietnam veterans' health (n = 641) conducted between July 1990 and April 1993. The survey involved current clinical assessments and retrospective questionnaires, supplemented with health and service records retrieved from the DVA and Army personnel files. Measures included the 1989-90 Australian Bureau of Statistics Health Survey questionnaire, and mental health, sociodemographic and operational deployment history questionnaires. For both current and lifetime diagnoses of post-traumatic stress disorder, a third of the veterans with the disorder had never obtained any health care entitlement from the DVA. Other than physical and mental problems, which accounted for the greatest proportion of the help-seeking odds, significant factors predicting help-seeking included factors such as: predeployment personality, combat exposure, the veterans' own attitudes towards their deployment, experiences during deployment, experiences during repatriation and membership of ex-service organisations. These findings on how post-traumatic stress disorder and other health problems relate to help-seeking patterns could help in developing prevention and care programs for stress disorder.

5/7/41 (Item 41 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09060963 97270755

The cycle of trauma; relationship aggression in male Vietnam veterans with symptoms of posttraumatic stress disorder.

Byrne CA; Riggs DS

Boston Department of Veterans Affairs Medical Center, National Center for

Posttraumatic Stress Disorder, USA.

Violence Vict (UNITED STATES) Fall 1996, 11 (3) p213-25, ISSN
0886-6708 Journal Code: AYT

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study examined the association between symptoms of Posttraumatic Stress Disorder (PTSD) in male Vietnam veterans and their use of aggressive behavior in relationships with intimate female partners. Fifty couples participated in the study. Veterans reported on their PTSD symptoms, and veterans and partners completed measures assessing the veterans' use of physical, verbal, and psychological aggression during the preceding year as well as measures of their own perceptions of problems in the relationship. Results indicated that PTSD symptomatology places veterans at increased risk for perpetrating relationship aggression against their partners. The association between veterans' PTSD symptoms and their use of aggression in relationships was mediated by relationship problems. Clinical implications of these findings and suggestions for future research are discussed.

5/7/42 (Item 42 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09047195 97259815

Sustained attention in combat-related posttraumatic stress disorder.

Golier J; Yehuda R; Cornblatt B; Harvey P; Gerber D; Levengood R

Department of Veterans Affairs, Bronx, NY, USA.

Integr Physiol Behav Sci (UNITED STATES) Jan-Mar 1997, 32 (1) p52-61,
ISSN 1053-881X Journal Code: AX0

Contract/Grant No.: MH-49536, MH, NIMH

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

There is substantial evidence that PTSD patients have information processing abnormalities for stimuli that are highly relevant to the traumas they have endured. The goal of the present study was to examine whether this extends to neutral stimuli as well. Twenty-four male Vietnam combat veterans with PTSD were compared to fifteen normal male comparison subjects on their performance on a sensitive measure of sustained attention, the Continuous Performance Test-Identical Pairs version (CPT-IP). PTSD subjects did not differ from controls in their ability to discriminate target stimuli from background noise on the CPT. Additionally they performed as well as controls, even in the presence of external distraction. Thus, this study did not find a generalized deficit in attention associated with PTSD on the CPT-IP. Nevertheless, further clarification of the nature of the information processing disturbance in PTSD is warranted.

5/7/43 (Item 43 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09047191 97259812

Heart rate during group flooding therapy for PTSD.

Woodward SH; Drescher KD; Murphy RT; Ruzek JI; Foy DW; Arsenault NJ;
Gusman FD

National Center for PTSD, VA Palo Alto Health Care System, CA 94304, USA.

Integr Physiol Behav Sci (UNITED STATES) Jan-Mar 1997, 32 (1) p19-30,
ISSN 1053-881X Journal Code: AX0

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

The objective of this study was to assess, via heart rate, the arousal levels of participants in group trauma reexposure therapy for posttraumatic stress disorder, and so to better understand this common mode of treatment, particularly in regards to its presumed curative factor, extinction. Six Vietnam combat-related PTSD inpatients participated twice weekly in group trauma reexposure therapy during which their electrocardiograms were recorded. Heart rate was quantified continuously off-line. Heart rates of participants not directly engaged in imaginal reexposure to their personal combat traumas consistently exhibited mild linear declines from the beginnings to the ends of the approximately 2.5 hour sessions. Participants actively engaged in personal combat trauma reexposure exhibited higher whole-session heart rates. Most also exhibited more specific elevation extending over the later portions of therapy sessions during which intensive reexposure usually occurred. Surprisingly, no patients exhibited focal increases in heart rate concurrent with periods of most intensive traumatic incident review as judged from videotape. Administering imaginal reexposure in a group context does not preclude substantial physiological (sympathetic) arousal, as is preconditional for extinction. Under conditions in which the actively engaged reexposure patient is reliably identified, group trauma reexposure therapy may not provide an opportunity for "vicarious" flooding in nonengaged participants.

5/7/44 (Item 44 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09046191 97310335

Effectiveness and cost of the inpatient treatment of posttraumatic stress disorder: comparison of three models of treatment.

Fontana A; Rosenheck R

VA Northeast Program Evaluation Center, Evaluation Division of the National Center for PTSD, West Haven, CT 06516, USA.

Am J Psychiatry (UNITED STATES) Jun 1997, 154 (6) p758-65, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study compared the outcomes and costs of three models of Department of Veterans Affairs (VA) inpatient treatment for posttraumatic stress disorder (PTSD): 1) long-stay specialized inpatient PTSD units, 2) short-stay specialized evaluation and brief-treatment PTSD units, and 3) nonspecialized general psychiatric units. METHOD: Data were drawn from 785 Vietnam veterans undergoing treatment at 10 programs across the country. The veterans were followed up at 4-month intervals for 1 year after discharge. Successful data collection averaged 66.1% across the three follow-up intervals. RESULTS: All models demonstrated improvement at the time of discharge, but during follow-up symptoms and social functioning rebounded toward admission levels, especially among participants who had been treated in long-stay PTSD units. Veterans in the short-stay PTSD units and in the general psychiatric units showed significantly more improvement during follow-up than veterans in the long-stay PTSD units. Greatest satisfaction with their programs was reported by veterans in the short-stay PTSD units. Finally, the long-stay PTSD units proved to be 82.4% and 53.5% more expensive over 1 year than the short-stay PTSD units and general psychiatric units, respectively. CONCLUSIONS: The paucity of evidence of sustained improvement from costly long-stay specialized inpatient PTSD programs and the indication of high satisfaction and sustained improvement in the far less costly short-stay specialized evaluation and brief-treatment PTSD programs suggest that systematic restructuring of VA

inpatient PTSD treatment could result in delivery of effective services to larger numbers of veterans.

5/7/45 (Item 45 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09030980 97218010

The validity of screening for post-traumatic stress disorder and major depression among Vietnamese former political prisoners.

Smith Fawzi MC; Murphy E; Pham T; Lin L; Poole C; Mollica RF

Department of Health Policy and Management, Harvard School of Public Health, Boston, MA, USA.

Acta Psychiatr Scand (DENMARK) Feb 1997, 95 (2) p87-93, ISSN 0001-690X Journal Code: 1VY

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The aim of this study was to investigate the validity of the Harvard Trauma Questionnaire (HTQ) and the depression sub-scale of the Hopkins Symptom Checklist-25 (HSCL-25) in screening for post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) among Vietnamese former political prisoners (POWs). The study population included Vietnamese POWs (n = 51) who migrated to the Boston metropolitan area between January 1990 and July 1992 under the Special Released Re-education Center Detainees Resettlement Program. The criterion validity of the HTQ in assessing PTSD and of the depression sub-scale of the HSCL-25 in assessing MDD is supported by the results. Consideration of an appropriate cut-off score should include examination of the utility of a given screening instrument for PTSD or MDD within different settings, such as refugee camps vs. countries of third asylum.

5/7/46 (Item 46 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09023732 97013348

Serum triiodothyronine elevation with posttraumatic stress disorder: a cross-cultural study.

Mason J; Weizman R; Laor N; Wang S; Schujovitsky A; Abramovitz-Schneider P; Feiler D; Charney D

Yale University School of Medicine, VA Medical Center, West Haven, Connecticut, USA.

Biol Psychiatry (UNITED STATES) May 15 1996, 39 (10) p835-8, ISSN 0006-3223 Journal Code: A3S

Contract/Grant No.: RO1 MH41125, MH, NIMH; RSA MH00346, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study examines the thyroid hormonal profile in Israeli combat veterans with posttraumatic stress disorder (PTSD) and compares it with the previously reported profile in American Vietnam combat veterans with PTSD. Eleven male combat veterans with PTSD were compared with 11 normal subjects. Thyroid junction was evaluated by the measurement of serum total triiodothyronine (TT3), free triiodothyronine (FT3), total thyroxine (TT4), free thyroxine (FT4), thyroxine-binding globulin (TBG), and thyroid-stimulating hormone (TSH). The mean total T3 level in the Israeli PTSD patients (160.5 ng/dL) was significantly elevated (t = 2.53, p < .02) above that of the comparison group (135.5 ng/dL). Total T3 mean levels were not significantly different between the Israeli PTSD group and two American

PTSD groups, but all three PTSD groups had significantly higher total T3 levels than both Israeli and American comparison groups. This preliminary study indicates that T3 elevation in combat-related PTSD may extend across cultures and suggests that further comparison of Israeli and American PTSD and normal groups may be useful in evaluating the significance and implications of the unusual alterations in the thyroid system in PTSD.

5/7/47 (Item 47 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09014177 97283003

Unusual flashbacks in a Vietnam veteran [letter]

Mayer P; Pope HG Jr

Am J Psychiatry (UNITED STATES) May 1997, 154 (5) p713, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/48 (Item 48 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

09014159 97282982

Elevated CSF corticotropin-releasing factor concentrations in posttraumatic stress disorder.

Bremner JD; Licinio J; Darnell A; Krystal JH; Owens MJ; Southwick SM; Nemeroff CB; Charney DS

Department of Psychiatry, Yale University School of Medicine, New Haven, Conn., USA.

Am J Psychiatry (UNITED STATES) May 1997, 154 (5) p624-9, ISSN

0002-953X Journal Code: 3VG

Contract/Grant No.: MH-42088, MH, NIMH; MH-51761, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Corticotropin-releasing factor (CRF) and somatostatin both play important roles in mediating responses to acute and chronic stress. The purpose of this study was to measure CSF concentrations of CRF and somatostatin in patients with chronic combat-related post-traumatic stress disorder (PTSD) and comparison subjects. METHOD: Lumbar punctures for collection of CSF were performed in Vietnam combat veterans with PTSD (N = 11) and comparison subjects (N = 17). CSF concentrations of CRF and somatostatin were compared between the two groups. RESULTS: CSF concentrations of CRF were higher in the PTSD patients than in the comparison subjects (mean = 29.0 pg/ml, SD = 7.8, versus mean = 21.9 pg/ml, SD = 6.0). This group difference remained significant after covariance for age. CSF somatostatin concentrations in PTSD patients were higher than those of the comparison subjects (mean = 19.9 pg/ml, SD = 5.4, versus mean = 13.7 pg/ml, SD = 8.0). However, covarying for age reduced the level of significance. CONCLUSIONS: Higher CSF CRF concentrations in patients with PTSD may reflect alterations in stress-related neurotransmitter systems. The higher CSF CRF concentrations may play a role in disturbances of arousal in patients with PTSD.

5/7/49 (Item 49 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08974722 97226111

Posttraumatic stress disorder among female Vietnam veterans: a causal model of etiology.

Fontana A; Schwartz LS; Rosenheck R

Veterans Affairs Northeast Program Evaluation Center, Veterans Affairs Medical Center, West Haven, Conn 06516, USA.

Am J Public Health (UNITED STATES) Feb 1997, 87 (2) p169-75, ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVES: The Vietnam and Persian Gulf wars have awakened people to the realization that military service can be traumatizing for women as well as men. This study investigated the etiological roles of both war and sexual trauma in the development of chronic posttraumatic stress disorder among female Vietnam veterans. METHODS: Data from the National Vietnam Veterans Readjustment Study for 396 Vietnam theater women and 250 Vietnam era women were analyzed with structural equation modeling. RESULTS: An etiological model with highly satisfactory fit and parsimony was developed. Exposure to war trauma contributed to the probability of posttraumatic stress disorder in theater women, as did sexual trauma in both theater and era women. Lack of social support at the time of homecoming acted as a powerful mediator of trauma for both groups of women. CONCLUSIONS: Within the constraints and assumptions of causal modeling, there is evidence that both war trauma and sexual trauma are powerful contributors to the development of posttraumatic stress disorder among female Vietnam veterans.

5/7/50 (Item 50 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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08967564 97229901

Visual imagery and perception in posttraumatic stress disorder. A positron emission tomographic investigation.

Shin LM; Kosslyn SM; McNally RJ; Alpert NM; Thompson WL; Rauch SL; Macklin ML; Pitman RK

Department of Psychology, Harvard University, Cambridge, Mass, USA.

Arch Gen Psychiatry (UNITED STATES) Mar 1997, 54 (3) p233-41, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: K20 MH01215, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

BACKGROUND: Relative regional cerebral blood flow (rCBF) changes were measured in Vietnam combat veterans with and without posttraumatic stress disorder (PTSD) during exposure to combat-related stimuli. METHODS: Positron emission tomography was used to measure rCBF in 7 combat veterans with PTSD (PTSD group) and 7 healthy combat veterans (control group) who viewed and generated visual mental images of neutral, negative, and combat-related pictures. RESULTS: Unlike control subjects, subjects with PTSD had increased rCBF in ventral anterior cingulate gyrus and right amygdala when generating mental images of combat-related pictures; when viewing combat pictures, subjects with PTSD showed decreased rCBF in Broca's area. CONCLUSIONS: Results suggest that ventral anterior cingulate gyrus and right amygdala play a role in the response of combat veterans with PTSD to mental images of combat-related scenes. Reexperiencing phenomena of PTSD, which often involve emotional visual mental imagery, may be likewise associated with increased rCBF in these regions.

5/7/51 (Item 51 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08960746 97171451

The validity of posttraumatic stress disorder among Vietnamese refugees.

Fawzi MC; Pham T; Lin L; Nguyen TV; Ngo D; Murphy E; Mollica RF

Harvard Program in Refugee Trauma, Department of Health Policy and Management, Harvard School of Public Health, Boston, Massachusetts 02115, USA.

J Trauma Stress (UNITED STATES) Jan 1997, 10 (1) p101-8, ISSN 0894-9867 Journal Code: B1B

Contract/Grant No.: T32-MH17119, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The aim of this study was to examine the validity of posttraumatic stress disorder (PTSD) among Vietnamese refugees. The study population included 74 Vietnamese refugees who had resettled in the metropolitan Boston area. The previously validated Harvard Trauma Questionnaire was used to assess traumatic events and trauma-related symptoms. The number of traumatic events experienced was positively correlated with the severity of PTSD-related symptoms in this population. Internal consistency estimates and principal components analysis provided results that generally supported DSM-IV symptom dimensions of arousal, avoidance, and reexperiencing. However, the emergence of two separate dimensions of avoidance reflected the important contribution of depression to the traumatic response.

5/7/52 (Item 52 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08950104 97088500

Characteristics of posttraumatic stress disorder-alcohol abuse comorbidity in women.

Quimette PC; Wolfe J; Chrestman KR

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Quimette.Paige J@Palo-Alto.va.gov

J Subst Abuse (UNITED STATES) 1996, 8 (3) p335-46, ISSN 0899-3289
Journal Code: BJP

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Trauma characteristics and symptoms were examined in 12 women diagnosed with posttraumatic stress disorder (PTSD) and alcohol abuse (AA), 13 women with PTSD only, and 22 controls. Participants served during the Vietnam era. Women completed diagnostic interviews and a questionnaire battery. Results showed that PTSD-AA women reported more childhood sexual abuse and sexual victimization during wartime service than the other two groups. Groups did not differ on other childhood trauma variables, nor on adult physical assault and traditional wartime stressor exposure. PTSD-AA women reported more PTSD, dissociation, and borderline personality traits than the other two groups. These results suggest that trauma type, specifically sexual victimization across the life span, is an important factor in dual diagnosis in women, and that women with PTSD-AA have a particularly severe level of symptoms relative to women with only PTSD and controls.

5/7/53 (Item 53 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08934225 97086937

Emotional processing during eye movement desensitization and reprocessing therapy of Vietnam veterans with chronic posttraumatic stress disorder.

Pitman RK; Orr SP; Altman B; Longpre RE; Poire RE; Macklin ML

Research Service, Veterans Affairs Medical Center, Manchester, NH 03103, USA.

Compr Psychiatry (UNITED STATES) Nov-Dec 1996, 37 (6) p419-29, ISSN 0010-440X Journal Code: DO9

Contract/Grant No.: R01MH42872, MH, NIMH

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL

This study examined emotional processing and outcome in 17 Vietnam veterans with chronic posttraumatic stress disorder (PTSD) who underwent eye movement desensitization and reprocessing (EMDR) therapy, with and without the eye movement component, in a crossover design. Results supported the occurrence of partial emotional processing, but there were no differences in its extent in the eye-movement versus eyes-fixed conditions. Therapy produced a modest to moderate overall improvement, mostly on the impact of Event Scale. There was slightly more improvement in the eyes-fixed than eye-movement condition. There was little association between the extent of emotional processing and therapeutic outcome. In our hands, EMDR was at least as efficacious for combat-related PTSD as imaginal flooding proved to be in a previous study, and was better tolerated by subjects. However, results suggest that eye movements do not play a significant role in processing of traumatic information in EMDR and that factors other than eye movements are responsible for EMDR's therapeutic effect.

5/7/54 (Item 54 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08934224 97086936

Emotional processing and outcome of imaginal flooding therapy in Vietnam veterans with chronic posttraumatic stress disorder.

Pitman RK; Orr SP; Altman B; Longpre RE; Poire RE; Macklin ML; Michaels MJ; Steketee GS

Veterans Affairs Medical Center, Manchester, NH 03103, USA.

Compr Psychiatry (UNITED STATES) Nov-Dec 1996, 37 (6) p409-18, ISSN 0010-440X Journal Code: DO9

Contract/Grant No.: R01MH42872, MH, NIMH

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

This study examined emotional processing and outcome in 20 Vietnam veterans with chronic posttraumatic stress disorder (PTSD) who underwent imaginal flooding therapy. Results supported the occurrence of emotional processing, as manifest in significant activation, within-session habituation, and partial across-session habituation of physiologic and self-reported process variables. The flooding therapy produced only modest overall improvement, which was statistically significant for avoidance symptomatology measured by the impact of Events Scale (IOES) and number of intrusions per day recorded by the subject in a log. Symptomatic improvement appeared to generalize from a treated to an untreated experience. Heart rate activation during the first flooding session predicted a decrease in daily number of intrusive combat memories across the therapy. Otherwise, there was little association between extent of emotional processing and therapeutic outcome. The results provide limited

support for the notion that mobilization of psychophysiological arousal during exposure therapy predicts improvement.

5/7/55 (Item 55 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08919111 97085826

Magnetic resonance imaging study of hippocampal volume in chronic, combat-related posttraumatic stress disorder.

Gurvits TV; Shenton ME; Hokama H; Ohta H; Lasko NB; Gilbertson MW; Orr SP; Kikinis R; Jolesz FA; McCarley RW; Pitman RK

Research Service, VA Medical Center, Manchester, NH 03103, USA.

Biol Psychiatry (UNITED STATES) Dec 1 1996, 40 (11) p1091-9, ISSN 0006-3223 Journal Code: A3S

Contract/Grant No.: KO2MH01110-01, MH, NIMH; R29MH50740-01, MH, NIMH; R01MH40799, MH, NIMH

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

This study used quantitative volumetric magnetic resonance imaging techniques to explore the neuroanatomic correlates of chronic, combat-related posttraumatic stress disorder (PTSD) in seven Vietnam veterans with PTSD compared with seven nonPTSD combat veterans and eight normal nonveterans. Both left and right hippocampi were significantly smaller in the PTSD subjects compared to the Combat Control and Normal subjects, even after adjusting for age, whole brain volume, and lifetime alcohol consumption. There were no statistically significant group differences in intracranial cavity, whole brain, ventricles, ventricle:brain ratio, or amygdala. Subarachnoidal cerebrospinal fluid was increased in both veteran groups. Our finding of decreased hippocampal volume in PTSD subjects is consistent with results of other investigations which utilized only trauma-unexposed control groups. Hippocampal volume was directly correlated with combat exposure, which suggests that traumatic stress may damage the hippocampus. Alternatively, smaller hippocampi volume may be a pre-existing risk factor for combat exposure and/or the development of PTSD upon combat exposure.

5/7/56 (Item 56 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08910348 97058428

MMPI profiles of acute and chronic PTSD in a civilian sample.

Gaston L; Brunet A; Koszycki D; Bradwejn J

McGill University, Montreal, Quebec, Canada.

J Trauma Stress (UNITED STATES) Oct 1996, 9 (4) p817-32, ISSN 0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In a treatment setting, a group of 165 subjects presenting with either acute or chronic posttraumatic stress disorder (PTSD) were compared to 72 subjects presenting with panic disorder only in order to determine whether the MMPI PTSD assessment strategy developed with Vietnam veterans could be validly used with civilians. Results indicated that the MMPI profile, codetype, diagnostic decision rule, and PK scale developed with samples of Vietnam veterans did not apply well to civilians, especially those presenting with acute PTSD. It is thus recommended that specific assessment strategies be developed for these populations.

5/7/57 (Item 57 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08878708 97059715

Oklahoma City bombing: exacerbation of symptoms in veterans with PTSD.

Moyers F

Vanderbilt University Medical Center, Nashville, TN, USA.

Arch Psychiatr Nurs (UNITED STATES) Feb 1996, 10 (1) p55-9, ISSN

0883-9417 Journal Code: 6YR

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Posttraumatic stress disorder (PTSD) develops following exposure to an extremely traumatic stressor and consists of reexperiencing, avoidance, and hyperarousal symptoms. Exposure to stimuli reminiscent of the original trauma often causes an exacerbation of symptoms. Models attempting to explain this phenomenon include classical conditioning, emotional network imagery, and memory consolidation. The recent bombing in Oklahoma City caused an exacerbation of symptoms in veterans from World War II, the Korean War, and Vietnam, ranging from images of combat to memories of being called "baby-killer." These various responses to identical stimuli might help to explain the importance of attached meaning to traumatic events. (19 Refs.)

5/7/58 (Item 58 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08823042 97090706

Perception of post traumatic stress disorder symptoms by children of Puerto Rican Vietnam veterans.

del Valle LE; Alvelo J

VA Medical Center, San Juan, Puerto Rico.

P R Health Sci J (PUERTO RICO) Jun 1996, 15 (2) p101-6, ISSN

0738-0658 Journal Code: QJF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The purpose of this exploratory-descriptive study was to determine the extent children observed Post Traumatic Stress Disorder (PTSD) symptoms in their fathers and whether they exhibited similar symptoms. The sample consisted of 60 Puerto Rican children of Vietnam veterans diagnosed with PTSD. A self-administered PTSD Symptoms Measure was developed to determine the extent of parental and children behavioral indicators of PTSD. Findings indicate that the majority of the children in this study reported perceiving the PTSD symptoms of their fathers and they also reported exhibiting the symptoms themselves. Children who identified more PTSD symptoms in their fathers tended to report greater PTSD symptoms in themselves.

5/7/59 (Item 59 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08703913 96390533

Interviewer effects on epidemiologic diagnoses of posttraumatic stress disorder.

Grayson DA; O'Toole BI; Marshall RP; Schureck RJ; Dobson M; Ffrench M; Pulvertaft B; Meldrum L

Centre for Education and Research on Ageing, Repatriation General Hospital at Concord, Australia.

Am J Epidemiol (UNITED STATES) Sep 15 1996, 144 (6) p589-97, ISSN 0002-9262 Journal Code: 3H3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In an epidemiologic study of 641 interviewed subjects in the Australian Vietnam Veterans Health Study, three diagnoses of Vietnam combat-related posttraumatic stress disorder (PTSD) were obtained: lifetime prevalence using a variant of the Diagnostic Interview Schedule and lifetime and current (1-month) PTSD prevalence using the Standardized Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Third Revision. Prevalence estimates using the Standardized Clinical Interview varied according to interviewer characteristics (female vs. male, clinician vs. nonclinician) but not for the Diagnostic Interview Schedule. The authors use a simple variant of logistic regression to distill estimates of two informative parameters characterizing interviewers' judgments: severity threshold (related to the individual interviewer's criterion of "caseness") and reliability (related to degree of classification error of the individual interviewers). Examination of these estimates shows that female clinicians adopted lower severity thresholds for diagnosis of PTSD than other interviewers and hence had higher prevalence estimates while being relatively reliable in their judgments. Examination also shows that nonclinician interviewers can perform at least as reliably as clinicians. The Diagnostic Interview Schedule measure of PTSD was not moderated by these interviewer aspects. This use of threshold and reliability parameters is offered for routine use in epidemiologic field studies to examine potential interviewer effects.

5/7/60 (Item 60 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08664446 96317848

Smoking withdrawal symptoms in response to a trauma-related stressor among Vietnam combat veterans with posttraumatic stress disorder.

Beckham JC; Lytle BL; Vrana SR; Hertzberg MA; Feldman ME; Shipley RH

Duke University Medical Center, Durham, NC 27705, USA.

Addict Behav (ENGLAND) Jan-Feb 1996, 21 (1) p93-101, ISSN 0306-4603

Journal Code: 2GW

Contract/Grant No.: R29-MH5 1752-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study investigated the relationship between a trauma-related stressor and smoking withdrawal symptoms in 25 male Vietnam combat veterans with posttraumatic stress disorder (PTSD) using a within-subjects design. All subjects were smokers. The stressor involved a modified Stroop task, in which the veterans color-named either anxiety-related or neutral control words. Anxiety-related words produced more withdrawal symptoms than neutral control words, including increased craving, negative affect symptoms, somatic symptoms, and lack of alertness.

5/7/61 (Item 61 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08658265 96301516

Modes of long-term coping with trauma memories: relative use and associations with personality among Vietnam veterans with chronic PTSD.

Hyer L; McCranie EW; Boudewyns PA; Sperr E
Augusta VA Medical Center, Georgia, USA.

J Trauma Stress (UNITED STATES) Apr 1996, 9 (2) p299-316, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Little is known about how individuals who develop chronic posttraumatic stress disorder (PTSD) cope with recurring trauma memories, or how enduring personality characteristics influence such coping. Focusing on 110 hospitalized Vietnam combat veterans with chronic PTSD, this exploratory study assessed the relative frequency of using eight ways of coping with war memories, and associations between relative use of these strategies and eight dysfunctional personality styles. As a secondary issue, associations between coping strategies, combat exposure, and PTSD severity were also examined. Consistent with prior findings, these veterans predominantly used emotion-focused and avoidant strategies to cope with war memories. Differing personality styles and relative use or nonuse of particular coping strategies were also associated in psychologically coherent ways. These preliminary findings are discussed in relation to methodologic and future research issues.

5/7/62 (Item 62 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08649942 96283350

Subjective versus objective sleep in Vietnam combat veterans hospitalized for PTSD.

Woodward SH; Bliwise DL; Friedman MJ; Gusman DF

National Center for PTSD, Clinical/Education Division, Palo Alto DVAMC,
Menlo Park Division, California 94304, USA.

J Trauma Stress (UNITED STATES) Jan 1996, 9 (1) p137-43, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Twenty-five Vietnam combat veterans with chronic severe posttraumatic stress disorder (PTSD) completed a sleep self-report questionnaire on admission to an inpatient treatment program. Between 1 and 2 months later each spent 3 or more nights in the sleep laboratory. When self-report and laboratory findings were compared, significant relationships were observed between sleep schedule items such as time-to-bed/time-out-of-bed and polysomnographic measures of sleep. In contrast, global ratings of sleep quality were generally unrelated to polysomnographic measures. These findings may have implications for survey research assessing sleep quality in traumatized populations.

5/7/63 (Item 63 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08649940 96283348

The utility of the SCL-90-R for the diagnosis of war-zone related posttraumatic stress disorder.

Weathers FW; Litz BT; Keane TM; Herman DS; Steinberg HR; Huska JA;
Kraemer HC

Boston Department of Veterans Affairs Medical Center, Massachusetts
02130, USA.

J Trauma Stress (UNITED STATES) Jan 1996, 9 (1) p111-28, ISSN
0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A scale for assessing war-zone-related posttraumatic stress disorder (WZ-PTSD scale) was derived from the Symptom Checklist-90-R by identifying items that best discriminated Vietnam theater veterans with and without PTSD (N = 202). The 25-item WZ-PTSD scale had excellent internal consistency, and signal detection analyses revealed that its diagnostic utility was comparable to or exceeded that of several established PTSD scales and measures of global distress. In a cross-validation sample (N = 99), the diagnostic utility of the WZ-PTSD scale was stable, whereas other PTSD scales performed more poorly. The WZ-PTSD scale appears to be a valuable new measure of PTSD that can be particularly useful in archival data sets or in any situation where other PTSD measures are not available.

5/7/64 (Item 64 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08603754 96241893

Combat-related trauma as measured by ego developmental indices of defenses and identity achievement.

Silverstein R

Student Counseling Service Bar Ilan University, Israel.

J Genet Psychol (UNITED STATES) Jun 1996, 157 (2) p169-79, ISSN
0022-1325 Journal Code: I9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The relation between combat-related trauma experience and male ego development and the impact of such trauma on subsequent employment, marital, and legal behavior were investigated empirically. Vietnam combat veterans (N = 52) diagnosed with post-traumatic stress disorder (PTSD) completed the Defense Style Questionnaire (DSQ), the Ego Identity Scale (EIS), and the Impact of Event Scale (IES); 45 noncombat Vietnam-era veterans (not diagnosed with PTSD) completed the DSQ and the EIS. Combat veterans were found to use more maladaptive defenses and have lower levels of identity achievement. Failed marriages, employment problems, and the tendency to experience legal difficulties were more prevalent among the combat veterans. Data analyses showed that identity and defenses do indeed correlate, suggesting that these constitute a unified construct that can be subsumed under the rubric of ego development.

5/7/65 (Item 65 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08547961 96166022

Post-war trauma.

Hogan C

Aust Fam Physician (AUSTRALIA) Dec 1995, 24 (12) p2203-4, ISSN
0300-8495 Journal Code: 9EC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

One of the great delights of general practice is the way we are allowed to share people's lives. Another facet is the humbling experience of having

a patient intuitively grasp a concept that you have found difficult to understand. As regular readers of these pages are aware, I am no stranger to emergencies and trauma. Consequently I see and experience critical incident stress at first hand. This gives me some understanding of others' experiences and, I hope, might help me prevent critical incident stress developing into the more severe post-traumatic stress disorder (PTSD) in those under my care. How well I recall that it was only the fall of a marble that prevented me from being conscripted for service in Vietnam. Kerry is a long-standing patient and an old friend (in a small community, if your patients aren't your friends, you do not have too many patients!). He was seeing me for something or other when he told me the following story. I was so impressed that I asked him to write it down. It speaks eloquently of the aftermath of war and how mates help each other deal with it. It also reminds us that there continue to be new crops of returned service-men who need our help.

5/7/66 (Item 66 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08546936 96166417

Inner sanctum.

Ta K

Minn Med (UNITED STATES) Jan 1996, 79 (1) p6-7, 56, ISSN 0026-556X

Journal Code: NBY

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/67 (Item 67 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08505078 96129959

Exaggerated acoustic startle reflex in Gulf War veterans with posttraumatic stress disorder.

Morgan CA 3rd; Grillon C; Southwick SM; Davis M; Charney DS

National Center for Post-Traumatic Stress Disorder, West Haven VA Medical Center, CT 06516, USA.

Am J Psychiatry (UNITED STATES) Jan 1996, 153 (1) p64-8, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: MH-50720, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Exaggerated startle reflex is reputed to be one of the cardinal symptoms of posttraumatic stress disorder (PTSD). The goal of this study was to assess the magnitude of the acoustic startle reflex in Gulf War veterans with PTSD. METHOD: The eye-blink component of the startle reflex was measured in response to six blocks of pseudorandomized 40-msec white noise bursts of varying intensities (90, 96, 102, 108, and 114 dB) in 10 Gulf War veterans with PTSD, seven Gulf War veterans without PTSD, and 15 civilian subjects without PTSD. RESULTS: The magnitude of the first startle response, as well as the magnitude of startle response averaged across blocks of testing, was significantly greater in Gulf War veterans with PTSD than in veteran and civilian comparison groups. CONCLUSIONS: Consistent with some clinical studies investigating the startle response in Vietnam veterans with PTSD, this investigation provides evidence for exaggerated startle response in this disorder. Preclinical studies of shock sensitization of the startle response suggest that the higher levels of

startle response seen in the PTSD subjects may reflect a sensitization of the fear/alarm response created by the stress of combat trauma.

5/7/68 (Item 68 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08492716 96080025

Self-administered exposure therapy by a Vietnam veteran with PTSD
[letter]

Frueh BC

Am J Psychiatry (UNITED STATES) Dec 1995, 152 (12) p1831-2, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/69 (Item 69 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08368095 95353576

Treatment of Vietnam War veterans with PTSD: a comparison of eye movement desensitization and reprocessing, biofeedback, and relaxation training.

Silver SM; Brooks A; Obenchain J

PTSD Program, VAMC, Coatesville, Pennsylvania 19320, USA.

J Trauma Stress (UNITED STATES) Apr 1995, 8 (2) p337-42, ISSN

0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: CLINICAL TRIAL; CONTROLLED CLINICAL TRIAL; JOURNAL ARTICLE

Analyses of scaled self-report data from Vietnam War veterans receiving inpatient treatment for Post-Traumatic Stress Disorder drawn during a program evaluation study suggested inpatient treatment as provided by the program resulted in significant improvement in the areas of Anxiety, Anger, Depression, Isolation, Intrusive Thoughts (of combat experiences), Flashbacks, Nightmares (of combat experiences), and Relationship Problems. Comparing the relative effects of the incremental addition of Eye Movement Desensitization and Reprocessing (EMDR), Relaxation Training, and Biofeedback found that EMDR was for most problems the most effective extra treatment, greatly increasing the positive impact of the treatment program.

5/7/70 (Item 70 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08368093 95353573

The therapeutic use of ritual and ceremony in the treatment of post-traumatic stress disorder.

Johnson DR; Feldman SC; Lubin H; Southwick SM

National Center for PTSD, Veterans Affairs Medical Center, West Haven, Connecticut 06516, USA.

J Trauma Stress (UNITED STATES) Apr 1995, 8 (2) p283-98, ISSN

0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The therapeutic purposes and effects of specially designed ceremonies in the treatment of persons with post-traumatic stress disorder are described. Ceremonies compartmentalize the review of the trauma, provide symbolic

enactments of transformation of previously shattered relationships, and reestablish connections among family and with society in general. Four ceremonies used with Vietnam combat veterans are described which focus on the themes of separation from and return to the family, forgiveness of the living, and releasing the dead. Ritual and ceremony are highly efficient vehicles for accessing and containing intense emotions evoked by traumatic experience. Evaluation by family and veterans judge these ceremonies to be the most effective components of treatment.

5/7/71 (Item 71 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08342488 95318712

An etiological model of attempted suicide among Vietnam theater veterans. Prospective generalization to a treatment-seeking sample.

Fontana A; Rosenheck R

Northeast Program Evaluation Center (182), Veterans Administration Medical Center, West Haven, Connecticut 06516, USA.

J Nerv Ment Dis (UNITED STATES) Jun 1995, 183 (6) p377-83, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The etiology of attempted suicide was investigated using both retrospective and prospective data from 402 Vietnam theater veterans who were receiving treatment in the Department of Veterans Affairs Posttraumatic Stress Disorder Clinical Teams Program. An etiological model that was developed previously for a community sample of Vietnam theater veterans was examined for its generalizability to this treatment-seeking sample. Structural equation modeling was used to first determine the similarity of significant paths in the treatment-seeking and community samples, and then to examine the applicability of the community-based model to the treatment-seeking sample. The community-based model achieved a very high fit with reasonably good parsimony with the treatment-seeking data. Causal paths in the treatment-seeking sample mirrored those in the community sample in that psychiatric symptoms (including posttraumatic stress disorder) were the sole factors contributing directly to attempted suicide. Traumatic military experiences played a substantial role, but only indirectly as they contributed to the development of psychiatric symptoms. The similarity of findings for previous and subsequent attempts eliminated a possible ambiguity in the direction of causation modeled for previous attempts.

5/7/72 (Item 72 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08330997 95303338

Do Vietnam-era veterans who suffer from posttraumatic stress disorder avoid VA mental health services?

Rosenheck R; Fontana A

Department of Veterans Affairs Northeast Program Evaluation Center, West Haven, CT 06516, USA.

Mil Med (UNITED STATES) Mar 1995, 160 (3) p136-42, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

It has been suggested that Vietnam veterans who suffer from posttraumatic

stress disorder (PTSD) avoid Department of Veterans Affairs (VA) health services because their experiences in the military engendered a profound distrust of the Federal Government and its institutions. Data from a national survey of 1,676 veterans who served during the Vietnam era show that veterans with PTSD were 9.6 times more likely than other veterans to have used VA mental health services; but only 3.3 times more likely to have used non-VA services. After controlling for other factors, veterans suffering from PTSD were 1.8 times more likely than other veterans to have used VA services, but were no more likely to have used non-VA services. Contrary to conventional belief, veterans with PTSD show a preference for VA compared to non-VA mental health services.

5/7/73 (Item 73 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08310889 95274765

Association of intelligence with severity of posttraumatic stress disorder symptoms in Vietnam Combat veterans.

McNally RJ; Shin LM

Department of Psychology, Harvard University, Cambridge, MA 02138, USA.

Am J Psychiatry (UNITED STATES) Jun 1995, 152 (6) p936-8, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The purpose of this study was to determine whether intelligence predicts variance in posttraumatic stress disorder (PTSD) symptoms beyond that predicted by extent of combat exposure. METHOD: The subjects were 105 male Vietnam combat veterans. They completed the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder, the Combat Exposure Scale, and the Shipley Institute for Living Scale, a measure of general intelligence. Number of years of education was recorded for each subject. RESULTS: Multiple regression analyses revealed that estimated full-scale IQ significantly predicted variance in PTSD symptoms beyond that predicted by extent of combat exposure. The lower a subject's intelligence, the more severe were his PTSD symptoms. CONCLUSIONS: Cognitive variables may affect the ability to cope with trauma, thereby affecting whether a person develops chronic PTSD.

5/7/74 (Item 74 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08303831 95264115

Effects of a Vietnam War Memorial pilgrimage on veterans with posttraumatic stress disorder.

Watson CG; Tuorila J; Detra E; Gearhart LP; Wielkiewicz RM

Research Service, Veterans Affairs Medical Center, St. Cloud, Minnesota 56303, USA.

J Nerv Ment Dis (UNITED STATES) May 1995, 183 (5) p315-9, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We compared the scores of Vietnam veterans in treatment for posttraumatic stress disorder on the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder just before, just after, and 6 months after they participated in a pilgrimage to the Vietnam War Memorial in Washington, DC. Significant short-term improvement was reported on Mississippi total scores

and on 10 of its 35 items. The number of items showing significant improvement between the initial assessment and the 6-month follow-up did not exceed chance, but significant variance increases appeared on 8 of 35 items. This suggests that the pilgrimage led to a) short-term improvements on several posttraumatic stress disorder symptoms and b) long-term improvements for some participants, but equally large exacerbations for others on a subset of symptoms.

5/7/75 (Item 75 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08281632 95227543

The civilian version of the Mississippi PTSD Scale: a psychometric evaluation.

Vreven DL; Gudanowski DM; King LA; King DW

Department of Psychology, Central Michigan University, Mt. Pleasant 48859.

J Trauma Stress (UNITED STATES) Jan 1995, 8 (1) p91-109, ISSN 0894-9867 Journal Code: B1B

Contract/Grant No.: MH49168, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This three-part study examined the reliability and validity of the civilian version of the Mississippi Scale for Combat-Related PTSD using data from the nonveteran participants in the National Vietnam Veterans Readjustment Study. The Civilian Mississippi Scale had a raw score distribution that was roughly symmetric, with an acceptable degree of dispersion and a reasonably high internal consistency reliability coefficient. Overall, however, measurement precision was weaker than that for the military version of the instrument, and confirmatory factor analytic findings differed from those found for the military version. Preliminary investigations of validity were in the form of correlations with indices of stressful life events, a PTSD symptom count, and measures of demoralization and active expression of hostility. The Civilian Mississippi Scale emerged from the various analyses as a PTSD measure with potential but requiring further validation study and perhaps some refinement.

5/7/76 (Item 76 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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08272882 95208907

A few intrusive thoughts on posttraumatic stress disorder [editorial]

Nemiah JC

Am J Psychiatry (UNITED STATES) Apr 1995, 152 (4) p501-3, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: EDITORIAL

5/7/77 (Item 77 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08270929 95204747

Physiologic responses to loud tones in Vietnam veterans with

posttraumatic stress disorder.

Orr SP; Lasko NB; Shalev AY; Pitman RK

Veterans Affairs (VA) Medical Center, Manchester, New Hampshire 03103.

J Abnorm Psychol (UNITED STATES) Feb 1995, 104 (1) p75-82, ISSN
0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors evaluated eyeblink and autonomic components of the acoustic startle response in combat-related posttraumatic stress disorder (PTSD). Thirty-seven Vietnam combat veterans with current PTSD and 19 combat veterans without PTSD were exposed to 15 consecutive 95-dB, 500-ms, 1000-Hz tones with 0-ms rise and fall times, while orbicularis oculi electromyogram, skin conductance, and heart rate responses were measured. PTSD veterans produced larger averaged electromyographic and heart rate responses, and a slower decline in skin conductance responses, across the 15 tone presentations compared to non-PTSD veterans. Results of this study provide laboratory support for an exaggerated startle response in PTSD and replicate and extend previous findings of increased autonomic responses to loud tone stimuli in this disorder.

5/7/78 (Item 78 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08270917 95204733

Alternative representations of war zone stressors: relationships to posttraumatic stress disorder in male and female Vietnam veterans.

King DW; King LA; Gudanowski DM; Vreven DL

Department of Psychology, Central Michigan University, Mount Pleasant
48859.

J Abnorm Psychol (UNITED STATES) Feb 1995, 104 (1) p184-95, ISSN
0021-843X Journal Code: H3B

Contract/Grant No.: MH49168, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Four conceptualizations of war zone stressor experiences were defined: traditional combat, atrocities-abusive violence, perceived threat, and malevolent environment. Items from the National Vietnam Veterans Readjustment Study (NVVRS) were reviewed for content, and stressor indexes were created. Using retrospective self-report data from the NVVRS, intercorrelations among stressor scores and between these scores and measures of posttraumatic stress disorder (PTSD) were computed for all veterans and for men and women separately. Structural equation modeling procedures followed. Results indicated that the four stressor indexes were internally consistent, reasonably distinct from one another, and influenced PTSD differentially. Men scored significantly higher than women on all 4 indexes. Whereas the pattern of relationships among the variables was comparable across genders, there was evidence that one path coefficient in the model differed for men and women.

5/7/79 (Item 79 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08258532 95167521

Posttraumatic stress symptomatology: similarities and differences between Vietnam veterans and adult survivors of childhood sexual abuse.

McNew JA; Abell N

Rainbeau Northfield Counseling Center, OH 44067.

Soc Work (UNITED STATES) Jan 1995, 40 (1) p115-26, ISSN 0037-8046

Journal Code: UUD

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Social workers have identified an association between a history of childhood sexual abuse and impairment in emotional, behavioral, cognitive, and interpersonal functioning in adult survivors. This article examines similarities and differences in posttraumatic stress symptomatology between Vietnam veterans and adult survivors of childhood sexual abuse. Results indicate that the two groups were similar in that they both scored in the direction suggestive of posttraumatic symptomatology on various measures. Significant differences were found on only one measure. Content analysis also revealed differences in identification of stimuli that evoked anxiety. Examination of qualitative data provided further support for a conceptual model using a cognitive perspective. Overall, results indicated that childhood sexual abuse can be considered a traumatic event that can result in symptoms similar to those demonstrated by individuals who have experienced war-related trauma. Implications for social work practice, policy, and education are discussed.

5/7/80 (Item 80 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08232844 95053955

Posttraumatic stress disorder and the risk of traumatic deaths among Vietnam veterans.

Bullman TA; Kang HK

Department of Veterans Affairs-116E, Environmental Epidemiology Service, Washington, DC 20036-3406.

J Nerv Ment Dis (UNITED STATES) Nov 1994, 182 (11) p604-10, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Vietnam veterans have been reported to be at increased risk for posttraumatic stress disorder (PTSD) and deaths due to traumatic causes after service in the Vietnam War. This study evaluated whether an association exists between PTSD and traumatic deaths among Vietnam veterans. Mortality risk of 4,247 Vietnam veterans from the Agent Orange Registry (AOR) with a diagnosis of PTSD relative to that of 12,010 Vietnam veterans from the AOR with no diagnosis of PTSD was calculated using the Cox proportional hazards model. Mortality experience of both groups was also compared with U.S. males. The PTSD veterans were more likely than the non-PTSD veterans to die from suicide (relative risk = 3.97, 95% confidence interval [CI] = 2.20-7.03) and from accidental poisoning (relative risk = 2.89, CI = 1.03-8.12). The standardized mortality ratio for suicides was 6.74 (CI = 4.4-9.87) among PTSD veterans and 1.67 (CI = 1.05-2.53) among non-PTSD veterans. Among Vietnam veterans on the AOR, PTSD is associated with a significant increased risk for suicide and accidental poisoning.

5/7/81 (Item 81 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08232707 95051916

Anger, impulsivity, and anger control in combat-related posttraumatic stress disorder.

Chemtob CM; Hamada RS; Roitblat HL; Muraoka MY
Department of Veterans Affairs, Stress Disorders Research Laboratory,
Honolulu, Hawaii 96850.

J Consult Clin Psychol (UNITED STATES) Aug 1994, 62 (4) p827-32,
ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Empirical evidence of a relationship between combat-related PTSD and increased anger is lacking. In this study, 24 veterans of the Vietnam War with posttraumatic stress disorder (PTSD) scored significantly higher on an Anger factor comprising multiple measures of anger than did comparison groups of 23 well-adjusted Vietnam combat veterans and 12 noncombat Vietnam-era veterans with psychiatric diagnoses. In contrast, the 3 groups did not differ significantly on orthogonal factors, one of which comprised cognitive impulsivity measures and the other of which reflected motor impulsivity. Changes in heart rate in response to provocation loaded positively on the Anger factor and negatively on the 2 Impulsivity factors. Concurrent depression and trait anxiety did not have an effect on level of anger in individuals with PTSD. These empirical findings support and extend the clinical evidence regarding PTSD and anger.

5/7/82 (Item 82 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08147473 95215700

Motor dysfunction during sleep in posttraumatic stress disorder.

Ross RJ; Ball WA; Dinges DF; Kribbs NB; Morrison AR; Silver SM; Mulvaney

FD

Research Service, Philadelphia Veterans Affairs Medical Center,
Pennsylvania 19104.

Sleep (UNITED STATES) Dec 1994, 17 (8) p723-32, ISSN 0161-8105

Journal Code: SWS

Contract/Grant No.: MH-42903, MH, NIMH; F32-MH-09584-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A subjective disturbance of sleep, including the occurrence of repetitive, stereotypical anxiety dreams, is characteristic of posttraumatic stress disorder (PTSD). The phenomenology of the PTSD anxiety dream has seemed most consistent with an underlying rapid eye movement (REM) sleep dysfunction. However, motor behavior reportedly can accompany PTSD dreams, and normal REM sleep typically involves a nearly total paralysis of the body musculature. As a means of understanding this discrepancy, anterior tibialis muscle activity during sleep was studied in a group of Vietnam combat veterans with current PTSD and in an age-matched normal control group. The PTSD subjects had a higher percentage of REM sleep epochs with at least one prolonged twitch burst; they also were more likely to have periodic limb movements in sleep, during nonrapid eye movement sleep. Both these forms of muscle activation also have been observed in REM behavior disorder (RBD), a parasomnia characterized by the actual enactment of dream sequences during REM sleep. The identification of RBD-like signs in PTSD adds to the evidence for a fundamental disturbance of REM sleep phasic mechanisms in PTSD.

5/7/83 (Item 83 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08102272 95122843

An in vivo assessment of physiological arousal in posttraumatic stress disorder.

Gerardi RJ; Keane TM; Cahoon BJ; Klauminzer GW

Veterans Affairs Medical Center, Boston, Massachusetts 02130.

J Abnorm Psychol (UNITED STATES) Nov 1994, 103 (4) p825-7, ISSN 0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The present study measured physiological function (heart rate [HR], systolic blood pressure [SBP], diastolic blood pressure [DBP], sublingual temperature, and respiration rate) in a nonresearch setting--the medical triage area of a large Veterans Affairs Medical Center while patients were awaiting physical examination. Subjects were 32 Vietnam veterans with combat-related posttraumatic stress disorder (PTSD) and 26 Vietnam-era veterans with no combat experience. Results indicated that PTSD veterans had significantly higher HR, SBP, and DBP, but not sublingual temperature or respiration rate. These data support the position that individuals with PTSD do indeed demonstrate higher levels of cardiovascular arousal across settings.

5/7/84 (Item 84 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

08074569 95081774

Posttraumatic stress disorder among Vietnam Theater Veterans. A causal model of etiology in a community sample.

Fontana A; Rosenheck R

Veterans Affairs Northeast Program Evaluation Center, Evaluation Division of the National Center for PTSD, West Haven, Connecticut 06516.

J Nerv Ment Dis (UNITED STATES) Dec 1994, 182 (12) p677-84, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Data from the National Vietnam Veterans Readjustment Study, conducted from 1986 to 1988, were used to develop and cross-validate a model of the etiology of posttraumatic stress disorder (PTSD) among a community sample of 1198 male Vietnam theater veterans. The initial model specified causal paths among five sets of variables, ordered according to their historical occurrence: a) premilitary risk factors and traumas, b) war-related and non-war-related traumas during the military, c) homecoming reception, d) postmilitary traumas, and e) PTSD. The initial model was refined and then cross-validated, leading to the specification of a final model with highly satisfactory fit and parsimony. In terms of the magnitude of their contribution to the development of PTSD, lack of support from family and friends at the time of the homecoming and exposure to combat were the two most influential contributors. Other contributing factors, in order of importance, were Hispanic ethnicity, societal rejection at the time of homecoming, childhood abuse, participation in abusive violence, and family instability. Exposure to war-related and non-war-related traumas occurred largely independently of each other, with war-related traumas contributing substantially more than non-war-related traumas to the development of PTSD. Limitations to interpretation of the results are noted due to the retrospective nature of the data and the inevitable omission of other etiological factors.

5/7/85 (Item 85 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08036681 95031573

Genetic and environmental influences of twins in posttraumatic stress
[letter; comment]

Lurie S; Geyer P

Arch Gen Psychiatry (UNITED STATES) Oct 1994, 51 (10) p838-9, ISSN

0003-990X Journal Code: 72C

Comment on Arch Gen Psychiatry 1993 Apr;50(4):257-64

Languages: ENGLISH

Document type: COMMENT; LETTER

5/7/86 (Item 86 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07977268 94336782

Note on the PTSD-S scale of the MMPI.

Sinnett ER

Department of Counseling and Educational Psychology, Kansas State
University, Manhattan 66506.

Psychol Rep (UNITED STATES) Jun 1994, 74 (3 Pt 1) p1041-2, ISSN

0033-2941 Journal Code: QF6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Although PTSD-S was developed in 1987, it was evolved using the MMPI-2.
The 53-item subset for the MMPI is presented in tabular form.

5/7/87 (Item 87 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07940318 94282513

Validation of the Purdue Post-Traumatic Stress Scale on a sample of
Vietnam veterans [published erratum appears in J Trauma Stress 1995
Apr;8(2):373]

Hendrix CC; Anelli LM; Gibbs JP; Fournier DG

Department of Family Relations and Child Development, Oklahoma State
University, Stillwater 74078.

J Trauma Stress (UNITED STATES) Apr 1994, 7 (2) p311-8, ISSN

0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The Purdue Post-traumatic Stress Disorder Scale is a 15-item self-report
instrument based on the DSM-III diagnostic criteria for post-traumatic
stress disorder. This scale is a quick, easily administered, measure of
psychological reactions to a traumatic event. The goal of the present
report is to validate this instrument for use as a measure of long-lasting
combat stress reactions of American Vietnam veterans. The PPS demonstrated
a high degree of internal consistency with a Cronbach's coefficient alpha
of 0.94. The PPS demonstrated construct validity through significant
correlations with other self-report measures of combat experience and
residual psychological distress, and through a factor analysis yielding
three factors, labeled as arousal, avoidance, and the global perception of
distress. Results support further use of the Purdue Post-traumatic Stress
Scale as a research instrument for assessing the long-term impact of a
traumatic event.

5/7/88 (Item 88 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07940312 94282507

The concept of the Second Generation program in the treatment of post-traumatic stress disorder among Vietnam veterans.

Johnson DR; Feldman SC; Southwick SM; Charney DS

National Center for PTSD, Veterans Affairs Medical Center, West Haven, Connecticut.

J Trauma Stress (UNITED STATES) Apr 1994, 7 (2) p217-35, ISSN 0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

The concepts of First and Second Generation treatment programs for Vietnam veterans with post-traumatic stress disorder are presented, based on a developmental theoretical model of adaptation. First Generation programs focus on accessing and then working through the effects of the war trauma and aim to diminish the intensity of core PTSD symptoms. Second Generation programs focus on reintegrating veterans into the social context of family and work, and aim to improve their ability to function in society. Both types of treatment may be required in order to help veterans resume their psychological and social development. The need to develop sophisticated models of comprehensive inpatient treatment in order to support scholarly discourse and outcome research is emphasized. (53 Refs.)

5/7/89 (Item 89 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07940311 94282506

Outcome of treatment for post-traumatic stress disorder in a primary care unit serving Vietnam veterans.

Hammarberg M; Silver SM

Department of American Civilization, University of Pennsylvania, Philadelphia 19104-3325.

J Trauma Stress (UNITED STATES) Apr 1994, 7 (2) p195-216, ISSN 0894-9867 Journal Code: B1B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Veterans diagnosed with PTSD (PTSD in-treatment, N = 39), newly admitted to a comprehensive 90-day inpatient treatment program, were tracked at 4-week intervals from admission to discharge. Two control groups were also tracked over 12-week periods--one of previously PTSD diagnosed and treated veterans (PTSD out-of-treatment, N = 26), and a second that combined non-PTSD Vietnam era veterans (N = 17) and non-veterans (N = 16) (non-PTSD nontreatment). As measured by the Penn Inventory for PTSD, 48% of those who completed treatment showed some or substantial gains, 39% showed no gain, and 13% reported some increase in symptoms at the time of discharge. Several patterns were observed on other assessment measures. One year follow-up for those who completed treatment showed a return to pretreatment levels on the PTSD symptom measures employed in this study. These results are discussed in relation to other treatment program outcome studies as a baseline for further research.

5/7/90 (Item 90 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07936620 94276934

Cell-mediated immunity in combat veterans with post-traumatic stress disorder [letter; comment]

Morris P

Med J Aust (AUSTRALIA) Apr 4 1994, 160 (7) p453-4, ISSN 0025-729X

Journal Code: M26

Comment on Med J Aust 1993 Oct 18;159(8):513-6

Languages: ENGLISH

Document type: COMMENT; LETTER

5/7/91 (Item 91 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07913130 94241342

Peritraumatic dissociation and posttraumatic stress in male Vietnam theater veterans.

Marmar CR; Weiss DS; Schlenger WE; Fairbank JA; Jordan BK; Kulka RA; Hough RL

Department of Psychiatry, University of California, San Francisco.

Am J Psychiatry (UNITED STATES) Jun 1994, 151 (6) p902-7, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: NIMH MH-47382, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The aim of this study was to determine the reliability and validity of a proposed measure of peritraumatic dissociation and, as part of that effort, to determine the relationship between dissociative experiences during disturbing combat trauma and the subsequent development of posttraumatic stress disorder (PTSD). METHOD: A total of 251 male Vietnam theater veterans from the Clinical Examination Component of the National Vietnam Veterans Readjustment Study were examined to determine the relationship of war zone stress exposure, retrospective reports of dissociation during the most disturbing combat trauma events, and general dissociative tendencies with PTSD case determination. RESULTS: The total score on the Peritraumatic Dissociation Experiences Questionnaire--Rater Version was strongly associated with level of posttraumatic stress symptoms, level of stress exposure, and general dissociative tendencies and weakly associated with general psychopathology scales from the MMPI-2. Logistic regression analyses supported the incremental value of dissociation during trauma, over and above the contributions of level of war zone stress exposure and general dissociative tendencies, in accounting for PTSD case determination. CONCLUSIONS: These results provide support for the reliability and validity of the Peritraumatic Dissociation Experiences Questionnaire--Rater Version and for a trauma-dissociation linkage hypothesis: the greater the dissociation during traumatic stress exposure, the greater the likelihood of meeting criteria for current PTSD.

5/7/92 (Item 92 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07883077 94188918

Road to recovery. Post-traumatic stress disorder: the hidden victim.

Bille DA

Today's OR Nurse (UNITED STATES) Mar-Apr 1994, 16 (2) p36-46, ISSN
0194-5181 Journal Code: WAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

1. Post-traumatic stress disorder (PTSD) is characterized by the development of a set of specific symptoms following a psychologically distressing event that is outside the range of usual human experience. 2. Recovery does not seem to feel as difficult or overwhelming if it is approached "one day at a time." 3. The psychologic damage that occurs in PTSD is due primarily to holding the experiences inside, "stuffing" them down through various psychodynamics, or keeping the experiences subdued through addictive behaviors. 4. PTSD among Vietnam veterans is not a mental illness; it is a reaction to extreme stress and a reaction to keeping memories stuffed down and not allowed to surface.

5/7/93 (Item 93 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07864933 94141499

Chronic posttraumatic stress disorder in Vietnamese refugees. A prospective community study of prevalence, course, psychopathology, and stressors.

Hauff E; Vaglum P

Psychosocial Centre for Refugees, University of Oslo, Norway.

J Nerv Ment Dis (UNITED STATES) Feb 1994, 182 (2) p85-90, ISSN
0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A community cohort of 145 Vietnamese boat refugees in Norway was prospectively studied for presence of chronic posttraumatic stress disorder (PTSD) after resettlement. Ten percent had PTSD on arrival and/or after 3 years. This group had been exposed to significantly more traumatic stress before their escape (e.g., reeducation camps, combat, and other war incidents) and had more psychopathology (SCL-90-R Global Assessment Scale) after resettlement. A logistic regression analysis indicated that different types of traumatic stress had an independent relationship with chronic PTSD. Nine SCL-90-R items discriminated between the PTSD group and the rest both on arrival and follow-up. These were not anxiety items, but related to interpersonal sensitivity, somatization, and aggression. The inclusion of additional diagnostic features in the criteria for chronic PTSD is indicated.

5/7/94 (Item 94 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07859883 94118781

Platelet paroxetine binding and fluoxetine pharmacotherapy in posttraumatic stress disorder: preliminary observations on a possible predictor of clinical treatment response.

Fichtner CG; Arora RC; O'Connor FL; Crayton JW

Department of Psychiatry, Loyola University Stritch School of Medicine,
Hines, Illinois.

Life Sci (ENGLAND) 1994, 54 (3) pPL39-44, ISSN 0024-3205
Journal Code: L62

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE

Recent open clinical trials have found the selective serotonin reuptake inhibitor (SSRI) fluoxetine to be beneficial in the treatment of posttraumatic stress disorder (PTSD) symptoms. We have reported previously that the binding of a newer SSRI, paroxetine, to blood platelets is decreased in PTSD patients compared to normal control subjects. In the current study, pretreatment platelet paroxetine binding data were analyzed for ten Vietnam combat veterans who were treated clinically with fluoxetine for PTSD, diagnosed on the basis of the Structured Clinical Interview for DSM-III-R. Specific binding of 3H-paroxetine is reported in terms of the dissociation constant (Kd) and the maximum density of binding sites (Bmax). Based on our previous findings we hypothesized that decreased platelet 3H-paroxetine binding would be associated with positive therapeutic response to subsequent treatment with fluoxetine. Global clinical improvement ratings, conducted blind to the biochemical data, were used to separate patients into five maximal responders and five partial responders. The results indicated that maximal responders had lower pretreatment Kd values ($p = .016$) and a trend toward lower pretreatment Bmax values ($p = .075$) than the partial responders. These preliminary findings may warrant further study of platelet SSRI binding as a possible predictor of SSRI treatment response in PTSD patients.

5/7/95 (Item 95 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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07856289 94091517

Posttraumatic stress disorder in survivors of a mass shooting.

North CS; Smith EM; Spitznagel EL

Department of Psychiatry, Washington University School of Medicine, St. Louis, MO 63110.

Am J Psychiatry (UNITED STATES) Jan 1994, 151 (1) p82-8, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: NIMH MH-40025, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Posttraumatic stress disorder (PTSD) has been best studied among combat veterans. Less is known about PTSD among civilian populations exposed to traumatic events. A recent mass murder spree by a gunman in a cafeteria in Killeen, Tex., has provided a unique opportunity to study acute-phase civilian responses to a combat type of experience. **METHOD:** Approximately 1 month after the disaster, 136 survivors were interviewed with the Diagnostic Interview Schedule/Disaster Supplement. **RESULTS:** In the acute postdisaster period, 20% of the men and 36% of the women met criteria for PTSD, which was the most prevalent psychiatric disorder. Most subjects who developed PTSD had no history of psychiatric illness. Rates of preexisting PTSD were relatively high and did not predict the presence of PTSD after the disaster. A history of other predisaster psychiatric disorders predicted postdisaster PTSD in women but not in men. One-half of the women and one-fourth of the men with postdisaster PTSD also met criteria for another postdisaster psychiatric diagnosis, especially major depression. Psychopathology was infrequent in subjects without PTSD. **CONCLUSIONS:** Disaster intervention workers may be able to most effectively use limited mental health provider resources in the acute postdisaster period by focusing on screening for acute PTSD, which will identify the majority of cases with psychiatric disorders following this kind of disaster. Survivors who have no history of psychiatric disorder should be screened along with those who do because in the present study, they represented the majority of the PTSD cases. Subjects with a history of major depression and women with preexisting psychopathology may be

especially vulnerable to posttraumatic syndromes. Individuals with PTSD should be further examined for additional psychiatric diagnoses that may complicate recovery, especially major depression. PTSD among survivors of civilian combat-like experiences does not appear to present in the same way that it has been described in Vietnam veterans.

5/7/96 (Item 96 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07834120 93273615

In vitro studies of natural killer cell activity in post traumatic stress disorder patients. Response to methionine-enkephalin challenge.

Mosnaim AD; Wolf ME; Maturana P; Mosnaim G; Puente J; Kucuk O; Gilman-Sachs A

Department of Pharmacology and Molecular Biology, University of Health Sciences, Chicago Medical School, IL 60064.

Immunopharmacology (NETHERLANDS) Mar-Apr 1993, 25 (2) p107-16, ISSN 0162-3109 Journal Code: GY3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Attempts to define biological parameters that may be specifically associated with the pathophysiology of post traumatic stress disorder (PTSD) have met with only limited success, reflecting perhaps the practical limitations resulting from the high frequency of comorbidity of this condition with Axis I, II and III psychiatric diagnoses. We now report our studies on natural killer cell activity (NKCA), and the response of this cellular immune function to an in vitro methionine-enkephalin (MET) challenge in a population of Vietnam veterans with PTSD. Due to the characteristics of our PTSD patients, our protocol included four sex-matched, age-comparable control groups: (1) chronic alcoholics, (2) chronic drug abusers excluding alcohol, (3) chronic users of alcohol and other drugs of abuse and (4) drug-free, healthy volunteers. Although these groups did not significantly differ in their "baseline" NKCA, significant findings emerged from their response to preincubation with MET (10(-10), 10(-8) and 10(-6) M; 40:1 effector-to-target cell ratio). To minimize interindividual variations in the expression of NKCA each subject was used as its own control. Whereas peptide challenge resulted in an increase in NK lytic function in a subpopulation of group four (one or more MET concentrations, 8 out of 22 subjects), it produced mixed results in samples from individuals in group 2, and in general failed to elicit NKCA changes in the samples from participants in groups 1 and 3. Nine of the thirteen PTSD patients responded to MET preincubation with decreases in NKCA, which in five of them reached values below 20% of baseline for the three peptide concentrations tested. These findings may suggest that the "stress factor" in Vietnam veterans with PTSD plays a role in downmodulating NK lytic function in response to an in vitro MET challenge, an effect that appears to be potentiated by the use of drugs of abuse other than alcohol. The possible clinical relevance of these findings, including the identification of a subgroup of PTSD patients on the basis of immunological tests such as the one described in this work, deserves further investigation.

5/7/97 (Item 97 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07688199 94070419

Vietnamese boat refugees: the influence of war and flight traumatization

on mental health on arrival in the country of resettlement. A community cohort study of Vietnamese refugees in Norway.

Hauff E; Vaglum P

Psychosocial Center for Refugees, University of Oslo, Dikemark Hospital, Norway.

Acta Psychiatr Scand (DENMARK) Sep 1993, 88 (3) p162-8, ISSN 0001-690X Journal Code: 1VY

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A consecutive cohort of 145 adult Vietnamese refugees were personally interviewed and completed the Symptom Checklist 90 R self-rating scale on arrival in Norway. Sixty-two percent had witnessed bombing, fires and shooting, 48% had witnessed other people being wounded or killed and 36% had been involved in life-threatening situations or had been wounded in the war. Nearly all war trauma variables but none of the escape or refugee camp variables were significantly related to mental health 7 years after the end of the war. War trauma was significantly associated with mental health, also when age, gender and previous mental problems were controlled for. These results and our clinical experience indicate that clinicians treating refugees should address such traumatic experiences specifically.

5/7/98 (Item 98 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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07676039 94053931

Use of thioridazine in post-traumatic stress disorder.

Dillard ML; Bendfeldt F; Jernigan P

Department of Pharmacy, Johnson City Medical Center Hospital.

South Med J (UNITED STATES) Nov 1993, 86 (11) p1276-8, ISSN 0038-4348

Journal Code: UVH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Post-traumatic stress disorder is a condition that develops in persons who have experienced emotional or physical stress of sufficient magnitude to be extremely traumatic for virtually anyone. This may include natural catastrophes, combat experiences, rape, or other such horrifying events. The three major features of the disorder are reexperiencing the trauma through dreams, emotional numbing, and autonomic instability. To date, several treatment modalities have been used, usually consisting of a combination of psychotherapy and drug treatment. Although controversy exists, antidepressants and monoamine oxidase inhibitors are used most commonly, while other drugs such as lithium, carbamazepine, and antipsychotic drugs may be useful. We have reported a case involving a 44-year-old combat veteran who experienced severe flashbacks of his time spent in Vietnam. His symptoms and general state of mind improved significantly while taking the antipsychotic drug thioridazine.

5/7/99 (Item 99 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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07651057 94018926

Cell-mediated immunity in combat veterans with post-traumatic stress disorder [see comments]

Watson IP; Muller HK; Jones IH; Bradley AJ

Department of Psychiatry, University of Tasmania, Launceston.

Med J Aust (AUSTRALIA) Oct 18 1993, 159 (8) p513-6, ISSN 0025-729X

Journal Code: M26

Comment in Med J Aust 1994 Apr 4;160(7):453-4

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: To explore immune function in patients with chronic post-traumatic stress disorder (PTSD). DESIGN: A case-control study using the standardised Cell-mediated Immunity (CMI) Multitest. PARTICIPANTS: Cases were 25 Vietnam combat veterans undergoing treatment for clinically diagnosed PTSD. Controls had no diagnosed psychiatric disorders: 28 were civilians and 20 were servicemen who had had South-east Asian postings but no combat experience. MAIN OUTCOME MEASURES: The sum score, the number of reactions and the compound scores from the CMI Multitest were assessed as a measure of immune function. RESULTS: Psychometric tests distinguished between cases and controls at a highly significant level ($P < 0.001$). Veterans with PTSD had enhanced cell-mediated immunity compared with civilians ($P = 0.008$) and servicemen ($P = 0.02$). CONCLUSION: PTSD in combat veterans is associated with enhanced cell-mediated immune responsiveness. This could have wide implications for psychiatry and general medicine.

5/7/100 (Item 100 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07639182 94002306

Post-traumatic stress disorder and GI endoscopy: a case study.

Gruber M; Byrd R

Gastroenterol Nurs (UNITED STATES) Aug 1993, 16 (1) p17-20, ISSN 1042-895X Journal Code: ALL

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Post-traumatic stress disorder (PTSD) can be caused by experiencing or witnessing a variety of harsh traumatic events. Rape, burglary, war, torture, violence, and other catastrophic events have been known to precipitate flashbacks, nightmares, and inability to cope with the demands of daily life. The symptoms associated with PTSD can interfere with work, sleep, appetite, relationships, and health. In a Veterans Administration hospital population, PTSD is not an uncommon patient problem: it usually results from witnessing and/or participating in war or military service-related circumstances. This case study describes a 42-year-old man who was a prisoner of war in Vietnam. The form of torture his Vietnamese captors subjected him to presented a challenging situation when he required an endoscopic examination of the upper gastrointestinal tract. The purpose of this case study is to offer suggestions to the GI and endoscopy nursing staff who care for these patients, and to make GI health care providers aware of the special needs of this patient population.

5/7/101 (Item 101 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07567548 93304521

Personality disorders in treatment-seeking combat veterans with posttraumatic stress disorder.

Southwick SM; Yehuda R; Giller EL Jr

Psychiatry Department, Yale University School of Medicine, New Haven, Conn.

Am J Psychiatry (UNITED STATES) Jul 1993, 150 (7) p1020-3, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: NIMH MH-17122, MH, NIMH; NIMH MH-49536-01, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Many patients with posttraumatic stress disorder (PTSD) appear to have co-occurring symptoms of character pathology; however, to date there have been no empirical studies of comorbid clinician-rated axis II personality disorders in war veterans with chronic PTSD. The authors' objective was to assess DSM-III-R personality disorders in treatment-seeking combat veterans with PTSD. METHOD: They used the Personality Disorder Examination, a standardized diagnostic interview for DSM-III-R axis II disorders, to assess DSM-III-R personality disorders in 34 patients with PTSD; 18 of the subjects were inpatients and 16 were outpatients. RESULTS: A high rate of character pathology was observed in both inpatient and outpatient groups. The most frequent disorders for which criteria were met were borderline, obsessive-compulsive, avoidant, and paranoid personality disorders. Inpatients had a higher rate of nearly every personality disorder than did outpatients. Inpatients were significantly more likely to meet diagnostic criteria for paranoid, schizotypal, avoidant, and self-defeating personality disorders. CONCLUSIONS: War-related PTSD in treatment-seeking Vietnam veterans is often accompanied by diffuse, debilitating, and enduring impairments in character. Subtyping patients with PTSD on the basis of specific axis II profiles may aid in the selection of more specific and effective treatments.

5/7/102 (Item 102 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07567547 93304520

Deficits in short-term memory in posttraumatic stress disorder.

Bremner JD; Scott TM; Delaney RC; Southwick SM; Mason JW; Johnson DR; Innis RB; McCarthy G; Charney DS

Department of Psychiatry, Yale University School of Medicine, New Haven, Conn.

Am J Psychiatry (UNITED STATES) Jul 1993, 150 (7) p1015-9, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The purpose of this study was to compare the memory function of patients with posttraumatic stress disorder (PTSD) to that of matched comparison subjects. METHOD: Vietnam veterans with combat-related PTSD (N = 26) were compared to physically healthy comparison subjects (N = 15) matched for age, race, sex, years of education, handedness, socioeconomic status, and alcohol abuse. Memory and intelligence were assessed with a battery of neuropsychological tests, including the Russell revision of the Wechsler Memory Scale, the Selective Reminding Test, and subtests of the Wechsler Adult Intelligence Scale-Revised (WAIS-R). RESULTS: The PTSD patients scored significantly lower than the comparison subjects on the Wechsler Memory Scale logical memory measures for immediate recall (mean = 11.6, SD = 3.3 versus mean = 20.9, SD = 6.6) and delayed recall (mean = 8.0, SD = 3.3 versus mean = 17.8, SD = 6.4). The PTSD patients also scored significantly lower on the total recall, long-term storage, long-term retrieval, and delayed recall measures for the verbal component of the Selective Reminding Test and on the recall, long-term storage, long-term retrieval, and continuous long-term retrieval measures for the visual component of the Selective Reminding Test. There was no significant difference between the PTSD patients and comparison subjects in prorated full-scale IQ as measured by the WAIS-R. CONCLUSIONS: Patients with PTSD

may have deficits in short-term memory. Counseling and rehabilitation that address these deficits may be of value for PTSD patients.

5/7/103 (Item 103 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

07567546 93304519

Use of the Structured Clinical Interview for DSM-IV Dissociative Disorders for systematic assessment of dissociative symptoms in posttraumatic stress disorder.

Bremner JD; Steinberg M; Southwick SM; Johnson DR; Charney DS
National Center for PostTraumatic Stress Disorder, Division of Clinical Neurosciences, West Haven VA Medical Center, CT 06516.

Am J Psychiatry (UNITED STATES) Jul 1993, 150 (7) p1011-4, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: NIMH MH-43352, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study compared dissociative symptom areas in Vietnam combat veterans with posttraumatic stress disorder (PTSD) and in Vietnam combat veterans without PTSD. METHOD: The Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) was used to compare dissociative symptoms in 40 Vietnam combat veterans with PTSD and 15 Vietnam combat veterans without PTSD. The SCID-D yields a total score and scores in five symptom areas: amnesia, depersonalization, derealization, identity confusion, and identity alteration. RESULTS: The PTSD patients had more severe dissociative symptoms in each of the five symptom areas of the SCID-D and higher total symptom scores. Amnesia was the symptom area with the greatest difference in scores between the PTSD patients (mean = 3.68, SD = 0.73) and the non-PTSD veterans (mean = 1.06, SD = 0.26). CONCLUSIONS: The finding of higher levels of dissociative symptoms in Vietnam combat veterans with PTSD than in Vietnam veterans without PTSD is consistent with a level of dissociative symptoms in PTSD similar to that in dissociative disorders.

5/7/104 (Item 104 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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07565395 93301288

Change in MMPI scores from college to adulthood as a function of military service.

Schnurr PP; Rosenberg SD; Friedman MJ
Department of Psychiatry, Dartmouth Medical School.
J Abnorm Psychol (UNITED STATES) May 1993, 102 (2) p288-96, ISSN 0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We examined changes in Minnesota Multiphasic Personality Inventory scores from adolescence to adulthood in a longitudinal study of 540 men who attended college during the Vietnam War. Using change scores that were adjusted for initial values, we compared civilians to veterans who were grouped according to combat exposure: none, peripheral, or direct. In cross-sectional analyses, the groups differed only as adults. Groups were similar in relative stability but differed by multivariate analysis in absolute change on the clinical scales. Only veterans with peripheral exposure differed from civilians in multivariate contrasts, even after

controlling for premilitary variables. Effect sizes were small. Results suggest that combat exposure does not produce uniformly negative outcomes and may have positive effects in select populations.

5/7/105 (Item 105 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07554561 93283939

Neurological status of Vietnam veterans with chronic posttraumatic stress disorder.

Gurvits TV; Lasko NB; Schachter SC; Kuhne AA; Orr SP; Pitman RK

Veterans Affairs Medical Center, Manchester, New Hampshire 03103.

J Neuropsychiatry Clin Neurosci (UNITED STATES) Spring 1993, 5 (2)
p183-8, ISSN 0895-0172 Journal Code: BJO

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study investigated neurological status in 27 medication-free outpatient Vietnam veterans meeting DSM-III-R criteria for posttraumatic stress disorder (PTSD) and 15 non-PTSD combat control subjects, all without alcohol or drug dependence or abuse during the past year. Subjects underwent neurological examination, neuropsychological testing, and sleep-deprived EEG. PTSD subjects showed significantly more neurological soft signs than non-PTSD subjects. Neither substance dependence/abuse nor the more frequent history of developmental problems in PTSD subjects accounted for this difference. There were no significant EEG or neuropsychological testing group differences; however, there were significant correlations between several neuropsychological test scores and total neurological soft signs.

5/7/106 (Item 106 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07517858 93221351

A twin study of genetic and environmental contributions to liability for posttraumatic stress symptoms [see comments]

True WR; Rice J; Eisen SA; Heath AC; Goldberg J; Lyons MJ; Nowak J

School of Public Health, St Louis University Medical Center, Mo. 63108.

Arch Gen Psychiatry (UNITED STATES) Apr 1993, 50 (4) p257-64, ISSN
0003-990X Journal Code: 72C

Contract/Grant No.: 1 RO1 DA0 4604-01, DA, NIDA; DA07261-01, DA, NIDA;
MH-37685, MH, NIMH; +

Comment in Arch Gen Psychiatry 1994 Oct;51(10):838-9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We studied 4042 Vietnam era veteran monozygotic and dizygotic male twin pairs to determine the effects of heredity, shared environment, and unique environment on the liability for 15 self-reported posttraumatic stress disorder symptoms included in the symptom categories of reexperiencing the trauma, avoidance of stimuli related to the trauma, and increased arousal. Quantitative genetic analysis reveals that inheritance has a substantial influence on liability for all symptoms. Symptoms in the reexperiencing cluster and one symptom in the avoidance and numbing cluster are strongly associated with combat exposure, and monozygotic pairs are more highly concordant for combat exposure than dizygotic pairs. By fitting a bivariate genetic model, we show that there are significant genetic influences on symptom liability, even after adjusting for differences in combat exposure;

genetic factors account for 13% to 30% of the variance in liability for symptoms in the reexperiencing cluster, 30% to 34% for symptoms in the avoidance cluster, and 28% to 32% for symptoms in the arousal cluster. There is no evidence that shared environment contributes to the development of posttraumatic stress disorder symptoms.

5/7/107 (Item 107 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07517404 93220742

Psychophysiologic assessment of traumatic imagery in Israeli civilian patients with posttraumatic stress disorder.

Shalev AY; Orr SP; Pitman RK

Center for Traumatic Stress, Hadassah University Hospital, Jerusalem, Israel.

Am J Psychiatry (UNITED STATES) Apr 1993, 150 (4) p620-4, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study used a script-driven imagery technique, previously used with combat veterans, to assess physiologic responses of Israeli survivors of noncombat traumas. METHOD: Each subject had experienced an event meeting DSM-III-R criterion A for posttraumatic stress disorder (PTSD). The subjects were classified on the basis of the full DSM-III-R criteria into a current PTSD group (N = 13) and a non-PTSD group (N = 13). Thirty-second scripts describing each subject's personal traumatic event, as well as other events, were prepared. The scripts incorporated subjective visceral and muscular responses reported to have accompanied each experience. In the laboratory, the scripts were read one at a time to the subject, who was instructed to imagine each event portrayed as vividly as possible, while heart rate, skin conductance, and left lateral frontalis electromyogram levels were measured. RESULTS: Multivariate analysis of variance revealed that the physiologic responses of the PTSD subjects during imagery of their personal traumatic experiences were significantly greater than those of the non-PTSD subjects. This difference was not explained by age, gender, or rated severity of the traumatic event. A physiologic discriminant function derived from previously studied Vietnam veterans correctly classified nine of the 13 PTSD subjects (sensitivity = 69%) and 10 of the 13 non-PTSD subjects (specificity = 77%). CONCLUSIONS: These results replicate previous findings of heightened physiologic responses during personal combat imagery in male American war veterans and extend them to a group of male and female Israeli civilian victims of trauma, supporting the robustness of physiologic responding during personal traumatic imagery as a measure of PTSD.

5/7/108 (Item 108 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07489695 93167382

Premilitary MMPI scores as predictors of combat-related PTSD symptoms [see comments]

Schnurr PP; Friedman MJ; Rosenberg SD

National Center for Posttraumatic Stress Disorder, U.S. Department of Veterans Affairs, White River Junction, VT 05009.

Am J Psychiatry (UNITED STATES) Mar 1993, 150 (3) p479-83, ISSN 0002-953X Journal Code: 3VG

Comment in Am J Psychiatry 1994 Jan;151(1):156-7

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The authors used data collected before military service to assess predictors of combat-related lifetime symptoms of posttraumatic stress disorder (PTSD). **METHOD:** The subjects were 131 male Vietnam and Vietnam-era veterans who had taken the MMPI in college and who were interviewed as adults with the Structured Clinical Interview for DSM-III-R. Scores on the basic MMPI scales were used to predict combat exposure, lifetime history of any PTSD symptoms given exposure, and lifetime PTSD classification (symptoms only, subthreshold PTSD, or full PTSD). **RESULTS:** Group means on the MMPI scales were within the normal range. No scale predicted combat exposure. Hypochondriasis, psychopathic deviate, masculinity-femininity, and paranoia scales predicted PTSD symptoms. Depression, hypomania, and social introversion predicted diagnostic classification among subjects with PTSD symptoms. The effects persisted when amount of combat exposure was controlled for. **CONCLUSIONS:** Pre-military personality can affect vulnerability to lifetime PTSD symptoms in men exposed to combat.

5/7/109 (Item 109 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07478522 93135262

Childhood physical abuse and combat-related posttraumatic stress disorder in Vietnam veterans.

Bremner JD; Southwick SM; Johnson DR; Yehuda R; Charney DS

National Center for Post-traumatic Stress Disorder, West Haven VA Medical Center, CT 06516.

Am J Psychiatry (UNITED STATES) Feb 1993, 150 (2) p235-9, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: Early trauma in the form of childhood physical or sexual abuse has been associated with adult psychopathology. The purpose of this study was to compare rates of childhood abuse in Vietnam veterans with and without combat-related posttraumatic stress disorder (PTSD). **METHOD:** Premilitary stressful and traumatic events including childhood abuse and other potential predisposing factors were assessed in Vietnam combat veterans who sought treatment for PTSD (N = 38) and Vietnam combat veterans without PTSD who sought treatment for medical disorders (N = 28). Stressful and traumatic events including childhood physical abuse were assessed with the Checklist of Stressful and Traumatic Events and a clinician-administered interview for the assessment of childhood abuse. Level of combat exposure was measured with the Combat Exposure Scale. **RESULTS:** Vietnam veterans with PTSD had higher rates of childhood physical abuse than Vietnam veterans without PTSD (26% versus 7%). The association between childhood abuse and PTSD persisted after controlling for the difference in level of combat exposure between the two groups. Patients with PTSD also had a significantly higher rate of total traumatic events before joining the military than patients without PTSD (mean = 4.6, SD = 4.5, versus mean = 2.8, SD = 2.9). **CONCLUSIONS:** These findings suggest that patients seeking treatment for combat-related PTSD have higher rates of childhood physical abuse than combat veterans without PTSD. Childhood physical abuse may be an antecedent to the development of combat-related PTSD in Vietnam combat veterans.

5/7/110 (Item 110 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

07417264 91174087

Lymphocyte glucocorticoid receptor number in posttraumatic stress disorder.

Yehuda R; Lowy MT; Southwick SM; Shaffer D; Giller EL Jr
Psychiatry Department, University of Connecticut Health Center,
Farmington 06032.

Am J Psychiatry (UNITED STATES) Apr 1991, 148 (4) p499-504, ISSN
0002-953X Journal Code: 3VG

Contract/Grant No.: MH-17122, MH, NIMH; MH-44339, MH, NIMH; MH-44699, MH,
NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The authors' objective was to investigate the possibility that glucocorticoid receptor changes may be involved in the dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis in posttraumatic stress disorder (PTSD). METHOD: They measured the number of lymphocyte cytosolic glucocorticoid receptors and plasma cortisol concentrations in 15 consecutively admitted male combat Vietnam veterans with PTSD and in a normal comparison group of 11 subjects. RESULTS: Both the patients and the normal comparison subjects showed a morning-to-afternoon decline in glucocorticoid receptor concentrations, paralleling the normal diurnal decline in cortisol levels. The number of glucocorticoid receptors was 63% greater in the morning and 26% greater in the afternoon in the patients with PTSD than in the normal subjects. No group differences in cortisol levels were observed, nor were glucocorticoid receptor number and cortisol levels correlated. The number of morning glucocorticoid receptors was positively correlated with symptoms of PTSD and anxiety. CONCLUSIONS: These results provide further evidence for a dysregulation of the HPA axis in PTSD. The finding that patients with PTSD had a substantially greater number of lymphocyte glucocorticoid receptors than normal comparison subjects is consistent with the authors' previous observations of low 24-hour urinary cortisol excretion in subjects with PTSD. Furthermore, the receptor changes observed are opposite of those reported in major depressive disorder. The present data, along with other findings of HPA abnormalities in PTSD, support the possibility of a greater negative feedback sensitivity at one or more levels of the HPA axis.

5/7/111 (Item 111 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

07398840 90269793

Emergence of an alternate personality in combat-related posttraumatic stress disorder.

McDougle CJ; Southwick SM
Yale University School of Medicine, West Haven, Connecticut.
Hosp Community Psychiatry (UNITED STATES) May 1990, 41 (5) p554-6,
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/112 (Item 112 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

07396245 90227109

Platelet adenylate cyclase and phospholipase C activity in posttraumatic stress disorder.

Lerer B; Bleich A; Bennett ER; Ebstein RP; Balkin J
Yaacov Herzog Center for Brain and Psychiatry Research, Jerusalem, Israel.

Biol Psychiatry (UNITED STATES) Apr 1 1990, 27 (7) p735-40, ISSN 0006-3223 Journal Code: A3S

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Adenylate cyclase and phospholipase C activity were examined in platelet membranes obtained from 19 male subjects with combat-related posttraumatic stress disorder (PTSD) and 35 age- and gender-matched healthy controls. Basal and forskolin-stimulated adenylate cyclase activity were significantly lower in the PTSD group whereas aluminum chloride plus sodium fluoride (AlCl₃/NaF)- and prostaglandin E₁ (PGE₁)-stimulated responses were normal. There was no difference in phospholipase C activity between the two groups. The lower basal and forskolin-stimulated adenylate cyclase responses replicate a previous report and suggest that PTSD may be associated with an abnormality of the catalytic subunit of the receptor-adenylate cyclase complex.

5/7/113 (Item 113 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07394244 90188790

Comprehensive system Rorschach data on Vietnam combat veterans [published erratum appears in J Pers Assess 1990 Fall;55(1-2):391]

Swanson GS; Blount J; Bruno R

Veterans Administration Medical Center, Augusta, GA.

J Pers Assess (UNITED STATES) Spring 1990, 54 (1-2) p160-9, ISSN 0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

To better understand and, therefore, treat Vietnam combat veterans with a diagnosis of posttraumatic stress disorder (PTSD), the Rorschach was administered to 50 patients so diagnosed. The most important findings were that, on average: (a) These patients have a low level of stress tolerance and are, therefore, likely to respond impulsively to stressful situations; (b) this low stress tolerance appears to be a long-term adjustment problem; and (c) their perception of reality is unconventional and often distorted. A primary therapeutic indication from these data is that the use of structure would be important for successful therapy. Other findings and therapeutic recommendations are also discussed.

5/7/114 (Item 114 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07394008 90183347

Symptom and comorbidity patterns in World War II and Vietnam veterans with posttraumatic stress disorder.

Davidson JR; Kudler HS; Saunders WB; Smith RD

Department of Psychiatry, Duke University Medical Center, Durham, NC 27705.

Compr Psychiatry (UNITED STATES) Mar-Apr 1990, 31 (2) p162-70, ISSN

0010-440X Journal Code: DO9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Forty-four veterans with posttraumatic stress disorder (PTSD) from World War II and Vietnam were compared. The groups were comparable on many socioeconomic and combat measures and age at onset of PTSD. Vietnam veterans exhibited more severe PTSD symptoms, higher Hamilton depression scores, and higher scores on the hostility, psychoticism, and "additional symptom" Symptom Checklist-90 (SCL-90) scales. They also had more survivor guilt, impairment of work and interests, avoidance of reminders of trauma, detachment/estrangement from others, startle response, derealization, and suicidal tendencies. Differences were noted between the groups as to the nature of upsetting experiences. Vietnam veterans had a greater lifetime frequency of panic disorder and an earlier age of onset for alcoholism. In other respects, the two groups were diagnostically similar, with PTSD being related to the sequential emergence of psychiatric diagnoses in similar manner for World War II and Vietnam patients.

5/7/115 (Item 115 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07321042 92388078

Psychophysiologic response during script-driven imagery as an outcome measure in posttraumatic stress disorder.

Shalev AY; Orr SP; Pitman RK

Department of Psychiatry, Hadassah University Hospital, Jerusalem, Israel.

J Clin Psychiatry (UNITED STATES) Sep 1992, 53 (9) p324-6, ISSN 0160-6689 Journal Code: HIC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

BACKGROUND: A psychophysiologic method previously validated in Vietnam veterans was used to evaluate the responses of medication-free Israeli posttraumatic stress disorder (PTSD) patients to script-driven imagery, before and after treatment with systematic desensitization. METHOD: Skin conductance, heart rate, and frontalis EMG responses during imagery of traumatic events were assessed in three unmedicated Israeli PTSD patients. The t test of significance was used to compare the magnitude of the response to traumatic imagery with that of responses to imagery of nine other events. RESULTS: The elevated physiologic responses to traumatic imagery, observed before treatment, normalized after systematic desensitization. Imagery of traumata that were not treated by desensitization continued to produce elevated responses. CONCLUSION: Physiologic response during traumatic imagery may be useful in the evaluation of differential treatment outcome in PTSD.

5/7/116 (Item 116 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07237351 93107880

Chronic posttraumatic stress disorder and diagnostic comorbidity in a disaster sample.

Green BL; Lindy JD; Grace MC; Leonard AC

Department of Psychiatry, Georgetown University, Washington, DC 20007.

J Nerv Ment Dis (UNITED STATES) Dec 1992, 180 (12) p760-6, ISSN 0022-3018 Journal Code: JAF

Contract/Grant No.: R01 36791; R01 40401

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Research has indicated significant comorbid psychopathology with chronic posttraumatic stress disorder (PTSD) in samples of war veterans. The present paper examines the issue of comorbidity in a disaster sample to learn whether findings from veterans generalized to this event. A total of 193 subjects exposed to the Buffalo Creek dam collapse of 1972 were examined 14 years later using diagnoses derived from the Structured Clinical Interview for DSM-III (SCID). Past and present PTSD was found in a significant portion of the sample. Major depression was the next most common diagnosis and was highly related to PTSD. Anxiety disorders were also common. The overlap with other diagnoses was quite similar to that found in a sample of Vietnam veterans we studied earlier, except that the disaster sample had fewer dysthymic disorders, substance abusers, and antisocial personality disorders. Possible explanations for comorbidity in chronic PTSD were discussed and it was suggested that the morphology of PTSD may be quite stable in at least some other nonveteran trauma populations.

5/7/117 (Item 117 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07237349 93107878

War zone traumas and posttraumatic stress disorder symptomatology [see comments]

Fontana A; Rosenheck R; Brett E

Veterans Affairs Northeast Program Evaluation Center, West Haven, Connecticut.

J Nerv Ment Dis (UNITED STATES) Dec 1992, 180 (12) p748-55, ISSN 0022-3018 Journal Code: JAF

Comment in J Nerv Ment Dis 1992 Dec;180(12):756-9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The diagnosis and clinical understanding of posttraumatic stress disorder (PTSD) rests upon the explicit identification of traumatic experiences that give rise to a well-defined constellation of symptoms. Most efforts to investigate the characteristics of these experiences have attempted to specify war zone stressors as objectively as possible. In this study, we add specification of the psychological meaning of war zone stressors to their objective specification. Eleven traumas are organized in terms of four roles that veterans played in the initiation of death and injury; namely, target, observer, agent, and failure. These roles can be ordered in terms of the degree of personal responsibility involved in the initiation of death and injury. The relationships of these roles to current symptomatology were examined in combination with a set of objective measures of war zone stressors. The sample consisted of the first 1709 Vietnam theater veterans who were assessed in a national evaluation of the PTSD Clinical Teams initiative of the Department of Veterans Affairs. Results show that having been a target of others' attempts to kill or injure is related more uniquely than any other role to symptoms that are diagnostic criteria for PTSD. On the other hand, having been an agent of killing and having been a failure at preventing death and injury are related more strongly than other roles to general psychiatric distress and suicide attempts. (ABSTRACT TRUNCATED AT 250 WORDS)

5/7/118 (Item 118 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07199572 93051269

Posttraumatic stress disorder: a review.

Murray JB

Psychology Department, St. John's University, Jamaica, NY 11439.

Genet Soc Gen Psychol Monogr (UNITED STATES) Aug 1992, 118 (3) p313-38

, ISSN 8756-7547 Journal Code: FMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

In this article, I have reviewed posttraumatic stress disorder with Vietnam veterans, soldiers in other wars, and in victims of natural and civilian disasters. A discussion of measurement and therapy approaches is included. (160 Refs.)

5/7/119 (Item 119 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07128618 92246218

Symptom responses of female Vietnam veterans to Operation Desert Storm [published erratum appears in Am J Psychiatry 1992 Aug;149(8):1129]

Wolfe J; Brown PJ; Bucsela ML

Veterans Affairs Medical Center, Boston, MA 02130.

Am J Psychiatry (UNITED STATES) May 1992, 149 (5) p676-9, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study examined the status of symptoms of posttraumatic stress disorder (PTSD) in a cohort of women after the onset of Operation Desert Storm. METHOD: Seventy-six non-treatment-seeking Vietnam veterans were obtained from lists of those who recently had participated in other research projects conducted at the National Center for Post-Traumatic Stress Disorder. Before the onset of Operation Desert Storm, subjects had completed a set of psychometrically valid instruments measuring general psychological symptoms and PTSD symptoms (e.g., SCL-90-R, Mississippi Scale for Combat-Related Posttraumatic Stress Disorder). On the basis of the latter scale, subjects were divided into groups with and without PTSD symptoms. At the height of the military conflict, subjects were recontacted and asked to complete the SCL-90-R and the Veterans Update Form, a measure assessing changes in PTSD symptoms. RESULTS: Multivariate analyses indicated that while most female Vietnam veterans experienced some intensification of stress-related symptoms during Operation Desert Storm, those who had previously reported high levels of PTSD were significantly more susceptible to greater distress. CONCLUSIONS: Results of this survey indicate that female Vietnam veterans with prior wartime exposure are an at-risk population for the intensification of stress symptoms after the recurrence of a military conflict.

5/7/120 (Item 120 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07107907 92325670

Negative parenting behavior, combat exposure, and PTSD symptom severity. Test of a person-event interaction model.

McCranie EW; Hyer LA; Boudewyns PA; Woods MG

Department of Psychiatry and Health Behavior, Medical College of Georgia,
Augusta 30912-3800.

J Nerv Ment Dis (UNITED STATES) Jul 1992, 180 (7) p431-8, ISSN
0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The "personal characteristics" and "extreme event" hypotheses have been proposed as alternative explanations for the development of posttraumatic stress disorder (PTSD) among combat veterans. The person-event interaction model attempts to integrate both perspectives by hypothesizing that premilitary individual vulnerability characteristics play a greater role in influencing risk of PTSD or PTSD symptom severity at lower than at higher levels of exposure to traumatic combat stressors. Focusing on a sample of 57 Vietnam veterans undergoing inpatient treatment for diagnosed PTSD, we assessed this model by examining interactions between negative parenting behaviors in childhood (e.g., inconsistent love) and degree of combat exposure in predicting PTSD symptom severity. Hierarchical regression analyses supported the model, indicating that the father's negative parenting behaviors were more predictive of PTSD symptom severity at relatively lower levels of combat exposure. Implications of the findings for further research on multivariate, interactional models of PTSD etiology among Vietnam combat veterans are discussed.

5/7/121 (Item 121 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07105568 92321937

'No longer nineteen'. A review of Vietnam veterans in everyday practice
[see comments]

Lie D

Baillie Henderson Hospital, Toowoomba, Qld.

Aust Fam Physician (AUSTRALIA) Jun 1992, 21 (6) p759-64, ISSN
0300-8495 Journal Code: 9EC

Comment in Aust Fam Physician 1992 Oct;21(10):1534

Languages: ENGLISH

Document type: JOURNAL ARTICLE

After working with a number of Vietnam veterans I was confronted with my ignorance of the war and its aftermath. I hope this article helps others wishing to improve their understanding of these patients.

5/7/122 (Item 122 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07088493 92293601

Interventions with medical and psychiatric evacuees and their families:
from Vietnam through the Gulf War.

Scurfield RM; Tice SN

Pacific Center PTSD and other War Related Disorders, U.S. Department of
Veterans Affairs, Honolulu, HI 96613.

Mil Med (UNITED STATES) Feb 1992, 157 (2) p88-97, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Clinical, milieu, and patient management psycho-social interventions are identified and discussed concerning medical and psychiatric evacuees from a war zone. The acute psychological state of evacuees, specific areas of

inquiry from the onset of becoming a casualty through initial hospitalization stateside, and interventions to address psychological aspects of being wounded or a psychiatric evacuee are highlighted. Issues and dynamics to address with the families, to include clinical experiences with families of Vietnam, Panama, and Gulf War military returnees are described, as well as specific risk factors for Operation Desert Storm families and personnel. Distinctive stressors faced by women, national guard and reserves, and ethnic minority personnel in Operation Desert Storm are identified. Finally, complications and recommendations concerning the appropriate diagnoses for psychiatric evacuees, and the stressors faced by the health care provider, are presented. Specific recommendations by veterans who themselves were evacuated from Vietnam are described in the veterans' own words.

5/7/123 (Item 123 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07088489 92293596

An evaluation of the impact of "helicopter ride therapy" for in-patient Vietnam veterans with war-related PTSD.

Scurfield RM; Wong LE; Zeerocah EB

Department of Psychiatry, American Lake VA Medical Center, Tacoma, WA 98493.

Mil Med (UNITED STATES) Feb 1992, 157 (2) p67-73, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

An evaluation study is reported about an unprecedented in vivo activity: Huey helicopter rides in the inpatient treatment of post-traumatic stress disorder among Vietnam veterans. A pre- and post-ride attitude survey (N = 45) and clinical observations revealed a series of salient outcomes, including the provocation of pre-existing traumatic memories and pre-flight concerns, profound in-flight reactions, post-flight triggering of intrusive, painful memories, the enhancement of peer group bonding and remembrance of positive war associations, and the desensitization to helicopters and other military stimuli. Theoretical and clinical implications are elaborated.

5/7/124 (Item 124 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

07070621 92260204

Urinary catecholamine excretion and severity of PTSD symptoms in Vietnam combat veterans.

Yehuda R; Southwick S; Giller EL; Ma X; Mason JW

Department of Psychiatry, Mount Sinai Medical School, New York.

J Nerv Ment Dis (UNITED STATES) May 1992, 180 (5) p321-5, ISSN 0022-3018 Journal Code: JAF

Contract/Grant No.: R01 MH49555-01, MH, NIMH; R03 MH49536-01, MH, NIMH; K05-MH00346, MH, NIMH; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In the present study, we replicated and extended our previous findings of increased 24-hour urinary catecholamine excretion in posttraumatic stress disorder (PTSD). Dopamine, norepinephrine, and epinephrine concentrations were measured in 22 male patients with PTSD (14 inpatients and eight

outpatients) and in 16 nonpsychiatric normal males. The PTSD inpatients showed significantly higher excretion of all three catecholamines compared with both outpatients with PTSD and normal controls. Dopamine and norepinephrine, but not epinephrine, levels were significantly correlated with severity of PTSD symptoms in the PTSD group as a whole. In particular, these catecholamines seemed related to intrusive symptoms. None of the catecholamines were correlated with severity of depression. The findings support the hypothesis of an enhanced sympathetic nervous system activation in PTSD, and suggest that increased sympathetic arousal may be closely linked to severity of certain PTSD symptom clusters.

5/7/125 (Item 125 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07060918 92242057

Psychodynamic group treatment of posttraumatic stress disorder in Vietnam veterans.

Koller P; Marmar CR; Kanas N

Department of Veterans Affairs Medical Center, San Francisco, CA.

Int J Group Psychother (UNITED STATES) Apr 1992, 42 (2) p225-46,

ISSN 0020-7284 Journal Code: GRH

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Exposure to combat frequently imparts a sense of aloneness, guilt, and helplessness. These and other intrapsychic and interpersonal issues need to be addressed in treating Vietnam veterans suffering from posttraumatic stress disorder (PTSD). Group therapy is proposed as a core treatment modality for dealing with these problems. A model is proposed in which patients are treated for 1 year or more in weekly groups that meet for 16-week sequential segments. Clinical guidelines are made explicit to new members by the co-therapists. Discussion topics deal not only with traumatic experiences related to combat, but also with important pre- and postwar issues that are relevant to the symptoms of PTSD. Timely integration and working through of these issues in the group is critical.

(39 Refs.)

5/7/126 (Item 126 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07037407 92189003

Self-reported health status of Vietnam veterans in relation to perceived exposure to herbicides and combat.

Decoufle P; Holmgren P; Boyle CA; Stroup NE

Center for Environmental Health and Injury Control, Centers for Disease Control, Atlanta, GA 30333.

Am J Epidemiol (UNITED STATES) Feb 1 1992, 135 (3) p312-23, ISSN 0002-9262 Journal Code: 3H3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors examined how the self-reported health of 7,924 US Army Vietnam veterans in 1985-1986 related to the men's perceived exposure to herbicides and combat in Vietnam. The results showed strong, positive associations between the extent of reported herbicide exposure (classified as a four-level ordinal index) and all 21 health outcomes studied, with clear "dose-response" relations in most instances. In contrast, only chloracne and psychological symptoms, including a symptom pattern

consistent with posttraumatic stress disorder, were found to be strongly related to the amount of reported combat exposure (classified as a four-level ordinal index). The multiple herbicide/outcome associations seem implausible because of their nonspecificity and because of collateral biologic evidence suggesting the absence of widespread exposure to dioxin-containing herbicides among US Army combat units. These associations may have resulted from long-term stress reactions that produced somatization, hypochondriasis, and increased utilization of medical care among some Vietnam veterans. The available data suggest, however, that the association between reported combat exposure and psychological symptoms consistent with posttraumatic stress disorder may be causal.

5/7/127 (Item 127 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07028086 92160967

Exposure to atrocities and severity of chronic posttraumatic stress disorder in Vietnam combat veterans.

Yehuda R; Southwick SM; Giller EL Jr

Department of Psychiatry, Mt. Sinai School of Medicine, Bronx, N.Y.

Am J Psychiatry (UNITED STATES) Mar 1992, 149 (3) p333-6, ISSN

0002-953X Journal Code: 3VG

Contract/Grant No.: MH-17122, MH, NIMH; MH-49536, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: The authors' objective was to explore aspects of trauma associated with severity of posttraumatic stress disorder (PTSD) in Vietnam veterans. METHOD: Several ratings of stress exposure and symptom severity were administered to 40 patients with combat-related PTSD. RESULTS: A significant relationship was observed between exposure to atrocities and the impact of PTSD on veterans' lives, as measured by the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder. Exposure to atrocities was also significantly correlated with current symptom severity. In contrast, combat exposure alone was not significantly associated with overall symptom severity. Both atrocity and combat exposure, however, were significantly related to reexperiencing symptoms. CONCLUSIONS: The data suggest that the enduring effect and severity of PTSD symptoms on an individual are associated more with exposure to brutal human death and suffering than the threat of death associated with combat.

5/7/128 (Item 128 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07028085 92160966

Dissociation and posttraumatic stress disorder in Vietnam combat veterans.

Bremner JD; Southwick S; Brett E; Fontana A; Rosenheck R; Charney DS

National Center for Post-Traumatic Stress Disorder, West Haven VA Medical Center, CT 06516.

Am J Psychiatry (UNITED STATES) Mar 1992, 149 (3) p328-32, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

OBJECTIVE: This study compared current dissociative symptoms and dissociation at the time of specific traumatic events in Vietnam combat veterans with posttraumatic stress disorder (PTSD) and Vietnam combat

veterans without PTSD. METHOD: Vietnam combat veterans who sought treatment for PTSD (N = 53) were compared to Vietnam combat veterans without PTSD (N = 32) who sought treatment for medical problems. Dissociative symptoms were evaluated with the Dissociative Experiences Scale. Dissociation at the time of a combat-related traumatic event was evaluated retrospectively with the modified Dissociative Experiences Questionnaire. The Combat Exposure Scale was used to measure level of combat exposure. RESULTS: There was a significantly higher level of dissociative symptoms, as measured by the Dissociative Experiences Scale, in patients with PTSD (mean = 27.0, SD = 18.0) than in patients without PTSD (mean = 13.7, SD = 16.0). This difference persisted when the difference in level of combat exposure was controlled with analysis of covariance. PTSD patients also reported more dissociative symptoms at the time of combat trauma, as measured retrospectively by the Dissociative Experiences Questionnaire (mean = 11.5, SD = 1.6) than non-PTSD patients (mean = 1.8, SD = 2.1). CONCLUSIONS: Dissociative symptoms are an important element of the long-term psychopathological response to trauma.

5/7/129 (Item 129 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06805332 92014031

Comparison of successful, unsuccessful, and relapsed Vietnam veterans treated for posttraumatic stress disorder.

Perconte ST; Griger ML

Psychology Service 116B, Veterans Administration Medical Center, Pittsburgh, Pennsylvania 15206.

J Nerv Ment Dis (UNITED STATES) Sep 1991, 179 (9) p558-62, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The present study investigated the differences between veterans who benefited from intensive treatment for posttraumatic stress disorder (PTSD) and those who either relapsed or showed no improvement following treatment. Data from 45 combat veterans with PTSD completing at least 6 weeks of treatment in a partial hospitalization program were utilized. Veterans who had improved following treatment and had maintained a positive adjustment 18 months following treatment were found to have had lower rates of alcohol consumption and greater program participation than those who were unimproved or relapsed. These veterans also obtained lower scores on the MMPI-PTSD subscale, the global indices of the SCL-90-R, and seven of nine individual symptom scales of the SCL-90-R. These results were consistent with other recent reports concerning the existence and characteristics of Vietnam veteran symptom overreporters in studies using the MMPI, and suggest possible treatment outcome predictors for these groups.

5/7/130 (Item 130 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06786754 91307033

Psychological effects of combat [letter; comment]

Jones FD

Am J Psychiatry (UNITED STATES) Aug 1991, 148 (8) p1099, ISSN 0002-953X Journal Code: 3VG

Comment on Am J Psychiatry 1991 Feb;148(2):271

Languages: ENGLISH

Document type: COMMENT; LETTER

5/7/131 (Item 131 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06783241 91373279
Valproate in combat-related posttraumatic stress disorder.
Fesler FA
Psychiatry Service, Department of Veterans Affairs Medical Center,
Seattle, WA 98108.
J Clin Psychiatry (UNITED STATES) Sep 1991, 52 (9) p361-4, ISSN
0160-6689 Journal Code: HIC
Languages: ENGLISH
Document type: CLINICAL TRIAL; JOURNAL ARTICLE
BACKGROUND: The symptoms of posttraumatic stress disorder (PTSD) suggest
sympathetic nervous system hyperarousal and hyperreactivity.
Pathophysiology of this condition may include stress-activated limbic
kindling. Antikindling agents lithium and carbamazepine have been found
effective for PTSD symptoms of intrusive reexperiencing and increased
arousal. These facts suggest that valproate, another drug shown to
interfere with limbic kindling, could also be effective for treatment of
PTSD. METHOD: An open clinical trial of valproate was conducted in 16
Vietnam veterans diagnosed with DSM-III-R combat-related PTSD. RESULTS: Ten
of 16 patients showed significant improvement, especially in
hyperarousal/hyperreactivity symptoms. CONCLUSIONS: The efficacy of
valproate in the treatment of PTSD should be rigorously studied.

5/7/132 (Item 132 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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06725162 91268763
Changes in plasma norepinephrine to combat-related stimuli among Vietnam
veterans with posttraumatic stress disorder.
Blanchard EB; Kolb LC; Prins A; Gates S; McCoy GC
Department of Psychology, State University of New York, Albany.
J Nerv Ment Dis (UNITED STATES) Jun 1991, 179 (6) p371-3, ISSN
0022-3018 Journal Code: JAF
Contract/Grant No.: MH-37838, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Plasma norepinephrine samples were obtained before and after exposure to
auditory stimuli reminiscent of combat from two groups of male Vietnam
veterans with combat experience: one with diagnoses of PTSD (N = 15) and
one with no mental disorder (N = 6). Results showed a significant 30% rise
in plasma norepinephrine for the PTSD group, with no change in the
comparison group.

5/7/133 (Item 133 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06706093 91231495
A factor analysis of the DSM-III post-traumatic stress disorder criteria.
Watson CG; Kucala T; Juba M; Manifold V; Anderson PE; Anderson D
Veterans Administration Medical Center, St. Cloud, MN 56303.

J Clin Psychol (UNITED STATES) Mar 1991, 47 (2) p205-14, ISSN
0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors factor analyzed DSM-III-based post-traumatic stress disorder symptom ratings made on 131 Vietnam-veteran PTSD patients. Five factors--termed Intrusive Thoughts and Their Effects, Increased Arousal, Impoverished Relationships, Guilt, and Cognitive Interference--emerged. The factor structure gave more support to Laufer, Brett and Gallops' conceptualization of PTSD than to the Horowitz, DSM-III, or DSM-III-R systems. It also generated suggestions for future editions of the diagnostic manual.

5/7/134 (Item 134 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06692737 91198355

Plasma methionine-enkephalin in PTSD [letter]

Wolf ME; Mosnaim AD; Puente J; Ignacio R

Biol Psychiatry (UNITED STATES) Feb 1 1991, 29 (3) p305-7, ISSN
0006-3223 Journal Code: A3S

Languages: ENGLISH

Document type: LETTER

5/7/135 (Item 135 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06683977 91171225

Vietnam returning to the scene of the trauma.

Gerlock AA

American Lake, VAMC, Tacoma, WA.

J Psychosoc Nurs Ment Health Serv (UNITED STATES) Feb 1991, 29 (2)
p4-8, ISSN 0279-3695 Journal Code: JUW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

1. All veterans participating in this project were suffering from post-traumatic stress disorder. All had received counseling for their PTSD, including group sessions for 8 months prior to the trip. 2. One goal of this project was to provide new memories of a Vietnam at peace that could replace or stand beside the 20-year-old recollections. 3. One of the most dramatic occurrences was the re-humanizing of former enemies; the Vietnamese were seen as people and no longer enemies. 4. Some of the gains for the participants included improved sleep, gainful employment, less fear, anger and grief, and a resolution of suicidal intentions.

5/7/136 (Item 136 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06669888 91116351

Psychophysiological responses in the diagnosis of posttraumatic stress disorder in Vietnam veterans.

Blanchard EB; Kolb LC; Prins A

Department of Psychology, State University of New York, Albany.

J Nerv Ment Dis (UNITED STATES) Feb 1991, 179 (2) p97-101, ISSN

0022-3018 Journal Code: JAF
Contract/Grant No.: MH-37838, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE

In one sample of 104 male Vietnam combat veterans, we found that five heart rate parameters from a psychophysiological assessment could correctly discriminate 75% of the sample into those with PTSD and those without it. Using a stepwise approach, we found adding 10 blood pressure parameters increased discrimination to 80%, while adding five parameters from frontal electromyograms did not increase discrimination. Cross-validation of the heart rate parameters on a new sample of 96 veterans resulted in 83% correct discrimination.

5/7/137 (Item 137 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06665516 91086933
Assessment and treatment of torture victims: a critical review.
Allodi FA
Department of Psychiatry, University of Toronto, Ontario, Canada.
J Nerv Ment Dis (UNITED STATES) Jan 1991, 179 (1) p4-11, ISSN
0022-3018 Journal Code: JAF
Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL
This paper presents the main issues in the diagnosis and treatment of psychiatric sequelae in torture victims. The concept of post traumatic stress disorder is used to organize literature on psychiatric casualties resulting from massive psychic trauma, e.g., the Nazi Holocaust, the Vietnam and Israeli wars, and the current world epidemic of torture. Torture is a unique human made stressor resulting in category-specific diagnostic symptoms. Medical assessment can be complemented with photographs, x-rays, electroencephalograms, and sleep studies. Individual psychotherapy and group techniques focus on the issues of denial and trust, loss, survivor guilt, and reparation. Programs of psychological and social rehabilitation and treatment with benzodiazepines, tricyclic antidepressants, and other compounds are reviewed. Future research needs include the conceptualization of the trauma of torture and its sequelae in broader terms, the application of standardized measurements to facilitate international comparisons, and the testing of various approaches to intervention in an experimental design. An ethical physician must resist the pressures of totalitarian governments to assume neutrality in the presence of human rights violations affecting his/her patients. (71 Refs.)

5/7/138 (Item 138 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06655721 90331607
Acquired hearing impairment and psychiatric disorder amongst Australian Vietnam veterans [letter]
Ben-Tovim DI; Potts NL; Dortmans RJ; Weiss AM; Potter R
Lancet (ENGLAND) Aug 4 1990, 336 (8710) p324, ISSN 0140-6736
Journal Code: LOS
Languages: ENGLISH
Document type: LETTER

5/7/139 (Item 139 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06593799 90377379

Vocational rehabilitation for psychiatric inpatient Vietnam combat veterans.

Pendorf JE

Psychiatry Service, Veterans Administration Medical Center, Lebanon, PA 17042.

Mil Med (UNITED STATES) Aug 1990, 155 (8) p369-71, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A Department of Veterans Affairs (DVA) inpatient psychiatry program treating Vietnam veterans for symptoms of posttraumatic stress disorder provided day and evening treatment programs. The evening program, besides treating psychiatric trauma, incorporated the DVA mission of assisting patients with vocational rehabilitation and work force reentry. Although initially opposed to employment, Vietnam veterans accepted a treatment program with an emphasis on working and job training. Both programs were compared using the Ward Atmosphere Scale (WAS). No significant differences between the two programs were found. The results support the DVA's position that employment is a valuable component of psychiatric treatment.

5/7/140 (Item 140 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06584458 90207603

Massachusetts' post-traumatic stress disorder program: a public health treatment model for Vietnam veterans.

Forman SI; Havas S

Hubbard Regional Hospital.

Public Health Rep (UNITED STATES) Mar-Apr 1990, 105 (2) p172-9, ISSN

0033-3549 Journal Code: QJA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Post-traumatic stress disorder (PTSD) can be a serious aftermath of catastrophic events such as war. The incidence of PTSD appears to be high among Vietnam veterans. PTSD can be extremely disruptive to a person's physical and mental well-being, family life, social relationships, and employment status. Yet, for a variety of reasons, many Vietnam veterans suffering from PTSD have remained undiagnosed or insufficiently treated. The Massachusetts Department of Public Health, in cooperation with the Massachusetts Department of Veterans Services, initiated a hospital-based treatment and rehabilitation program for Vietnam veterans who have PTSD. As of November 1989, 150 Vietnam veterans had been admitted to this program.

5/7/141 (Item 141 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06582842 90174408

Post-traumatic stress disorder among Special Forces Vietnam veterans.

Chemtob CM; Bauer GB; Neller G; Hamada R; Glisson C; Stevens V

Veterans Administration, Honolulu, Hawaii 96850.

Mil Med (UNITED STATES) Jan 1990, 155 (1) p16-20, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Fifty-seven Special Forces Vietnam Veterans were studied to determine if special selection and rigorous training affected the frequency and pattern of predictors of post-traumatic stress disorder (PTSD). No absolute immunity to PTSD was conferred. Frequency (25%) and predictors of PTSD were similar to those reported for other groups of Vietnam Veterans. Symptoms of PTSD were associated with poorer pre-service relationships, being wounded, being wounded after return from R&R, having friends missing in action, feeling guilt over the death of a friend, lack of emotional preparation to leave the unit or service, and failure to discuss feelings upon return from Vietnam.

5/7/142 (Item 142 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06557010 91174109

Terror at sea: Vietnamese victims of piracy.

Kleinman SB

Crime Victims Center, Victim Services Agency, Brooklyn, NY.

Am J Psychoanal (UNITED STATES) Dec 1990, 50 (4) p351-62, ISSN

0002-9548 Journal Code: 3W2

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/143 (Item 143 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06545729 91138577

Stress, intrusive imagery, and chronic distress.

Baum A

Department of Medical Psychology, Uniformed Services University of the Health Sciences, Bethesda, MD 20814-4799.

Health Psychol (UNITED STATES) 1990, 9 (6) p653-75, ISSN 0278-6133

Journal Code: EJL

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Discusses the nature of stress in the context of problems with its definition and sources of confusion regarding its usefulness and specificity. Stress can be defined as a negative emotional experience accompanied by predictable biochemical, physiological, and behavioral changes that are directed toward adaptation either by manipulating the situation to alter the stressor or by accommodating its effects. Chronic stress is more complex than most definitions suggest and is clearly not limited to situations in which stressors persist for long periods of time. Responses may habituate before a stressor disappears or may persist long beyond the physical presence of the stressor. This latter case, in which chronic stress and associated biobehavioral changes outlast their original cause, is considered in light of research at Three Mile Island and among Vietnam veterans. The role of intrusive images of the stressor or uncontrollable thoughts about it in maintaining stress is explored.

5/7/144 (Item 144 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06477852 91009050

New uses of hypnosis in the treatment of posttraumatic stress disorder.

Spiegel D; Cardena E

Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, CA 94305.

J Clin Psychiatry (UNITED STATES) Oct 1990, 51 Suppl p39-43; discussion 44-6, ISSN 0160-6689 Journal Code: HIC

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Hypnosis is associated with the treatment of posttraumatic stress disorder (PTSD) for two reasons: (1) the similarity between hypnotic phenomena and the symptoms of PTSD, and (2) the utility of hypnosis as a tool in treatment. Physical trauma produces a sudden discontinuity in cognitive and emotional experience that often persists after the trauma is over. This results in symptoms such as psychogenic amnesia, intrusive reliving of the event as if it were recurring, numbing of responsiveness, and hypersensitivity to stimuli. Two studies have shown that Vietnam veterans with PTSD have higher than normal hypnotizability scores on standardized tests. Likewise, a history of physical abuse in childhood has been shown to be strongly associated with dissociative symptoms later in life. Furthermore, dissociative symptoms during and soon after traumatic experience predict later PTSD. Formal hypnotic procedures are especially helpful because this population is highly hypnotizable. Hypnosis provides controlled access to memories that may otherwise be kept out of consciousness. New uses of hypnosis in the psychotherapy of PTSD victims involve coupling access to the dissociated traumatic memories with positive restructuring of those memories. Hypnosis can be used to help patients face and bear a traumatic experience by embedding it in a new context, acknowledging helplessness during the event, and yet linking that experience with remoralizing memories such as efforts at self-protection, shared affection with friends who were killed, or the ability to control the environment at other times. In this way, hypnosis can be used to provide controlled access to memories that are then placed into a broader perspective. Patients can be taught self-hypnosis techniques that allow them to work through traumatic memories and thereby reduce spontaneous unbidden intrusive recollections. (38 Refs.)

5/7/145 (Item 145 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06458375 90270260

Alexithymia among Vietnam veterans with posttraumatic stress disorder

[see comments]

Hyer L; Woods MG; Summers MN; Boudewyns P; Harrison WR

Veterans Administration Medical Center, Medical College of Georgia, Augusta 30910.

J Clin Psychiatry (UNITED STATES) Jun 1990, 51 (6) p243-7, ISSN 0160-6689 Journal Code: HIC

Comment in J Clin Psychiatry 1991 Jul;52(7):317-9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors studied 227 inpatients from a large Veterans Administration Medical Center to evaluate whether alexithymia is associated with posttraumatic stress disorder (PTSD) and to assess the validity of the Minnesota Multiphasic Personality Inventory (MMPI) alexithymia scale. Three groups--a carefully diagnosed PTSD group (N = 76), an alcohol abuse group

(N = 76), and a general psychiatric group (N = 75) -- were given a battery of psychological tests, including the MMPI, the Millon Clinical Multiaxial Inventory, and the Beck Depression Inventory, along with several cognitive measures. PTSD veterans were also evaluated on psychophysiological indices (including a stressor) and on their subjective ratings to these indices. Results showed that alexithymia was more characteristic of PTSD patients than of the other groups. Also, alexithymia was inversely related to heart rate. Alexithymia was not significantly correlated with the subjective experience of stressors. The authors discuss the importance of the construct of alexithymia among PTSD patients and recommend the use of the alexithymia scale for these patients. The independence of this measure from the psychophysiological condition of hyperarousal and the subjective experience of this state were also addressed.

5/7/146 (Item 146 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06457021 90260686

Posttraumatic stress disorder in the police officer: paradigm of occupational stress.

McCafferty FL; Domingo GD; McCafferty EA

Cleveland Police Department, Ohio 44113.

South Med J (UNITED STATES) May 1990, 83 (5) p543-7, ISSN 0038-4348

Journal Code: UVH

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

The police officer is exposed to stress outside the range of usual human experience, which often leads to his demoralization and brutalization, and predisposes him to a posttraumatic stress disorder similar to that found in the Vietnam veteran. With posttraumatic stress disorder comes functional deterioration that can lead to significant psychologic and health problems, not only for the police officer, but also for his family. Posttraumatic stress disorder in the police officer has counterparts in other stressful occupations. Current treatment methods are outlined. (25 Refs.)

5/7/147 (Item 147 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06456492 90256132

Expanded delivery system needed for post-traumatic stress.

Sandrick K

Hospitals (UNITED STATES) Jun 5 1990, 64 (11) p44-5, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

Document type: JOURNAL ARTICLE

For many Vietnam combat veterans, the war never ended. They fight it over and over again in their minds. Their condition is called post-traumatic stress disorder. The Department of Veterans Affairs has made significant strides in treating these vets, but the VA is able to meet only a small part of the veterans' demand for treatment. A need exists at the community level, particularly in rural areas, where many veterans do not have access to the specialized treatment they need without traveling great distances and navigating red tape.

5/7/148 (Item 148 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06440712 90379353

Physiological evidence of exaggerated startle response in a subgroup of Vietnam veterans with combat-related PTSD.

Butler RW; Braff DL; Rausch JL; Jenkins MA; Sprock J; Geyer MA

Department of Psychiatry, University of California, San Diego.

Am J Psychiatry (UNITED STATES) Oct 1990, 147 (10) p1308-12, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: MH-42228, MH, NIMH; MH-00188, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

One of the diagnostic criteria for posttraumatic stress disorder (PTSD) is an exaggerated startle response; however, this phenomenon has not been verified empirically. The authors compared 20 Vietnam combat veterans with PTSD and 18 combat veterans without PTSD on the eyeblink reflex electromyographic response of the startle reaction. Subjects in both groups who failed to show an eyeblink response to the startle stimuli were eliminated from further analyses. Among the remaining subjects, the 13 with PTSD had a significantly greater startle response amplitude than the 12 control subjects at intermediate intensities of acoustic stimuli. The relationship between startle responsivity and both negative and positive symptoms was also investigated.

5/7/149 (Item 149 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06436143 90369294

Duration and intensity of combat exposure and posttraumatic stress disorder in Vietnam veterans.

Buydens-Branchey L; Noumair D; Branchey M

Department of Psychiatry, Mount Sinai School of Medicine, New York.

J Nerv Ment Dis (UNITED STATES) Sep 1990, 178 (9) p582-7, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We assessed whether a relationship exists between posttraumatic stress disorder (PTSD) and two quantitative aspects of war trauma: the duration of exposure to combat (expressed in months) and the intensity of combat (measured by ratings on the Laufer Combat Scale). These stressor characteristics were measured in relation to PTSD prevalence and persistence. Eighty-four veterans, inducted during the Vietnam War, who attended an orthopedic clinic participated in the study. A significant association was found between duration of combat exposure and prevalence and persistence of PTSD. The longest duration of combat exposure was found in patients who still suffered from PTSD. This duration was shorter for patients in remission and still shorter for patients who had never developed PTSD. Similarly, a significant association was found between combat scale ratings and PTSD. The highest rating was observed in subjects who still had PTSD. The rating was lower in patients in remission and still lower in those who had never experienced PTSD. Having been wounded, which is one of the Laufer Combat Scale items and could be considered particularly traumatic, was strongly associated with PTSD. The findings are discussed in relation to the reliability and validity of the PTSD construct and to the contribution of factors other than stressor characteristics to PTSD symptom expression.

5/7/150 (Item 150 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06427682 90349811

Reliability and validity of the Abusive Violence Scale.
Hendrix C; Schumm W
Department of Family Relations and Child Development, Oklahoma State
University, Stillwater 74078.
Psychol Rep (UNITED STATES) Jun 1990, 66 (3 Pt 2) p1251-8, ISSN
0033-2941 Journal Code: QF6
Languages: ENGLISH
Document type: JOURNAL ARTICLE

Because of the stressful nature of the war in Vietnam, many Americans continue to be affected by their service. One aspect of war service, which may be significantly linked to the formation of Posttraumatic Stress Disorder, is the degree of personal experience with abusive violence. To develop a reliable and valid measure of this construct, construction of an Abusive Violence Scale was undertaken. In the current study, the Abusive Violence Scale showed internal consistency (Cronbach alpha = .81) and validity, as indicated by significant Pearson correlations with two measures of combat exposure and measures of the PTSD dimensions of intrusiveness and avoidance. Validity was further supported by factor analysis that yielded only one factor, abusive violence.

5/7/151 (Item 151 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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06418262 90328367

Failure to detect fabricated posttraumatic stress disorder with the use of the MMPI in a clinical population.
Perconte ST; Goreczny AJ
Highland Drive VA Medical Center, Psychology Service, Pittsburgh, PA 15206.
Am J Psychiatry (UNITED STATES) Aug 1990, 147 (8) p1057-60, ISSN
0002-953X Journal Code: 3VG
Languages: ENGLISH
Document type: JOURNAL ARTICLE

The authors attempted to replicate previous studies that used the Frequency (F) scale and the posttraumatic stress disorder (PTSD) subscale of the MMPI to discriminate Vietnam veterans with PTSD from well-adjusted veterans and mental health professionals who feigned symptoms of PTSD. Profiles of veterans with PTSD were compared to those of veterans with non-PTSD psychiatric disorders and veterans with fabricated PTSD symptoms who sought treatment. Discriminant analysis of F scale and PTSD subscale scores correctly identified only 43.59% of the subjects, thus failing to support use of the MMPI in detecting fabricated symptoms of PTSD in a clinical population.

5/7/152 (Item 152 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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06409465 90308101

Psychometric profile of posttraumatic stress disorder, anxious, and healthy Vietnam veterans: correlations with psychophysiologic responses.

Orr SP; Claiborn JM; Altman B; Forgue DF; de Jong JB; Pitman RK; Herz LR
Veterans Affairs Medical Center, Manchester, New Hampshire 03104.

J Consult Clin Psychol (UNITED STATES) Jun 1990; 58 (3) p329-35,

ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Three groups of Vietnam combat veterans, posttraumatic stress disorder (PTSD, n = 25), anxious (n = 7), and healthy (n = 18), completed a battery of psychometric tests. Measurement of psychophysiologic responses to imagery of individualized combat experiences followed the psychometrics. The PTSD Ss differed significantly from the healthy Ss on almost all measures but showed fewer differences from the anxious Ss. The typical PTSD S was characterized as anxious, depressed, prone to dissociation, and external in locus of control. Correlations with the physiologic responses supported the validity of psychometric scales specifically designed to measure PTSD but cast doubt on the interpretation of traditional measures of overreporting or dissimulation in this disorder.

5/7/153 (Item 153 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06395125 90274460

Naloxone-reversible analgesic response to combat-related stimuli in posttraumatic stress disorder. A pilot study.

Pitman RK; van der Kolk BA; Orr SP; Greenberg MS.

Manchester Veterans Affairs Medical Center, NH.

Arch Gen Psychiatry (UNITED STATES) Jun 1990; 47 (6) p541-4, ISSN

0003-990X Journal Code: 72C

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL

We tested the hypothesis that exposure to a stimulus resembling the original traumatic event would induce naloxone-reversible analgesia in patients with posttraumatic stress disorder (PTSD). Eight medication-free Vietnam veterans with PTSD and eight veterans without PTSD, matched for age and combat severity, viewed a 15-minute videotape of dramatized combat under naloxone hydrochloride and placebo conditions in a randomized double-blind crossover design. In the placebo condition, the subjects with PTSD showed a 30% decrease in reported pain intensity ratings of standardized heat stimuli after the combat videotape. No decrease in pain ratings occurred in the subjects with PTSD in the naloxone condition. The subjects without PTSD did not show a decrease in pain ratings in either condition. The results are consistent with the induction of opioid-mediated stress-induced analgesia in the patients with PTSD.

5/7/154 (Item 154 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06394351 90272896

Adapted character styles of Vietnam veterans with Posttraumatic Stress Disorder.

Sherwood RJ; Funari DJ; Piekarski AM

Veterans Administration, F.D.R. Hospital, Montrose, New York.

Psychol Rep (UNITED STATES) Apr 1990; 66 (2) p623-31, ISSN 0033-2941

Journal Code: QF6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A total of 189 male Vietnam veterans who were admitted to a specialized inpatient treatment program were evaluated using the Millon Clinical Multiphasic Personality Inventory to assess character styles. The veterans were assessed for Posttraumatic Stress Disorder by using a subscale of the Minnesota Multiphasic Personality Inventory (MMPI) and 72% of the patients were classified as having Posttraumatic Stress Disorder. The character styles of passive-aggressive, schizoid, avoidant, and borderline were significantly associated with these patients. The most common 2-point profile was passive-aggressive and avoidant (8-2 or 2-8) and was significantly related to the diagnosis. While drug and alcohol abuse were common problem areas for the entire sample, the profile of patients with Posttraumatic Stress was different from those of substance abusers. These results indicate that treating Vietnam veterans with this disorder requires adopting strategies which include a character style focus as well as a symptom focus.

5/7/155 (Item 155 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06393404 90271086

MMPI configural interpretation as applied to posttraumatic stress disorder in Vietnam veterans.

McCormack JK; Patterson TW; Ohlde CD; Garfield NJ; Schauer AH

Psychology Service (116B) Colmery-O'Neil VA Medical Center, Topeka, KS 66622.

J Pers Assess (UNITED STATES) Summer 1990, 54 (3-4) p628-38, ISSN 0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study investigated the systems of Minnesota Multiphasic Personality Inventory (MMPI) configural interpretation of Skinner and Jackson (1978) and Kunce (1979) with Vietnam veterans with posttraumatic stress disorder (PTSD). MMPI profiles of four groups differing in combat exposure were compared on four MMPI configural variables from Kunce (1979) and Skinner and Jackson (1978). The four groups were (a) PTSD sufferers, (b) Vietnam combat veterans without PTSD, (c) Vietnam noncombat veterans, and (d) Vietnam era veterans. All groups were further divided into hospitalized versus nonhospitalized subgroups. Dependent variables were Skinner and Jackson's (a) sociopathic modal profile, (b) neurotic profile, (c) psychotic profile, and (d) Kunce's emotional expression (enthusiastic-reserved) dimension. Results indicated that hospitalized PTSD subjects had significantly higher scores on Skinner and Jackson's neurotic profile; both hospitalized and nonhospitalized PTSD subjects had higher scores on the psychotic profile and were more "reserved" on Kunce's emotional expression dimension. Results were interpreted in terms of configural MMPI interpretation systems and the adjustment of Vietnam veterans with PTSD. PTSD was viewed as exhibiting cognitive, somatic, and affective features.

5/7/156 (Item 156 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06393020 90270456

Validation and cross-validation of the PTSD subscale of the MMPI with civilian trauma victims.

Koretzky MB; Peck AH
Department of Veterans Affairs Medical Center, Psychology Service, Fort
Howard, MD 21052.

J Clin Psychol (UNITED STATES) May 1990, 46 (3) p296-300, ISSN
0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The 49-item MMPI PTSD Subscale, developed and validated with Vietnam combat veterans, was administered to validation and cross-validation samples of Posttraumatic Stress Disorder (PTSD) patients who had experienced non-military traumatic events and to psychiatric controls (total N = 69). Using a cutting score of 19, derived from the validation sample only, the PTSD subscale correctly classified 87% of all validation subjects and 88% of all cross-validation subjects. Results strongly support the utility of MMPI assessment of PTSD with civilian trauma victims as one component of a broad assessment strategy.

5/7/157 (Item 157 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06389328 90261770

Risk factors for PTSD and other diagnoses in a general sample of Vietnam veterans.

Green BL; Grace MC; Lindy JD; Gleser GC; Leonard A

Department of Psychiatry, University of Cincinnati College of Medicine,
OH 45267-0539.

Am J Psychiatry (UNITED STATES) Jun 1990, 147 (6) p729-33, ISSN
0002-953X Journal Code: 3VG

Contract/Grant No.: MH-36791, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study examined the contribution of premilitary, military, and postmilitary risk factors to posttraumatic stress disorder (PTSD) and other postwar diagnoses in a sample of Vietnam veterans. PTSD was explained primarily by war stressors, including threat to life and exposure to grotesque death, but premilitary and postmilitary factors also contributed to the likelihood of a current diagnosis of PTSD. Panic disorder was also highly predicted by war experiences, whereas prewar functioning played a stronger role in several non-PTSD diagnoses. The study supported the notion that PTSD is specifically linked to intense stressors. Mechanisms for interactions among risk factors are discussed.

5/7/158 (Item 158 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06386031 90254232

Autonomic responses to stress in Vietnam combat veterans with posttraumatic stress disorder.

McFall ME; Murburg MM; Ko GN; Veith RC

University of Washington School of Medicine, Seattle.

Biol Psychiatry (UNITED STATES) May 15 1990, 27 (10) p1165-75, ISSN
0006-3223 Journal Code: A3S

Contract/Grant No.: 507RR0543-26, RR, NCR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study tested the hypothesis that combat veterans with posttraumatic

stress disorder (PTSD) experience sympathetic nervous system activation in response to war-related laboratory stimuli. Circulating plasma catecholamines, vital signs, and affect ratings were measured in 10 Vietnam combat veterans with PTSD and 11 control subjects, during and after viewing combat and noncombat stress films. PTSD subjects responded more strongly than controls to the combat film, with greater increases in plasma epinephrine, pulse, blood pressure, and subjective distress. The increases in autonomic activity of PTSD subjects was more pronounced and long lasting in response to the combat film than to the noncombat film, but type of film had no systematic effect on control subjects' responses. These findings are consistent with biological models that posit sympathoadrenal activation in response to memory-evoking cues of traumatic events in PTSD.

5/7/159 (Item 159 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06380636 90241118

Memories of Vietnam: post-traumatic stress disorders in Australian veterans.

Tennant C; Streimer JH; Temperly H

Academic Psychiatry Department, Royal North Shore Hospital, St Leonards, NSW.

Aust N Z J Psychiatry (AUSTRALIA) Mar 1990, 24 (1) p29-36, ISSN 0004-8674 Journal Code: 9I6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We compared a random sample of Australian Vietnam veteran inpatients suffering from Post Traumatic Stress Disorder (PTSD) (N = 13) with veteran inpatients with other neurotic diagnoses. Those with PTSD had experienced substantially higher levels of combat stress, were more likely to have manifested conduct disorder in childhood, and had poorer work adjustment. Only three had been diagnosed as having traumatic or war neuroses by their original treating psychiatrist in the Veterans Affairs Department. Post traumatic stress disorder (or war neurosis) has possibly been under-diagnosed by treating psychiatrists in the Veterans Affairs Department, especially in the pre-DSM-III era.

5/7/160 (Item 160 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06374390 90225131

Convergent validity of measures of PTSD in Vietnam combat veterans.

McFall ME; Smith DE; Roszell DK; Tarver DJ; Malas KL

Seattle VA Medical Center, Psychology Service, WA 98108.

Am J Psychiatry (UNITED STATES) May 1990, 147 (5) p645-8, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: 507-RR-0543-26, RR, NCRR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors evaluated the convergent validity of several widely used psychometric tests of posttraumatic stress disorder (PTSD) symptoms against DSM-III-R criteria for PTSD in 130 Vietnam combat veterans. Significant positive correlations were found between these instruments and the number of DSM-III-R symptoms endorsed, supporting the validity of psychometric instruments as continuous measures of PTSD symptom severity. The various psychometric measures also correlated moderately with one another,

suggesting that they assess related but somewhat separate PTSD phenomena. Finally, predicted relationships between stressors and symptoms were supported by significant correlations between degree of traumatic combat exposure and DSM-III-R and psychometric indexes of PTSD.

5/7/161 (Item 161 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06361674 90188788

Rorschach structure of a hospitalized sample of Vietnam veterans with PTSD.

Hartman WL; Clark ME; Morgan MK; Dunn VK; Fine AD; Perry GG Jr; Winsch DL
VA Medical Center, Bay Pines, Florida.

J Pers Assess (UNITED STATES) Spring 1990, 54 (1-2) p149-59, ISSN
0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Rorschach structural summary data are presented for a group of 41 posttraumatic stress disorder (PTSD) patients who were being treated in a specialized inpatient PTSD treatment program. Results suggest that patients suffering from PTSD exhibit impaired reality-testing abilities and tend to utilize ineffective coping strategies. The group's structural summary factors are presented as incipient normative data for the Exner Comprehensive System on patients with PTSD. Implications that these protocols suggest a more severe and pervasive level of psychopathology than would be expected from theoretical descriptions of the disorder are discussed.

5/7/162 (Item 162 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06359185 90181533

Psychophysiological correlates of posttraumatic stress disorder in Vietnam veterans.

Paige SR; Reid GM; Allen MG; Newton JE

Department of Psychiatry and Behavioral Science, University of Arkansas
for Medical Sciences, North Little Rock.

Biol Psychiatry (UNITED STATES) Feb 15 1990, 27 (4) p419-30, ISSN
0006-3223 Journal Code: A3S

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We measured event-related brain potential (ERP) component amplitudes and heart rate (HR) to four intensities of randomly presented tones in two matched groups of drug-free male Vietnam veterans: 12 patients diagnosed with posttraumatic stress disorder (PTSD) and 6 normal combat veterans. Subjects were evaluated with structured diagnostic interviews and anxiety and depression rating scales. We found a significant group X intensity interaction for P2 peak amplitude at CZ. Subjects were classified as augmenters or reducers: positive P2 slopes as a function of stimulus intensity implying augmentation and negative slopes implying reduction. Nine of 12 PTSD subjects were reducers (sensitivity of 75%) and 5 of 6 normals were augmenters (specificity of 83.3%). By the third and fourth second following tone onset, the mean HR of PTSD subjects increased more than twice that of the normals. HR change scores were significantly responsive to the manipulation of stimulus intensity and to the difference between our two groups. P2 reduction differentiates Vietnam veterans with

combat-related PTSD from combat veteran controls, and PTSD subjects are more autonomically arousable than their combat veteran peers.

5/7/163 (Item 163 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06356447 90171326

Psychophysiological responses to combat imagery of Vietnam veterans with posttraumatic stress disorder versus other anxiety disorders.

Pitman RK; Orr SP; Forgue DF; Altman B; de Jong JB; Herz LR

Research Service, Veterans Affairs Medical Center, Manchester, New Hampshire 03104.

J Abnorm Psychol (UNITED STATES) Feb 1990, 99 (1) p49-54, ISSN 0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We used psychophysiological techniques to assess responses to imagery of psychologically stressful past experiences in medication-free Vietnam combat veterans classified, on the basis of DSM-III-R criteria into posttraumatic stress disorder (PTSD; n = 7) or non-PTSD anxiety disorder (anxious; n = 7) groups. Scripts describing each individual's combat experiences were recorded and played back in the laboratory. Ss were instructed to imagine the events the scripts portrayed while heart rate, skin conductance, and frontalis electromyogram were recorded. PTSD Ss' physiologic responses were higher than those of anxious Ss. A discriminant function derived from a previous study of PTSD and mentally healthy combat veterans identified 5 of the 7 current PTSD Ss as physiologic responders and all 7 of the anxious Ss as nonresponders. Results of this study replicate and extend results of the previous study and support the validity of PTSD as a separate diagnostic entity.

5/7/164 (Item 164 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06353197 90156683

A twin study of the effects of the Vietnam War on posttraumatic stress disorder.

Goldberg J; True WR; Eisen SA; Henderson WG

Hines (III) VA Cooperative Studies Program Coordinating Center, Chicago.

JAMA (UNITED STATES) Mar 2 1990, 263 (9) p1227-32, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study evaluates the impact of military service during the Vietnam era (1965 to 1975) on posttraumatic stress disorder using a sample of 2092 male-male, monozygotic, veteran twin pairs. Data were collected in 1987 using mail and telephone interviews. In 715 monozygotic twin pairs who were discordant for military service in southeast Asia (SEA), posttraumatic stress disorder was found to be strongly associated with military service in SEA. The prevalence of posttraumatic stress disorder was 16.8% in twins who served in SEA compared with 5.0% in co-twins who did not serve in SEA. There was a ninefold increase in the prevalence of posttraumatic stress disorder (95% confidence interval, 4.8 to 17.6), comparing twins who experienced high levels of combat with their co-twin who did not serve in SEA. Our results demonstrate that nearly 15 years following the end of the Vietnam War, there remains a substantially increased prevalence of

posttraumatic stress disorder among veterans who served in SEA.

5/7/165 (Item 165 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06343738 90087142

Assessing symptom change in Southeast Asian refugee survivors of mass violence and torture.

Mollica RF; Wyshak G; Lavelle J; Truong T; Tor S; Yang T
Indochinese Psychiatry Clinic, St. Elizabeth's Hospital, Brighton Marine
Public Health Center, MA 02135.

Am J Psychiatry (UNITED STATES) Jan 1990, 147 (1) p83-8, ISSN
0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors evaluated changes in symptoms and levels of perceived distress of 21 Cambodian, 13 Hmong/Laotian, and 18 Vietnamese patients before and after a 6-month treatment period. Most of the patients improved significantly. Cambodians had the greatest and Hmong/Laotians had the least reductions in depressive symptoms. Although psychological symptoms improved, many somatic symptoms worsened. The authors conclude that refugee survivors of multiple traumata and torture can be aided by psychiatric care. They recommend investigations with larger samples and suitable control groups to further clarify the relative contributions of trauma, diagnosis, and acculturation stress to treatment outcome.

5/7/166 (Item 166 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06334170 90037631

Ethnicity: post-traumatic stress disorder (PTSD) differences among black, white, and Hispanic veterans who differ in degrees of exposure to combat in Vietnam.

Penk WE; Robinowitz R; Black J; Dolan M; Bell W; Dorsett D; Ames M;
Noriega L

Psychology Service, Veterans Administration Medical Center, Boston, MA
02130.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p729-35, ISSN
0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Clinical observations and empirical evidence suggest that, among Vietnam combat veterans, Blacks are more maladjusted than Whites (e.g., Parsons, 1985; Penk et al., 1985). The prediction that minority group status is associated with poorer post-war adjustment and higher rates of PTSD was examined among Vietnam combat veterans who were seeking treatment for addiction disorders. Adjustment scores among groups comparable in combat exposure were found to be similar for both Whites and Hispanics; Blacks, however, score significantly higher on both PTSD symptoms on MMPI scales. These findings indicate that ethnicity contributes importantly to PTSD in selected instances, but that minority group status alone does not account for observed differences. Additional research is indicated in which careful attention is given to the complicating and interacting role of addiction disorders in sampling.

5/7/167 (Item 167 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts: reserv.

06334169 90037630

Carcinogenicity and teratogenicity vs. psychogenicity: psychological characteristics associated with self-reported Agent Orange exposure among Vietnam combat veterans who seek treatment for substance abuse.

Robinowitz R; Roberts WR; Dolan MP; Patterson ET; Charles HL; Atkins HG; Penk WE

University of Texas Health Science Center, Dallas.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p718-28, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study asked, "What are the psychological characteristics of Vietnam combat veterans who claim Agent Orange exposure when compared with combat-experienced cohorts who do not report such contamination?" The question was researched among 153 heroin addicts, polydrug abusers, and chronic alcoholics who were seeking treatment: 58 reported moderate to high defoliant exposure while in combat; 95 reported minimal to no exposure while in Vietnam. The null hypothesis was accepted for measures of childhood and present family social climate, premilitary backgrounds, reasons for seeking treatment, patterns and types of illicit drug and alcohol use, interpersonal problems, intellectual functioning, and short-term memory. The null hypothesis was rejected for personality differences, however, those who self-reported high Agent Orange exposure scored significantly higher on MMPI scales F, Hypochondriasis, Depression, Paranoia, Psychasthenia, Schizophrenia, Mania, and Social introversion. The results suggest that clinicians carefully assess attributional processing of those who report traumatic experience.

5/7/168 (Item 168 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06334168 90037629

Co-morbidity: lessons learned about post-traumatic stress disorder (PTSD) from developing PTSD scales for the MMPI.

Penk W; Robinowitz R; Black J; Dolan M; Bell W; Roberts W; Skinner J
Veterans Administration Medical Center Boston, Massachusetts.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p709-17, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Results from efforts to develop and validate PTSD measures are promising, but a "gold standard" has not been achieved. Keane, Malloy, and Fairbank (1984) have developed an MMPI PTSD subscale that has been cross-validated with clinicians' classification of PTSD at acceptable levels of agreement, specificity, and sensitivity. There is, however, room for improvement. Empirical evidence is presented that indicates that the next round of efforts to increase reliability and validity of PTSD measures must account for the presence/absence of co-morbidity (i.e., the simultaneous occurrence of other psychiatric disorders). For example, differences are noted in MMPI group profiles and PTSD scales between psychiatric patients and substance abusers. Second, different MMPI items emerge as indicative of PTSD; these vary as a function of the presence of other Axis I disorders among groups of Vietnam combat veterans who seek treatment for substance abuse. Results substantiate that different MMPI items for classifying PTSD occur with

groups that differ in co-morbidity. Improvements in PTSD scale development are more likely when the contributions of pre-existing or subsequently co-occurring psychiatric disorders are taken in account, as well as variations in level of personality maturity. The evidence suggests that a "family" of PTSD scales need to be developed that take into account co-morbidity differences.

5/7/169 (Item 169 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06334167 90037628

Traumatogenicity: effects of self-reported noncombat trauma on MMPIs of male Vietnam combat and noncombat veterans treated for substance abuse.

Berk E; Black J; Locastro J; Wickis J; Simpson T; Penk W

Boston University School of Medicine, Massachusetts.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p704-8, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A recent review of the literature on Post-Traumatic Stress Disorder (PTSD) and the MMPI has shown that all previously published studies have been limited to clinical groups whose trauma occurred in Vietnam combat. The purpose of this study was to test hypotheses that predict higher MMPI and PTSD scale scores among combat veterans who differ in degrees of noncombat traumas. Results support predictions. Those who reported more noncombat traumas attain significantly higher MMPI scores for scales F, Hypochondriasis, Hysteria, Psychopathic Deviate, Psychasthenia, Schizophrenia, Mania, Social Introversion, and an MMPI PTSD score (Keane, Malloy, & Fairbank, 1984). Moreover, noncombat effects are manifested differentially: Combat veterans with higher noncombat trauma evidence greater social withdrawal, whereas noncombat veterans who report higher noncombat trauma are characterized by higher anxiety. MMPI elevations were progressively higher as groups increased in degrees of combat and noncombat trauma: noncombat and low combat trauma veterans were the better adjusted, and combat veterans with higher noncombat trauma were the worst adjusted. Results provide descriptive validity for PTSD as a construct and underscore the importance of assessing frequency and intensity, as well as types of traumas and stresses, in the background histories of substance abusers and other clinical groups as well.

5/7/170 (Item 170 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06320707 89213057

Substance abuse among Vietnam veterans: a view from the CAP control perspective.

McCormack NA

Vet Center, Omaha, Nebraska 68106.

Int J Addict (UNITED STATES) 1988, 23 (12) p1311-6, ISSN 0020-773X
Journal Code: GQ8

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

This article presents an overview of the CAP control theory of drug abuse and applies the major tenets of that theory to substance-abusing Vietnam veterans. (13 Refs.)

5/7/171 (Item 171 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06309587 89030528

Social and behavioral consequences of the Vietnam experience among American Legionnaires.

Stellman JM; Stellman SD; Sommer JF Jr

School of Public Health, Columbia University, New York, New York.

Environ Res (UNITED STATES) Dec 1988, 47 (2) p129-49, ISSN 0013-9351

Journal Code: EI2

Languages: ENGLISH

Document type: JOURNAL ARTICLE

One aspect of a cross-sectional questionnaire study of a sample of Vietnam veterans belonging to The American Legion was devoted to analysis of social and behavioral consequences of service in Southeast Asia. Members of the study population were stratified by whether they served in Southeast Asia and, within the Southeast Asia group, by varying degrees of exposure to combat and to herbicides. Using validated scales for behavioral affect and for the exposure measures for combat and herbicides, a wide range of adverse effects was observed. Men who faced high levels of combat intensity were found to be at greater risk for divorce and for generally being less happy and satisfied with their lives, their marriages, their role as fathers, and as sexual human beings. Although in this population they have reached comparatively high levels of education, they earn significantly less money than peers of their same age and educational attainment. Vietnam veterans returning from combat were found to exhibit higher levels of behavioral disturbances, with mean scores for depression, anxiety, irritation, feelings of helplessness, and physical signs of depression significantly worse than noncombat peers. The lifestyle of combat veterans also continues to place them at greater risk for poor health. They smoke, drink, and use prescription drugs at rates significantly greater than the other veterans in this study. Combat veterans have had a significantly poorer rate of reduction and cessation of smoking and drinking than others in this population. Evidence is also presented which shows that for some of the behavioral outcomes measured, a negative interactive effect of concurrent exposure to herbicides is present.

5/7/172 (Item 172 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06299281 88204295

Posttraumatic stress disorder and substance abuse. Clinical issues.

Nace EP

Timberlawn Psychiatric Hospital, Dallas, Texas 75223.

Recent Dev Alcohol (UNITED STATES) 1988, 6 p9-26, ISSN 0738-422X

Journal Code: RDA

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

A review of clinical issues relevant to the treatment of individuals with a combination of posttraumatic stress disorder and substance abuse disorder is presented. There are several issues that these two disorders share, including the need for heightened awareness on the part of clinicians, the ability to make the diagnoses, the conceptualization of etiological factors, and the issues of therapeutic attitudes and countertransference problems. In addition, a brief review of relevant therapeutic approaches is presented and treatment priorities discussed. (51 Refs.)

5/7/173 (Item 173 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06299280 88204293

Coping and defending styles among Vietnam combat veterans seeking treatment for posttraumatic stress disorder and substance use disorder.

Penk WE; Peck RF; Robinowitz R; Bell W; Little D
Psychology Service, Veterans Administration Medical Center, Boston, Massachusetts.

Recent Dev Alcohol (UNITED STATES) 1988, 6 p69-88, ISSN 0738-422X

Journal Code: RDA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A review of the literature on coping processes in addiction disorders yields at least two notions: one, that substance abuse is associated with less efficient, avoidant ways of coping with problems in living; and two, that substance abusers with a background of traumatic and stressful experiences are readily distinguishable by even more avoidant coping styles. These notions were tested in the form of three hypotheses: (1) substance abusers in general employ more avoidant coping styles than do nonaddicted groups; (2) Vietnam combat veterans meeting DSM-III criteria for both substance use disorder and posttraumatic stress disorder (PTSD) evidence significantly more avoidant coping styles than do Vietnam combat veterans meeting criteria only for substance use disorder but not PTSD--particularly when dealing with internal states of anxiety; and (3) for those meeting both substance use disorder and PTSD criteria, black Vietnam combat veterans (who presumably have encountered more stress, as minority group members) evidence more avoidant coping styles than do white Vietnam combat veterans. These three hypotheses were tested with Peck's (1981) newly developed Individual Styles of Coping, measuring four stages in the coping process for five behavioral contexts. All three hypotheses were confirmed. Results were discussed as confirming recent changes in DSM-III-Revised (1987) criteria, emphasizing generalized avoidance maneuvers as criterial, in part, for diagnosing PTSD (in addition to behaviors of specific avoidance of traumatic memories). Theoretical implications about a traumatogenic dimension for substance abuse among some Vietnam combat veterans were discussed, as well as ramifications for treatment programming.

5/7/174 (Item 174 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06299275 88204283

The interrelationship of substance abuse and posttraumatic stress disorder. Epidemiological and clinical considerations.

Keane TM; Gerardi RJ; Lyons JA; Wolfe J
Psychology Service, Boston Veterans Administration Medical Center, Massachusetts 02130.

Recent Dev Alcohol (UNITED STATES) 1988, 6 p27-48, ISSN 0738-422X

Journal Code: RDA

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

This chapter reviews the data available on the relationship of substance abuse and posttraumatic stress disorder (PTSD). Delimiting the review to those studies of Vietnam veterans, we found that levels of combat exposure

seemed to be positively related to subsequent alcohol use, although not all studies confirmed this relationship. When studies of patients seeking treatment for PTSD were examined, we learned that 60-80% of these patients had concurrent diagnoses of substance abuse, alcohol abuse, or dependence. Methodological limitations of all the studies are discussed and conclusions regarding the status of the PTSD-substance abuse relationship are drawn cautiously. Alternative suggestions for treatment are presented and discussed. (53 Refs.)

5/7/175 (Item 175 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06297283 88171498

Agent Orange exposure and posttraumatic stress disorder.

Levy CJ

Department of Psychiatry, Harvard Medical School, Belmont, Massachusetts.

J Nerv Ment Dis (UNITED STATES) Apr 1988, 176 (4) p242-5, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Evidence of organic psychological deficits in Vietnam veterans exposed to the herbicide Agent Orange was established through a neuropsychological battery. Also, the exposed Vietnam veterans, in contrast to a matched control group of Vietnam veterans, showed a significantly higher rate of posttraumatic stress disorder and its associated features: depression, anxiety, and increased aggression. The latter was subdivided into uncontrollable pressures, verbal violence, violence against objects, assaults, and suicidal thoughts. Active cases of chloracne, a medical indicator, were used to determine Agent Orange exposure.

5/7/176 (Item 176 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06286809 88003433

Criminal behavior and post-traumatic stress disorder in Vietnam veterans.

Shaw DM; Churchill CM; Noyes R Jr; Loeffelholz PL

Compr Psychiatry (UNITED STATES) Sep-Oct 1987, 28 (5) p403-11, ISSN

0010-440X Journal Code: DO9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/177 (Item 177 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06280463 87230231

Dental management considerations for the patient with post-traumatic stress disorder.

Friedlander AH; Mills MJ; Wittlin BJ

Oral Surg Oral Med Oral Pathol (UNITED STATES) Jun 1987, 63 (6)

p669-73, ISSN 0030-4220 Journal Code: OJU

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Vietnam veterans with post-traumatic stress disorder are frequently encountered in the dental office. They are often anxious, hostile,

depressed, withdrawn, or resistant to treatment. Their psychological set and relatively high incidence of alcohol and drug-related problems frequently require modification of their dental therapy. An attractive and biologically sound restoration of the orofacial structures may improve long-term rehabilitation by enhancing self-esteem and social interactions.

5/7/178 (Item 178 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06279230 87210674

Posttraumatic stress disorder: the etiologic specificity of wartime stressors.

Breslau N; Davis GC

Am J Psychiatry (UNITED STATES) May 1987, 144 (5) p578-83, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: MH-00380, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors examined the effects of wartime stressors in a sample of 69 Vietnam veterans who were psychiatric inpatients in a Veterans Administration hospital. Participation in atrocities and the cumulative exposure to combat stressors, each independently of the other, conferred a significant risk for posttraumatic stress disorder. In contrast, the effect of these war experiences on the onset of panic, major depression, and mania was not significant. The results indicate that extreme stressors are uniquely linked with posttraumatic stress disorder's characteristic cluster of symptoms but challenge DSM-III's implicit assumption that the reexperienced trauma is the stressor responsible for posttraumatic stress disorder.

5/7/179 (Item 179 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06275916 87156961

Substance abuse in the Vietnam veteran.

Wedding D

AAOHN J (UNITED STATES) Feb 1987, 35 (2) p74-6, ISSN 0891-0162
Journal Code: AA0

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/180 (Item 180 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06273281 87112831

Efficacy of chemical dependency treatment as a function of combat in Vietnam.

Kuhne A; Nohner W; Baraga E

J Subst Abuse Treat (UNITED STATES) 1986, 3 (3) p191-4, ISSN 0740-5472 Journal Code: KAI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Traumatized combat veterans frequently attempt to escape the chronic anxiety, insomnia and nightmares characteristic of post-traumatic stress

disorder by self-medicating with alcohol and drugs. The elimination of alcohol and drugs through chemical-dependency treatment, therefore, might be expected to precipitate an exacerbation of stress symptoms and predispose veterans to new cycles of abuse. The relationship between combat and post-treatment substance abuse has not been subjected to empirical study. This paper examines treatment-completion and post-treatment abstinence rates (treatment efficacy) as a function of level of combat when combat veterans are provided trauma-oriented therapy concurrently with treatment for chemical dependency. The experimental results suggest that, under these conditions, treatment efficacy does not vary with level of combat. The absence of combat-level effects is explained in terms of the interactive dynamics of chemical-dependency and post-traumatic stress disorder.

5/7/181 (Item 181 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06255446 86142692

Concurrent psychiatric illness in non-Hispanic outpatients diagnosed as having posttraumatic stress disorder.

Sierles FS; Chen JJ; Messing ML; Besyner JK; Taylor MA

J Nerv Ment Dis (UNITED STATES) Mar 1986, 174 (3) p171-3, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Twenty-five consecutive admissions to an outpatient group therapy program for combat veterans meeting DSM-III criteria for posttraumatic stress disorder were systematically screened using operational diagnostic criteria for other coexisting psychiatric conditions, past or present. Eighty-four percent had coexisting conditions which, with one exception, were not significantly different in prevalence from those of an inpatient sample of combat veterans previously reported by the authors. The exception was a lower frequency of drug dependence in the outpatients compared with the inpatients. The authors conclude that a high proportion of conditions and symptoms--particularly alcoholism, antisocial personality, drug abuse, depression, and anxiety--can be routinely expected to coexist with posttraumatic stress disorder when it is diagnosed in Vietnam combat veterans.

5/7/182 (Item 182 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06254059 86121504

Assessment of alexithymia in posttraumatic stress disorder and somatic illness: introduction of a reliable measure.

Krystal JH; Giller EL Jr; Cicchetti DV

Psychosom Med (UNITED STATES) Jan-Feb 1986, 48 (1-2) p84-94, ISSN

0033-3174 Journal Code: QGR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors examined ratings on four scales of alexithymia in 45 patients in four groups: Vietnam veterans in inpatient (Inpt-PTSD) or outpatient (Outpt-PTSD) treatment for posttraumatic stress disorder (PTSD), patients on a medical service with somatic illnesses that have been the subject of psychosomatic research (Somatic), and a comparison group of psychiatric inpatients with a diagnosis of affective disorder (Affective). The data

suggest a greater degree of alexithymia in the Inpt-PTSD and Somatic samples than in the Affective patients. In addition, the Inpt-PTSD and Somatic groups exhibited a similar degree of alexithymia. This study also introduces a novel measure of alexithymia, the Alexithymia Provoked Response Questionnaire (APRQ), which showed a high degree of interrater reliability and a greater degree of correlation with the Beth Israel Psychosomatic Questionnaire (BIPQ) than a MMPI subscale or the Schalling-Sifneos scale.

5/7/183 (Item 183 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06253362 86110022

Posttraumatic stress disorder among black Vietnam veterans.

Allen IM

Hosp Community Psychiatry (UNITED STATES) Jan 1986, 37 (1) p55-61,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW

Because of racism in the military and racial and social upheaval in the United States during the Vietnam War years, as well as limited opportunities for blacks in the postwar period, black veterans of the Vietnam War often harbor conflicting feelings about their wartime experiences and have difficulty rationalizing brutality against the Vietnamese. As a result, black veterans suffer from posttraumatic stress disorder (PTSD) at a higher rate than white veterans. Diagnosis and treatment of PTSD in black veterans is complicated by the tendency to misdiagnose black patients, by the varied manifestations of PTSD, and by patients' frequent alcohol and drug abuse and medical, legal, personality, and vocational problems. The author presents his and others' recommendations about ways to treat black veterans with PTSD. (55 Refs.)

5/7/184 (Item 184 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06236627 85119781

Diagnosis of posttraumatic stress disorders in Vietnam veterans [letter]

Barr MM

Am J Psychiatry (UNITED STATES) Mar 1985, 142 (3) p397-8, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/185 (Item 185 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

06152498 88305342

Study raises estimate of Vietnam war stress [news]

Roberts L

Science (UNITED STATES) Aug 12 1988, 241 (4867) p788, ISSN 0036-8075

Journal Code: UJ7

Languages: ENGLISH

Document type: NEWS

5/7/186 (Item 186 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06061834 88060099

The drug treatment of post-traumatic stress disorder.

van der Kolk BA

Trauma Clinic, Massachusetts Mental Health Center, Boston 02115.

J Affect Disord (NETHERLANDS) Sep-Oct 1987, 13 (2) p203-13, ISSN
0165-0327 Journal Code: H3V

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Many individuals with a history of psychological trauma continue to react to current life stresses as a recurrence of the original trauma, even though they rarely make a conscious connection between present distress and past trauma. Their hyperreactivity, reliving experiences, and difficulty in modulating the intensity of their anxiety, aggression and interpersonal attachments are sources of continuing stress to both themselves and their environment. Pharmacological treatments are often necessary to blunt the intensity of their response to subsequent stressors. Our knowledge about the drug treatment of post-traumatic stress disorder (PTSD) is still very limited. Existing reports are pretty much limited to one particular population with chronic PTSD: Vietnam veterans. Even less is known about effective pharmacological management of acute PTSD. While many psychotropic agents have been proposed for the treatment of various symptoms of PTSD, carefully controlled studies are lacking to clarify the relative merits of particular psychotropic agents on the various post-traumatic symptoms. Impressions in open studies have utilized global ratings, rather than studied the effects on specific symptoms. The animal model of inescapable shock provides a good model for understanding the biological alterations produced by overwhelming trauma, and suggests a variety of pharmacological treatment interventions. Elucidation of traumatic childhood antecedents of certain forms of adult psychopathology will provide clearer links between existing knowledge about effective pharmacological management and the treatment of post-traumatic states. (75 Refs.)

5/7/187 (Item 187 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06053001 87156963

The Vietnam veteran in the 80s. A guide to assessment & intervention for the occupational health nurse.

Clark WG; Crawford JE; Giles SL; Nash DL

AAOHN J (UNITED STATES) Feb 1987, 35 (2) p79-85, ISSN 0891-0162
Journal Code: AA0

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/188 (Item 188 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06053000 87156962

The Vietnam veteran in the workplace. A formidable challenge to management.

Jackson-Malik P

AAOHN J (UNITED STATES) Feb 1987, 35 (2) p77-8, ISSN 0891-0162
Journal Code: AA0
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/189 (Item 189 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06052999 87156960
Obsessional thought disturbance in a gainfully employed PTSD patient.
Miller TW; Feibelman ND
AAOHN J (UNITED STATES) Feb 1987, 35 (2) p69-73, ISSN 0891-0162
Journal Code: AA0
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/190 (Item 190 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06052998 87156959
The occupational health nurse and the Vietnam veteran: integrating theory
and practice.
Banonis BC
AAOHN J (UNITED STATES) Feb 1987, 35 (2) p64-8, ISSN 0891-0162
Journal Code: AA0
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/191 (Item 191 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06024576 89262656
A survey of the effect of the Vietnam Memorial dedication on psychiatric
symptoms in Vietnam veterans.
Parsons JP; Faltus FJ; Sirota AD; Schare ML; Daamen M
Mil Med (UNITED STATES) Nov 1988, 153 (11) p578-82, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/192 (Item 192 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06013849 88334973
Psychotherapy with traumatized Vietnam combatants: an overview of
individual, group, and family treatment modalities.
Scaturro DJ; Hardoby WJ
Mil Med (UNITED STATES) May 1988, 153 (5) p262-9, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/193 (Item 193 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

06013841 88334964
Post-traumatic stress disorder in military nurses who served in Vietnam during the war years 1965-1973.
Norman EM
Mil Med (UNITED STATES) May 1988, 153 (5) p238-42, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/194 (Item 194 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05986655 87222713
The ordeal of a Vietnam veteran [clinical conference]
Ginter WT; Eng E; Engelberg J
Hosp Pract (Off Ed) (UNITED STATES) May 30 1987, 22 (5A) p105-8, 111 passim, ISSN 8750-2836 Journal Code: HPO
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/195 (Item 195 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05980068 87116354
Exacerbations of Post-traumatic Stress Disorder symptomatology in Vietnam veterans.
Faltus FJ; Sirota AD; Parsons J; Daamen M; Schare ML
Mil Med (UNITED STATES) Dec 1986, 151 (12) p648-9, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/196 (Item 196 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05921767 88250261
Stress symptomatology among Vietnam veterans. Analysis of the Veterans Administration Survey of Veterans. II.
True WR; Goldberg J; Eisen SA
Psychiatry Service, Medical Center, St. Louis, MO 63125.
Am J Epidemiol (UNITED STATES) Jul 1988, 128 (1) p85-92, ISSN 0002-9262 Journal Code: 3H3
Languages: ENGLISH
Document type: JOURNAL ARTICLE

In 1979, the US Veterans Administration conducted a health survey of 11,230 veterans. The present analysis of these data focuses on the association between Vietnam service and combat experience with eight post-traumatic stress disorder symptoms among the 1,787 Vietnam era veterans who entered military service between 1965 and 1975. The advantages

of this study are that it includes a large random sample selected from the total US population, had a high interview response rate (93%), and collected data prior to the recent public controversy surrounding the issue of the health effects of possible exposure of Vietnam veterans to Agent Orange. After adjustment for the potential confounding effects of military service and demographic factors, the level of combat exposure was significantly associated with all eight symptoms of post-traumatic stress disorder in a dose response pattern. For seven of the eight symptoms, a twofold increase in the factor-adjusted prevalence odds ratio was observed when non-Vietnam service veterans were compared with Vietnam veterans who experienced the most intense combat experience. Being younger, less well educated, or nonwhite at the time of military service are factors which independently further increased the probability of stress symptoms.

5/7/197 (Item 197 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05818210 89373947
Low plasma beta-endorphin in post-traumatic stress disorder [published erratum appears in Aust N Z J Psychiatry 1989 Dec;23(4):442]
Hoffman L; Burges Watson P; Wilson G; Montgomery J
Repatriation General Hospital, Hobart, Tasmania.
Aust N Z J Psychiatry (AUSTRALIA) Jun 1989, 23 (2) p269-73, ISSN 0004-8674 Journal Code: 9I6

Languages: ENGLISH
Document type: JOURNAL ARTICLE
We compared serum cortisol, ACTH and plasma beta-endorphin in 21 Post-Traumatic Stress Disorder patients and 20 controls. Although we found no important disturbance in diurnal rhythms, the PTSD patients had significantly higher A.M. serum cortisol compared with controls. Both A.M. and P.M. plasma beta-endorphins in PTSD patients were significantly lower compared with controls. These data suggest that plasma beta-endorphin may be a marker for PTSD and that chronic endogenous opioid depletion may play a role in the pathogenesis and perpetuation of this disorder.

5/7/198 (Item 198 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05749116 90093709
Multi-cultural methods of treating Vietnam veterans with post-traumatic stress disorder.
Krippner S; Colodzin B
Int J Psychosom (UNITED STATES) 1989, 36 (1-4) p79-85, ISSN 0884-8297
Journal Code: GTC

Languages: ENGLISH
Document type: JOURNAL ARTICLE; REVIEW; REVIEW, ACADEMIC
In this article, a review of the various methods of treating Vietnam veterans with post-traumatic stress disorder is presented. In addition, a detailed illustrative case study is given. (35 Refs.)

5/7/199 (Item 199 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05692060 90175782

Psychophysiological investigations of posttraumatic stress disorder imagery.

Pitman RK; Orr SP; Steketee GS

Psychopharmacol Bull (UNITED STATES) 1989, 25 (3) p426-31, ISSN 0048-5764 Journal Code: QG1

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Physiological responses to self-generated imagery of past traumatic combat experiences were assessed in medication-free Vietnam combat veterans, classified on the basis of DSM-III-R (American Psychiatric Association 1987) criteria into posttraumatic stress disorder (PTSD, n = 25), non-PTSD anxiety disorder (Anxious, n = 7), or no-mental-disorder (Healthy, n = 15) groups. "Scripts" describing each subject's combat experiences were read to him in the laboratory, and he was instructed to imagine the events the scripts portrayed, while heart rate, skin conductance, and frontalis electromyogram (EMG) were recorded. PTSD subjects' responses to their combat imagery were significantly higher than those of both control groups. A discriminant analysis identified 64 percent of PTSD subjects as physiological responders, and 100 percent of Anxious and 94 percent of Healthy subjects as nonresponders. A pilot study of imaginal flooding in three PTSD and two Healthy pilot subjects suggested that more prolonged, therapist-assisted imagery might increase the sensitivity of psychophysiological measures to PTSD, and that motor and endocrinological measures might also be of value in characterizing the disorder.

5/7/200 (Item 200 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05692059 90175780

Endogenous opioids, stress induced analgesia, and posttraumatic stress disorder.

van der Kolk BA; Greenberg MS; Orr SP; Pitman RK

Psychopharmacol Bull (UNITED STATES) 1989, 25 (3) p417-21, ISSN 0048-5764 Journal Code: QG1

Languages: ENGLISH

Document type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL

The hypothesis that the animal model of inescapable shock (IES) is an appropriate model for posttraumatic stress disorder (PTSD) predicts that re-exposure to a traumatic stressor will precipitate opioid-mediated stress-induced analgesia in people with PTSD. Eight Vietnam veterans with PTSD and eight matched veterans without PTSD viewed a combat videotape under naloxone and placebo conditions in a randomized double-blind crossover design. In the placebo condition, but not after naloxone, the PTSD subjects reported a 30 percent decrease in pain intensity ratings of standardized heat stimuli after the combat videotape. Point biserial correlations revealed that change in pain perception was the most highly correlated with PTSD of all variables tested, including biochemical, physiological, and self-report. These results suggest that a centrally mediated opioid response to traumatic stimuli is an important feature of PTSD. Possible implications of this finding for the psychobiology of PTSD are discussed.

5/7/201 (Item 201 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05680356 90131138

Antisocial behavior and post-traumatic stress disorder in Vietnam veterans.

Resnick HS; Foy DW; Donahoe CP; Miller EN

Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston.

J Clin Psychol (UNITED STATES) Nov 1989, 45 (6) p860-6, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Assessment data from 118 Vietnam-era veterans seeking psychological services at two Los Angeles Veterans Administration Medical Centers were analyzed to examine the potential relationships between number of preadult and adult antisocial behaviors, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980) criteria for antisocial personality disorder, level of combat exposure, and development of combat-related post-traumatic stress disorder (PTSD). Results of hierarchical regression analyses indicated that combat exposure level was related significantly to PTSD symptomatology, whereas number of preadult antisocial behaviors was not. However, both combat exposure level and preadult behaviors, which were not correlated significantly, were related significantly to number of adult antisocial behaviors. There were no significant interaction effects. Results were consistent with a theoretical model of PTSD development that emphasizes the role of trauma vs. premorbid characterological factors. In addition, the significant association between combat exposure and adult antisocial behavior indicates that trauma may play a role in the development and/or maintenance of adult antisocial behaviors observed in some Vietnam veterans.

5/7/202 (Item 202 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05674814 90113179

Post-traumatic stress disorders in the Vietnam veterans: a nursing challenge.

Hines-Martin VP

Ky Nurse (UNITED STATES) Nov-Dec 1989, 37 (7) p9, ISSN 0742-8367

Journal Code: K8S

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/203 (Item 203 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05645973 90047414

Hypothalamo-pituitary-adrenal activity in endogenously depressed post-traumatic stress disorder patients.

Halbreich U; Olympia J; Carson S; Glogowski J; Yeh CM; Axelrod S; Desu MM
Department of Psychiatry, State University of New York, Buffalo 14215.

Psychoneuroendocrinology (ENGLAND) 1989, 14 (5) p365-70, ISSN 0306-4530 Journal Code: QGC

Contract/Grant No.: R01-MH42123, MH, NIMH; 1S0-E336

Languages: ENGLISH

Document type: JOURNAL ARTICLE

We studied the hypothalamo-pituitary-adrenal (HPA) system in Vietnam veterans with post-traumatic stress disorder (PTSD) who also met Research Diagnostic Criteria for endogenous depression (MDD-ED). Over half also abused alcohol, and many complained of pain-confounding factors usually associated with increased HPA activity. Nonetheless, not even one patient had elevated basal plasma cortisol concentrations or an abnormal dexamethasone suppression test (DST); the subjects' post-dexamethasone cortisol values and plasma cortisol per ng plasma dexamethasone were in the low-normal range. These results highlight the biological heterogeneity of endogenous depression and its possible influence by past psychological trauma, and they raise questions about the use of current typological criteria for research purposes.

5/7/204 (Item 204 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05641432 90037633

Chronicity. Adjustment differences of Vietnam combat veterans differing in rates of psychiatric hospitalization.

Long R; Wine P; Penk W; Keane T; Chew D; Gerstein C; O'Neill J; Nadelson T

Veterans Administration Medical Center Boston, Massachusetts.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p745-53, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The study focuses on the frequency of inpatient care for patients with Posttraumatic Stress Disorder (PTSD). This factor, termed "chronicity," is, perhaps surprisingly, largely overlooked in many PTSD studies. The significance of chronicity was addressed through administration of Minnesota Multiphasic Personality Inventory (MMPI) to Vietnam Theater and Era veterans in an inpatient psychiatry service. MMPI scores were analyzed for two main effects: combat exposure and chronicity (i.e., number of inpatient psychiatry admissions). The results replicated research showing combat exposure is associated with greater maladjustment (i.e., higher MMPI scores). Moreover, chronicity also emerged as a significantly important variable: of all groups compared, Vietnam combat veterans higher in chronicity scored higher on MMPI clinical scales, particularly on scales Paranoia, Psychasthenia, and Schizophrenia, thereby (a) empirically establishing (a) the methodological point that number of admissions must be controlled and (b) the substantive point that chronicity is important in studies of PTSD.

5/7/205 (Item 205 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05641431 90037632

The military nurse experiment in Vietnam: stress and impact.

Baker RR; Menard SW; Johns LA

Audie L. Murphy Memorial Veterans Hospital San Antonio, Texas 78284.

J Clin Psychol (UNITED STATES) Sep 1989, 45 (5) p736-44, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Demographic, health, and psychosocial data from two studies are presented on military nurses assigned to Vietnam. Army nurse subjects in the first

study were grouped for comparison on three major variables: assignment to Vietnam before versus after the 1968 TET Offensive, type of nursing duties performed, and years of experience as a registered nurse (RN) prior to assignment in Vietnam. The second study compared another group of Army nurses with a group of Air Force and Navy nurses also assigned to Vietnam. Army nurses with less than two years RN experience prior to their assignment were found to be more at risk for such negative outcomes as difficulty establishing personal relationships and difficulty coping with stressful situations. Stress experiences, career dissatisfaction data, and health problems of military nurses and their children are reported. Also described are positive experiences of nurses in developing personal relationships in a rewarding professional environment.

5/7/206 (Item 206 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05640845 90036318

Transference and post-traumatic stress disorder.

Lindy JD

Cincinnati Psychoanalytic Institute.

J Am Acad Psychoanal (UNITED STATES) Fall 1989, 17 (3) p397-413,

ISSN 0090-3604 Journal Code: HAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/207 (Item 207 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05619992 89226071

Prevalence of posttraumatic stress disorder in wounded Vietnam veterans.

Pitman RK; Altman B; Macklin ML

Research Service, VA Medical Center, Manchester, N.H. 03104.

Am J Psychiatry (UNITED STATES) May 1989, 146 (5) p667-9, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Of 156 wounded Vietnam veterans evaluated for posttraumatic stress disorder (PTSD) by a questionnaire and a diagnostic interview in selected cases, 40% had a definite or probable lifetime diagnosis of PTSD. Of the 27 interviewed patients with lifetime PTSD, 81% currently met the PTSD criteria.

5/7/208 (Item 208 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05610941 89374585

Concurrent posttraumatic stress disorder in psychogeriatric patients.

Rosen J; Fields RB; Hand AM; Falsett G; Van Kammen DP

Department of Psychiatry, University of Pittsburgh School of Medicine, PA 15213.

J Geriatr Psychiatry Neurol (UNITED STATES) Apr-Jun 1989, 2 (2) p65-9,

ISSN 0891-9887 Journal Code: AD5

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Despite the fact that there are over 11 million World War II veterans in the United States, recent research on combat-related trauma has focused primarily on symptoms of posttraumatic stress disorder (PTSD) in Vietnam veterans. Several studies have found that the majority of Vietnam veterans who meet the Diagnostic and Statistical Manual of Mental Disorders, ed 3 (DSM-III) criteria for PTSD have an additional major psychiatric diagnosis. This study explores the presence of the diagnosis of PTSD in an inpatient sample of 42 World War II veterans with an admission diagnosis other than PTSD. Following a structured diagnostic interview, a second examiner, blind to the patients' combat history, interviewed the subjects to obtain information regarding the past and current impact of the "most stressful experience" of their lives. Subjects were instructed not to reveal the nature of the stressor until completion of the study. Fifty-four percent of the combat-exposed veterans (14 of 26) spontaneously listed combat as the most significant stressor in their life. Furthermore, 54% of the combat-exposed veterans met DSM-III criteria for past PTSD and 27% met criteria for current PTSD in addition to another axis I diagnosis. These preliminary findings underscore the need for clinicians to assess the long-term effects of combat trauma in psychogeriatric patients.

5/7/209 (Item 209 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05604497 89359923

Treatment outcomes of Vietnam veterans with PTSD and the consistency of the MCMI.

Hyer L; Woods MG; Bruno R; Boudewyns P

Veterans Administration Medical Center, Augusta, Georgia.

J Clin Psychol (UNITED STATES) Jul 1989, 45 (4) p547-52, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study addresses two issues: treatment changes on the MCMI of Vietnam veterans with PTSD and test-retest reliability of the Millon Clinical Multiaxial Inventory (MCMI). Fifty Vietnam veterans carefully were identified for the diagnosis Post-Traumatic Stress Disorder (PTSD). They were admitted to a Special PTSD Treatment Unit that consisted of an intense 5-week period with focus on the revived Vietnam experience. They also were given the MCMI at two points in time, treatment inception and 35 days later at discharge. Results show that 17 of 20 scales on the MCMI changed in the negative direction as a result of treatment. Also, the MCMI has adequate test-retest reliability, and the personality scales (with the exception of Borderline) have higher reliability coefficients than do symptom scales. The use of the MCMI is encouraged both as a monitor of treatment for these veterans and for its stability.

5/7/210 (Item 210 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05595624 89337679

Familial psychiatric illness in chronic posttraumatic stress disorder.

Davidson J; Smith R; Kudler H

Duke University Medical Center, Durham, NC 27710.

Compr Psychiatry (UNITED STATES) Jul-Aug 1989, 30 (4) p339-45, ISSN 0010-440X Journal Code: DO9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

One hundred and eight veterans with posttraumatic stress disorder (PTSD) were compared with 60 age-matched controls with regard to family history of psychiatric illness. Depressed controls had a higher morbidity risk (MR) for depression and generalized anxiety in siblings/parents and children, respectively. Patients with PTSD did not differ from alcoholics or nonpsychiatric controls on the basis of family history. PTSD was associated with greater familial anxiety when compared with controls who had experienced combat. When World War II and Vietnam veterans with PTSD were compared, a higher MR for alcohol and drug abuse was found in siblings/parents of Vietnam veterans, and a higher MR was found for other chronic psychiatric disorders in the children of Vietnam veterans.

5/7/211 (Item 211 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05588412 89320876

Psychiatric symptoms in refugee families from South East Asia: therapeutic challenges.

Ganesan S; Fine S; Lin TY

Department of Psychiatry, University of British Columbia, Vancouver, Canada.

Am J Psychother (UNITED STATES) Apr 1989, 43 (2) p218-28, ISSN 0002-9564 Journal Code: 3XA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

South East Asian refugees refuse mental health services until behavior is quite extreme. This reflects their attitude to mental illness. Refugees suffer from depression and posttraumatic stress disorder especially when separated from their families and their ethnic group. Two case examples are given.

5/7/212 (Item 212 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05583307 89308791

Recognition and treatment of the post-traumatic stress disorder in the burn victim [see comments]

Courtemanche DJ; Robinow O

Department of Surgery, Vancouver General Hospital, University of British Columbia.

J Burn Care Rehabil (UNITED STATES) May-Jun 1989, 10 (3) p247-50, ISSN 0273-8481 Journal Code: HLK

Comment in J Burn Care Rehabil 1990 Jan-Feb;11(1):96; Comment in: J Burn Care Rehabil 1992 Jan-Feb;13(1):120

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In 1980 the third edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-III) provided the first descriptive classification for post-traumatic stress disorder as a unique diagnostic entity. Since then, many reports describing this condition in Vietnam War veterans have appeared, as well as occasional reports of the disorder after civilian trauma. We have found only one previous report of this disorder as a sequela to thermal injury. This article presents two illustrative case reports of burn victims suffering from post-traumatic stress disorder, highlighting the phenomenology leading

to the diagnosis. The treatment and outcome are also presented. The importance of recognizing and treating this disorder in burn victims is discussed. Treatment results in improved compliance through all phases of therapy and an overall decrease in patient morbidity, especially psychologic problems. The need for psychiatric consultation, evaluation, and follow-up of the burn victim is emphasized.

5/7/213 (Item 213 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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05577239 89293870

Post-traumatic stress syndrome and sexual dysfunction.

Kaplan PM

J Sex Marital Ther (UNITED STATES) Spring 1989, 15 (1) p74-7, ISSN
0092-623X Journal Code: J89

Languages: ENGLISH

Document type: JOURNAL ARTICLE

There recently has been a tremendous amount of literature concerning post-traumatic stress disorder in both the scientific and the lay literature. However, with all the interest, and all the material that has been generated, symptoms of sexual dysfunction, which may be present in a significant number of patients suffering from this disorder, have not been included in the diagnostic criteria or clinical descriptions. While working with Vietnam veterans who possessed the diagnosis of post-traumatic stress disorder during 1984 at a New York area Veteran's Administration Hospital, it became apparent that many of these men suffered from erectile difficulties. While these observations are by no means epidemiologically significant, they do suggest that the sexual status of this patient population deserves investigation.

5/7/214 (Item 214 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05563093 89257328

Dimensions of war zone stress. An empirical analysis.

Grady DA; Woolfolk RL; Budney AJ

Psychology Department, Friends Hospital, Philadelphia, PA 19124.

J Nerv Ment Dis (UNITED STATES) Jun 1989, 177 (6) p347-50, ISSN
0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Responses of 142 Vietnam veterans on two frequently employed measures of combat stress were factor analyzed. Four factors emerged, each of which represented an aspect of participation in activities within the Vietnam war zone. One factor in particular, abusive violence, was significantly related to postservice problems of adjustment and was the most powerful predictor of a diagnosis of combat-related posttraumatic stress disorder. Our data suggest that unidimensional models of war zone stress that focus exclusively on exposure to life threat in combat situations are inadequate for characterizing important features of the Vietnam theater that are related to subsequent psychopathology.

5/7/215 (Item 215 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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05563090 89257325

Multiple diagnosis in posttraumatic stress disorder. The role of war stressors.

Green BL; Lindy JD; Grace MC; Gleser GC

Department of Psychiatry, University of Cincinnati Medical School, OH 45267-0539.

J Nerv Ment Dis (UNITED STATES) Jun 1989, 177 (6) p329-35, ISSN 0022-3018 Journal Code: JAF

Contract/Grant No.: MH36791, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Prior studies have shown that posttraumatic stress disorder (PTSD) in Vietnam veterans is associated with various aspects of war stressors and that other diagnoses often co-occur with PTSD in this population. The present report examines the prediction of other diagnoses, in combination with PTSD, from a variety of war stressor experiences in a broad sample of veterans recruited from clinical and nonclinical sources. The results show that PTSD with panic disorder is better explained by war stressors than other diagnostic combinations and that high-risk assignments and exposure to grotesque deaths were more salient than other stressor experiences in accounting for different diagnostic combinations. Implications of the findings for PTSD's placement in the DSM-III-R and for psychological and pharmacological treatments were discussed.

5/7/216 (Item 216 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05562595 89255982

MMPI F-K index among hospitalized Vietnam veterans.

Hyer L; Woods M; Harrison WR; Boudewyns P; O'Leary WC

Psychology Service, VA Medical Center, Augusta, GA 30910.

J Clin Psychol (UNITED STATES) Mar 1989, 45 (2) p250-4, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The F-K index of the MMPI has been used as a marker of symptom overreporting. One population for which previous research has shown this pattern is Vietnam in-country veterans with PTSD. This study assessed the F-K index on 515 inpatients: 329 Vietnam in-country and 186 Vietnam-era patients. Normative data on psychiatric inpatients were presented. Also, a special MMPI subscale (MMPI-PTSD), a measure to identify PTSD among these veterans, was used. Results showed that all Vietnam veterans, especially in-country veterans, overreport symptoms to a high degree. The overall mean for in-country vets was 7.3. Also, when the special MMPI-PTSD subscale was used, a vast majority of in-country veterans who were in the PTSD range had high F-K index scores. Dissimulation as a symptom of PTSD was discussed.

5/7/217 (Item 217 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05539046 89175506

Psychometric detection of fabricated symptoms of combat-related post-traumatic stress disorder: a systematic replication.

McCaffrey RJ; Bellamy-Campbell R

Center for Stress and Anxiety Disorders, University of Albany, State

University of New York 12203.

J Clin Psychol (UNITED STATES) Jan 1989, 45 (1) p76-9, ISSN 0021-9762
Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Vietnam veterans with post-traumatic stress disorder (n = 11) and two other groups of Vietnam veterans (n = 24) instructed to fabricate symptoms of post-traumatic stress disorder completed the MMPI. A discriminant function analysis that used scale F and the post-traumatic stress disorder subscale correctly classified 91% of the subjects. This systematic replication supports the utility of the MMPI as a component in evaluating the validity of self-reported symptoms of post-traumatic stress disorder in Vietnam veterans.

5/7/218 (Item 218 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05533026 89146326

Catastrophic stress and factors affecting its consequences among Southeast Asian refugees.

Beiser M; Turner RJ; Ganesan S

Department of Psychiatry, University of British Columbia, Vancouver, Canada.

Soc Sci Med (ENGLAND) 1989, 28 (3) p183-95, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Effects on mental health of the stress of being interned in a refugee camp were assessed in a community survey of 1348 Southeast Asians. The impact on depressive mood proved significant but short-lived. Social support derived from the ethnic community and from an intact marriage moderated the risk of developing depressive symptoms, apparently by enhancing a sense of identity and belongingness. A psychological coping mechanism--avoidance of the past--buffered the impact of camp stress on depressive symptoms. While refugees brought into the country under private sponsorship were expected to have a mental health advantage compared to those admitted under government sponsorship, this hypothesis was not confirmed. Private sponsorship, carried out by individuals or groups whose religion differed from the refugees they were supporting, acted as a source of stress.

5/7/219 (Item 219 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05529304 89124920

Childhood stress disorder behaviors in veterans who do and do not develop posttraumatic stress disorder.

Watson CG; Kucala T; Manifold V; Vassar P

Veterans Administration Medical Center, St. Cloud, Minnesota 56303.

J Nerv Ment Dis (UNITED STATES) Feb 1989, 177 (2) p92-5, ISSN 0022-3018
Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The purpose of this study was to test a variation of the stress-evaporation theory, which maintains that posttraumatic stress disorder (PTSD) symptoms are simply exacerbations of behaviors present

before the trauma. Retrospective childhood self-ratings were made by 63 PTSD patients, 53 psychiatric controls, and 28 normals on 13 PTSD-like symptoms. The results did not support the hypothesis, and they give more support to the residual-stress model than to the stress-evaporation theory.

5/7/220 (Item 220 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05502987 88203969

Combat addiction post-traumatic stress disorder re-explored.

Solursh L

Psychiatr J Univ Ott (CANADA) Mar 1988, 13 (1) p17-20, ISSN 0702-8466

Journal Code: QBK

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/221 (Item 221 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05502986 88203968

Sleep patterns in trauma victims with disturbed dreaming.

Kramer M; Kinney L

Psychiatr J Univ Ott (CANADA) Mar 1988, 13 (1) p12-6, ISSN 0702-8466

Journal Code: QBK

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/222 (Item 222 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05498304 88147732

Post-traumatic stress disorder in Vietnam veterans.

Pary R; Lippmann SB; Turns DM; Tobias CR

University of Louisville School of Medicine, Kentucky.

Am Fam Physician (UNITED STATES) Feb 1988, 37 (2) p145-50, ISSN

0002-838X Journal Code: 3BT

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Post-traumatic stress disorder evolved from the concepts of shell shock and traumatic war neurosis. In Vietnam veterans, the disorder is associated with unemployment, marital discord, alcoholism and increased autonomic system response to perceived symbols of war trauma. A combination of psychotherapy and pharmacotherapy is the recommended treatment. (29 Refs.)

5/7/223 (Item 223 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05447760 89134040

Combat level and social support in the development of posttraumatic stress disorder in Vietnam veterans.

Barrett TW; Mizes JS

Behav Modif (UNITED STATES) Jan 1988, 12 (1) p100-15, ISSN 0145-4455

Journal Code: 9L5

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/224 (Item 224 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05436819 89099532

Interest patterns among Vietnam-era veterans.

O'Leary WC; Hyer L; Blount JB; Harrison WR

Psychol Rep (UNITED STATES) Aug 1988, 63 (1) p79-85, ISSN 0033-2941

Journal Code: QF6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/225 (Item 225 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05436804 89099517

Concurrent validation of the Million Clinical Multiaxial Inventory among Vietnam veterans with posttraumatic stress disorder.

Hyer L; Woods MG; Boudewyns PA; Bruno R; O'Leary WC

Psychol Rep (UNITED STATES) Aug 1988, 63 (1) p271-8, ISSN 0033-2941

Journal Code: QF6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/226 (Item 226 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05434929 89094658

Vietnam veterans: overreporting versus acceptable reporting of symptoms.

Hyer L; Boudewyns P; Harrison WR; O'Leary WC; Bruno RD; Saucer RT; Blount JB

Veterans Administration Medical Center, Augusta, GA.

J Pers Assess (UNITED STATES) Fall 1988, 52 (3) p475-86, ISSN

0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/227 (Item 227 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05409003 89032729

The unconscious history of Vietnam in the group: an innovative multiphasic model for working through authority transferences in guilt-driven veterans.

Parson ER

Int J Group Psychother (UNITED STATES) Jul 1988, 38 (3) p275-301,

ISSN 0020-7284 Journal Code: GRH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/228 (Item 228 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05408040 89030530

Post-traumatic stress disorder among American Legionnaires in relation to combat experience in Vietnam: associated and contributing factors.

Snow BR; Stellman JM; Stellman SD; Sommer JF Jr

Department of Behavioral Medicine, Hospital for Joint Diseases, New York, New York.

Environ Res (UNITED STATES) Dec 1988, 47 (2) p175-92, ISSN 0013-9351
Journal Code: EI2

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The relationship between combat stress, DSM-III-defined post-traumatic stress disorder (PTSD), and a variety of behavioral factors was examined in a large nonclinical population. A total of 2858 randomly selected American Legion members who had served in Southeast Asia completed a questionnaire which elicited information on military service, personal health, and a variety of mental health outcomes. The data confirm the utility of the PTSD diagnosis as a distinct clinical entity. The frequency of PTSD and the extent of symptoms developed varied with the severity of criteria used for determining the extent of traumatic exposure. The PTSD rate ranged from 1.8 to 15.0% of the total sample, depending on whether "exposure" to combat was defined relatively narrowly or broadly. A distinct linear dose-response relationship between combat stress and a quantitative measure of PTSD intensity was observed. The frequency of PTSD diagnosis was not affected by the presence of either physical or mental health problems which predated military service. A strong, stable relationship was found between combat stress and PTSD intensity for cohorts with differing intervals since the experience of combat trauma, which persisted up to 20 years after discharge from the military. The data thus support a broader approach to defining traumatic events which recognizes individual differences in response to combat, as well as the existence of other behavioral outcomes as residual effects of combat. Implications of these findings and the importance of treating veterans with varying presentations of PTSD are discussed.

5/7/229 (Item 229 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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05398548 89008927

The relationships of post-traumatic stress disorder to adolescent illegal activities, drinking, and employment.

Watson CG; Kucala T; Manifold V; Juba M; Vassar P

Research Service, Veterans Administration Medical Center, St. Cloud, Minnesota 56301.

J Clin Psychol (UNITED STATES) Jul 1988, 44 (4) p592-8, ISSN 0021-9762
Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors compared the self-reported incidences of adolescent legal problems, drinking, employment, and church attendance in psychiatric patients (N = 116) with and without post-traumatic stress disorder (PTSD) and normals (N = 28). The differences did not exceed chance expectations. The data raise doubts about the validity of the theory that PTSD is at least partially a result of pre-traumatic personality maladjustment.

5/7/230 (Item 230 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05386625 88332281

Differences between posttraumatic stress disorder patients with delayed and undelayed onsets.

Watson CG; Kucala T; Manifold V; Vassar P; Juba M
Research Service, Veterans Administration Medical Center, St. Cloud, Minnesota 56301.

J Nerv Ment Dis (UNITED STATES) Sep 1988, 176 (9) p568-72, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In an effort to determine whether they differ from one another in important ways, the authors compared posttraumatic stress disorder (PTSD) victims who reported delayed onsets with those who claimed undelayed onsets of PTSD symptom self-ratings, MMPI clinical and validity scale scores, stress histories, and repression measures. The number and the sizes of the differences did not exceed chance expectations and did not support the establishment of separate delayed- and undelayed-onset PTSD categories in the diagnostic manual, nor did they support the hypotheses that the delay, when it appears, is attributable to the magnitude of the trauma, the severity of the symptoms, repression, or a limited stress history.

5/7/231 (Item 231 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05385497 88329669

Chronic Vietnam PTSD and acute civilian PTSD. A comparison of treatment experiences.

Burstein A; Ciccone PE; Greenstein RA; Daniels N; Olsen K; Mazarek A; Decatur R; Johnson N

Department of Psychiatry, University of Pennsylvania, Philadelphia.

Gen Hosp Psychiatry (UNITED STATES) Jul 1988, 10 (4) p245-9, ISSN 0163-8343 Journal Code: FNK

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Many types of external trauma have been linked to the genesis of posttraumatic stress disorder (PTSD) and yet recent reports have focused almost exclusively on PTSD occurring in the Vietnam veteran (PTSD/veteran). The extent to which treatment experiences with PTSD/veteran can be generalized to other traumatized patients, for example, acute civilian populations, has not been investigated. Clinical observations comparing PTSD precipitated by a motor vehicle accident with PTSD/veteran suggested there were major differences between these two groups on the following variables: source of referral, age, sex, socioeconomic level, nature of stressor, timing of the stressor, character of the intrusive and avoidance symptoms, and treatment noncompliance behavior. These differences were of sufficient magnitude to call into question the feasibility, at this time, of constructing generalizations regarding PTSD utilizing only the PTSD/veteran population.

5/7/232 (Item 232 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05370480 88292530

Violence as a disintegration product of the self in posttraumatic stress disorder.

Feldmann TB

Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine, KY 40292.

Am J Psychother (UNITED STATES) Apr 1988, 42 (2) p281-9, ISSN 0002-9564 Journal Code: 3XA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Preoccupation with violent fantasies or behavior is often seen in Vietnam combat veterans suffering from posttraumatic stress disorder. Violence in these patients can be understood within the framework of self-psychology as a disintegration product which provides emergency structure for the fragmenting self. A case report illustrates this point.

5/7/233 (Item 233 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05344131 88227384

Ethnic identity and Vietnam: a Japanese-American Vietnam veteran with PTSD.

Hamada RS; Chemtob CM; Sautner B; Sato R

Hawaii Med J (UNITED STATES) Mar 1988, 47 (3) p100-2, 105-6, 109, ISSN 0017-8594 Journal Code: G1D

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/234 (Item 234 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05335800 88204294

Posttraumatic stress disorder in World War II and Korean combat veterans with alcohol dependency.

Druley KA; Pashko S

Substance Abuse Treatment Unit, Coatesville VA Medical Center, Pennsylvania 19320.

Recent Dev Alcohol (UNITED STATES) 1988, 6 p89-101, ISSN 0738-422X
Journal Code: RDA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Our country was confronted with the problems of postcombat adjustment while the Vietnam conflict was still winding down. Concerns centered on the disruptive impact of returning drug-dependent veterans, the overall problems of readjustment, and assessment of public attitudes. As is the case with each major conflict, health-care-delivery systems were forced to assess and react to the aftermath of combat. This took place within the framework of the disciplines of program evaluation, quality assurance, and clinically applied research. Out of this has evolved a determined attempt to understand the interaction between combat and psychiatric disorders including alcoholism. This chapter demonstrates the existence of a posttraumatic stress syndrome compounded by alcoholism in World War II and Korean Conflict veterans. These comorbidities have resulted in chronic maladjustment over a prolonged period of time. Recommendations suggest

early detection and triage of a posttraumatic syndrome and co-related substance use disorder in people who experience any catastrophic stressor.

5/7/235 (Item 235 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05332320 88194240
Management of post traumatic stress disorder and ethnicity [letter]
Varadaraj R
Can J Psychiatry (CANADA) Feb 1988, 33 (1) p75-6, ISSN 0706-7437
Journal Code: CLR
Languages: ENGLISH
Document type: LETTER

5/7/236 (Item 236 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05329722 88186374
Female partners of Vietnam veterans: stress by proximity.
Verbosky SJ; Ryan DA
Issues Ment Health Nurs (UNITED STATES) 1988, 9 (1) p95-104, ISSN
0161-2840 Journal Code: GY7
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/237 (Item 237 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05329139 88184133
Posttraumatic stress disorder in Vietnam veterans clinical and EEG findings; possible therapeutic effects of carbamazepine.
Wolf ME; Alavi A; Mosnaim AD
North Chicago Veterans Administration Medical Center, IL 60064.
Biol Psychiatry (UNITED STATES) Mar 15 1988, 23 (6) p642-4, ISSN
0006-3223 Journal Code: A3S
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/238 (Item 238 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05320417 88154219
Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: three studies in reliability and validity.
Keane TM; Caddell JM; Taylor KL
J Consult Clin Psychol (UNITED STATES) Feb 1988, 56 (1) p85-90, ISSN
0022-006X Journal Code: HW3
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/239 (Item 239 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05318953 88148138

Dissociation and hypnotizability in posttraumatic stress disorder.

Spiegel D; Hunt T; Dondershine HE

Department of Psychiatry and Behavioral Sciences, Stanford University
School of Medicine, CA 94305.

Am J Psychiatry (UNITED STATES) Mar 1988, 145 (3) p301-5, ISSN
0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors compared the hypnotizability of 65 Vietnam veteran patients with posttraumatic stress disorder (PTSD) to that of a normal control group and four patient samples using the Hypnotic Induction Profile. The patients with PTSD had significantly higher hypnotizability scores than patients with diagnoses of schizophrenia (N = 23); major depression, bipolar disorder--depressed, and dysthymic disorder (N = 56); and generalized anxiety disorder (N = 18) and the control sample (N = 83). This finding supports the hypothesis that dissociative phenomena are mobilized as defenses both during and after traumatic experiences. The literature suggests that spontaneous dissociation, imagery, and hypnotizability are important components of PTSD symptoms.

5/7/240 (Item 240 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05317273 88138319

The forgotten angels: women nurses of the Vietnam war.

Luebking F

Imprint (UNITED STATES) Feb-Mar 1988, 35 (1) p56-9, ISSN 0019-3062
Journal Code: GHC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/241 (Item 241 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05313870 88117461

Combat-related posttraumatic stress disorder. Patterns of symptomatology in help-seeking Vietnam veterans.

Woolfolk RL; Grady DA

Department of Psychology, Rutgers University, New Brunswick, New Jersey.

J Nerv Ment Dis (UNITED STATES) Feb 1988, 176 (2) p107-11, ISSN
0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Sixty-one Vietnam veterans who had sought outpatient psychological services were evaluated for posttraumatic stress disorder (PTSD) during two independent diagnostic interviews. Data were analyzed from only those 48 subjects for whom the two diagnoses agreed upon the presence or absence of PTSD. Subjects were administered the Symptom Checklist-90-R, a modified version of the Impact of Event Scale, and two measures of combat stress: the Combat Scale Revised and the Vietnam Experience Scale. Some support was generated for the reliability and validity of the PTSD construct as outlined in DSM-III. In our sample the diagnosis of PTSD was associated

with excessive arousal characterized by anxiety, anger, paranoid ideation, intrusive images, and avoidance of stimuli reminiscent of the traumatic stressor. The findings are discussed in relation to previous studies of combat-related PTSD and studies of traumatically stressed civilians.

5/7/242 (Item 242 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05301077 88135130

Military combat, posttraumatic stress disorder, and criminal behavior in Vietnam veterans.

Sparr LF; Reaves ME; Atkinson RM

Psychiatry Service, Veterans Administration Medical Center, Portland, OR 97207.

Bull Am Acad Psychiatry Law (UNITED STATES) 1987, 15 (2) p141-62,

ISSN 0091-634X Journal Code: BAR

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

Although data are inconclusive, popular perception has linked military combat, posttraumatic stress disorder (PTSD), and criminal behavior. This paper discusses the multifactorial elements of this association that include both conscious and unconscious parameters of psychologic functioning. Testimony on combat-related PTSD has been presented in the courtroom to support veterans' claims of not guilty by reason of insanity (NGRI) and diminished capacity and for consideration during judicial sentencing. Because there is a known connection between the degree of combat involvement and PTSD, verification through collateral sources of the veteran's report of combat experiences is an important component of forensic assessment. The DSM-III-defined diagnosis of PTSD and the presence of a dissociative state have particular relevance in NGRI determinations. In other aspects of the judicial process demonstration of the absolute presence or absence of PTSD is often irrelevant and should be replaced by efforts to establish plausible links between provable combat experiences and the circumstances of the crime. (98 Refs.)

5/7/243 (Item 243 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05290018 88036796

Understanding posttraumatic stress disorder in Vietnam veterans.

Sirois MB; Swift BG

J Emerg Nurs (UNITED STATES) Sep-Oct 1987, 13 (5) p290-5, ISSN 0099-1767 Journal Code: KRU

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/244 (Item 244 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05267923 87166792

Conducting applied research on Vietnam combat-related post-traumatic stress disorder.

Denny N; Robinowitz R; Penk W

J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p56-66, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW

A paradigmatic shift in post-traumatic stress disorder (PTSD) research is underway. Formistic and mechanistic research designs, characterized by single-category, single-cause, single-effect models, gradually are being replaced by contextual and organistic research designs that feature multi-category, multi-cause, and multi-effect interactional models. Such changes in diagnostic and treatment outcome research require solving many methodological issues in such areas as: measuring types of traumas and stressors; measuring PTSD symptoms and subtypes; measuring subject dispositional characteristics (such as ethnic differences); assessing concurrent and/or pre-existing psychiatric (Axis I) disorders; classifying personality styles and concurrent and/or pre-existing personality (Axis II) disorders; evaluating phase in the development of PTSD as a disorder; measuring current environmental stresses and interpersonal interactions; and assessing secondary gains and readiness for treatment. These and other methodological problems must be addressed as research on PTSD shifts to longitudinal measurement of subjects randomly assigned to treatment conditions. (40 Refs.)

5/7/245 (Item 245 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05267922 87166791

Theoretical and empirical issues in the treatment of post-traumatic stress disorder in Vietnam veterans.

Fairbank JA; Nicholson RA

J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p44-55, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW

This article reviews the current status of research on the treatment of combat-related post-traumatic stress disorder (PTSD) in Vietnam veterans. Dynamic, behavioral, and biochemical models of treatment are presented, along with the findings of relevant treatment outcome studies. Examination of the treatment procedures employed in available studies revealed that direct therapeutic exposure to the memories of trauma emerged as the PTSD treatment technique common to all three theoretical models. The need for controlled investigations of the clinical efficacy of exposure-based interventions for combat-related PTSD is discussed. In addition, several other issues relevant to PTSD treatment research are presented and discussed, including the potential utility of studying untrained coping behavior in combat veterans; the effects of using heterogeneous subject samples in PTSD treatment research; and issues related to the measurement of treatment outcome. (64 Refs.)

5/7/246 (Item 246 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05267921 87166787

Etiological factors in the development of PTSD in clinical samples of Vietnam combat veterans.

Foy DW; Carroll EM; Donahoe CP Jr

J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p17-27, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW

This paper presents a review of empirical literature that deals with etiological factors in combat-related post-traumatic stress disorder (PTSD). Variables implicated in PTSD from three time frames, premilitary, military, and postmilitary, are identified, and findings from relevant research are discussed. There is consistency across studies in showing significant correlations between PTSD and combat exposure and post-military psychosocial adjustment. Less consistent are the findings with regard to relationships between premilitary psychosocial factors and PTSD. Recent findings from studies that have explored possible physiological correlates of PTSD also are discussed. Based on current literature, implications for future research on etiological factors in combat-related PTSD are presented. (18 Refs.)

5/7/247 (Item 247 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05242436 86238783

Post-traumatic stress disorder.

Silverman JJ

Adv Psychosom Med (SWITZERLAND) 1986, 16 p115-40, ISSN 0065-3268

Journal Code: 2PG

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW

(73 Refs.)

5/7/248 (Item 248 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05155866 88106294

Perception of threat cues in post-traumatic stress disorder: semantic processing without awareness?

Trandel DV; McNally RJ

Behav Res Ther (ENGLAND) 1987, 25 (6) p469-76, ISSN 0005-7967

Journal Code: 9KP

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/249 (Item 249 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05148833 88087918

Five psychosocial variables related to the existence of post-traumatic stress disorder symptoms.

Green MA; Berlin MA

University of Michigan, Department of Psychiatry, Ann Arbor 48109.

J Clin Psychol (UNITED STATES) Nov 1987, 43 (6) p643-9, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Sixty Vietnam veterans from a midwestern VA Medical Center were surveyed to determine the relationship between symptoms of Post-Traumatic Stress Disorder (PTSD) and five psychosocial variables: Intensity of combat

experienced in Vietnam, current subjective impact of the previously experienced stress of Vietnam experiences, current level of life stress, extent and nature of social support available to the veteran during the first year of return from Vietnam, and pre-service psychosocial functioning. A stepwise discriminant function analysis revealed that combat intensity, current impact of the previously experienced events in Vietnam, and current level of life stress correctly classified 75% of the total cases. These findings were supported by other lines of analyses, including tests of correlation and stepwise regression analysis. Current levels of life stress, especially disruption in interpersonal relationships, also were associated significantly with PTSD symptoms. These findings are consistent with previous reports on the etiology and correlates of PTSD symptoms and suggest the existence of a quantifiable constellation of symptoms associated with psychological sequelae of severely stressful trauma.

5/7/250 (Item 250 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05144020 88074871

The psychosocial impact of war trauma and torture on Southeast Asian refugees.

Mollica RF; Wyshak G; Lavelle J

Harvard Medical School, Massachusetts General Hospital, Boston 02114.

Am J Psychiatry (UNITED STATES) Dec 1987, 144 (12) p1567-72, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

More than 700,000 refugees from Southeast Asia have settled in the United States since 1975. Although many have suffered serious trauma, including torture, few clinical reports have described their trauma-related symptoms and psychosocial problems. The authors conducted a treatment study of 52 patients in a clinic for Indochinese. They found that these patients were a highly traumatized group; each had experienced a mean of 10 traumatic events and two torture experiences. Many of the patients had concurrent diagnoses of major affective disorder and posttraumatic stress disorder as well as medical and social disabilities associated with their history of trauma. The authors also found that Cambodian women without spouses demonstrated more serious psychiatric and social impairments than all other Indochinese patient groups.

5/7/251 (Item 251 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05139555 88065780

Post-traumatic stress disorder in the general population. Findings of the epidemiologic catchment area survey.

Helzer JE; Robins LN; McEvoy L

Department of Psychiatry, Washington University School of Medicine, St. Louis, MO 63110.

N Engl J Med (UNITED STATES) Dec 24 1987, 317 (26) p1630-4, ISSN 0028-4793 Journal Code: NOW

Contract/Grant No.: U01 MH 34224, MH, NIMH; U01 MH 33870, MH, NIMH; U01 MH 33883, MH, NIMH; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

There have been numerous studies of post-traumatic stress disorder in trauma victims, war veterans, and residents of communities exposed to disaster. Epidemiologic studies of this syndrome in the general population are rare but add an important perspective to our understanding of it. We report findings on the epidemiology of post-traumatic stress disorder in 2493 participants examined as part of a nationwide general-population survey of psychiatric disorders. The prevalence of a history of post-traumatic stress disorder was 1 percent in the total population, about 3.5 percent in civilians exposed to physical attack and in Vietnam veterans who were not wounded, and 20 percent in veterans wounded in Vietnam. Post-traumatic stress disorder was associated with a variety of other adult psychiatric disorders. Behavioral problems before the age of 15 predicted adult exposure to physical attack and (among Vietnam veterans) to combat, as well as the development of post-traumatic stress disorder among those so exposed. Although some symptoms of post-traumatic stress disorder, such as hyperalertness and sleep disturbances, occurred commonly in the general population, the full syndrome as defined by the Diagnostic and Statistical Manual of Mental Disorders, third edition, was common only among veterans wounded in Vietnam.

5/7/252 (Item 252 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05137936 88062307

Women partners of Vietnam vets.

Coughlan K; Parkin C

Inpatient Program, Veterans Administration Medical and Regional Office Center, Togus, Maine 04330.

J Psychosoc Nurs Ment Health Serv (UNITED STATES) Oct 1987, 25 (10)
p25-7, ISSN 0279-3695 Journal Code: JUW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/253 (Item 253 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05131909 88048806

Psychophysiologic assessment of posttraumatic stress disorder imagery in Vietnam combat veterans.

Pitman RK; Orr SP; Forgue DF; de Jong JB; Claiborn JM

Veterans Administration Medical Center, Research Service, Manchester, NH 03104.

Arch Gen Psychiatry (UNITED STATES) Nov 1987, 44 (11) p970-5, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: MH-39341, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

This study utilized psychophysiologic techniques to assess emotional arousal during imagery of psychologically traumatic experiences. All subjects were medication-free Vietnam combat veterans, classified on the basis of DSM-III-R criteria into groups with posttraumatic stress disorder (PTSD, n = 18) and no mental disorder (control, n = 15), which did not differ in extent of combat or in the judged severity of the traumatic experiences reported. "Scripts" describing each subject's combat experiences as well as other experiences were read to them in the laboratory, and they were instructed to imagine the events the scripts

portrayed, while heart rate, skin conductance, and frontalis electromyogram were recorded. The PTSD subjects' physiologic responses to their combat scripts were markedly higher than the controls'. The combined physiologic variables identified PTSD subjects with a specificity of 100% and a sensitivity of 61%. The results demonstrate exaggerated physiologic arousal during recollection of traumatic experiences in PTSD.

5/7/254 (Item 254 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05117137 88016761
Psychological effects of military service in Vietnam: a meta-analysis.
Kaylor JA; King DW; King LA
Psychol Bull (UNITED STATES) Sep 1987, 102 (2) p257-71, ISSN
0033-2909 Journal Code: QE8
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/255 (Item 255 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05105829 87225849
Vietnam nurses.
Rogers B; Nickolaus J
J Psychosoc Nurs Ment Health Serv (UNITED STATES) Apr 1987, 25 (4)
p11-5, ISSN 0279-3695 Journal Code: JUW
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/256 (Item 256 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05094526 86212405
American nurses in Vietnam: stressors and aftereffects.
Paul EA; O'Neill J
Am J Nurs (UNITED STATES) May 1986, 86 (5) p526, ISSN 0002-936X
Journal Code: 3MW
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/257 (Item 257 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05067075 87268596
Diazepam-associated posttraumatic stress reaction.
Cope DK; Haynes DF; Slonaker JL; Fontenelle LJ
Anesth Analg (UNITED STATES) Jul 1987, 66 (7) p666-8, ISSN 0003-2999
Journal Code: 4R8
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/258 (Item 258 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05066859 87268221

A neuropsychological hypothesis explaining posttraumatic stress disorders.

Kolb LC

Am J Psychiatry (UNITED STATES) Aug 1987, 144 (8) p989-95, ISSN 0002-953X Journal Code: 3VG

Contract/Grant No.: MH-37839, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The author reports findings from recent psychophysiological and biochemical research on Vietnam combat veterans with chronic posttraumatic stress disorder. Applying these data and the analogy of the known functional and structural defects in the peripheral (cranial) sensory system consequent to high-intensity stimulation, he hypothesizes that cortical neuronal and synaptic changes occur in posttraumatic stress disorder as the consequence of excessive and prolonged sensitizing stimulation leading to depression of habituating learning. He postulates that the "constant" symptoms of the disorder are due to the changes in the agonistic neuronal system which impair cortical control of hindbrain structures concerned with aggressive expression and the sleep-dream cycle.

5/7/259 (Item 259 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05059759 87251412

Key determinants of the MMPI-PTSD subscale: treatment considerations.

Hyer L; Boudewyns PA; O'Leary WC; Harrison WR

J Clin Psychol (UNITED STATES) May 1987, 43 (3) p337-40, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Seventy-five "in country" Vietnam combat psychiatric inpatients were given a battery of measures upon admission to the medical center. These included the MMPI, VETS Adjustment Scale, State-Trait Anxiety Scale, Rotter Locus of Control, Profile of Mood Scale, and a variation of the Figley Stress Scale that measures current stress. Post-traumatic stress disorder (PTSD) was determined by the MMPI-PTSD subscale. Ten of the battery variables were used as predictors for a multiple regression analysis on the MMPI-PTSD subscale. Results yielded a multiple R of .89 for two predictors, Figley Stress Scale and Rotter Locus of Control (external). Patients with PTSD, therefore, suffer most from perceived and experienced current stressors and a low sense of control. Arguments are made for more present-centered and interpersonal strategies in the treatment of PTSD combat veterans.

5/7/260 (Item 260 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05051483 87232444

MMPI assessment of posttraumatic stress disorder among alcoholic Vietnam veterans.

Koretzky MB; Rosenoer AS

Psychol Rep (UNITED STATES) Apr 1987, 60 (2) p359-65, ISSN 0033-2941
Journal Code: QF6
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/261 (Item 261 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05049703 87227991
Antisocial behavior and the combat veteran. A review (with special reference to the Vietnam conflict).
Boman B
Med Law (GERMANY, WEST) 1987, 6 (3) p173-87, ISSN 0723-1393
Journal Code: MAL
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/262 (Item 262 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05048702 87225816
Clinical observations concerning active duty veterans with post-Vietnam adjustment problems.
McCaughey BG; Kleiger JH; Miller AC; Reyes AF; Nathan HW
J Psychol (UNITED STATES) Mar 1987, 121 (2) p159-68, ISSN 0022-3980
Journal Code: JTZ
Languages: ENGLISH
Document type: JOURNAL ARTICLE

Clinical observations by Navy psychiatrists and psychologists who concurrently conducted therapy groups at three separate military treatment facilities between 1981 and 1984 were recorded. The reasons they returned to active duty or remained in the service, how and why they were referred to therapy, issues that arose in group therapy, and factors that were believed to have influenced the successful outcome are summarized and discussed.

5/7/263 (Item 263 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05047650 87223481
Interpersonal problem solving and coping reactions of Vietnam veterans with posttraumatic stress disorder.
Nezu AM; Carnevale GJ
J Abnorm Psychol (UNITED STATES) May 1987, 96 (2) p155-7, ISSN 0021-843X
Journal Code: H3B
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/264 (Item 264 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05046928 87221834

A self-psychological reevaluation of posttraumatic stress disorder (PTSD) and its treatment: shattered fantasies.

Ulman RB; Brothers D

J Am Acad Psychoanal (UNITED STATES) Apr 1987, 15 (2) p175-203, ISSN 0090-3604 Journal Code: HAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/265 (Item 265 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05046077 87219811

Forgotten warriors: an evaluation of the emotional well-being of presently incarcerated Vietnam veterans.

Boivin MJ

Genet Soc Gen Psychol Monogr (UNITED STATES) Feb 1987, 113 (1) p109-25, ISSN 8756-7547 Journal Code: FMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The emotional well-being of a group of incarcerated Vietnam veterans within the maximum security section of a state prison was assessed along with comparison groups of veterans and nonveterans. The Multiple Affect Adjective Check List (MAACL) (Zuckerman & Lubin, 1965), the Adjective Check List (ACL) (Gough & Heilbrun, 1983), and the Military Life Questionnaire (MLQ) (Panzarella, Mantell, & Bridenbaugh, 1978) were administered. Both the factors of incarceration and Vietnam experience proved significant on a number of MAACL, ACL, and MLQ measures, including depression, anxiety, hostility, and personal adjustment. The MLQ results also indicated that, compared to their nonincarcerated counterparts, the incarcerated veterans were more likely to be black, to have come from a less supportive family background, to have been assigned to an Army infantry combat unit, to have been injured in combat, and to have witnessed or been involved in the killing of enemy soldiers, prisoners, and civilians while in Vietnam. Many incarcerated veterans apparently began as poor prospects in terms of their social, economic, and interpersonal well-being. They went to Vietnam, bore the brunt of these experiences, and emerged as even poorer prospects, all the more at risk and prone to incarceration.

5/7/266 (Item 266 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05034931 87194138

Nightmares in Vietnam veterans.

Kramer M; Schoen LS; Kinney L

J Am Acad Psychoanal (UNITED STATES) Jan 1987, 15 (1) p67-81, ISSN 0090-3604 Journal Code: HAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Repetitive traumatic dreams remain a curiosity in our working with patients. If dreams have a sleep protecting or problem solving function, the dream that does not resolve but repeats and that disturbs rather than protects sleep remains an important clinical problem. We see in individual patient experiences and in civilian disasters samples of individuals who are unable to return their dream life to a condition in which it no longer repeats or disturbs their sleep. Clearly the recent experience of combat survivors of Vietnam becomes a major concern.

5/7/267 (Item 267 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05023793 87166795
MMPI overreporting by Vietnam combat veterans.
Hyer L; Fallon JH Jr; Harrison WR; Boudewyns PA
J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p79-83, ISSN
0021-9762 Journal Code: HTJ
Languages: ENGLISH
Document type: JOURNAL ARTICLE

The MMPI-PTSD scale is the only psychometric measure that has been cross-validated on Vietnam veterans for the determination of PTSD. Despite this, there may be problems with this scale related to symptom exaggeration. Three groups of Vietnam inpatients (N = 75) were defined carefully by both clinical and actuarial methods--PTSD combat, Non-PTSD combat, and Non-combat. This study applied symptom exaggeration methods based on the MMPI obvious/subtle items and on the F scale to these groups. Results show that all the items of this scale are either obvious or neutral, that a carefully distinguished PTSD group differentially responds to these obvious and neutral items relative to other inpatient Vietnam groups, and that the F scale is exaggerated by the PTSD group. In addition, a separate analysis on an independent sample of 50 combat and 50 non-combat Vietnam veterans showed that the combat group endorsed the obvious items on selected scales by 20 T score points at higher rates than other groups. Caution in the use of the MMPI-PTSD scale is discussed.

5/7/268 (Item 268 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

05023791 87166793
Epidemiology of PTSD in a national cohort of Vietnam veterans.
Card JJ
J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p6-17, ISSN 0021-9762
Journal Code: HTJ
Contract/Grant No.: MH34643, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE

At age 36, Vietnam veterans in the high school class of 1963 reported significantly more problems related to nightmares, loss of control over behavior, emotional numbing, withdrawal from the external environment, hyperalertness, anxiety, and depression than did their classmates matched with them on 51 high school characteristics. These problems correspond closely to the disorder labeled post-traumatic stress disorder (PTSD) by the American Psychiatric Association. PTSD was associated with other family, mental health, and social interaction problems. Some environmental variables--e.g., the presence of a spouse or being a churchgoer--were associated with reduced levels of PTSD or with reductions in the degree of association between combat and PTSD. The direction of cause and effect in these associations cannot be ascertained from our data, but it seems plausible to postulate that support factors can and do help some Vietnam veterans with PTSD.

5/7/269 (Item 269 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05023789 87166789

Post-traumatic stress disorders among Vietnam veterans: introduction.

Penk W; Robinowitz R

J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p3-5, ISSN 0021-9762

Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/270 (Item 270 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05023788 87166788

Combat-related post-traumatic stress disorder etiology: replicated findings in a national sample of Vietnam-era men.

Foy DW; Card JJ

J Clin Psychol (UNITED STATES) Jan 1987, 43 (1) p28-31, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

To examine the generality of recent findings on PTSD etiology in help-seeking Vietnam combat veterans, replication was attempted with data from a national study of Vietnam-era men that included combat veterans. Use of a Guttman scaling technique for assessing combat exposure was found to be robust for use with a national nonclinical sample as well. In addition, multiple regression analysis was used to examine predictive relationships between premilitary adjustment, military adjustment, combat exposure, and post-traumatic stress disorder (PTSD). Results obtained from the national sample showed the same patterning as that reported from the smaller clinical sample. Combat exposure was related significantly to PTSD symptomatology, while premilitary adjustment was not. A previously identified discriminant function, composed of psychological symptoms not found in the DSM III criteria for PTSD, also was cross-validated.

5/7/271 (Item 271 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

05009380 87134225

"Detoxification" of Vietnam War trauma: a combined family-individual approach.

Rosenheck R; Thomson J

Fam Process (UNITED STATES) Dec 1986, 25 (4) p559-70, ISSN 0014-7370

Journal Code: ESA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Treatment with families of veterans suffering from the aftereffects of combat trauma in the Vietnam War often requires a preliminary phase of disjoint treatment, in which family members are seen separately, before conjoint treatment can proceed. In this disjoint phase of treatment, wives and children are introduced to the brutal realities of Vietnam combat experience and to an understanding of its sequelae. This disjoint phase of family therapy detoxifies combat experience so that it can be approached in subsequent conjoint sessions along with more traditional family therapy issues.

5/7/272 (Item 272 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04998491 87109847
An investigation of the utility of an MMPI posttraumatic stress disorder subscale.
Gayton WF; Burchstead GN; Matthews GR
J Clin Psychol (UNITED STATES) Nov 1986, 42 (6) p916-7, ISSN 0021-9762 Journal Code: HTJ
Languages: ENGLISH
Document type: JOURNAL ARTICLE

This study attempted to cross-validate an MMPI subscale designed to diagnose posttraumatic stress disorder (PTSD). The PTSD subscale scores of 19 Vietnam combat veterans with a diagnosis of PTSD were compared to those of 40 Vietnam era veterans with a psychiatric diagnosis other than PTSD. Diagnostic hit rates were considerably lower than those reported in the original investigation despite several attempts to control for misdiagnosis.

5/7/273 (Item 273 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04994414 87099749
The psychophysiology of combat-induced post-traumatic stress disorder in Vietnam veterans.
Pallmeyer TP; Blanchard EB; Kolb LC
Behav Res Ther (ENGLAND) 1986, 24 (6) p645-52, ISSN 0005-7967
Journal Code: 9KP
Contract/Grant No.: MH-37839, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/274 (Item 274 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04967642 87034522
Inpatient diagnosis of posttraumatic stress disorder.
Hyer L; O'Leary WC; Saucer RT; Blount J; Harrison WR; Boudewyns PA
J Consult Clin Psychol (UNITED STATES) Oct 1986, 54 (5) p698-702, ISSN 0022-006X Journal Code: HW3
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/275 (Item 275 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04956829 87009061
Which Vietnam veterans develop posttraumatic stress disorders?
Solkoff N; Gray P; Keill S
J Clin Psychol (UNITED STATES) Sep 1986, 42 (5) p687-98, ISSN 0021-9762 Journal Code: HTJ
Languages: ENGLISH

Document type: JOURNAL ARTICLE

Fifty Vietnam combat veterans diagnosed PTSD were compared with 50 controls, who were also combat veterans. The two groups were evaluated with a structured interview, and assessments were made of childhood and family histories, immediate preservice experiences, combat experiences, and postdischarge experiences. The two groups differed significantly in the intensity of their combat experiences and their perceptions of their homecoming experiences. Neither early history nor immediate preservice factors differentiated the two groups.

5/7/276 (Item 276 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04950731 86322956

The utility of the Anxiety Disorders Interview Schedule (ADIS) in the diagnosis of post-traumatic stress disorder (PTSD) in Vietnam veterans.

Blanchard EB; Gerardi RJ; Kolb LC; Barlow DH

Behav Res Ther (ENGLAND) 1986, 24 (5) p577-80, ISSN 0005-7967

Journal Code: 9KP

Contract/Grant No.: MH-37839, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/277 (Item 277 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04947008 86314505

Combat stress, post-traumatic stress disorder, and associated psychiatric disturbance.

Boman B

Psychosomatics (UNITED STATES) Aug 1986, 27 (8) p567-73, ISSN

0033-3182 Journal Code: QH4

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/278 (Item 278 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04942858 86303838

Transference and post-traumatic stress: combat veterans' transference to the Veterans Administration Medical Center.

Parson ER

J Am Acad Psychoanal (UNITED STATES) Jul 1986, 14 (3) p349-75, ISSN

0090-3604 Journal Code: HAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In this paper I have discussed two types of transference manifestations to an institution; namely, the "VA Medical Center transference syndrome" (VATS) and the "VA medical center split transference syndrome" (VAST). Transference to an institution was identified as an important issue deserving the attention of psychotherapists and psychoanalysts. Two case studies illustrated the dynamics of these two transference phenomena. Moreover, as a consequence of exposure to traumatic war experiences in Vietnam, these two illustrative cases portrayed a strong tendency to

splitting dynamics and fragmenting ego operations inherent in what has been referred to here as "post-traumatic borderline personality disorder" (p-TBPD). In the VATS case, the patient struggled with intense feelings of dissociated and repressed guilt over the five men killed and two severely wounded in Vietnam for which he believed himself to be responsible. Initially, the patient had denied he felt responsible and guilty over this tragic event; however, later as trust developed and intense paranoid defenses were attenuated, these painful memories were expressed in vivid detail. His affective attachment or transference to the VA Medical Center was an "instrumental transference" in that it served the purpose of giving him the sense of protection from his guilt-ridden ego and harsh, punitive superego. The task of the treatment was to first establish trust through emphasizing the "real" relationship and fostering the idealizing transference. Through the idealizing transference, the patient began to decathect from the VAMC as his sole protective object. With this patient the "real" relationship was essential in assisting him to relinquish his transference hold on the VAMC and embark on "the road to recovery" (Brende and Parson, 1985). The VAST case portrayed the situation in which the veteran "bifurcates" his transference responses--one to therapist, the other to the VAMC. As in the VATS case, it was essential to emphasize the real relationship, maintaining an active intervening stance, while fostering the idealizing transference. (ABSTRACT TRUNCATED AT 400 WORDS)

5/7/279 (Item 279 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04900007 86191422

Treatment of chronic post-traumatic stress disorders.

Kolb LC

Curr Psychiatr Ther (UNITED STATES) 1986, 23 p119-27, ISSN 0070-2080

Journal Code: DVU

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/280 (Item 280 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04892833 86168926

Applying posttraumatic stress disorder MMPI subscale to World War II POW veterans.

Query WT; Megran J; McDonald G

J Clin Psychol (UNITED STATES) Mar 1986, 42 (2) p315-7, ISSN

0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In order to determine whether the MMPI-PTSD subscale has application for assessing DSM-III diagnosed PTSD among populations other than Vietnam veterans, a group of WWII POWs (N = 69) were given the subscale. Results indicated that the use of the PTSD subscale can be generalized to older veterans; in a small sample of Pacific POWs, PTSD is more common among those from the Pacific theater than those from Europe. However, the subscale fails to distinguish between Pacific and European POW veterans. Difficulties in sampling and confounding stressors are discussed, as well as implications for treatment of WWII veterans.

5/7/281 (Item 281 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04888939 86156380

Measurement of combat exposure, posttraumatic stress disorder, and life stress among Vietnam combat veterans.

Friedman MJ; Schneiderman CK; West AN; Corson JA

Am J Psychiatry (UNITED STATES) Apr 1986, 143 (4) p537-9, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Two scales developed to assess combat exposure and posttraumatic stress disorder symptomatology in Vietnam veterans displayed very high reliability. High levels of posttraumatic stress disorder were associated with more current life stresses and other standardized indices of dysphoria.

5/7/282 (Item 282 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04886223 86143873

Post-traumatic stress disorder: a psychiatric defense.

Jordan HW; Howe GL; Gelsomino J; Lockert EW

J Natl Med Assoc (UNITED STATES) Feb 1986, 78 (2) p119-26, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/283 (Item 283 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04885865 86142686

The definition of posttraumatic stress disorder in alcoholic Vietnam veterans. Are the DSM-III criteria necessary and sufficient?

Van Kampen M; Watson CG; Tilleskjor C; Kucala T; Vassar P

J Nerv Ment Dis (UNITED STATES) Mar 1986, 174 (3) p137-44, ISSN 0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors evaluated the validities of the DSM-III elements defining posttraumatic stress disorder (PTSD) in alcoholic Vietnam veterans by studying the relationships of each to qualification for a PTSD diagnosis under DSM-III standards, the history of a major stressor (3 or more months of combat), and the presence/absence of enough other problems to meet the symptomatic DSM-III requirements for this diagnosis. Elements dealing with the reexperiencing of traumas, diminished pleasure, detachment from others, hyperalertness, sleep disturbance, guilt over behaviors required for survival, and avoidance of stimuli reminiscent of traumas showed substantial correlations with eligibility for a PTSD diagnosis. However, items dealing with emotional expressiveness, response to intimacy, survival guilt, impaired memory, and trouble concentrating either failed to correlate with qualification for a PTSD diagnosis or yielded marginal results. One ("lacking direction") of 10 additional symptoms sometimes termed as "post-Vietnam syndrome" behaviors correlated with eligibility for a PTSD diagnosis as well. The present results and those described in

earlier studies suggest that several modifications in the DSM-III definition of PTSD are desirable.

5/7/284 (Item 284 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04880985 86118513
Post-traumatic stress disorder in Vietnam veterans [editorial]
Kolb LC
N Engl J Med (UNITED STATES) Mar 6 1986, 314 (10) p641-2, ISSN
0028-4793 Journal Code: NOW
Languages: ENGLISH
Document type: EDITORIAL

5/7/285 (Item 285 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04872524 86092688
Wounded healers: a summary of the Vietnam Nurse Veteran Project.
Paul EA
Mil Med (UNITED STATES) Nov 1985, 150 (11) p571-6, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/286 (Item 286 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04866438 85296769
Low dose lithium carbonate in the treatment of post traumatic stress disorder: brief communication.
Kitchner I; Greenstein R
Mil Med (UNITED STATES) Jul 1985, 150 (7) p378-81, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/287 (Item 287 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04866432 85296763
Pseudo-posttraumatic stress disorder.
Hamilton JD
Mil Med (UNITED STATES) Jul 1985, 150 (7) p353-6, ISSN 0026-4075
Journal Code: N1A
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/288 (Item 288 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04863032 85240960

Combat stress reaction: a concept in evolution.

Mareth TR; Brooker AE

Mil Med (UNITED STATES) Apr 1985, 150 (4) p186-90, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: HISTORICAL ARTICLE; JOURNAL ARTICLE

5/7/289 (Item 289 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04858654 85164266

The etiologies of Vietnam post-traumatic stress syndrome.

Silsby HD; Jones FD

Mil Med (UNITED STATES) Jan 1985, 150 (1) p6-7, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/290 (Item 290 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04857545 85138558

Psychiatric disturbances among Australian Vietnam veterans.

Boman B

Mil Med (UNITED STATES) Feb 1985, 150 (2) p77-9, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/291 (Item 291 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04767726 86115054

Post-traumatic stress disorder (traumatic war neurosis) and concurrent psychiatric illness among Australian Vietnam veterans. A controlled study.

Boman B

J R Army Med Corps (ENGLAND) Oct 1985, 131 (3) p128-31, ISSN 0035-8665
Journal Code: JV6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Depression, anxiety, irritability with unpredictable explosions of aggressive behaviour, impulsivity, suicidal actions and substance abuse have been repeatedly observed among ex-servicemen from World War II in psychiatric treatment settings. In the most recent American Psychiatric Association classification of mental disorders the category of Post Traumatic Stress Disorder (PTSD) was introduced, replacing the earlier Traumatic War Neurosis and the above cluster of symptoms were included as associated features of this disorder. Two recent uncontrolled studies on U.S. Vietnam veterans receiving psychiatric care supported the linkage of PTSD with these abnormalities. However, the present controlled study found these associated features occurred with equal frequencies among one group of psychiatrically hospitalised Australian Vietnam veterans with PTSD and

another group not so afflicted. Reservations, then, should be harboured about ascribing all the presented psychopathology and behavioural abnormalities of ex-servicemen to the stress of their war service.

5/7/292 (Item 292 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04767222 86112754
Posttraumatic stress disorder among U.S. Army Reserve Vietnam and Vietnam-era veterans.
Stretch RH
J Consult Clin Psychol (UNITED STATES) Dec 1985, 53 (6) p935-6, ISSN 0022-006X Journal Code: HW3
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/293 (Item 293 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04764144 86100949
Post-Vietnam stress disorder: a metaphor for current and past life events.
Amen DG
Am J Psychother (UNITED STATES) Oct 1985, 39 (4) p580-6, ISSN 0002-9564 Journal Code: 3XA
Languages: ENGLISH
Document type: JOURNAL ARTICLE

Delayed posttraumatic stress reactions are often triggered by events that echo the original trauma. It is not uncommon, however, for these delayed reactions to represent a metaphor for other current or past life events. A case is presented that illustrates the diagnostic and therapeutic significance of understanding these reactions as a metaphor.

5/7/294 (Item 294 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04756279 86078107
The post-Vietnam stress syndrome: some cautions.
Colbach EM
Bull Am Acad Psychiatry Law (UNITED STATES) 1985, 13 (4) p369-72, ISSN 0091-6781 Journal Code: BAR
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/295 (Item 295 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04754847 86074647
Perspectives on posttraumatic stress disorder [letter]
Ursano RJ; Holloway HC
Am J Psychiatry (UNITED STATES) Dec 1985, 142 (12) p1526, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH
Document type: LETTER

5/7/296 (Item 296 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04752217 86068716
Adolescent vulnerability to posttraumatic stress disorder.
van der Kolk BA
Psychiatry (UNITED STATES) Nov 1985, 48 (4) p365-70, ISSN 0033-2747
Journal Code: QCS
Languages: ENGLISH
Document type: JOURNAL ARTICLE

This study found that men who developed posttraumatic stress disorder after combat in Vietnam tended to have been adolescents while in combat. They had formed an intense attachment to other men in their combat unit, which had been disrupted by the death of a buddy. This loss generally was followed by acts of revenge and subsequent feelings of a profound lack of control over their destiny. Adolescents use their peer group as an intermediary stage between dependency on their family and emotional maturity, and the army, particularly under battlefield conditions, maximizes the impact of peer group cohesion. For these younger men, the death of a friend was experienced as the dissolution of the once omnipotent group and as a narcissistic injury. Group psychotherapy for Vietnam veterans allows the partial re-creation of the peer group in the context in which the trauma occurred. The sharing and reliving of common experiences may facilitate entrance into the world of adult relationships, a process that was arrested by the trauma.

5/7/297 (Item 297 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04744149 86048263
Symptom patterns associated with posttraumatic stress disorder among Vietnam veterans exposed to war trauma.
Laufer RS; Brett E; Gallops MS
Am J Psychiatry (UNITED STATES) Nov 1985, 142 (11) p1304-11, ISSN 0002-953X
Journal Code: 3VG
Contract/Grant No.: MH-26832, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE

The authors tested whether the relationship between traumatic stress and posttraumatic stress disorder is captured more accurately by aggregating symptoms, as in DSM-III, or differentiating them into the subtypes of denial and reexperiencing. Their findings indicate that distinguishing between the responses of denial and reexperiencing is an alternative and potentially more useful approach for understanding posttraumatic stress disorder and its origins in war trauma than the comprehensive model proposed in DSM-III. The analysis suggests that biases in the current model of posttraumatic stress disorder may lead to underestimation of its prevalence. The authors conclude that reconsideration of what constitutes the disorder is warranted.

5/7/298 (Item 298 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04739029 86034907

Posttraumatic stress disorder among Army Nurse Corps Vietnam veterans.

Stretch RH; Vail JD; Maloney JP

J Consult Clin Psychol (UNITED STATES) Oct 1985, 53 (5) p704-8, ISSN

0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/299 (Item 299 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04716870 85292489

MCMI characteristics of DSM-III posttraumatic stress disorder in Vietnam veterans.

Robert JA; Ryan JJ; McEntyre WL; McFarland RS; Lips OJ; Rosenberg SJ

J Pers Assess (UNITED STATES) Jun 1985, 49 (3) p226-30, ISSN

0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Compared the MCMI profiles of 25 veterans with a diagnosis of Posttraumatic Stress Disorder (PTSD) with those of 25 veterans carrying psychiatric disorders which typically cause problems in the differential diagnosis of PTSD. The PTSD group had higher elevations on nine of the 20 MCMI scales (all ps less than .05). Profiles were also significantly different in shape and scatter. A discriminant analysis accounted for 100% of the variance and correctly classified 88% of the patients. Resulting MCMI profiles appear to be consistent with DSM-III criteria for PTSD.

5/7/300 (Item 300 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04715987 85290310

Vietnam combat veterans with posttraumatic stress disorder: analysis of marital and cohabitating adjustment.

Carroll EM; Rueger DB; Foy DW; Donahoe CP Jr

J Abnorm Psychol (UNITED STATES) Aug 1985, 94 (3) p329-37, ISSN

0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/301 (Item 301 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04710909 85276828

Posttraumatic stress disorder: a thirty-year delay in a World War II veteran.

Van Dyke C; Zilberg NJ; McKinnon JA

Am J Psychiatry (UNITED STATES) Sep 1985, 142 (9) p1070-3, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Some clinicians doubt the validity of a diagnosis of delayed

posttraumatic stress disorder for Vietnam veterans. Precombat psychopathology, drug abuse, factitious symptoms, and malingering in pursuit of disability compensation are cited as alternative explanations for the syndrome. The authors discuss the case of a much decorated World War II veteran whose symptoms of posttraumatic stress disorder first occurred more than 30 years after combat. They consider the alternative explanations for his symptoms to be inadequate.

5/7/302 (Item 302 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04706044 85263633
Dimensions of posttraumatic stress disorder among Vietnam veterans.
Laufer RS; Brett E; Gallops MS
J Nerv Ment Dis (UNITED STATES) Sep 1985, 173 (9) p538-45, ISSN
0022-3018 Journal Code: JAF
Contract/Grant No.: RO1 MH26832-06, MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE
DSM-III criteria and clinical models of stress are used to identify discrete dimensions of posttraumatic stress disorder. The authors test the hypothesis that war trauma differentially affects four dimensions of posttraumatic stress--intrusive imagery, hyperarousal, numbing, and cognitive disruption--by studying data from 251 Vietnam veterans probability sampled in seven sites. The hypothesis was confirmed. Different dimensions of stress symptomatology are found to vary across individuals exposed to different types of war trauma. Stress responses to war trauma also differ by race of the veteran. The relationship between stressors and symptomatology change over time, indicating specific experiences are related to particular long-term patterns of posttraumatic stress disorder.

5/7/303 (Item 303 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04694464 85232813
Secondary traumatization in children of Vietnam veterans.
Rosenheck R; Nathan P
Hosp Community Psychiatry (UNITED STATES) May 1985, 36 (5) p538-9,
ISSN 0022-1597 Journal Code: GCJ
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/304 (Item 304 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04690576 85222759
Posttraumatic stress disorder, hypnotizability, and imagery.
Stutman RK; Bliss EL
Am J Psychiatry (UNITED STATES) Jun 1985, 142 (6) p741-3, ISSN
0002-953X Journal Code: 3VG
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Twenty-six Vietnam veterans were studied to determine the relationship between posttraumatic stress disorder and hypnotizability. The intensity of

their posttraumatic stress disorder was measured by a self-report. Their hypnotizability scores, vividness of imagery scores, and symptomatic profiles were also ascertained. Veterans with low or no posttraumatic stress disorder scores had normal hypnotizability scores and normal imagery scores, whereas those with high posttraumatic stress disorder scores had high hypnotizability scores and high imagery scores. The authors conclude that either combat traumas enhanced hypnotic potential in some veterans or that veterans with excellent hypnotic potential to begin with were more susceptible to posttraumatic stress.

5/7/305 (Item 305 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04683445 85202741

Posttraumatic stress disorder: characteristics and pharmacological response in the veteran population.

Birklimer LJ; DeVane CL; Muniz CE

Compr Psychiatry (UNITED STATES) May-Jun 1985, 26 (3) p304-10, ISSN 0010-440X Journal Code: DO9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/306 (Item 306 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04681470 85196385

Malignant Post-Vietnam Stress Syndrome.

Rosenheck R

Am J Orthopsychiatry (UNITED STATES) Apr 1985, 55 (2) p166-76, ISSN 0002-9432 Journal Code: 3R6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A particularly severe form of Post-Vietnam Stress Syndrome is described. Its most distinctive clinical characteristic is the mutually escalating interaction among four psychological and social features: explosive, violent behavior; social ostracism and isolation; extreme self-loathing; and the exceptionally vivid and persistent reexperiencing of psychological war trauma. Recognition of these features, and consideration of their diagnostic significance and etiologic background, are essential in meeting the clinical challenge posed by these veterans.

5/7/307 (Item 307 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04679674 85191133

Post Vietnam syndrome: neurosis or sociososis?

Fleming RH

Psychiatry (UNITED STATES) May 1985, 48 (2) p122-39, ISSN 0033-2747 Journal Code: QCS

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Recently released figures from the Veterans Administration on the number of Vietnam veterans who have been granted service connection in their claims for post-traumatic stress disorder appear to be astonishingly low,

given the publicity that the media and mental health professionals have placed on this diagnosis in recent years. As of the summer of 1984, only slightly more than 7,000 Vietnam veteran cases had been approved by VA rating boards. A conservative popular estimate is that half a million Vietnam veterans are alleged to suffer from this neurosis, which is largely attributable to combat-related experiences. This gross discrepancy raises many serious questions about the appropriate use of the clinical diagnosis of post-traumatic stress disorder. The point of contention is not the legitimacy of the diagnosis, but the abuse and misuse of the term for personal or political purposes to explain the dilemma of the Vietnam veteran in contemporary America. The traditional psychodynamic content of clinical psychology needs to be integrated with an analysis of the impact of social, political, historical, economic, and philosophical forces on individual and group dynamics. The objective of this paper is to examine those forces, the social and historical conditions in particular, which have contributed to the origin, development, and prolongation of readjustment difficulties for Vietnam veterans.

5/7/308 (Item 308 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04677533 85184684

Imagery and combat stress in Vietnam veterans.

Brett EA; Mangine W

J Nerv Ment Dis (UNITED STATES) May 1985, 173 (5) p309-11, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Greater exposure to combat in Vietnam leads to higher levels of Vietnam-linked imagery, as shown by three different measures: a) an experimental task; b) the Impact of Event Scale, a measure of intrusion and avoidance of imagery within the past week; and c) a measure of imagery experienced since return from Vietnam. The results support previous findings from analogue studies and civilian populations concerning the relationship between degree of stress and posttraumatic imagery.

5/7/309 (Item 309 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04669487 85158503

Social support in Vietnam veterans with posttraumatic stress disorder: a comparative analysis.

Keane TM; Scott WO; Chavoya GA; Lamparski DM; Fairbank JA

J Consult Clin Psychol (UNITED STATES) Feb 1985, 53 (1) p95-102,

ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/310 (Item 310 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04669399 85158256

The MMPI and the post-traumatic stress syndrome in Vietnam era veterans.

Burke HR; Mayer S

J Clin Psychol (UNITED STATES) Mar 1985, 41 (2) p152-6, ISSN
0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

MMPI profiles of Post-traumatic Stress outpatient and newly admitted
Random Psychiatric inpatient veterans are practically identical, which
indicates the severity of delayed response to stress in Vietnam veterans,
especially those from urban, disadvantaged environments.

5/7/311 (Item 311 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04667149 85150678

Levels of countertransference toward Vietnam veterans with posttraumatic
stress disorder.

Newberry TB

Bull Menninger Clin (UNITED STATES) Mar 1985, 49 (2) p151-60, ISSN

0025-9284 Journal Code: BPC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/312 (Item 312 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04665897 85146360

Psychometric detection of fabricated symptoms of posttraumatic stress
disorder.

Fairbank JA; McCaffrey RJ; Keane TM

Am J Psychiatry (UNITED STATES) Apr 1985, 142 (4) p501-3, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Vietnam veterans with posttraumatic stress disorder and two groups
instructed to fabricate its symptoms completed the MMPI. A discriminant
function analysis of selected scale scores and an empirically derived
decision rule successfully classified over 90% of the subjects.

5/7/313 (Item 313 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04662284 85131813

A study of post traumatic stress disorder in Vietnam veterans.

Pearce KA; Schauer AH; Garfield NJ; Ohlde CO; Patterson TW

J Clin Psychol (UNITED STATES) Jan 1985, 41 (1) p9-14, ISSN 0021-9762

Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Three groups of Vietnam-era veterans were compared on the frequency of
symptoms typical of the diagnostic criteria for Post Traumatic Stress
Disorder (PTSD), a diagnostic category introduced in DSM III (N = 90). The
three groups consisted of veterans who had experienced (a) a war-related
traumatic event; (b) a non-war-related traumatic event; or (c) no traumatic
event. The results indicated that the two groups who experienced a
traumatic event reported significantly more symptoms than the group who

never experienced a traumatic event. Furthermore, the group who experienced a war-related traumatic event reported more symptoms than the group who experienced a non-war-related traumatic event. These results support the validity of PTSD.

5/7/314 (Item 314 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04654022 86017332

Hospital based treatment of malignant post Vietnam stress syndrome.

Rosenheck R

Psychiatr Q (UNITED STATES) Winter 1984, 56 (4) p259-69, ISSN

0033-2720 Journal Code: QBP

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/315 (Item 315 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04653812 85264919

Post-Traumatic Stress Disorder and substance abuse in Vietnam combat veterans: treatment problems, strategies and recommendations.

Jelinek JM; Williams T

J Subst Abuse Treat (UNITED STATES) 1984, 1 (2) p87-97, ISSN

0740-5472 Journal Code: KAI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Post-Traumatic Stress Disorder (PTSD) rarely presents as a discrete diagnostic entity. Frequently, PTSD is accompanied by substance abuse, somatoform, and/or affective disorders. This article focuses on the interplay of PTSD and substance abuse in Vietnam combat veterans. PTSD symptoms, assessment and diagnostic difficulties, treatment strategies and recommendations are discussed. The role of substance abuse should be determined before initiating treatment. Substance abuse may suppress, exacerbate or perpetuate PTSD symptoms. Substance-free combat veterans, veterans who use substances to self-medicate PTSD symptoms, and chronic substance abusers can be differentiated. Treatment goals and strategies differ for each group. Case histories, intake procedures and treatment recommendations conclude this article. To conform with APA guidelines (1983) for non-sexist language and to avoid ambiguity of reference, it should be stated that all of the information in this paper came from or relates to male Vietnam combat veterans. It is truly unfortunate that so little is known about the role of females in the Vietnam conflict. The authors, who are themselves Vietnam veterans, have interviewed or treated more than 2,000 combat veterans and their families and have found that 80% of the veterans seen have had alcohol related problems. The information in this paper is largely drawn from the authors' personal experiences, that of co-professionals with whom they have worked, and from the direct experiences of patients who have been treated by the authors.

5/7/316 (Item 316 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04645103 84291813

The impact of combat on later alcohol use by Vietnam veterans.

Helzer JE

J Psychoactive Drugs (UNITED STATES) Apr-Jun 1984, 16 (2) p183-91,
ISSN 0279-1072 Journal Code: JLP
Contract/Grant No.: AA-03852, AA, NIAAA; AA-03539, AA, NIAAA; MH-33883,
MH, NIMH
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/317 (Item 317 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04643419 84262885

An assessment of the treatment needs of Vietnam-era veterans.

Blum MD; Kelly EM; Meyer M; Carlson CR; Hodson WL

Hosp Community Psychiatry (UNITED STATES) Jul 1984, 35 (7) p691-6,
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A needs assessment was conducted to determine the existence and extent of differences between Vietnam-era veterans and other veterans residing within the catchment area of the Northport Veterans Administration Medical Center. The results of a questionnaire completed by 486 veterans indicated that, compared with World War II and Korean War veterans, a greater percentage of Vietnam-era veterans reported experiencing the symptoms of posttraumatic stress disorder. They also reported more situational adjustment problems. A great number of Vietnam-era veterans expressed a need for psychotherapy and anger-control therapy, and they generally preferred to be treated with other Vietnam-era veterans who have had similar combat experience.

5/7/318 (Item 318 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04613953 83045775

PTSD. A portrait of the problem.

Huppenbauer SL

Am J Nurs (UNITED STATES) Nov 1982, 82 (11) p1699-703, ISSN 0002-936X
Journal Code: 3MW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/319 (Item 319 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04607981 82224027

Posttraumatic stress disorder in Vietnam veterans: a review.

Buck OD; Walker JI

South Med J (UNITED STATES) Jun 1982, 75 (6) p704-6, ISSN 0038-4348
Journal Code: UVH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Primary care physicians may encounter patients having posttraumatic stress disorder (PTSD) related to combat experience before they come to the attention of the mental health system. Specific criteria for making the

diagnosis of PTSD are now available. Effective psychiatric treatment, particularly group therapy and pharmacotherapy, is now available. Posttraumatic stress disorder can be an important diagnostic consideration in several problems that may be seen by primary care physicians, including multiple somatic complaints, sleep disturbance, substance abuse, and behavior disorders. It is important that such cases be recognized and referred for psychiatric treatment.

5/7/320 (Item 320 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04606357 82191626

Electrodermal responses in post-traumatic syndromes. A pilot study of cerebral hemisphere functioning in Vietnam veterans.

Brende JO

J Nerv Ment Dis (UNITED STATES) Jun 1982, 170 (6) p352-61, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/321 (Item 321 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04595916 82008436

Adjustment differences among male substance abusers varying in degree of combat experience in Vietnam.

Penk WE; Robinowitz R; Roberts WR; Patterson ET; Dolan MP; Atkins HG

J Consult Clin Psychol (UNITED STATES) Jun 1981, 49 (3) p426-37,

ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/322 (Item 322 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04532115 84248452

The Vietnam veteran: memory, social context, and metaphor.

Holloway HC; Ursano RJ

Psychiatry (UNITED STATES) May 1984, 47 (2) p103-8, ISSN 0033-2747

Journal Code: QCS

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Post-traumatic stress disorder has become a syndrome of particular importance in the study of the Vietnam veteran. The symptoms of this disorder highlight the role of memory in psychiatric disorders. In this paper, case studies are presented to illustrate the active generative role of memory and the importance of the role of social context and metaphor in understanding memory. This perspective has significance both for clinical work with the Vietnam veteran and for future research on this population.

5/7/323 (Item 323 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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04437955 85264925

Alcoholism treatment of Vietnam veterans with post-traumatic stress disorder.

Schnitt JM; Nocks JJ

J Subst Abuse Treat (UNITED STATES) 1984, 1 (3) p179-89, ISSN 0740-5472 Journal Code: KAI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Vietnam veterans with alcoholism and Post-Traumatic Stress Disorder (PTSD) are a clinically problematic population. Early self-medication of the PTSD with alcohol led for some to alcohol abuse and dependency. These may often be treated in an intensive alcoholism program. At evaluation both diagnoses are made, and patients are told that alcohol or drug use is not tolerated. The program first focuses on traditional alcoholism treatment issues. Early and consistent support to enhance self-esteem and to reduce guilt helps the patient later to tolerate the gradual investigation of the anger and self-loathing associated with both disorders. Important forces include family and peer support, effective limit setting in a structured milieu, supportive confrontation of alcoholic denial through multidisciplinary treatment in the absence of alcohol. Outpatient follow-up treatment groups include other PTSD sufferers and focus on establishing trust, interweaving the issues of adjustment to sobriety with discussion of the combat experience in a safe, accepting environment, with careful modulation of anxiety by the clinician. Medication must be conservative; benzodiazepines are not used after the detoxification period.

5/7/324 (Item 324 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04294472 85037019

Antecedent personality factors and the post-Vietnam syndrome: case reports.

Sudak HS; Corradi RB; Martin RS; Gold FS

Mil Med (UNITED STATES) Oct 1984, 149 (10) p550-4, ISSN 0026-4075
Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/325 (Item 325 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04286322 84220218

The post-traumatic stress disorders of combat: a subgroup with a conditioned emotional response.

Kolb LC

Mil Med (UNITED STATES) May 1984, 149 (5) p237-43, ISSN 0026-4075
Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/326 (Item 326 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04284545 84192077

Chronic post-traumatic stress disorders among active duty Vietnam veterans: case reports.

Kleiger JH

Mil Med (UNITED STATES) Mar 1984, 149 (3) p159-61, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/327 (Item 327 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04268801 83245451

The use of monoamine oxidase inhibitors in the treatment of traumatic war neurosis: case report.

Shen WW; Park S

Mil Med (UNITED STATES) May 1983, 148 (5) p430-1, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/328 (Item 328 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04255555 85094894

Alcoholism in Vietnam and Korea veterans: a long term follow-up.

Branchey L; Davis W; Lieber CS

Alcohol Clin Exp Res (UNITED STATES) Nov-Dec 1984, 8 (6) p572-5,

ISSN 0145-6008 Journal Code: 35X

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The prevalence of alcoholism was assessed in veterans of the Vietnam and Korean wars. In addition, the role played by exposure to combat in excessive alcohol consumption was evaluated. One-third of patients attending clinics that were not devoted to the treatment of alcoholism had alcohol-related problems. This is far in excess of general population prevalence estimates. A significant association was found between combat exposure and excessive alcohol use. Close to 60% of a group of veterans exposed to combat drank excessively at the time of our study versus only 25% of a group of veterans of the Vietnam and Korean eras. An association between alcoholism and war experiences had already been observed by others in the early postwar era. Our data show that the effects of combat exposure can persist for more than a decade after the stressful events.

5/7/329 (Item 329 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04252122 85057868

The Falklands: rate of British psychiatric combat casualties compared to recent American wars.

Price HH

J R Army Med Corps (ENGLAND) Jun 1984, 130 (2) p109-13, ISSN

0035-8665 Journal Code: JV6

Languages: ENGLISH

Document type: HISTORICAL ARTICLE; JOURNAL ARTICLE

This paper examines factors leading to the low rate of combat psychiatric casualties in the British recapture of the Falklands compared to the American experience in North Africa, Italy, Europe and South Pacific theatres during World War II, the Korean Conflict and Vietnam. The factors compared are those thought to affect rates seen in these past wars. The factors highlighted are psychiatric screening of evacuees, presence of psychiatric personnel in line units, intensity of combat and use of elite units. Factors also mentioned are presence of possible occult psychiatric casualties such as frostbite and malaria, amount of indirect fire and the offensive or defensive nature of the combat. A unique aspect of the Falklands War examined is the exclusive use of hospital ships to treat psychiatric casualties and the impact of Geneva Convention rules regarding hospital ships on the classic treatment principles of proximity and expectancy. The types and numbers of various diagnoses are also presented. The British Campaign in the Falklands produced a remarkably low rate of psychiatric casualties. When viewed in light of American experience in recent wars, this low rate represents a concentration of optimal factors leading to healthy function in combat. The results of this war should not be used to predict a similar outcome in future combat as this particular constellation of factors may not recur.

5/7/330 (Item 330 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04232469 84151340

On confronting the Viet Nam veteran [letter]

Early E

Am J Psychiatry (UNITED STATES) Mar 1984, 141 (3) p472-3, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/331 (Item 331 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04197927 84153153

Some problems associated with war experience in men of the Vietnam generation.

Yager T; Laufer R; Gallops M

Arch Gen Psychiatry (UNITED STATES) Apr 1984, 41 (4) p327-33, ISSN

0003-990X Journal Code: 72C

Contract/Grant No.: RO1 MH26832-06, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A national sample of men who were of military age during the Vietnam War (n = 1,342) was interviewed six to 15 years after veterans in the sample had left the service. Our findings showed that violent experiences in war were associated with a variety of behavioral and emotional problems. When preservice background factors were statistically controlled, combat exposure showed an association with arrests and convictions (generally for nonviolent offenses), with drinking, and with symptoms of traumatic stress. Participants in atrocities reported more stress symptoms and greater use of heroin and marijuana than did other veterans. Veterans who experienced no combat and did not take part in atrocities, however, did not differ appreciably from nonveterans. Not all men who experienced combat or took

part in atrocities reported personal difficulties; almost three fourths of heavy-combat veterans were not arrested after the service. Tape recorded responses of the ten blacks and 18 whites who took part in atrocities suggested that soldiers' emotional responses may have been determined by their ability or inability to dehumanize the victims. Future research would benefit from a closer coordination of clinical and epidemiologic approaches.

5/7/332 (Item 332 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04171900 84047005
Public health legacy of the Vietnam War: post-traumatic stress disorder and implications for Appalachians.
Sumrok D; Giles SL; Mitchell-Bateman M
W V Med J (UNITED STATES) Sep 1983, 79 (9) p191-8, ISSN 0043-3284
Journal Code: XMR
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/333 (Item 333 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04168177 83256240
Vietnam veterans [letter]
Watson IP
Aust N Z J Psychiatry (AUSTRALIA) Mar 1983, 17 (1) p93-4, ISSN
0004-8674 Journal Code: 9I6
Languages: ENGLISH
Document type: LETTER

5/7/334 (Item 334 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04155546 84193111
For the Viet Nam veteran the war goes on.
Keltner NL; Doggett R; Johnson R
Perspect Psychiatr Care (UNITED STATES) Jul-Sep 1983, 21 (3) p108-13,
ISSN 0031-5990 Journal Code: OZT
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/335 (Item 335 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04153032 84138362
Vietnam. The human fallout.
Mullis MR
J Psychosoc Nurs Ment Health Serv (UNITED STATES) Feb 1984, 22 (2)
p27-31, ISSN 0279-3695 Journal Code: JUW
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/336 (Item 336 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04108353 85080622

The Combat Exposure Scale: a systematic assessment of trauma in the Vietnam War.

Lund M; Foy D; Sipprelle C; Strachan A

J Clin Psychol (UNITED STATES) Nov 1984, 40 (6) p1323-8, ISSN 0021-9762 Journal Code: HTJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Although symptoms of Post-Traumatic Stress Disorder are expected to persist for many years, there is often no systematic assessment of Vietnam veterans' combat experiences. A study of 43 help-seeking Vietnam veterans revealed that a reliable assessment of war trauma, the Combat Exposure Scale, could be constructed from dichotomous questions about seven stressful events. Scale scores related significantly to current diagnosis of PTSD and intensity of symptoms. The Guttman scaling technique resulted in an ordering of events that provides clinically relevant information about the nature of trauma in the Vietnam War.

5/7/337 (Item 337 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04107389 85078075

Posttraumatic stress disorder in medical personnel in Vietnam.

Dewane CJ

Hosp Community Psychiatry (UNITED STATES) Dec 1984, 35 (12) p1232-4, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/338 (Item 338 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04084603 85020419

Themes of mistrust and the posttraumatic stress disorder in Vietnam veterans.

Glover H

Am J Psychother (UNITED STATES) Jul 1984, 38 (3) p445-52, ISSN 0002-9564 Journal Code: 3XA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The attitude of mistrust can frequently be observed in survivors of massive trauma, and is particularly pronounced in Vietnam combat veterans. Three interrelated factors that lead to mistrust are described. They are: the harsh realities of fighting in this guerrilla war, society's negative responses to the men after their return, and the psychosocial development of late-adolescent soldiers. When the attitude of cynicism predominates, the psychotherapeutic treatment more clearly focuses on adolescent themes of idealization and disillusionment. Two case studies with pronounced attitudes of mistrust are presented. The first case highlights the special difficulties of working with the veteran who is also profoundly cynical.

The second case describes the defensive function that mistrust can serve by keeping out of awareness the images the veteran had of himself prior to the war. The data obtained from the veterans' respective dreams were especially useful in the diagnosis and treatment.

5/7/339 (Item 339 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04080219 85009246

Content interpretation re: Salley and Teiling's "Dissociated rage attacks in a Vietnam veteran: a Rorschach study".

Carr AC

J Pers Assess (UNITED STATES) Aug 1984, 48 (4) p420-1, ISSN 0022-3891
Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Not necessarily belying usual symbolic interpretation of Rorschach content, Rorschach responses may represent a concrete experience reflecting a traumatic incident in the patient's past. This possibility should be considered particularly when the response in any way suggests undue preoccupation with the integrity of the body.

5/7/340 (Item 340 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04065172 84278102

Combat adaptations of Vietnam veterans without posttraumatic stress disorders.

Hendin H; Pollinger Haas A

Am J Psychiatry (UNITED STATES) Aug 1984, 141 (8) p956-9, ISSN
0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Ten veterans who did not develop posttraumatic stress after intense combat in Vietnam were studied to explain what had protected them. The authors found a highly consistent adaptation to combat: During combat each of these veterans had exhibited calmness under pressure, intellectual control, acceptance of fear, and a lack of excessively violent or guilt-arousing behavior. The authors believe that these traits may be part of an adaptation uniquely suitable for preserving emotional stability in an unstructured, unstable context.

5/7/341 (Item 341 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04061645 84269104

Alcohol misuse and posttraumatic stress disorder: a response to Lacoursiere and Coyne.

Roy RE

J Stud Alcohol (UNITED STATES) May 1984, 45 (3) p285-7, ISSN
0096-882X Journal Code: K76

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The criticisms in Lacoursiere and Coyne's comment are refuted point by

point. The criticisms of Roy's statistical methods are judged irrelevant because statistical significance related to what was only a tangential issue in Roy's study. The clinical implications of the relationship between posttraumatic stress disorder and alcohol misuse are also discussed.

5/7/342 (Item 342 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04061644 84269103
Comment on Roy's "Alcohol misuse and posttraumatic stress disorder (delayed): an alternative interpretation of the data".
Lacoursiere RB; Coyne L
J Stud Alcohol (UNITED STATES) May 1984, 45 (3) p283-4, ISSN 0096-882X Journal Code: K76
Languages: ENGLISH
Document type: JOURNAL ARTICLE
The statistical methods used by Roy to compare veterans who served in Vietnam with Vietnam-era veterans who did not serve there are questioned. His method of pooling means is considered improper and his data are considered incomplete because they do not relate to alcohol use in veterans with posttraumatic stress disorder. Roy's argument that the military is not liable for problems caused by predispositions is questioned.

5/7/343 (Item 343 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04060054 84265273
Factor-analytic support for DSM-III's post-traumatic stress disorder for Vietnam veterans.
Silver SM; Iacono CU
J Clin Psychol (UNITED STATES) Jan 1984, 40 (1) p5-14, ISSN 0021-9762
Journal Code: HTJ
Languages: ENGLISH
Document type: JOURNAL ARTICLE
Found substantial support for DSM-III's criteria for Post-Traumatic Stress using 405 Vietnam combat veterans. The results also suggested that some additional symptoms such as depression and anger be included as major signs, especially when one is dealing with Vietnam veterans. A comparison of symptom intensity was made between Vietnam veterans and non-Vietnam veterans. The results of the second study showed that Vietnam veterans attested to experiencing significantly greater intensities of DSM-III criteria behaviors than did non-Vietnam veterans. However, no significant differences were found for symptoms related to depression.

5/7/344 (Item 344 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

04059070 84262886
Factitious posttraumatic stress disorder: the veteran who never got to Vietnam.
Lynn EJ; Belza M
Hosp Community Psychiatry (UNITED STATES) Jul 1984, 35 (7) p697-701, ISSN 0022-1597 Journal Code: GCJ
Languages: ENGLISH

Document type: JOURNAL ARTICLE

The historical uniqueness of the Vietnam War produced an unusually high rate of psychiatric dysfunction among veterans, particularly in the form of posttraumatic stress disorder (PTSD). Now, in the wake of unprecedented media coverage of PTSD and the growth of veteran outreach centers documenting and publicizing the difficulties of some veterans, a heretofore unrecognized variant of PTSD--factitious PTSD--has arisen. The authors present seven cases of factitious PTSD, a classic example of clinical deception found among veterans who were never in combat and, in some cases, were never in Vietnam. The authors discuss the etiologies of the disorder and the underlying psychopathology, which suggests either factitious syndromes, such as Munchausen's, or malingering. They conclude with recommendations for diagnosis and treatment.

5/7/345 (Item 345 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04040790 84215023

Survival guilt and the Vietnam veteran.

Glover H

J Nerv Ment Dis (UNITED STATES) Jul 1984, 172 (7) p393-7, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The author describes the phenomenology and clinical characteristics of survival guilt which can be found in many Vietnam veterans. This conflict, in its most acute presentation, typically resembles an agitated depression. The syndrome is characterized by the veterans' frequent dreams of their friends dying in battle, and by their avoidance of interpersonal intimacy because they fear the other party may abandon them or die. The section on treatment recommendations emphasizes the importance for psychotherapists to confront continuously the veterans' many self-destructive patterns of behavior. Psychotherapy should also address any false beliefs the veterans may entertain regarding the nature of their survival.

5/7/346 (Item 346 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04040526 84213879

War stress and trauma: the Vietnam veteran experience.

Laufer RS; Gallops MS; Frey-Wouters E

J Health Soc Behav (UNITED STATES) Mar 1984, 25 (1) p65-85, ISSN

0022-1465 Journal Code: IBK

Contract/Grant No.: R01 MH26832-06, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/347 (Item 347 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04027350 84176276

Combat never ends: the paranoid adaptation to posttraumatic stress.

Hendin H

Am J Psychother (UNITED STATES) Jan 1984, 38 (1) p121-31, ISSN

0002-9564 Journal Code: 3XA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Among Vietnam veterans with posttraumatic stress disorder, a frequently observed adaptation can be described as "paranoid". This adaptation, reflected in mistrust, proneness to take offense, and restricted affectivity, is integrally related to the meanings that combat experiences have had for these veterans. Both in combat and in their postwar civilian lives, rage and the readiness to counterattack serve to repress fear and vulnerability and to deny guilt. The case of one such veteran is presented to illuminate the relationship between combat and postcombat adaptations and to illustrate how understanding the meanings of combat for the veteran is necessary for successful psychotherapy with such patients.

5/7/348 (Item 348 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04027340 84176259

Diagnosis of posttraumatic stress disorder in Viet Nam veterans: preliminary findings.

Atkinson RM; Sparr LF; Sheff AG; White RA; Fitzsimmons JT

Am J Psychiatry (UNITED STATES) May 1984, 141 (5) p694-6, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Sixty-six Viet Nam veterans were evaluated for posttraumatic stress disorder. Several of the DSM-III criteria for the disorder, but no other clinical features, distinguished patients diagnosed as having the disorder from others. The findings tend to validate the DSM-III construct for this disorder.

5/7/349 (Item 349 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04023797 84164394

Dissociated rage attacks in a Vietnam veteran: a Rorschach study.

Salley RD; Teiling PA

J Pers Assess (UNITED STATES) Feb 1984, 48 (1) p98-104, ISSN

0022-3891 Journal Code: JMZ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A case study of a Vietnam combat veteran with episodic rage attacks is discussed with emphasis on Rorschach formal scoring and content analysis. Rorschach data suggest a near neurotic level of ego organization with massive repression in the form of dissociated violent outbursts. Vietnam combat trauma appears to be a precipitant. Developmental differences between preoedipal splitting and higher level dissociation are discussed. Dissociative states are posited to represent a developmental level of ego organization midway between borderline and neurotic levels and are not easily encompassed by either borderline or neurotic classifications.

5/7/350 (Item 350 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04021622 84157733

The reliving experience in Vietnam veterans with posttraumatic stress disorder.

Hendin H; Haas AP; Singer P; Houghton W; Schwartz M; Wallen V

Compr Psychiatry (UNITED STATES) Mar-Apr 1984, 25 (2) p165-73, ISSN 0010-440X Journal Code: DO9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/351 (Item 351 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04020110 84153164

Posttraumatic stress disorder. Emerging from the rhetoric.

Van Putten T; Yager J

Arch Gen Psychiatry (UNITED STATES) Apr 1984, 41 (4) p411-3, ISSN 0003-990X Journal Code: 72C

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/352 (Item 352 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

04015824 84136534

Etiology of posttraumatic stress disorder in Vietnam veterans: analysis of premilitary, military, and combat exposure influences.

Foy DW; Sippelle RC; Rueger DB; Carroll EM

J Consult Clin Psychol (UNITED STATES) Feb 1984, 52 (1) p79-87, ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/353 (Item 353 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03974830 84088459

Some preliminary data on the psychological characteristics of Vietnam veterans with posttraumatic stress disorders.

Fairbank JA; Keane TM; Malloy PF

J Consult Clin Psychol (UNITED STATES) Dec 1983, 51 (6) p912-9, ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/354 (Item 354 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03972979 84083254

The influence of precombat personality on posttraumatic stress disorder.

Hendin H; Haas AP; Singer P; Gold F; Trigos GG

Compr Psychiatry (UNITED STATES) Nov-Dec 1983, 24 (6) p530-4, ISSN 0010-440X Journal Code: DO9

Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/355 (Item 355 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03960863 84053865
A psychodynamic view of character pathology in Vietnam combat veterans
[letter]
Grinker RR Sr; Spiegel JP
Bull Menninger Clin (UNITED STATES) Sep 1983, 47 (5) p472-4, ISSN
0025-9284 Journal Code: BPC
Languages: ENGLISH
Document type: LETTER

5/7/356 (Item 356 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03941867 84009747
Post-traumatic stress disorder in Hispanic Vietnam veterans. Clinical
phenomenology and sociocultural characteristics.
Escobar JI; Randolph ET; Puente G; Spiwak F; Asamen JK; Hill M; Hough RL
J Nerv Ment Dis (UNITED STATES) Oct 1983, 171 (10) p585-96, ISSN
0022-3018 Journal Code: JAF
Languages: ENGLISH
Document type: JOURNAL ARTICLE

The complex symptomatology of Hispanic Vietnam veterans receiving treatment for post-traumatic stress disorders (PTSD) was explored with the National Institute of Mental Health Diagnostic Interview Schedule, a structured diagnostic interview that yields current and lifetime operational diagnoses (e.g., DSM-III). Social networks and level of acculturation of these veterans were also examined and compared to those of a "control" group and a sample of veterans with DSM-III schizophrenic disorder (both samples included only Hispanic veterans from the Vietnam and post-Vietnam eras). All subjects reported heavy combat stress and met DSM-III criteria for PTSD. Most were very symptomatic and had significant social impairment. PTSD was rarely seen as a discrete entity but appeared instead mixed with symptom clusters cutting across various DSM-III diagnoses. Social networks of PTSD veterans were intermediate in size, frequency of contact with network members, and network density to those of the comparison groups. A distinctive feature of the PTSD group was the high proportion of negative relationships with close family members, especially spouses. "Highly" symptomatic PTSD veterans reported significantly smaller networks, fewer contacts outside the close family circle, and more negative emotionality directed toward family members than "minimally" symptomatic veterans. While all Hispanic groups studied were not significantly different in level of acculturation, PTSD veterans appeared more alienated from their cultural heritage than the other groups. The severe and polymorphous psychopathology found among these veterans suggests that "rap" groups alone may not constitute an adequate therapeutic approach and that more formal psychiatric therapies should be additionally considered in the management of Vietnam-linked PTSD.

5/7/357 (Item 357 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03941442 84008670

Stress-disorder symptoms in Vietnam and Korean war veterans: a commentary on Thienes-Hontos, Watson, and Kucala.

Carroll E

J Consult Clin Psychol (UNITED STATES) Aug 1983, 51 (4) p616-8, ISSN

0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/358 (Item 358 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03941427 84008654

Validation of a multimethod assessment of posttraumatic stress disorders in Vietnam veterans.

Malloy PF; Fairbank JA; Keane TM

J Consult Clin Psychol (UNITED STATES) Aug 1983, 51 (4) p488-94,

ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/359 (Item 359 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03924905 83275988

Differentiating between post-Vietnam syndrome and preexisting psychiatric disorders.

Baskett SJ; Henager J

South Med J (UNITED STATES) Aug 1983, 76 (8) p988-90, ISSN 0038-4348

Journal Code: UVH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The scientific literature and the news media have suggested that the symptoms of post-Vietnam syndrome are being overlooked by society and mental health workers. The literature relating to psychiatric problems in Vietnam combat troops and veterans was confusing, and reporting of the posttraumatic stress syndrome was slow. However, the Veterans Administration accepts the diagnostic entity of posttraumatic stress disorder as potentially compensable. We report a case that demonstrates many of the complex issues faced when treating a Vietnam combat veteran. We believe the time has come for a large-scale study of Vietnam veterans to identify the risk factors involved in postwar psychiatric problems.

5/7/360 (Item 360 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03915880 83253492

Factitious posttraumatic stress disorder.

Sparr L; Pankratz LD

Am J Psychiatry (UNITED STATES) Aug 1983, 140 (8) p1016-9, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A growing number of young men have reported an array of symptoms that suggest a diagnosis of posttraumatic stress disorder. Five such men, all claiming to be Viet Nam veterans, were treated at a VA medical center; three said they were former prisoners of war. In fact, none had been prisoners of war, four had never been in Viet Nam, and two had never even been in the military. Instead, all five suffered factitious disorders. The authors describe the five patients and discuss differential diagnoses; the value of verifying military histories is stressed.

5/7/361 (Item 361 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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03907730 83231891

A psychodynamic view of character pathology in Vietnam combat veterans.

Brende JO

Bull Menninger Clin (UNITED STATES) May 1983, 47 (3) p193-216, ISSN

0025-9284 Journal Code: BPC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/362 (Item 362 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03894660 83201762

Psychotherapy for Vietnam veterans with posttraumatic stress disorders.

Hendin H

Am J Psychother (UNITED STATES) Jan 1983, 37 (1) p86-99, ISSN

0002-9564 Journal Code: 3XA

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Past psychotherapeutic approaches to posttraumatic stress disorders are discussed with reference to some of the special problems in treating the disorder in Vietnam combat veterans. In some cases therapy oriented specifically to the effects of combat trauma can be helpful even in veterans seen years after combat; in others the symptoms have become so enmeshed in the veteran's life that trauma-oriented therapy must be combined with more traditional psychotherapeutic principles. Three cases representing a range of the ways in which posttraumatic stress is experienced are presented and their treatment is discussed. These cases illustrate the importance for effective psychotherapy to be based on an understanding of what the combat experience has meant to the veteran and how such meanings continue to be represented in the individual's postwar life.

5/7/363 (Item 363 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03881638 83159229

'First' vet program claim is challenged [letter]

Koretzky M

Hosp Community Psychiatry (UNITED STATES) Mar 1983, 34 (3) p262-3,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: LETTER

5/7/364 (Item 364 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03878943 83150291
Survey analysis of combat-related stress disorders in Viet Nam veterans.
Keane TM; Fairbank JA
Am J Psychiatry (UNITED STATES) Mar 1983, 140 (3) p348-50, ISSN
0002-953X Journal Code: 3VG
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/365 (Item 365 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03878870 83150130
The mental foxhole: the Vietnam veteran's search for meaning.
Williams CC
Am J Orthopsychiatry (UNITED STATES) Jan 1983, 53 (1) p4-17, ISSN
0002-9432 Journal Code: 3R6
Languages: ENGLISH
Document type: JOURNAL ARTICLE

5/7/366 (Item 366 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03878868 83150128
On health and disorder in Vietnam veterans: an invited commentary.
Smith JR; Parson ER; Haley SH
Am J Orthopsychiatry (UNITED STATES) Jan 1983, 53 (1) p27-33, ISSN
0002-9432 Journal Code: 3R6
Languages: ENGLISH
Document type: JOURNAL ARTICLE

The study by LaGuardia et al attributes earlier findings of prevalence of stress disorder among Vietnam veterans to investigator bias. It is suggested that the focus of the present study furthers a powerful but misleading debate about mental health vs. illness of veterans, and may undermine efforts to provide needed services. Factors maintaining the health vs. disorder controversy are reviewed, assumptions about combat as a tolerable stress are examined, and evidence of a normal stress recovery process for survivors of catastrophe is discussed.

5/7/367 (Item 367 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 1998 Dialog Corporation. All rts. reserv.

03878867 83150127
Incidence of delayed stress disorder among Vietnam era veterans: the effect of priming on response set.
LaGuardia RL; Smith G; Francois R; Bachman L
Am J Orthopsychiatry (UNITED STATES) Jan 1983, 53 (1) p18-26, ISSN
0002-9432 Journal Code: 3R6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Recent studies concluded that a significant number of Vietnam era veterans suffer now from a service-related stress disorder. This paper suggests that a priming artifact may have operated in many such studies to confound an understanding of the nature and estimate of the disorder. Findings of a study designed to test the effect of priming on veterans' self-ratings support the hypothesis that veterans, particularly noncombat veterans, tend to rate themselves in a manner consistent with prior information provided by the testers.

5/7/368 (Item 368 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03846095 82036215

Stress disorders in Vietnam returnees: the problem continues. Case report.

Nash JL; Walker JI

Mil Med (UNITED STATES) Aug 1981, 146 (8) p582-3, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/369 (Item 369 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03805497 82281821

Assessment of Viet Nam veterans for posttraumatic stress disorder in Veterans Administration disability claims.

Atkinson RM; Henderson RG; Sparr LF; Deale S

Am J Psychiatry (UNITED STATES) Sep 1982, 139 (9) p1118-21, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Since the Veterans Administration (VA) authorized compensation and other benefits for posttraumatic stress disorder, delayed type, in October 1980, the agency has received an increasingly large number of claims--mainly from Viet Nam veterans--for this disorder. An unprecedented challenge of the adequacy of psychiatric disability evaluation in the VA has thus been created. The authors describe efforts in one large program to meet this challenge and review 12 problems in the diagnostic process. Cooperation of all parties in claims transactions, thorough claimant assessment, reliance on DSM-III criteria and methods and consultation with examiners are essential principles for this work.

5/7/370 (Item 370 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03725023 83100214

The Vietnam veteran ten years on.

Boman B

Aust N Z J Psychiatry (AUSTRALIA) Sep 1982, 16 (3) p107-27, ISSN 0004-8674 Journal Code: 9I6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A review of the literature has been made on the diagnostic, management and administrative procedures adopted by military psychiatrists during the Vietnam conflict. Initial reports of low rates of psychiatric attrition probably concealed much combat-related psychopathology by labelling these problems as administrative disciplinary infractions. In the later stages of the war, explosive outbreaks of substance, particularly heroin, abuse were noted as well as reports of serious violence directed towards superior officers and Vietnamese civilians. Successful coping styles adopted by the troops against combat stress, culture shock and anomie have also been described as have their stratagems for managing a return to a politically divided community. Studies on returned veterans point to ongoing psychopathology in the areas of post traumatic stress disorder and depression in proportion to the severity of the combat to which they were exposed. Increased rates of violence and alcoholism have yet to be demonstrated. The therapy of veterans with adjustment problems and post-combat psychiatric disorders has also been reviewed.

5/7/371 (Item 371 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03690285 83045776

PTSD. An inpatient treatment unit.

Adams MF

Am J Nurs (UNITED STATES) Nov 1982, 82 (11) p1704-5, ISSN 0002-936X

Journal Code: 3MW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/372 (Item 372 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03690284 83045774

PTSD. The victims who survived.

Norman EM

Am J Nurs (UNITED STATES) Nov 1982, 82 (11) p1696-8, ISSN 0002-936X

Journal Code: 3MW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/373 (Item 373 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03690283 83045773

Post-traumatic stress disorder in Vietnam veterans. For some the war rages on.

Furey JA

Am J Nurs (UNITED STATES) Nov 1982, 82 (11) p1694-6, ISSN 0002-936X

Journal Code: 3MW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/374 (Item 374 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03688825 83009878

Mental health problems of Vietnam veterans.

Resing M

J Psychosoc Nurs Ment Health Serv (UNITED STATES) Sep 1982, 20 (9)

p40-3, ISSN 0279-3695 Journal Code: JUW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/375 (Item 375 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03682582 82111821

Nurses haunted by memories of service in Vietnam.

Early P

Am Nurse (UNITED STATES) Feb 1982, 14 (2) p8, ISSN 0098-1486

Journal Code: 40D

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/376 (Item 376 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03643935 84071220

A psychophysiological study of post traumatic stress disorder in Vietnam veterans.

Blanchard EB; Kolb LC; Pallmeyer TP; Gerardi RJ

Psychiatr Q (UNITED STATES) Winter 1982, 54 (4) p220-9, ISSN

0033-2720 Journal Code: QBP

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Comparisons were made between a group of male Vietnam veterans suffering from Post-Traumatic Stress Disorder (PTSD) (n = 11) and an age and sex matched group of non-veteran controls (n = 11) on their psychophysiological responding (heart rate (HR), blood pressure (BP), forehead EMG, skin resistance level, and peripheral temperature) to mental arithmetic and an audiotape of combat sounds played at gradually increasing volume levels. The two groups responded differently to the combat sounds in terms of HR, systolic BP, and forehead EMG. The HR response could correctly classify 95.5% of the combined sample. Implications of these findings for the basis of PTSD are discussed.

5/7/377 (Item 377 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03617623 83126033

Post Viet Nam syndrome: a critique.

Breen HJ

Ariz Med (UNITED STATES) Dec 1982, 39 (12) p791-3, ISSN 0004-1556

Journal Code: 8N6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/378 (Item 378 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03612140 83109861

Interpersonal problems of Vietnam combat veterans with symptoms of posttraumatic stress disorder.

Roberts WR; Penk WE; Gearing ML; Robinowitz R; Dolan MP; Patterson ET

J Abnorm Psychol (UNITED STATES) Dec 1982, 91 (6) p444-50, ISSN 0021-843X Journal Code: H3B

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/379 (Item 379 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03601940 83057395

Use of a feeding procedure in the treatment of a stress-related anxiety disorder.

Johnson CH; Gilmore JD; Shenoy RS

J Behav Ther Exp Psychiatry (UNITED STATES) Sep 1982, 13 (3) p235-7, ISSN 0005-7916 Journal Code: HTN

Languages: ENGLISH

Document type: JOURNAL ARTICLE

A feeding procedure was used with a Vietnam veteran who became highly anxious when near a springhouse that resembled the site where he had been wounded in Vietnam. After 36-hr of food deprivation, the patient ate his favorite meal while sitting next to the springhouse. Treatment successfully reduced both anxiety and avoidance behavior. Results of a 10-month follow-up showed no relapse.

5/7/380 (Item 380 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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03601038 83055141

An inpatient program for Vietnam combat veterans in a Veterans Administration hospital.

Berman S; Price S; Gusman F

Hosp Community Psychiatry (UNITED STATES) Nov 1982, 33 (11) p919-22, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The Veterans Administration's first inpatient program for Vietnam War veterans was opened in January 1978 at the VA Medical Center in Palo Alto, California. The unit treats a range of psychiatric disorders; however, the typical patient is a 34-year-old white male with a diagnosis of posttraumatic stress disorder and at least one previous hospitalization. The program is designed as a three-phase therapeutic community based on mutual support and group solidarity. Medication is minimized. The program also reflects the assumptions that a debriefing, however belated, from military experience is essential, and that the clinical regimen should enable veterans to resume the transition to adulthood that the war interrupted. The average stay is five months; preliminary evaluation indicates that 60 per cent of the veterans achieve relief from acute

psychological distress, resolve a crisis with a spouse or significant other, and begin a job or schooling.

5/7/381 (Item 381 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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03601037 83055140

Apocalypse terminable and interminable: operation outreach for Vietnam veterans.

Blank AS Jr

Hosp Community Psychiatry (UNITED STATES) Nov 1982, 33 (11) p913-8,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

In 1979 a program called Operation Outreach began to provide comprehensive and integrated psychosocial services to Vietnam veterans. The 136 vet centers, housed in storefronts and other nongovernment buildings, are staffed by Vietnam veterans and others knowledgeable about the horrors of that war; many of them are not mental health professionals. To date the centers have treated approximately 100,000 veterans out of the several hundred thousand who may be experiencing the effects of posttraumatic stress disorders. The author briefly discusses the history of the centers and describes the theoretical and clinical aspects of the program. Based on his clinical experience with veterans and on reports from vet center staff members, he outlines current information available on stress disorders of Vietnam veterans and explores their origins in war experiences and in the reception many veterans received when they returned home. He also describes which treatment methods are successful with troubled veterans and which are not.

5/7/382 (Item 382 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03601036 83055139

Vietnam veterans and posttraumatic stress disorder.

Lipkin JO; Blank AS; Parson ER; Smith J

Hosp Community Psychiatry (UNITED STATES) Nov 1982, 33 (11) p908-12,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

As many as four million Americans were stationed in Indochina during the Vietnam War; some 800,000 were assigned to the combat zone. These individuals are at especially high risk for developing posttraumatic stress disorder, a diagnostic category that appeared for the first time in DSM-III. The authors explore the reasons why many Vietnam veterans have developed the disorder. They discuss four broad types of disorders now being found among veterans, the problems in diagnosing and treating the disorder, and the theoretical basis in ego psychology for the behavior of veterans with the disorder. Also briefly outlined are some clinical considerations for therapists treating Vietnam veterans.

5/7/383 (Item 383 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03601035 83055138

The postwar healing of Vietnam veterans: recent research.

Egendorf A

Hosp Community Psychiatry (UNITED STATES) Nov 1982, 33 (11) p901-8,

ISSN 0022-1597 Journal Code: GCJ

Contract/Grant No.: 1 RO1 MH33108, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The author discusses four themes in the literature on Vietnam veterans' readjustment to civilian life: the unique characteristics of the war; postwar malaise and clinical syndromes; different response patterns to combat experience; and the unique aspects of psychological recovery and healing among Vietnam veterans. After examining literature related to each theme, he warns that therapists and researchers must recognize the diversity of veterans' experiences and of their responses to combat. He points out that the majority of veterans suffer from a subclinical malaise rather than from a diagnosable disorder, and that these veterans could benefit greatly from some form of intervention. Finally, to advance postwar healing, the author stresses the importance of more subtle conceptualizations of stress, more varied forms of intervention, and greater efforts to rehabilitate national respect for service.

5/7/384 (Item 384 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03601031 83055134

Healing the wounds of Vietnam.

Kolb LC

Hosp Community Psychiatry (UNITED STATES) Nov 1982, 33 (11) p877,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/385 (Item 385 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03598928 83049645

Transference and countertransference in group therapy with Vietnam veterans.

Frick R; Bogart L

Bull Menninger Clin (UNITED STATES) Sep 1982, 46 (5) p429-44, ISSN

0025-9284 Journal Code: BPC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/386 (Item 386 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03581575 83010414

Alcoholism in black Vietnam veterans: symptoms of posttraumatic stress disorder.

Carter JH

J Natl Med Assoc (UNITED STATES) Jul 1982, 74 (7) p655-60, ISSN

0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/387 (Item 387 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03580444 83007931

Stress-disorder symptoms in Vietnam and Korean war veterans.

Thienes-Hontos P; Watson CG; Kucala T

J Consult Clin Psychol (UNITED STATES) Aug 1982, 50 (4) p558-61,

ISSN 0022-006X Journal Code: HW3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/388 (Item 388 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03533329 82166988

Vietnam and madness: dreams of schizophrenic veterans.

Wilmer HA

J Am Acad Psychoanal (UNITED STATES) Jan 1982, 10 (1) p46-65, ISSN

0090-3604 Journal Code: HAC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

1. Vietnam veterans who still suffer from post-traumatic stress and delayed-stress disorders may respond to psychotherapy. Dreams that have recurred as often as every night for 8 to 15 years may be depotentiated. 2. In the records of the Vietnam veterans whom I have seen on my ward, almost without exception there has been no documentation of the contents, frequency and nature of their dreams and nightmares, and no precise record of their military experience in Vietnam. 3. By creating special group therapy, a Dream Seminar, and by individual analytical psychotherapy, a way has been found to work with these dreams as part of the post-traumatic stress disorder. 4. Three case histories have been presented to highlight the nature of these dreams and how they may respond to therapy. 5. In a larger perspective, the dreams of Vietnam offer a unique record of the unconscious history of Vietnam, uncontaminated by the waking ego, by conscious motivations or distortions. These cases have led to an extensive in-depth study of 125 randomly selected Vietnam combat veterans, which will be reported later. 6. Combat dreams recurring in identical form for years may change and evolve in a therapeutic drama.

5/7/389 (Item 389 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03527334 82144482

Vietnam veterans. Their problems continue.

Walker JI; Cavenar JO Jr

J Nerv Ment Dis (UNITED STATES) Mar 1982, 170 (3) p174-80, ISSN

0022-3018 Journal Code: JAF

Languages: ENGLISH

Document type: JOURNAL ARTICLE

From August 5, 1964, the onset of the Vietnam War, until the official ending of the war, May 7, 1975, the Vietnam War tore at the fabric of

American society. That tear has not yet been mended. Our nation as a whole has opposed thoughtful reflection about the Vietnam War, and our veterans continue to suffer its consequences. This article summarizes some of the national and psychological problems caused by the war. Special characteristics of the Vietnam War that contributed to these problems are discussed, and post-traumatic stress disorder is reviewed.

5/7/390 (Item 390 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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03521157 82111274

Discriminant analysis of posttraumatic stress disorder among a group of Viet Nam veterans.

Frye JS; Stockton RA

Am J Psychiatry (UNITED STATES) Jan 1982, 139 (1) p52-6, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors designed a study to identify those independent variables which would statistically discriminate between a group of Viet Nam veterans who were experiencing posttraumatic stress disorder and those who were not. DSM-III criteria for diagnosis were used to measure and operationally define posttraumatic stress disorder. Five variables distinguished between groups: veterans with the disorder reported a negative perception of their family's helpfulness on return home, a higher level of combat, a more immediate discharge after the war, an external locus of control, and a more supportive attitude toward the war before they entered the service. The authors discuss the implications and limitations of these findings.

5/7/391 (Item 391 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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03521145 82111256

Evaluating prisoners of war [letter]

Corcoran JF

Am J Psychiatry (UNITED STATES) Jan 1982, 139 (1) p134-5, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: LETTER

5/7/392 (Item 392 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03486467 82088487

Vietnam grief work using hypnosis.

Spiegel D

Am J Clin Hypn (UNITED STATES) Jul 1981, 24 (1) p33-40, ISSN 0002-9157 Journal Code: 3EC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/393 (Item 393 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03483919 82083119

Post-Vietnam syndrome: recognition and management.

Friedman MJ

Psychosomatics (UNITED STATES) Nov 1981, 22 (11) p931-43, ISSN

0033-3182 Journal Code: QH4

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/394 (Item 394 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03466572 82043729

Meanings of combat and the development of posttraumatic stress disorder.

Hendin H; Pollinger A; Singer P; Ulman RB

Am J Psychiatry (UNITED STATES) Nov 1981, 138 (11) p1490-3, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

The authors use the concept of "meanings of combat" to explain combat veterans' different reactions to war experiences, particularly the development of a posttraumatic stress disorder after combat. The authors present four case reports to illustrate some of the different meanings of combat and the ways such meanings relate to stress disorder and soldiers' adaptation before, during, and after combat.

5/7/395 (Item 395 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03457626 82024535

The unconsciousness defense as applied to post traumatic stress disorder in a Vietnam veteran.

Apostle DT

Bull Am Acad Psychiatry Law (UNITED STATES) 1980, 8 (4) p426-30,

ISSN 0091-6781 Journal Code: BAR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/396 (Item 396 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03437449 81263136

Group therapy in the treatment of Vietnam combat veterans.

Walker JI; Nash JL

Int J Group Psychother (UNITED STATES) Jul 1981, 31 (3) p379-89,

ISSN 0020-7284 Journal Code: GRH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/397 (Item 397 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03437448 81263135

Combined individual and group therapy for Vietnam veterans.

Brende JO

Int J Group Psychother (UNITED STATES) Jul 1981, 31 (3) p367-78,

ISSN 0020-7284 Journal Code: GRH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/398 (Item 398 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03428089 81242627

The psychological problems of Vietnam veterans.

Walker JI

JAMA (UNITED STATES) Aug 14 1981, 246 (7) p781-2, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/399 (Item 399 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03417433 81218625

Psychotherapy to Vietnam veterans [letter]

Lemere F

JAMA (UNITED STATES) Jul 10 1981, 246 (2) p125, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Document type: LETTER

5/7/400 (Item 400 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03377132 81130689

The Vietnam combat delayed stress response syndrome: hypnotherapy of "dissociative symptoms".

Brende JO; Benedict BD

Am J Clin Hypn (UNITED STATES) Jul 1980, 23 (1) p34-40, ISSN

0002-9157 Journal Code: 3EC

Languages: ENGLISH

Document type: JOURNAL ARTICLE

5/7/401 (Item 401 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 1998 Dialog Corporation. All rts. reserv.

03328081 81019330

Traumatic neurosis in the etiology of alcoholism: Viet Nam combat and other trauma.

Lacoursiere RB; Godfrey KE; Ruby LM

Am J Psychiatry (UNITED STATES) Aug 1980, 137 (8) p966-8, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

Traumatic neurosis from Viet Nam combat or other sources includes many symptoms that can be effectively self-medicated with alcohol, at least initially. These symptoms include chronic anxiety and restlessness, insomnia, and recurrent frightening dreams. Repeated self-medication with alcohol results in tolerance and a need to increase the amount consumed. Attempts to decrease consumption or to abstain can lead to alcohol withdrawal symptoms similar to and exacerbating the initial symptoms of traumatic neurosis. Continuing alcohol use, with the establishment of a vicious circle, can follow. The authors present three case examples. They note that treatment of alcoholism under the conditions described requires specific attention to the underlying traumatic neurosis.

5/7/402 (Item 1 from file: 151)

DIALOG(R) File 151:HealthSTAR

(c) format only 1998 The Dialog Corporation. All rts. reserv.

02897549 97604474

A clinical and cost-effectiveness evaluation of trauma management therapy as an innovative treatment for chronic combat-related PTSD [abstract]

Frueh BC; Turner SM; Beidel DC; Jones WJ; Mirabella R

Medical University of South Carolina, Charleston 29425, USA.

AHSR FHSR Annu Meet Abstr Book (UNITED STATES) 1996, 13 p169-70,

JOURNAL CODE: B52

Languages: ENGLISH

Document Type: ABSTRACT

RESEARCH OBJECTIVES: This study attempted to evaluate the clinical effectiveness of Trauma Management Therapy (TMT) in PTSD treatment, and to provide an initial cost-effectiveness analysis (CEA). STUDY POPULATION: Fifteen Vietnam veterans meeting DSM-III-R criteria for PTSD were selected for treatment. STUDY DESIGN: The four components of TMT (education, intensive imaginal exposure, programmed practice and social/emotional rehabilitation) were applied. A pretest-post-test design was used to evaluate TMT. Outcome measures included clinician ratings, patient symptom ratings, physiological reactivity and self-report inventories (SPAI, BDI and STAXI). PRINCIPAL FINDINGS: Eleven patients completed TMT. Clinician ratings, self-reported patient symptom ratings and physiological reactivity all showed statistically significant patient improvement. In contrast, the SPAI, BDI and STAXI self-report inventories showed no statistically significant patient improvement. Clinical findings generally suggest that TMT is more effective in PTSD treatment than standard care. Initial CEA development revealed that the cost of TMT per patient was slightly more than that for standard care (\$2185.26 vs \$1781.26). A comprehensive CEA has not been completed. CONCLUSIONS: Research suggests that TMT is a clinically effective treatment for PTSD. No final conclusions have been reached with respect to its cost-effectiveness. RELEVANCE TO CLINICAL PRACTICE AND POLICY: Given growing VA budgetary constraints and the human costs of PTSD it is urgent that more cost-effective treatments be developed. If further research confirms its effectiveness, TMT may provide an innovative alternative to standard PTSD treatment.

5/7/403 (Item 2 from file: 151)

DIALOG(R) File 151:HealthSTAR

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Post-traumatic stress disorder. When the rescuer becomes the victim.

O'Rear J

Texas Tech University Health Sciences Center, Amarillo.

J Emerg Med Serv JEMS (UNITED STATES) Jan 1992, 17 (1) p30-2, 35-8,

ISSN: 0197-2510 JOURNAL CODE: IRC

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Document Type: JOURNAL ARTICLE

Many people associate PTSD with veterans of the Vietnam War. But emergency responders are also vulnerable to this condition when trauma takes its psychological toll.

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DIALOG(R) File 151:HealthSTAR

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01486783 83105631

Vietnam combat veterans: from perpetrator to victim.

Levenberg SB

Fam Community Health (UNITED STATES) Feb 1983, 5 (4) p69-76,

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