



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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RESEARCH TO PRACTICE

Prazosin Shown Effective for Nightmares in PTSD

Summary by Kathy L. Henderson, M.D.

An article by Murray Raskind, et al., in the September 2013 *American Journal of Psychiatry* has received a lot of positive press regarding a medication that has been around for decades, prazosin, and its effectiveness in reducing nightmares in Veterans with PTSD. Prazosin is an inexpensive antihypertensive medication, an alpha-1-adrenergic blocker that reduces norepinephrine effects in the central nervous system. Although previous studies have demonstrated prazosin to be effective for combat related nightmares, sleep disturbance, and global clinical status in



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New Directions: Looking Back and the Road Ahead for Jeffrey Cully, Ph.D.

Interviewed by Ashley McDaniel

In fall 2013, Dr. Jeffrey Cully stepped down as the director of the SC MIRECC Houston Advanced Psychology Fellowship program. This month we talk with Dr. Cully about his experience with and life after the fellowship program.



Jeffrey Cully, Ph.D.

Q. You've been with the MIRECC for many years. How did you get started with the Center and when did you become the director of the Houston psychology fellowship program?

My connection with the SC MIRECC started in 2003. At that time, I was on an entry level Career Development Award from VA HSR&D and was mentored by Mark Kunik, M.D. It was Dr. Kunik who encouraged me to connect with the SC MIRECC. I became a "core" member of the SC MIRECC in 2008 when I was appointed as director for the Houston

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Vietnam era and younger Veterans, this is the first study of its kind done primarily in an active-duty population.

This current study enlisted 65 active-duty soldiers and two recently discharged Veterans who had served in Iraq or Afghanistan. After being screened for having combat-related nightmares (at least 2 nights/week), all participants had to meet criteria for PTSD and be willing to be randomized to receive either prazosin or placebo during the 15-week trial. Medication was titrated for up to 6 weeks with the goal of elimination of trauma nightmares. The achieved daily dose was continued for the 15-week duration.

Study highlights for clinicians:

- Mean prazosin dosages for men were 4.0 mg morning and 15.6 mg bedtime; mean dosages for women were 1.7 mg morning and 7.0 mg bedtime. Lower maximum dosages were set for women due to clinical observations of increased sensitivity of prazosin in women with PTSD.
- Prazosin was significantly superior to placebo for all three outcome measures: combat-related nightmares (Clinician-Administered PTSD Scale [CAPS] nightmare item), sleep quality (Pittsburgh Sleep Quality Index), and global clinical status (Clinical Global Impressions Scale)
- Prazosin was also effective for overall PTSD symptoms (CAPS, CAPS hyperarousal cluster)
- Only 3 of 32 patients on prazosin achieved full remission (17-item CAPS score < 20)

- Adverse effects were no more frequent with prazosin than with placebo and blood pressure did not significantly differ between treatment groups

These study results are exciting and clearly support what many clinical providers who have used prazosin have known for years, that is, that prazosin is a very inexpensive drug that clearly shows utility in treating symptoms of PTSD. In VA, the costs run from \$0.05 for a 1 mg capsule to \$0.16 for a 5 mg capsule. Matt Friedman's editorial in the same issue of *American Journal of Psychiatry* also discusses how exciting it is to finally see a large and successful theory-driven randomized controlled trial conducted and published. His big question is why adrenergic antagonists have received so little attention when we have known about adrenergic dysregulation in PTSD since 1987. Fortunately, there is another multi-site trial of prazosin funded by the VA's Cooperative Studies Program, with results expected sometime in 2014.

This article and editorial may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/23846759>.

References

- Raskind, M. A., Peterson, K., Williams, T., Hoff, D. J., Hart, K., Holmes, H., Homas, D., Hill, J., Daniels, C., Calohan, J., Millard, S. P., Rohde, K., O'Connell, J., Pritzl, D., Feiszli, K., Petrie, E. C., Gross, C., Mayer, C. L., Freed, M. C., Engel, C., & Peskind, E. R. (2013). A trial of prazosin for combat trauma PTSD with nightmares in active-duty soldiers returned from Iraq and Afghanistan. *American Journal of Psychiatry*, 170(9), 1003-1010.
- Friedman, M. J. (2013). Toward rational pharmacotherapy for posttraumatic stress disorder: Reprise. *American Journal of Psychiatry*, 170 (9), 944-946. ♦

CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "Returning Veterans' Sexual Health: Implications for Brief Assessment and Treatment Planning" on Wednesday, February 12 at 8:00-9:00 a.m. CT or Thursday, February 13 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Gregory Beaulieu, Ph.D. Call 1-800-767-1750 and use access code 26461# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

DIRECTIONS (continued from page 1)

MIRECC Psychology training program. I spent five years in this role but recently stepped down at the end of 2013.

Q. Tell us about your research interests and how you incorporated your research into the fellowship program. Where there ever times that your research was impacted by the program?

My research interests broadly relate to the improvement of mental health services in non-traditional mental health settings such as primary care and specialty medical care. More specifically, much of my work has focused on the development and implementation of brief psychotherapies such as cognitive behavioral therapy (CBT) in VA Primary Care Mental Health Integration (PC-MHI) programs.

Over the past few years, I have been incredibly fortunate to have worked with a vibrant and innovative group of MIRECC fellows. Largely through their interests and passion for improving mental health services for Veterans, these fellows have worked with me and a team of programmers and statisticians at the Houston HSR&D Center of Innovation to conduct a series of psychotherapy service use research projects using VA national databases. Several of the publications reporting on those research projects were recently highlighted by VA HSR&D. Although I am incredibly proud of the scientific publications that have come from this work, I am most proud of the way in which the fellows have developed a highly collegial “team-science” approach.

As a mentor, I try to provide professional guidance to fellows and other trainees. However, I am frequently inspired and challenged to “think outside the box” based on some really creative ideas that come from fellows who are so very passionate about their work. Frequently, fellows make significant contributions to our larger grant funded projects. As members of the study team, fellows are encouraged to engage at all levels of the study. I can think of several notable fellow contributions that have significantly changed a grant application or funded project. There is no doubt that my research work has been significantly impacted by the contributions of MIRECC fellows.

Q. In 2011, you were appointed the Assistant Director of Advanced Fellowships at the VA’s Office of Academic

Affiliations (OAA). What are the primary responsibilities of this position? Do you think your position as the director of the Houston psychology fellowship played a part in preparing you for this role?

As the Assistant Director of Advanced Fellowships for OAA, I help to oversee approximately 20 national fellowship programs and 350 fellows. The Advanced Fellowships program is responsible for providing VA training opportunities for physicians and associated health professionals that reach beyond traditional clinical training opportunities. These programs include fellows from MIRECC, HSR&D, Patient Safety, and Quality Scholars (to name a few). My role as Assistant Director includes a variety of tasks from reviewing and approving individual fellowship applications to strategically managing the portfolio (including developing and expanding programs and reviewing and documenting the impact of the portfolio).

My MIRECC experiences were very much one of the reasons I was selected to become part of OAA. My educational leadership and training experiences, namely from the MIRECC, proved to be good fit with OAA’s interest in having an Assistant Director with knowledge of the Advanced Fellowship portfolio.

Q. This past summer you stepped down as the director of the psychology fellowship program and now Dr. Natalie Hundt, a former MIRECC fellow and current MIRECC junior faculty, is the new director. What was it like to make such a big change after working with the fellowship program for so long?

The change was a difficult decision for me to make. I found myself having to choose between several competing demands – all of which I enjoyed as part of my professional life. Ultimately, my role with OAA was something I wanted to continue to pursue. However, I also wanted to retain my program of research within HSR&D. To accomplish these dual roles I felt it important to reduce my role with the training program. Although I stepped down as director of the program, I plan to stay active as a mentor and preceptor for the fellowship (when needed).

Q. What were the most important things you accomplished with the fellowship program?

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RECENT SC MIRECC PUBLICATIONS

COPING MEDIATES THE RELATIONSHIP BETWEEN DISEASE SEVERITY AND ILLNESS INTRUSIVENESS AMONG CHRONICALLY ILL PATIENTS

Hundt, N. E., Bensadon, B. A., **Stanley, M. A.,** Petersen, N. J., **Kunik, M. E., Kauth, M. R., Cully, J. A.**

Journal of Health Psychology, December 2013 (Epub ahead of print)

Reducing perceptions of illness intrusiveness may improve quality of life and mental health among patients with cardiopulmonary disease. To better understand relationships between coping style, locus of control, perceived illness intrusiveness, and disease severity, we analyzed data from 227 older Veterans with chronic obstructive pulmonary disease or congestive heart failure. Regressions revealed illness intrusiveness to be associated with younger age and greater disease severity, less internal locus of control, and avoidant/emotion-focused coping. Avoidant/emotion-focused coping but not active coping mediated the relationship between illness severity and illness intrusiveness. Findings suggest that supportive psychological interventions may reduce illness intrusiveness by targeting an avoidant/emotion-focused coping style and associated behaviors.

OVER-REPORTING BIAS AND THE MODIFIED STROOP EFFECT IN OPERATION ENDURING AND IRAQI FREEDOM VETERANS WITH AND WITHOUT PTSD

Constans, J. I., Kimbrell, T. A., Nanney, J. T., Marx, B. P., Jegley, S., **Pyne, J. M.**

Journal of Abnormal Psychology, November 2013 (Epub ahead of print)

The current study investigated in a sample of Operation Enduring and Iraqi Freedom (OEF/OIF) Veterans how a symptom overreporting response style might influence the association between PTSD diagnostic status and color-naming response latency for trauma-related stimuli during the Modified Stroop Task (i.e., the Modified Stroop Task effect, MST effect). It was hypothesized that, if an overreporting response style reflected feigning or exaggerating PTSD symptoms, an attenuated MST effect would be expected in overreporters with PTSD as compared with PTSD-diagnosed Veterans without an overreporting style. If, however, overreporting stemmed from high levels of distress, the MST effect might be greater in overreporters compared with those with a neutral response style. The results showed that Veterans with PTSD and an overreporting response style demonstrated an augmented MST effect in comparison with those with a more neutral style of response. Overreporters also reported greater levels of psychopathology, including markedly elevated reports of dissociative experiences. We suggest that dissociation-prone overreporters may misattribute emotional distress to combat experiences leading to the enhanced MST effect. Other possible explanations for these results are also discussed. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

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Because the fellowship program is so much bigger than one person, the changes I have seen over the past five years are much more related to the program as a whole rather than any individual accomplishment. Since 2008, I believe that the Houston Psychology MIRECC fellowship has become increasingly focused on the development of research-oriented fellows. The program has also become much more closely aligned with the Houston HSR&D Center of Innovation (COIN). Many of our fellows now incorporate health service-oriented aspects to their research.

Q. What are you working on now that you've stepped down? Are you still with OAA in the same position? Do you have new research?

I hope that not much will change for me. I plan to continue my work with OAA as well as my research here at the Houston HSR&D COIN. From a research standpoint, we are currently in process of trying to get a project funded through HSR&D that will look at implementing brief CBT within several VA Community Based Outpatient Clinics (CBOCs) within VISN 16. This grant, as well as all of my other work, has at its foundation a strong connectivity to the MIRECC and colleagues within VISN 16.

Q. The SC MIRECC appreciates your dedicated service to the center. Is there anything else you want our readers to know that I haven't asked you?

The MIRECC has been an incredibly rewarding part of my career with VA. Not only has the MIRECC provided opportunities to develop my research and educational skills, it has provided opportunities to collaborate with some incredible colleagues across our network. I really believe that our MIRECC is special and I feel thankful to be associated with it. ♦

**Upcoming CBOC Mental Health Rounds
Second Wednesdays and
Thursdays Monthly
8:00-9:00 am CT; (800) 767-1750; 26461#**

February 12 & 13, 2014
Returning Veterans' Sexual Health

March 12 & 13, 2014
PTSD Overview and Apps

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