

Strategy 674193/26

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#	Database	Search term	Results
26	EMBASE	((("knife crime*").ti,ab OR (stabbing*).ti,ab OR ("penetrating trauma*").ti,ab OR (crime* ADJ2 violen*).ti,ab OR ("knife wound*").ti,ab OR ("knife attack*").ti,ab OR ("stab wound*").ti,ab OR ("physical attack*").ti,ab OR ("mugging*").ti,ab OR ("bullet wound*").ti,ab OR ("shooting*").ti,ab OR ("gun shot wound*").ti,ab OR ("grievous bodily harm").ti,ab) AND ((PTSD).ti,ab OR exp "STRESS DISORDERS, POST-TRAUMATIC"/ OR ("post-traumatic stress").ti,ab OR ("psychological outcome*").ti,ab OR ("psychological effect*").ti,ab OR ("psychological impact*").ti,ab OR ("trauma symptom*").ti,ab OR ("post-trauma symptom*").ti,ab OR ("psychological symptom*").ti,ab)) [DT 2014-2019] [English language]	128

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Results 28 of 128 results on EMBASE - (((("knife crime*").ti,ab OR (stabbing*).ti,ab OR ("penetrating trauma*").ti,ab OR (crime* ADJ2 violen*).ti,ab OR ("knife wound*").ti,ab OR ("knife attack*").ti,ab OR ("stab wound*").ti,ab OR ("physical attack*").ti,ab OR ("mugging*").ti,ab OR ("bullet wound*").ti,ab OR ("shooting*").ti,ab OR ("gun shot wound*").ti,ab OR ("grievous bodily harm").ti,ab) AND ((PTSD).ti,ab OR exp "STRESS DISORDERS, POST-TRAUMATIC"/ OR ("post-traumatic stress").ti,ab OR ("psychological outcome*").ti,ab OR ("psychological effect*").ti,ab OR ("psychological impact*").ti,ab OR ("trauma symptom*").ti,ab OR ("post-trauma symptom*").ti,ab OR ("psychological symptom*").ti,ab)) [DT 2014-2019] [English language]

1. Children and adolescents treated for post-traumatic stress disorder at the Free State Psychiatric Complex

Authors Calitz F.J.W.; de Jongh N.J.; Horn A.; Nel M.L.; Joubert G.
Source South African Journal of Psychiatry; 2014; vol. 20 (no. 1); p. 15-20
Publication Date 2014
Publication Type(s) Article
Database EMBASE

Available at [South African Journal of Psychiatry](#) from Unpaywall

Abstract Background. Children and adolescents can develop post-traumatic stress disorder (PTSD) after exposure to a range of traumatic events, including domestic, political or community violence, violent crime, physical and sexual abuse, hijacking, witnessing a violent crime and motor vehicle accidents. This is particularly critical given the substantial challenge that PTSD poses to the healthy physical, cognitive and emotional development of children and adolescents. Methods. The clinical records of 1 229 children (age 2 - 11 years) and adolescents (age 12 - 18 years) treated at the Child Mental Health Unit of the Free State Psychiatric Complex (FSPC) were screened for the diagnosis of PTSD and analysed for the purpose of this study. Results. Forty-nine (4.0%) of the children and adolescents treated at the unit were diagnosed with PTSD, of whom most were female (63.3%). Approximately 22% of the participants had comorbid major depressive disorder. The main traumatic event in both groups was witnessing the death of a close relative (32.7%), followed by sexual assault (25%), rape (25%) and physical attack (10.2%). Associated stressors identified included problems at school (55.1%), isolation (39%), fear or anxiety (37%), problematic family relationships (29%), emotional (27%) and physical (23%) abuse, and lack of social support (23%). Most of the participants (59.2%) received psychotherapy. Conclusions. Children and adolescents referred to the FSPC are also exposed to traumatic events which lead to the development of PTSD. The Free State is a sprawling province with remote areas where specialist services and facilities are limited. It is therefore recommended that preventive programmes, training opportunities and consultation services are implemented to identify and treat children and adolescents with PTSD. Schools with limited access to psychological services and large classrooms, impeding the diagnosis and treatment of PTSD specifically, face similar challenges. Reinforcement of professional services and the upgrading of facilities will decrease the burden on the Child Mental Health Unit, but will require collaborative efforts from role players such as the National Departments of Health and Education.

2. Crime and psychiatric disorders among youth in the US population: An analysis of the national comorbidity survey-adolescent supplement

Authors Coker K.L.; Smith P.H.; Westphal A.; Zonana H.V.; McKee S.A.
Source Journal of the American Academy of Child and Adolescent Psychiatry; Aug 2014; vol. 53 (no. 8); p. 888-898
Publication Date Aug 2014
Publication Type(s) Article
PubMedID 25062596
Database EMBASE

Available at [Journal of the American Academy of Child and Adolescent Psychiatry](#) from Unpaywall

Abstract Objective Current knowledge regarding psychiatric disorders and crime in youth is limited to juvenile justice and community samples. This study examined relationships between psychiatric disorders and self-reported crime involvement in a sample of youth representative of the US population. Method The National Comorbidity Survey-Adolescent Supplement (N = 10,123; ages 13-17 years; 2001-2004) was used to examine the relationship between lifetime DSM-IV-based diagnoses, reported crime (property, violent, other), and arrest history. Logistic regression compared the odds of reported crime involvement with specific psychiatric disorders to those without any diagnoses, and examined the odds of crime by psychiatric comorbidity. Results Prevalence of crime was 18.4%. Youth with lifetime psychiatric disorders, compared to no disorders, had significantly greater odds of crime, including violent crime. For violent crime resulting in arrest, conduct disorder (CD) (odds ratio OR = 57.5; 95% CI = 30.4, 108.8), alcohol use disorders (OR = 19.5; 95% CI = 8.8, 43.2), and drug use disorders (OR = 16.1; 95% CI = 9.3, 27.7) had the greatest odds with similar findings for violent crime with no arrest. Psychiatric comorbidity increased the odds of crime. Youth with 3 or more diagnoses (16.0% of population) accounted for 54.1% of those reporting arrest for violent crime. Youth with at least 1 diagnosis committed 85.8% of crime, which was reduced to 67.9% by removing individuals with CD. Importantly, 88.2% of youth with mental illness reported never having committed any crime. Conclusion Our findings highlight the importance of improving access to mental health services for youthful offenders in community settings, given the substantial associations found between mental illness and crime in this nationally representative epidemiological sample. © 2014 American Academy of Child and Adolescent Psychiatry.

3. Differential Predictors of Transient Stress Versus Posttraumatic Stress Disorder: Evaluating Risk Following Targeted Mass Violence

Authors Miron L.R.; Orcutt H.K.; Kumpula M.J.
Source Behavior Therapy; Nov 2014; vol. 45 (no. 6); p. 791-805
Publication Date Nov 2014
Publication Type(s) Article
PubMedID 25311288
Database EMBASE

Available at [Behavior Therapy](#) from Unpaywall

Abstract Schools have become a common incident site for targeted mass violence, including mass shootings. Although exposure to mass violence can result in significant distress, most individuals are able to fully recover over time, while a minority develop more pervasive pathology, such as PTSD. The present study investigated how several pre- and posttrauma factors predict posttraumatic stress symptoms (PTSS) in both the acute and distal aftermath of a campus mass shooting using a sample with known levels of pretrauma functioning (N= 573). Although the largest proportion of participants evidenced resilience following exposure to the event (46.1%), many reported high rates of PTSS shortly after the shooting (42.1%) and a smaller proportion (11.9%) met criteria for probable PTSD both in the acute and more distal aftermath of the event. While several preshooting factors predicted heightened PTSS after the shooting, prior trauma exposure was the only preshooting variable shown to significantly differentiate between those who experienced transient versus prolonged distress. Among postshooting predictors, individuals reporting greater emotion dysregulation and peritraumatic dissociative experiences were over four times more likely to have elevated PTSS 8. months postshooting compared with those reporting less dysregulation and dissociative experiences. Individuals with less exposure to the shooting, fewer prior traumatic experiences, and greater satisfaction with social support were more likely to recover from acute distress. Overall, results suggest that, while pretrauma factors may differentiate between those who are resilient in the aftermath of a mass shooting and those who experience heightened distress, several event-level and posttrauma coping factors help distinguish between those who eventually recover and those whose PTSD symptoms persist over time.
 Copyright © 2014 Association for Behavioral and Cognitive Therapies.

4. Associations between substance use, post-traumatic stress disorder and the perpetration of violence: A longitudinal investigation

Authors Barrett E.L.; Teesson M.; Mills K.L.
Source Addictive Behaviors; Jun 2014; vol. 39 (no. 6); p. 1075-1080
Publication Date Jun 2014
Publication Type(s) Article
PubMedID 24656999
Database EMBASE

Abstract Aim: Substance use disorder (SUD) and post-traumatic stress disorder (PTSD) commonly co-occur. This is of significant concern, given the increased risk for violence perpetration among individuals with this comorbidity. Limited research, however, has examined relationships between SUD, PTSD and violence among individuals longitudinally. Such an investigation is warranted given that substance use and PTSD symptoms can fluctuate over time. This study therefore aims to examine how changes in substance use and PTSD symptom severity are associated with the perpetration of violent crime over time among individuals with comorbid SUD and PTSD. Method: One-hundred and two men and women who met criteria for SUD and PTSD were interviewed four times over a 9-month period. These interviews included measures of past-month violent crime perpetration, substance use and dependence, PTSD symptom severity, and depression and state anxiety symptoms. Generalised estimating equations (GEE) modelled associations between substance use, PTSD and violence. Results: Increased substance use, more severe substance dependence and more severe PTSD symptomology were consistently associated with violent crime over time. Multivariate GEE analyses, however, revealed that the PTSD hyperarousal symptoms, specifically, were independently associated with violence over time. Conclusions: This longitudinal study found that PTSD hyperarousal symptoms were consistently associated with the perpetration of violent crime, further highlighting the potentiating role of PTSD hyperarousal in relation to violence among individuals with SUD. These findings indicate that interventions addressing hyperarousal symptoms have the potential to reduce the susceptibility for violence among individuals with this common comorbidity. © 2014 Elsevier Ltd.

5. Delayed treatment seeking following the April 16th shootings at Virginia tech: Impact on a first responder

Authors Golden L.L.; Jones R.T.; Donlon K.
Source Clinical Case Studies; Oct 2014; vol. 13 (no. 5); p. 391-404
Publication Date Oct 2014
Publication Type(s) Article
Database EMBASE
Abstract This case study discusses the treatment of an emergency responder to the 2007 shooting on Virginia Tech's campus where 33 students and faculty members were killed. After a thorough assessment, prolonged exposure (PE) was used to treat the emergency worker, referred to as Jack, for posttraumatic stress disorder (PTSD). Assessment measures administered at the conclusion of treatment, 1 month post-treatment, and 6 months post-treatment suggest that the treatment gains were maintained following the culmination of treatment. The primary aim of this article is to provide support for the effectiveness of PE among emergency responders who develop PTSD. In addition, this case presentation is particularly important given the prevalence of mass shootings in the United States. Several complicating factors, including a delay in treatment seeking, arose over the course of treatment and are discussed.
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6. The psychological sequelae of violent injury in a pediatric intervention

Authors Purtle J.; Harris E.; Compton R.; Baccare R.; Morris A.; Dibartolo D.; Campbell C.; Vogel K.; Moront M.; Schwartz N.
Source Journal of Pediatric Surgery; Nov 2014; vol. 49 (no. 11); p. 1668-1672
Publication Date Nov 2014
Publication Type(s) Article
PubMedID 25475815
Database EMBASE
Abstract Purpose Pediatric trauma centers have unique potential to prevent violent injury and its psychological sequelae. Hospital-based violence intervention programs (HVIPs) are proliferating across the U.S., but little is known about the psychological needs of pediatric patients who participate in them. The purpose of this study was to describe the prevalence of symptoms of posttraumatic stress and exposure to community violence among pediatric HVIP participants. Methods We conducted a cross-sectional analysis of psychosocial needs assessment data that were collected for 48 participants. The Child Trauma Screening Questionnaire (CTSQ) and modified Survey of Children's Exposure to Community Violence were used to assess primary outcomes. Results The sample was 62.5% male and had a mean age of 14.5 years. Twenty-three percent reported previously sustaining a violent injury resulting in medical care, and 47.8% had witnessed a shooting. The majority (66.0%) had a CTSQ score at/above the threshold for probable PTSD diagnosis. The mean CTSQ score was 5.9 and hyperarousal (3.3) symptoms were more common than re-experiencing symptoms (2.6). Conclusion Pediatric HVIPs and trauma centers should consider integrating PTSD screening and trauma-focused psychoeducation into the practice and protocols. Future research should evaluate the impacts of these interventions.
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7. Comparison of criminal activity between israeli veterans with and without PTSD

Authors Sherman S.; Zohar J.; Fostick L.
Source Depression and Anxiety; Feb 2014; vol. 31 (no. 2); p. 143-149
Publication Date Feb 2014

Publication Type(s) Article
PubMedID 23913346
Database EMBASE
Available at [Depression and Anxiety](#) from Wiley Online Library Full Collection
Available at [Depression and Anxiety](#) from EBSCO (MEDLINE Complete)
Available at [Depression and Anxiety](#) from EBSCO (Biomedical Reference Collection - Comprehensive)
Available at [Depression and Anxiety](#) from EBSCO (Psychology and Behavioral Sciences Collection)
Abstract Background: The literature, based on US Vietnam veterans, suggests that posttraumatic stress disorder (PTSD) is associated with increased criminal activity, especially violence, alcohol, and drug abuse, although more recent studies, which tested data from the United States as well as the United Kingdom, suggest a more moderate effect for this relationship. The current study examines Israeli veterans, who differ socioeconomically and have lower rates of substance abuse than veterans in previous studies. Methods: In this study, the social security numbers of 2,235 male veterans with PTSD and 2,235 matched control male veterans without a PTSD diagnosis were checked for criminal records in the Israeli Police criminal records database. Severity measures were also obtained for 273 veterans who are currently treated for PTSD by the Ministry of Defense. Results: PTSD diagnosed veterans, as compared to controls, were slightly more likely to have criminal records (43%, n = 957/2235 versus 36%, n = 803/2235, Chi-square = 22.23, P < 0.001, OR = 1.33). This was due to a small difference in "Violence" and "Crimes against public order and legal authority." No difference was found in drugs or any other categories. In addition, criminal activity was not related to symptoms severity. More veterans with PTSD had their first criminal record after the traumatic event. Conclusions: Contrary to previous findings, in this large national cohort, only slight association was found between PTSD and criminal activity. The unique sample of Israeli veterans might account for this difference and suggest that PTSD per se might not be linked to increased criminal activity, violence, or substance abuse. © 2013 Wiley Periodicals, Inc.

8. PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norway

Authors Hafstad G.S.; Dyb G.; Jensen T.K.; Steinberg A.M.; Pynoos R.S.
Source Journal of Affective Disorders; Dec 2014; vol. 169 ; p. 40-46
Publication Date Dec 2014
Publication Type(s) Article
Database EMBASE
Abstract Background Diagnostic criteria for Posttraumatic Stress Disorder (PTSD) have been revised for DSM-5. Two key changes include alteration of the clustering of PTSD symptoms and new PTSD symptom criteria related to negative alterations in cognition and mood. In this study, we empirically investigated these changes. Methods We interviewed 325 adolescents and young adults who survived the 2011 youth camp shooting at Utoya Island, Norway. The UCLA PTSD Reaction Index for DSM-IV was used to assess symptoms of PTSD. In addition, 11 questions were added to assess the four new symptom criteria within the new DSM-5 symptom categories. Results PTSD prevalence did not differ significantly whether DSM-IV (11.1%) or DSM-5 (11.7%) criteria were used and the Cohens Kappa for consistency between the diagnoses was 0.061. Confirmatory factor analyses showed that the four-factor structure of the DSM-5 fit the data adequately according to the conceptual model outlined. Limitations The homogeneity of this sample of highly exposed subjects may preclude generalization to less severely exposed groups. Also, we did not assess criterion G in regard to symptoms causing clinically significant distress and functional impairment. Conclusion The prevalence of PTSD was quite similar regardless of diagnostic system. The relatively low concordance between the diagnoses has implications for eligibility for a diagnosis of PTSD. © 2014 Elsevier B.V.

9. Rescue extracorporeal membrane oxygenation in a young man with a stab wound in the chest

Authors Gatti G.; Forti G.; Bologna A.; Sgrati G.; Gustin G.; Korcova R.; Benci E.; Visintin L.
Source Injury; Sep 2014; vol. 45 (no. 9); p. 1509-1511
Publication Date Sep 2014
Publication Type(s) Article
PubMedID 24975653
Database EMBASE
Abstract A 27-year-old man with haemorrhagic shock and acute cardiac tamponade due to a stab in the chest underwent successful resuscitation and surgical repair of the right ventricular perforation thanks to the use of extracorporeal membrane oxygenation (ECMO) in the emergency department. To the best of the authors' knowledge, this is the first report around the use of ECMO to rescue a victim of a penetrating cardiac trauma. The physicians who have portable ECMO device should be aware of this option when a life-threatening internal bleeding in haemodynamically unstable patients could be quickly controlled by surgery, even if performed in ill-suited settings. © 2014 Elsevier Ltd.

10. Boston Violence Intervention Advocacy Program: A qualitative study of client experiences and perceived effect

Authors James T.L.; Mitchell P.M.; Bibi S.; Langlois B.K.; Dugan E.

Source Academic Emergency Medicine; Jul 2014; vol. 21 (no. 7); p. 742-751
Publication Date Jul 2014
Publication Type(s) Article
PubMedID 25039818
Database EMBASE
Available at [Academic Emergency Medicine](#) from Wiley Online Library Full Collection
Available at [Academic Emergency Medicine](#) from Unpaywall

Abstract Objectives This study intended to explore clients' experiences and provide a contextual basis for understanding their perceptions of the effectiveness of the Boston Medical Center (BMC) Violence Intervention Advocacy Program (VIAP). Methods This was an exploratory, qualitative study conducted in an urban, Level I trauma center from July 1, 2011 to February 24, 2012. Emergency department (ED) patients older than 18 years with penetrating trauma, and who were enrolled in the VIAP, were eligible. Two trained, qualitative interviewers who were not part of the VIAP obtained consent and conducted in-depth, semistructured interviews. Interviews were audiotaped, transcribed, deidentified, coded, and analyzed. Thematic content analysis consistent with grounded theory was used to identify themes related to client experiences with VIAP, life circumstances, challenges to physical and emotional healing postinjury, services provided by VIAP, and perceptions of VIAP's effectiveness. Results Twenty subjects were interviewed. Most were male, African American, and younger than 30 years of age, reflecting the overall program's clientele. Most subjects perceived their advocates as caring adults in their lives and cited aspects of the peer support model that helped establish trusting relationships. Major challenges to healing were fear and safety, trust, isolation as a coping mechanism, bitterness, and symptoms of posttraumatic stress disorder (PTSD). Every subject noted important services provided by VIAP advocates. Most subjects explicitly stated that they had positive experiences with the VIAP and perceived advocates' roles as a positive influence, providing client-centered advocacy, education, and support. Conclusions This study provides insight into the lives of 20 BMC VIAP clients and contextualizes their unique challenges. Participants described positive, life-changing behaviors on their journey to healing through connections to caring, supportive adults. Information gained from this study will help the VIAP to further support its clients. However, future research is needed to identify best practices for ED-based violence intervention programs and to measure community-wide efficacy in different settings. © 2014 by the Society for Academic Emergency Medicine.

11. Feelings of worthlessness, traumatic experience, and their comorbidity in relation to lifetime suicide attempt in community adults with major depressive disorder

Authors Jeon H.J.; Yoo I.; Fava M.; Mischoulon D.; Park J.-I.; Sohn J.H.; Seong S.; Park J.E.; Cho M.J.
Source Journal of Affective Disorders; Sep 2014; vol. 166 ; p. 206-212
Publication Date Sep 2014
Publication Type(s) Article
PubMedID 25012433
Database EMBASE
Abstract Background Major depressive disorder (MDD) and traumatic experience are independent risk factors for lifetime suicide attempt (LSA). However, the relationships between trauma history and depressive symptomatology as they relate to LSA are not fully understood. Methods A total of 12,532 adults, randomly selected through one-person-per-household method, completed a face-to-face interview using the Korean version of Composite International Diagnostic Interview (K-CIDI) and a questionnaire for LSA (response rate 80.2%). Results Among 825 subjects with MDD, 141 subjects reported an LSA (17.1%). LSAs were significantly greater in those who had experienced any trauma than in those who had not ($\chi^2=34.66, p<0.0001$). Multivariate logistic regression showed that only feelings of worthlessness were significantly associated with LSA among 20 depression symptoms in individuals with MDD (AOR=3.08, 95% CI 1.70-5.60). Feelings of worthlessness was associated with LSA in those who had experienced serious trauma (AOR=5.02, 95% CI 3.35-7.52), but not in those who had not. Serious traumas associated with LSA included military combat, witnessing a violent crime, rape or sexual assault, a bad beating, being threatened by others, and learning about traumas to others. Serious trauma showed no significant association with LSA in those who did not have feelings of worthlessness. PTSD was a comorbidity that showed the highest odds ratio with LSA in individuals with MDD. Conclusions Feelings of worthlessness are more strongly associated with LSA than other depression symptoms in individuals with MDD, and it is significantly associated with LSA in those who experienced serious trauma but not in those who did not. © 2014 Elsevier B.V.

12. Children and adolescents treated for post-traumatic stress disorder at the Free State Psychiatric Complex

Authors Calitz F.J.W.; de Jongh N.J.; Horn A.; Nel M.L.; Joubert G.
Source African Journal of Psychiatry (South Africa); 2014; vol. 20 (no. 1); p. 15-20
Publication Date 2014
Publication Type(s) Article
Database EMBASE
Available at [African Journal of Psychiatry \(South Africa\)](#) from Unpaywall

Abstract Background. Children and adolescents can develop post-traumatic stress disorder (PTSD) after exposure to a range of traumatic events, including domestic, political or community violence, violent crime, physical and sexual abuse, hijacking, witnessing a violent crime and motor vehicle accidents. This is particularly critical given the substantial challenge that PTSD poses to the healthy physical, cognitive and emotional development of children and adolescents. Methods. The clinical records of 1 229 children (age 2 - 11 years) and adolescents (age 12 - 18 years) treated at the Child Mental Health Unit of the Free State Psychiatric Complex (FSPC) were screened for the diagnosis of PTSD and analysed for the purpose of this study. Results. Forty-nine (4.0%) of the children and adolescents treated at the unit were diagnosed with PTSD, of whom most were female (63.3%). Approximately 22% of the participants had comorbid major depressive disorder. The main traumatic event in both groups was witnessing the death of a close relative (32.7%), followed by sexual assault (25%), rape (25%) and physical attack (10.2%). Associated stressors identified included problems at school (55.1%), isolation (39%), fear or anxiety (37%), problematic family relationships (29%), emotional (27%) and physical (23%) abuse, and lack of social support (23%). Most of the participants (59.2%) received psychotherapy. Conclusions. Children and adolescents referred to the FSPC are also exposed to traumatic events which lead to the development of PTSD. The Free State is a sprawling province with remote areas where specialist services and facilities are limited. It is therefore recommended that preventive programmes, training opportunities and consultation services are implemented to identify and treat children and adolescents with PTSD. Schools with limited access to psychological services and large classrooms, impeding the diagnosis and treatment of PTSD specifically, face similar challenges. Reinforcement of professional services and the upgrading of facilities will decrease the burden on the Child Mental Health Unit, but will require collaborative efforts from role players such as the National Departments of Health and Education.

13. Risk of PTSD in service members who were fired upon by the enemy is higher in those who also returned fire

Authors McLay R.N.; Mantanona C.; Ram V.; Webb-Murphy J.; Klam W.; Johnston S.
Source Military medicine; Sep 2014; vol. 179 (no. 9); p. 986-989
Publication Date Sep 2014
Publication Type(s) Article
PubMedID 25181716
Database EMBASE

Available at [Military medicine](#) from EBSCO (MEDLINE Complete)
 Available at [Military medicine](#) from EBSCO (Biomedical Reference Collection - Comprehensive)
 Available at [Military medicine](#) from ProQuest (Health Research Premium) - NHS Version
 Available at [Military medicine](#) from Unpaywall

Abstract An unusual characteristic of the recent wars in Iraq and Afghanistan is that, because of attacks by snipers and improvised explosive devices (IED), many U.S. service members may come under attack without having exchanged fire. It was hypothesized that this would be associated with greater severity of post-traumatic stress disorder (PTSD) symptoms. The severity of self-reported symptoms of PTSD and depression were examined among service members who reported being shot at or attacked by an IED, those who had these experiences but who also shot at the enemy, and those who reported neither experience. Results showed that those with neither exposure reported the lowest symptom severity, but, contrary to expectations, service members who had been attacked but not shot at the enemy had less severe symptoms than those who had exchanged fire. This may support findings from earlier generations of veterans that shooting at or killing the enemy may be a particularly traumatic experience.
 Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

14. The role of PTSD in adjudicating violent crimes

Authors Hamner M.B.
Source The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics; Jun 2014; vol. 42 (no. 2); p. 155-160
Publication Date Jun 2014
Publication Type(s) Article
PubMedID 25040379
Database EMBASE

Available at [The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics](#) from EBSCO (CINAHL Plus with Full Text)
 Available at [The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics](#) from EBSCO (MEDLINE Complete)
 Available at [The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics](#) from EBSCO (Biomedical Reference Collection - Comprehensive)

Abstract PTSD was formalized as a diagnosis by the American Psychiatric Association in 1980 with the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM), 3rd edition. Since that time, the diagnosis has been widely utilized in the courts including the use in criminal proceedings. PTSD may play a role in the assessment of violent crimes both as a possible contributing factor in the perpetrators as well as a consequence in the victims. There are a number of ethical and clinical considerations in the use of this diagnosis. Importantly, the diagnostic criteria have changed to a degree with subsequent editions of the DSM. This may have an impact on the interpretation of past legal judgments. Moreover, extensive psychiatric comorbidity may complicate the clinical picture, e.g., mood disorders, substance use disorders, or psychosis. The diagnosis of PTSD is still based on clinical, largely subjective criteria, e.g., biological markers are not yet utilized. As such, there may not be consistent agreement about the diagnosis among experts. This paper summarizes some of these relevant issues in adjudicating violent crimes.
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15. Psychosocial support for trauma-affected students after school shootings in Finland

Authors Turunen T.; Punamaki R.L.
Source Violence and victims; 2014; vol. 29 (no. 3); p. 476-491
Publication Date 2014
Publication Type(s) Article
PubMedID 25069151
Database EMBASE

Abstract Available at [Violence and victims](#) from ProQuest (Health Research Premium) - NHS Version
In Finland, as many as 20 people have lost their lives in two school shootings within one year. This article describes trauma-theoretical rationale, planning, and implementation of acute and long-term psychosocial aftercare that was organized in Kauhajoki where one of the school shootings happened. The aftercare was embedded in the school community's everyday life to enhance easy access. The aftercare proceeded in 6 phases, involving the immediate support phase at the first 24 hr, the acute phase for the first 2 weeks, followed by a 5-month period of empowerment, normalization, and creating "a safe place." The habituation phase coincided with the completion of the renovation of the damaged school building and students returning to the scene. The first anniversary was marked by shared rituals and remembrance, and the follow-up phase lasted until the end of the aftercare in 2 years. The aftercare contained, for example, psychoeducation, screening, and services at community, group, and individual levels.

16. PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norway

Authors Hafstad G.S.; Dyb G.; Jensen T.K.; Steinberg A.M.; Pynoos R.S.
Source Journal of affective disorders; Dec 2014; vol. 169; p. 40-46
Publication Date Dec 2014
Publication Type(s) Article
PubMedID 25129534
Database EMBASE

Abstract BACKGROUND: Diagnostic criteria for Posttraumatic Stress Disorder (PTSD) have been revised for DSM-5. Two key changes include alteration of the clustering of PTSD symptoms and new PTSD symptom criteria related to negative alterations in cognition and mood. In this study, we empirically investigated these changes. METHODS: We interviewed 325 adolescents and young adults who survived the 2011 youth camp shooting at Utoya Island, Norway. The UCLA PTSD Reaction Index for DSM-IV was used to assess symptoms of PTSD. In addition, 11 questions were added to assess the four new symptom criteria within the new DSM-5 symptom categories. RESULTS: PTSD prevalence did not differ significantly whether DSM-IV (11.1%) or DSM-5 (11.7%) criteria were used and the Cohen's Kappa for consistency between the diagnoses was 0.061. Confirmatory factor analyses showed that the four-factor structure of the DSM-5 fit the data adequately according to the conceptual model outlined. LIMITATIONS: The homogeneity of this sample of highly exposed subjects may preclude generalization to less severely exposed groups. Also, we did not assess criterion G in regard to symptoms causing clinically significant distress and functional impairment. CONCLUSION: The prevalence of PTSD was quite similar regardless of diagnostic system. The relatively low concordance between the diagnoses has implications for eligibility for a diagnosis of PTSD.
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17. A qualitative analysis of the experience and impact of killing in hand-to-hand combat

Authors Jensen P.R.; Simpson D.
Source Journal of traumatic stress; Aug 2014; vol. 27 (no. 4); p. 468-473
Publication Date Aug 2014
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Available at [Journal of traumatic stress](#) from EBSCO (Biomedical Reference Collection - Comprehensive)
Available at [Journal of traumatic stress](#) from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract
A growing body of research suggests that killing during military combat is closely associated with posttraumatic stress disorder (PTSD), as well as a number of other adverse mental health related conditions (e.g., dissociative experiences, violent behavior, functional impairment). This article provides first-person perspectives on the experiences and impact of killing by service members with the goal of expanding our understanding of the impact of taking a life during war. In audio-recorded phenomenological interviews, 9 service members described their experiences and the subsequent impact of killing during hand-to-hand combat. A description, supported by participant quotations, was constructed to represent the participants' experiences. Results suggest the experience and aftermath of taking a life in hand-to-hand combat was disturbing, psychologically stressful, and necessitated some form of coping after the event. Service members who killed in hand-to-hand combat viewed their actions as necessary to preserve their life and that killing in hand-to-hand combat was more emotionally taxing than killing by shooting. Our findings may help to improve providers' understanding of service members' first-person experiences of killing in hand-to-hand combat and thus provide the basis for the development of a connected and genuine relationship with such military clients.
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18. Interpersonal violence in the United Arab Emirates

Authors Osman O.T.; Abbas A.K.; Eid H.O.; Salem M.O.; Abu-Zidan F.M.
Source International journal of injury control and safety promotion; 2014; vol. 21 (no. 3); p. 260-265
Publication Date 2014
Publication Type(s) Article
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Database EMBASE
Abstract We aimed to study the anatomical distribution, severity and outcome of hospitalised interpersonal violence-related injured patients in Al-Ain, United Arab Emirates so as to give recommendations regarding the magnitude of this problem, its causes and priorities of prevention. Data were retrieved from Al-Ain Hospital Trauma Registry, which was prospectively collected over three years. There were 75 patients (males = 85.3%) having a mean age of 30 years. Eighty-one percent had blunt trauma. The estimated annual injury hospitalisation of interpersonal violence in Al-Ain city was 6.7 per 100,000 population. Females were significantly more injured by a family member ($p = 0.02$), at home ($p = 0.005$), and had more severe injuries ($p = 0.003$). There was a trend for children less than 18 years old to have more penetrating trauma ($p = 0.06$) and to be injured by a family member ($p = 0.09$). There was only one case of woman sexual assault and two cases of child abuse. The mean (SD) hospital stay was 7.87 (14.1) days. Less than 3% ($n = 2$) were admitted to the intensive care unit with no deaths. In conclusion, the majority of patients in our study had minor injuries. Nevertheless, the psychological impact may be major. This highlights the need to develop suitable mental health services in support of victims of interpersonal violence.

19. Determinants of the development of post-traumatic stress disorder, in the general population

Authors Perrin M.; Vandeleur C.L.; Castelao E.; Rothen S.; Glaus J.; Vollenweider P.; Preisig M.
Source Social psychiatry and psychiatric epidemiology; Mar 2014; vol. 49 (no. 3); p. 447-457
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Available at [Social psychiatry and psychiatric epidemiology](#) from ProQuest (Health Research Premium) - NHS Version
Available at [Social psychiatry and psychiatric epidemiology](#) from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract To assess (1) the lifetime prevalence of exposure both to trauma and post-traumatic stress disorder (PTSD); (2) the risk of PTSD by type of trauma; and (3) the determinants of the development of PTSD in the community. The Diagnostic Interview for Genetic Studies was administered to a random sample of an urban area (N = 3,691). (1) The lifetime prevalence estimates of exposure to trauma and PTSD were 21.0 and 5.0%; respectively, with a twice as high prevalence of PTSD in women compared to men despite a similar likelihood of exposure in the two sexes; (2) Sexual abuse was the trauma involving the highest risk of PTSD; (3) The risk of PTSD was most strongly associated with sexual abuse followed by preexisting bipolar disorder, alcohol dependence, antisocial personality, childhood separation anxiety disorder, being victim of crime, witnessing violence, Neuroticism and Problem-focused coping strategies. After adjustment for these characteristics, female sex was no longer found to be significantly associated with the risk of PTSD. The risk for the development of PTSD after exposure to traumatic events is associated with several factors including the type of exposure, preexisting psychopathology, personality features and coping strategies which independently contribute to the vulnerability to PTSD.

20. Posttraumatic epilepsy in Operation Enduring Freedom/Operation Iraqi Freedom veterans

Authors Chen L.L.; Baca C.B.; Choe J.; Chen J.W.; Ayad M.E.; Cheng E.M.

Source Military medicine; May 2014; vol. 179 (no. 5); p. 492-496

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Available at [Military medicine](#) from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Military medicine](#) from ProQuest (Health Research Premium) - NHS Version

Available at [Military medicine](#) from Unpaywall

Abstract Penetrating traumatic brain injury (TBI) is a well-established risk factor for post-traumatic epilepsy (PTE). However, many veterans in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) who suffer from TBI do so from blast injury, and its consequences are not fully known. Two neurologists performed a chart review to describe patterns of injury and health care among all 16 OEF/OIF veterans at the VA Greater Los Angeles Healthcare System who were assigned an outpatient diagnosis of both epilepsy and TBI in 2008-2009. All Veterans were male, and the mean age was 30 years. Blast exposure was the most common mechanism of TBI (81%). Although all Veterans were assigned a diagnosis code of seizures, the diagnosis of PTE was clinically confirmed in only 3 veterans. On the other hand, the diagnosis of post-traumatic stress disorder was confirmed in 81% of the sample and a diagnosis of nonepileptic seizures was suspected in 44% of the sample. Researchers who study PTE among the OEF/OIF population using administrative data also should perform chart reviews to account for the prevalence of psychogenic nonepileptic seizures.
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21. Prospective trajectories of posttraumatic stress in college women following a campus mass shooting

Authors Orcutt H.K.; Bonanno G.A.; Hannan S.M.; Miron L.R.

Source Journal of traumatic stress; Jun 2014; vol. 27 (no. 3); p. 249-256

Publication Date Jun 2014

Publication Type(s) Article

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Available at [Journal of traumatic stress](#) from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Journal of traumatic stress](#) from EBSCO (Psychology and Behavioral Sciences Collection)

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Abstract In a sample with known levels of preshooting posttraumatic stress (PTS) symptoms, we examined the impact of a campus mass shooting on trajectories of PTS in the 31 months following the shooting using latent growth mixture modeling. Female students completed 7 waves of a longitudinal study (sample sizes ranged from 812 to 559). We identified 4 distinct trajectories (n = 660): (a) minimal impact-resilience (60.9%), (b) high impact-recovery (29.1%), (c) moderate impact-moderate symptoms (8.2%), and (d) chronic dysfunction (1.8%). Individuals in each trajectory class remained at or returned to preshooting levels of PTS approximately 6 months postshooting. The minimal impact-resilience class reported less prior trauma exposure ($\eta^2 = .13$), less shooting exposure ($\eta^2 = .07$), and greater emotion regulation skills than all other classes ($\eta^2 > .30$). The chronic dysfunction class endorsed higher rates of experiential avoidance prior to the shooting than the minimal-impact resilient and high impact-recovery classes ($\eta^2 = .15$), as well as greater shooting exposure than the high impact-recovery class ($\eta^2 = .07$). Findings suggest that preshooting functioning and emotion regulation distinguish between those who experience prolonged distress following mass violence and those who gradually recover.
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22. Multiple vantage points on the mental health effects of mass shootings

Authors Shultz J.M.; Thoresen S.; Flynn B.W.; Muschert G.W.; Shaw J.A.; Espinel Z.; Walter F.G.; Gaither J.B.; Garcia-Barcelona Y.; O'Keefe K.; Cohen A.M.

Source Current psychiatry reports; Sep 2014; vol. 16 (no. 9); p. 469

Publication Date Sep 2014

Publication Type(s) Review

PubMedID 25085235

Database EMBASE

Available at [Current psychiatry reports](#) from SpringerLink - Medicine

Available at [Current psychiatry reports](#) from EBSCO (MEDLINE Complete)

Abstract The phenomenon of mass shootings has emerged over the past 50 years. A high proportion of rampage shootings have occurred in the United States, and secondarily, in European nations with otherwise low firearm homicide rates; yet, paradoxically, shooting massacres are not prominent in the Latin American nations with the highest firearm homicide rates in the world. A review of the scientific literature from 2010 to early 2014 reveals that, at the individual level, mental health effects include psychological distress and clinically significant elevations in posttraumatic stress, depression, and anxiety symptoms in relation to the degree of physical exposure and social proximity to the shooting incident. Psychological repercussions extend to the surrounding affected community. In the aftermath of the deadliest mass shooting on record, Norway has been in the vanguard of intervention research focusing on rapid delivery of psychological support and services to survivors of the "Oslo Terror." Grounded on a detailed review of the clinical literature on the mental health effects of mass shootings, this paper also incorporates wide-ranging co-author expertise to delineate: 1) the patterning of mass shootings within the international context of firearm homicides, 2) the effects of shooting rampages on children and adolescents, 3) the psychological effects for wounded victims and the emergency healthcare personnel who care for them, 4) the disaster behavioral health considerations for preparedness and response, and 5) the media "framing" of mass shooting incidents in relation to the portrayal of mental health themes.

23. Treatment approach to mental health outcomes of torture among former prisoners

Authors Khatuna C.; Tsiskarishvili L.

Source European Neuropsychopharmacology; Oct 2014; vol. 24

Publication Date Oct 2014

Publication Type(s) Conference Abstract

Database EMBASE

Abstract

Background: The report of the public defender of the republic of Georgia published in 2012 revealed that in recent years (2006- 2012) Georgian law enforcement institutions established the environment of torture and inhuman treatment in prisons that had systematic and permanent character. GCRT - The Georgian Centre for Psychosocial and medical Rehabilitation of Torture victims has worked with former prisoners after their release from prison. Since 2012, the center has served 564 victims in 4 regions of Georgia. The team has offered multidisciplinary approach, medical and psychological assistance, diagnosis of mental and somatic disorders and pharmacological and psychological treatment. The obtained data have been used to study: (1) The common mental problems among victims of torture falling into different crime categories, (2) Relation between torture methods and developed mental disorders, (3) Treatment efficiency with medication in comparison with treatment using medication and psychotherapy together. Methods: The data were grouped according the imprisonment length: (1) up to 6 months; (2) 6 months to 1 year; (3) 1-5 years; (4) more than 5 years and crime content: (1) financial crime; (2) drug addiction; (3) violent crime; (4) political reason; The Istanbul protocol classification has been used for registration of torture methods. All of our beneficiaries were subject to severe psychological torture, mostly in combination with severe physical methods. The prescribed medications included antidepressants (mainly serotonin reuptake selective inhibitors), mood stabilizers, low-potency neuroleptics, hypnotic and sedative drugs. The psychological therapies involved trauma focused CBT and brief eclectic psychotherapy. Patients were diagnosed by ICD-10. The structural clinical interview, dynamic clinical assessment and retesting by Brief Psychiatric Rating Scale, Beck depression inventory, Spielberger State-Trait Anxiety Inventory, Horowitz's Impact of Event Scale, and the Clinician-Administered PTSD Scale - CAPS have been routinely administered. Results: The most frequent psychiatric diagnoses were depressive conditions with various severity (31.2%), stress related and anxiety disorders (14.3%), personality and behavioral disorders due to brain disease (7.8%), damage and dysfunction, personality disorders, mental and behavioral disorders due to psychoactive substance abuse. Co-morbidity and dual diagnosis with drug addiction were common (29.5% of all cases). Imprisonment length and torture intensity correlated with severity of mental state (Pearson correlation, $p = 0.007$). The treatment efficacy was very low for both combination treatment and psychopharmacological treatment alone without significant statistically differences. Conclusion: Prolonged physical punishment and repressive psychological methods, inaccessibility of medical and psychiatric assistance and abuse of psychotropic medication cause pronounced mental disturbances and increase risk of behavioral problems. Torture destroys the very core of a human being, results fragmentation and disintegration of the personality. Healing of the wounds caused by torture is a very long-term and complicated process with poor outcome. The consequences of torture go far beyond the individual concerns, but rather have a destructive impact on the society.

24. Treatment of phantom limb pain with duloxetine?three case reports

Authors Dalkiran Varkal M.; Dikmen B.; Ercan Z.
Source European Neuropsychopharmacology; Oct 2014; vol. 24
Publication Date Oct 2014
Publication Type(s) Conference Abstract
Database EMBASE

Abstract Phantom limb pain (PLP) is a general complaint after amputation which is usually described as 'burning, tingling, shooting and cramping'. The pathophysiology of PLP is still uncertain. Although several medications have been studied in the treatment of phantom pain, there is already elusiveness in the appropriate pharmacologic management of PLP. Here we present three cases of PLP, treated with duloxetine. Various therapeutic approaches have been used in the treatment for PLP. The serotonin-norepinephrine reuptake inhibitors (SNRIs) are popular for neuropathic pain, migraines, and fibromyalgia due to fewer side effects and efficacy [1]. Here we present a case of PLP with duloxetine treatment. Case 1: A 19-year-old male who was referred to our clinic from orthopedics department with a complaint of PLP has applied to our outpatient clinic, 2 months after a below-the-knee amputation without prior psychiatric history. He described a sensation of shooting pain and itching in his right foot and toe. He initially rated the PLP a 9 on the visual analog scale (VAS) of 0 to 10. He didn't suffer from depression as decided clinically, except loss of appetite examination. He was started on duloxetine 30 mg/day for his pain and olanzapine 2.5 mg for his self-mutilating behaviour. A month later, he reported feeling very well and he scored 1 on VAS. He started to walk with prosthetic leg earlier than expected. However, in the third month, recurrence of PLP was detected because of not taking the drugs because of feeling very well. He was started on duloxetine and he is uneventful while under the duloxetine treatment since six months. Case 2: A 20-year-old male, refugee from Syria, had traumatic amputation of two legs without prior psychiatric history. He described a sensation of intermittent pain and itching in his both feet. He had been taking mirtazapine 15 mg/day for a month for his sleepiness however he was still suffering from pain-scored 8 on VAS. He didn't complain neither depressive nor posttraumatic stress disorder symptoms. Duloxetine 30 mg/day was added to present medication. Following examination, after a month, his pain was decreased and he scored 3 on VAS. Case 3: A 15-year-old female, who had combat wounding in Syria and amputated below-knee applied with a complaint of PLP was referred to our clinic. Although she exposed to a blast a month ago and lost her family, contrary to expectations she had no complaint of depression or anxiety disorder. She was started on 30 mg/day duloxetine treatment and her VAS score was decreased 6 from 9 after 15 days later. She is still in care of duloxetine. Discussion: Various therapeutic approaches have been used in the treatment for PLP. The serotonin-norepinephrine reuptake inhibitors (SNRIs) are popular for neuropathic pain, migraines, and fibromyalgia due to fewer side effects and efficacy [1]. In literature there are case reports of successful use of milnacipran [1] and mirtazapine [2] in PLP. Additionally there is a case report of duloxetine and pregabalin combination [3]. We propose that duloxetine could have beneficial effects in treating PLP.

25. Misdiagnosis of bipolar mania

Authors Shenoy R.
Source Indian Journal of Psychiatry; Jan 2014; vol. 56
Publication Date Jan 2014
Publication Type(s) Conference Abstract
Database EMBASE
Abstract **AIMS:** To review the literature and present cases to highlight wrong diagnosis of bipolar mania. **Materials and Methods:** Although psychiatric diagnosis was revolutionized in DSM III by operational criteria, practitioners continue to make diagnoses without using the criteria. Bipolar mania is one example. **Case I:** 30-year old woman had an episode during which she ran out of a restaurant, across a busy road and was stopped by the police. At the hospital, she was agitated and fearful, was diagnosed with mania and Rxd with antipsychotics with no benefit. In the author's clinic, she was exhausted and pale but had no signs of DSM IV mania. TSH level showed hypothyroidism. T4 fully improved her behavior in 1-week. **Case II:** 90-year old man was diagnosed with bipolar mania after he presented with agitation and fears. He was discharged to a nursing home after Rx with olanzapine. Upon examination by the author, he was seen to be hiding under the bed and talking about the Nazis shooting him. History revealed he was a WW II veteran whose ship had indeed been hit by the Nazis. He was diagnosed with Delirium. The olanzapine was stopped and a supportive environment was provided. He improved quickly to his baseline status. **Case III:** 15-year old girl was admitted to the hospital for "aggressive" behavior. She had mood changes from crying to laughing and had visual hallucinations of her father. She was diagnosed as having mania with psychosis and Rxd with antipsychotics, with little benefit. During a later evaluation by the author, she revealed that she had been molested by her father who was incarcerated for this. She showed good improvement with psychotherapy, the hallucinations receded and she returned to her baseline. **Results and Conclusions:** Bipolar mania may be loosely diagnosed in clinical practice and the label is being used as a short hand for states of agitation and over-activity without euphoric mood or other classic behaviors of mania. This leads to incorrect treatment. Organic causes, delirium, PTSD with dissociation, etc may be missed. Continuing education on correctly diagnosing bipolar disorder is needed.

26. Cinema and psychiatry

Authors Reddy I.R.
Source Indian Journal of Psychiatry; Jan 2014; vol. 56
Publication Date Jan 2014
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Database EMBASE
Abstract Cinemas are the world's most popular and powerful art form. Some argue that portrayal in the movies reflects the happenings in the society and it is not true that movies have an impact on the mental health of the people. Many movie makers argue that cinema is only for entertainment and not to be taken seriously. However, strong scientific evidence exists that there is a definite influence of movies in shaping the beliefs, attitudes, and behavior of the people. Movies act as a 'double edge sword', but the sword is sharp in portraying the negative image of mental illness and mental health professionals, which have fuelled further the misconceptions about mental illness. Violence committed by the mentally ill characters is the norm in movie portrayal, whereas the reverse is true. The distorted portrayal about the mentally ill instills fears among the public and increases the stigma. The fast music, pub culture, dating, premarital and liberal sex, crime, and violence among youth can be largely attributed to the western movie and media impact on the Indian conservative youth, which is definitely an indication of 'cultural attack' by the west. In the Indian movies, psychiatrists are depicted as comedians, aggressive, exploitive, and as villains; which would do a lot of harm to people who are already hesitant to seek psychiatric treatment. Electroconvulsive therapy is shown as frightful, painful, and as a punishment to the rivals and also to the patients. The impact of movies is much more on the emotionally disturbed individuals than on the average or normal people. The impact of movies and their popularity has made many cine stars as MPs, MLAs, Ministers, and even as Chief Ministers. The strong cinema charisma has a definite impact in changing the 'political psyche' of the masses. The impact of horror and violent films and sex crimes due to erotic scenes in movies and glorification of suicides in cinemas and other media will also be discussed. A lot of research is done on the impact of cinemas on brain functioning. Cinema remains one of the cheapest and most easily accessible forms of entertainment. Movies appeal to an individual's unconscious desires and means of self-identification and wish fulfillment. To many, films offer a release from the day's frustrations and compensate for the deficiencies of real life. In the course of watching a film, the spectator for a while not only loses higher self-consciousness, but also identifies with a character down trodden or middle class. Psychological effects of films include influencing fashion, dress, jewelry, hair styles, personal mannerisms, and speech; but the immediate response may be fear, jealousy, love, and hero worship. Films no doubt influence the conduct of individuals and the influence depends upon a number of factors including social experience and personal idiosyncrasies. A common platform for movie makers and psychiatrists should be periodically organized at different places for mutual exchange of ideas.

27. Delirium management: A bone marrow transplant veteran case study

Authors Madden W.; Dockery J.; Larsen K.; Oldham D.; Howell S.
Source Biology of Blood and Marrow Transplantation; Feb 2014; vol. 20 (no. 2)
Publication Date Feb 2014
Publication Type(s) Conference Abstract
Database EMBASE
 Available at [Biology of Blood and Marrow Transplantation](#) from Unpaywall
Abstract Topic Significance & Study Purpose/Background/Rationale: Since September 11, 2001, over 2.4 million service members have been deployed to Iraq/Afghanistan war. Stressors in combat include situations where soldiers can be seriously injured or killed (75-85%), knowing someone seriously injured or killed (65-80%), and events causing intense fear, helplessness or horror (35-50%). In combat, 79% of soldiers report shooting at the enemy, 62% report explosions near them, and 48% report responsibility for someone's death. There are three Veterans Administration (VA) bone marrow transplant (BMT) centers in the United States; however, many service members choose transplant centers outside the VA system. Methods, Intervention, & Analysis: Case Description: A 39 year old male was diagnosed with Amyloidosis. After partial remission from Velcade and Revlimid, the patient was admitted for an Autologous BMT. He was pleasant and cooperative initially; however, he never slept. A few days after transplant, it was noted mid-day that he was disoriented with paranoid behavior. He paced his room talking loudly. The same evening he threatened staff, broke his IV tubing, and claimed a bomb was in his room. His wife was unable to calm him and he began swinging items at the nursing staff. The hospital police helped restrain the patient long enough to remove dangerous objects from the room and secure his Central IV Access. Haldol was given to calm him. The staff identified his delirium "trigger" as coming from insomnia related to a hyper-excitabile state. His plan of care was to approach him cautiously to avoid startling, provide uninterrupted rest time on both shifts, and manage his care in a structured, organized fashion. The patient's delirium resolved, and he leads a productive civilian life post transplant. Findings & Interpretation: The major findings in our case study conclude that better understanding of PTSD in future veteran BMT patients is needed in order to provide holistic care. Current literature on PTSD when paired with a cancer diagnosis and treatment with a stem cell transplant is limited. Discussion & Implications: While the VA offers national educational training for veteran care, only about 31% of community providers are VA trained. Post Traumatic Stress Disorder (PTSD) is under-reported; therefore, also underdiagnosed. Specific requirements are needed to make the diagnosis. BMT staff need additional training to better care for the combat veterans who are at risk for PTSD delirium episodes.

28. Beyond the stereotypes: Variation in sexual exploitation experiences of youth evaluated at a hospital-based child advocacy center

Authors Harpin S.B.; Edinburgh L.D.; Pape-Blabolil J.; Saewyc E.M.

Source Journal of Adolescent Health; Feb 2014; vol. 54 (no. 2)

Publication Date Feb 2014

Publication Type(s) Conference Abstract

Database EMBASE

Available at [Journal of Adolescent Health](#) from Unpaywall

Abstract Purpose: Much of the current research about sexually exploited youth draws from street youth services or programs for exiting, yet clinical services may reach a different population. The primary aim of this study was to describe the abuse experiences of sexually exploited runaway adolescents assessed at a hospital-based child advocacy center. We also sought to identify risk behaviors, attributes of resiliency, laboratory results for sexually transmitted infection (STI) screens, and acute and non-acute genital injuries from video-colposcopic exams. Methods: This study used a retrospective mixed-methods design with in depth forensic interviews of sexually exploited adolescents, together with their responses on a modified Minnesota Student Survey screening tool, physical exams with video-colposcopy and STI laboratory results (N = 57, 50 girls and 7 boys). Forensic interview transcripts were analyzed using content analysis methods along domains of experience and meaning of sexual exploitation events. Univariate descriptive statistics characterized trauma responses and health risks. Results: Patients ranged in age from 12-19, 25% were African American, 25% White, 21% multi-ethnic, 19% Hmong, 8% American Indian, and 4% were Latino. Qualitative analysis identified that the first sexual exploitation events for many victims occurred as part of seemingly random encounters with procurers when youth needed money, a cell phone, transportation, drugs or shelter. Many were asked "Are you interested?" brief moments after meeting someone. Some youth initially refused solicitation stating, "I'm not that sort of girl." Older adolescent or adult women recruited some youth working for a pimp, and their loyalty was to this intermediate recruiter. However, half the youth did not report a pimp/boyfriend/trafficker involved in setting up their exchange of sex for money, substances, or other types of consideration; some described purposefully being "independent" and marketing themselves by posting their own ads to exchange sex for money: "I felt rich like it was a good quick way to make money. It was my idea; no one talked me into it." Many youth used avoidance strategies to cope, such as "just not thinking about it" or "wanting to forget this whole thing. it just makes me angry." However, 78% scored positive on the UCLA PTSD tool; 57% reported DSM IV criteria for problem substance use; 71% reported cutting behaviors, 75% suicidal ideation, and 50% had attempted suicide. 18% had signs of penetrating traumatic genital injury, 37% tested positive for Chlamydia, while only 32% reported condom use at last intercourse. Most youth were still attending school but had extensive truancy, and 40% had an individualized education plan. Conclusions: Contrary to common depictions, sexual exploitation may occur when youth are still attending school; they may be solicited relatively quickly as runaways, yet exploitation is not always linked having a pimp. Avoidant coping does not appear effective, as most patients exhibited significant symptoms of trauma. Awareness of variations in youth's sexual exploitation experiences may help researchers and clinicians understand potential differences in sequelae, design effective treatment plans, and develop community prevention programs.

Strategy 674193

#	Database	Search term	Results
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2	EMBASE	(stabbing*).ti,ab	1890
3	EMBASE	("penetrating trauma*").ti,ab	3538
4	EMBASE	(crime* ADJ2 violen*).ti,ab	2401
5	EMBASE	("knife wound*").ti,ab	200
6	EMBASE	("knife attack*").ti,ab	17
7	EMBASE	("stab wound*").ti,ab	3035
8	EMBASE	("physical attack*").ti,ab	202
9	EMBASE	("mugging*").ti,ab	47
10	EMBASE	("bullet wound*").ti,ab	293
11	EMBASE	("shooting*").ti,ab	5001
12	EMBASE	("gun shot wound*").ti,ab	244
13	EMBASE	("grievous bodily harm").ti,ab	63
14	EMBASE	(PTSD).ti,ab	28377
15	EMBASE	exp "STRESS DISORDERS, POST-TRAUMATIC"/	54847
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21	EMBASE	("post-trauma symptom*").ti,ab	39
22	EMBASE	("psychological symptom*").ti,ab	9446
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24	EMBASE	(14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22)	78672
25	EMBASE	(23 AND 24)	329
26	EMBASE	25 [DT 2014-2019] [English language]	128
