

Treating trauma in women veterans

There's good news for women veterans suffering from post-traumatic stress disorder (PTSD). A team led by DMS's Paula Schnurr, Ph.D., has demonstrated in a five-year national study that "prolonged exposure," a form of cognitive behavioral therapy, is more effective in treating women veterans with PTSD than the more common "present-centered" therapy. PTSD is an anxiety disorder that can result from experiencing trauma such as combat stress, assault, or rape. The symptoms range from flashbacks to emotional numbness to hyperarousal. "Lifetime prevalence in U.S. adults is higher in women (9.7%) than in men (3.6%) and is especially high among women who have served in the military," the authors wrote in the study, which was published in the *Journal of the American Medical Association*.

Believed to be the first randomized controlled trial of military women and PTSD, it included 284 women: 277 veterans and 7 active-duty personnel, ranging in age from 22 to 78. The women were recruited from VA medical centers and counseling centers and a military hospital. Most identified sexual trauma as the worst kind of trauma they'd experienced; over 70% experienced it in the military.

Women were randomly assigned to receive either prolonged exposure or present-centered therapy in 10 weekly 90-minute sessions. Present-centered therapy, commonly used to treat women with PTSD, focuses on current life problems that may be a result of PTSD. In prolonged exposure, patients recount the event repeatedly to gain mastery over it. It remains "a painful memory, but it's not one that dominates them anymore," says Schnurr, who is deputy director of the VA National Center for PTSD in White River Junction, Vt.

The team found that women in the prolonged exposure group were more likely than those in the present-centered group to no longer meet criteria for a diagnosis of PTSD (41.0% versus 27.8%) and over twice as likely to reach total remission (15.2% versus 6.9%).

Real world: The average time from experiencing trauma to receiving treatment was 23 years, suggesting that patients with chronic PTSD can truly benefit from the treatment, says Schnurr. And, she adds, "we showed it can work in the real world." The study used a range of practice settings; most of the therapists were not expert in the two therapies and had to be trained in them. "We didn't discover prolonged exposure," says Schnurr, and "we didn't show that the treatment works. What we showed is that it works well in a range of settings that are much more similar to the way therapy is done in practice."

Her team had hoped the women's comorbidities (depression, anxiety, and diminished quality of life) would also improve with prolonged exposure. They showed some improvement, but it seems more treatment is needed for patients with chronic PTSD. A minor disappointment was that they had few active-duty subjects, possibly because of the "stigmatizing effects of PTSD treatment," the authors wrote—something their findings may help to change. MATTHEW C. WIENCKE



JOSEPH MEHLING

Curtis, right, and Altschuler, center, confer with one of the subjects in their study.

Spice finding is nice but negative

Apple pie. Carrot cake. Snickerdoodles. Cinnamon certainly confers tasty benefits in the kitchen. But contrary to the claims of internet marketers and alternative medicine gurus, the spice won't do much for the nation's 3 million type-1 diabetics. That was the conclusion of a Dartmouth research team led by Kevin Curtis, M.D.

The three-month study, published in *Diabetes Care*, monitored the blood glucose level of 72 New Hampshire teens. Half took a daily dose of pharmaceutical-grade cinnamon; the rest took a placebo. First author Justin Altschuler conceived the research question as a junior in Bio 8, an undergraduate research methods course that Curtis teaches at Dartmouth College. Altschuler spent his senior year designing the double-blind study, with Curtis as his mentor.

Integrity: "It's a fair amount of work to go from saying 'I want to see if cinnamon's helpful' to actually navigating the [institutional review board and] recruiting people," says Altschuler. His curiosity on the subject had been sparked by a stint working at a camp for kids with diabetes. In his final project for Bio 8, he hypothesized that cinnamon would both lower blood glucose levels and reduce patients' reliance on insulin. The study revealed precisely the opposite, however, with subjects in the placebo group experiencing slightly better outcomes on all measures. "One of the things Kevin emphasized as we were putting the study together is that the tenet of any good question is that the answer is relevant, whether it's positive or negative," says Altschuler, who is now earning an M.D.-M.S. at Berkeley and the University of California at San Francisco. "I don't want to say I was indifferent to the answer, because I cared, but I was much more interested in the scientific integrity than the result."

Publishers, however, tend to favor positive outcomes. "In all forms of research, it's much harder to get negative research published," says Curtis, who is an assistant professor of medicine. He thinks that's too bad, however, since researchers may duplicate each others' efforts if negative findings aren't disseminated. "If this study were not accepted for publication," he says, "there's no question that markedly fewer people would ever know of our findings." SHARON TREGASKIS