Childhood Trauma Linked to Worse Impulse Control

The scars of childhood abuse and neglect affect adults’ brains for decades to come—including their ability to process and act on information quickly and accurately, new research in Psychiatry Research suggests.

Researchers set out to see if individuals with bipolar disorder had more impulsive and inaccurate responses on a quick task than those without the disorder, as measured on standard timed “Go/No-Go” tests. The tests measure how well an individual can stop himself/herself from reacting incorrectly to rapid prompts that sometimes require a “go” response or to hold back the impulse to respond (“no-go”). They found no differences between the two groups.

Instead they found a common thread among individuals with more impulsive responses.

Among the >320 individuals in the study who took the tests, 134 reported a history of childhood trauma in surveys, including physical abuse or neglect, emotional abuse or neglect, and sexual abuse. Histories did not include one-time traumatic events. No participants had active substance abuse issues, and those without bipolar disorder did not have other mental health conditions.

Participants with bipolar disorder and a history of trauma performed significantly worse on the “Go/No-Go” test than those with bipolar disorder alone. However, participants without bipolar disorder who had a history of trauma performed just as poorly.

The new findings highlight the importance of continuous treatment for individuals with bipolar disorder, and early detection and attention to the effects of childhood trauma.


Panic Attacks in Minority Individuals Linked to Discrimination, Alcohol, and Tobacco

A new study has identified discrimination, alcohol, and tobacco as significant predictors of minority American individuals’ experiencing panic attacks. Researchers studied demographic and socioeconomic variables in relation to panic attacks among African American, Afro-Caribbean, Hispanic, and Asian individuals.

The study found that minority American individuals are more likely to experience panic attacks when they smoke or consume excessive amounts of alcohol. In the study, individuals who abused alcohol were two times more likely to have a panic attack. Smokers had a 52% higher chance than nonsmokers of having a panic attack.


Smokers More Likely to Have Psychiatric or Substance Use Disorders

A new study in Molecular Psychiatry has found that although cigarette smoking rates have declined among younger individuals in the United States, those who smoke are more likely to have a psychiatric or substance use disorder compared with those who began smoking in earlier decades.

Researchers investigated 25,000 individuals who participated in the National Epidemiological Survey of Alcohol and Related Conditions. Participants were divided into five birth groups: those who were born in the 1940s, 1950s, 1960s, 1970s, or 1980s.

The study revealed that as overall rates of smoking decreased, beginning in the 1960s, the proportion of nicotine-dependent smokers increased. The study also found that the likelihood of having a substance use disorder increased among all smokers with each decade, regardless of their dependence on nicotine. Nicotine-dependent smokers who began smoking in the 1980s were also more likely than older smokers to have a psychiatric condition (e.g., attention-deficit/hyperactivity disorder, bipolar disorder, antisocial personality disorder).

Additional studies are needed to determine if there is a causal relation-
ship between biological or genetic factors and mental health or substance use problems in smokers.


Sexual-Minority Youths’ Development Hindered by Bullying

When compared with their heterosexual peers, sexual-minority youth (i.e., having both-gender attractions or same-gender attractions only) score lower on key indicators of positive youth development—and those disparities may be due in part to more bullying of these adolescents, according to University of Pittsburgh Graduate School of Public Health researchers.

Researchers used data from a survey of 1,870 adolescents at U.S. schools and after-school programs in 45 states that measured positive youth development using the Five Cs model, which assesses competence, confidence, connection, character, and caring/compassion. Higher levels of the Five Cs are associated with positive contributions to society and lower levels are linked to myriad risky behaviors, including cigarette smoking, alcohol use, and younger sexual initiation. The survey also asked participants whether they had been bullied several times in the past several months.

Of the participants, 127 (6.8%) were identified as sexual-minority youths. Approximately 24% of these participants reported being a victim of bullying compared with 12% of heterosexual youths.

Sexual-minority youths scored significantly lower than their heterosexual counterparts in three of the Five Cs: competence (i.e., having a positive view of one’s actions in social, academic, cognitive, and vocational arenas), confidence (i.e., an internal sense of overall positive self-worth), and connection (i.e., having supportive and positive bonds with peers, family, school, and community).


Gaps Exist in Research for Psychosocial Interventions Used Together With Medications

Psychosocial interventions, used together with effective medications, are a key part of recommended treatment for opioid addiction. However, although research generally supports the effectiveness of psychosocial treatments, gaps exist in the evidence on their use in conjunction with methadone maintenance therapy. Nine of these studies showed significant benefits of psychosocial approaches or assessed the effectiveness at different treatment stages and in different patient subgroups.

Increased Risk of Death for Individuals With Eating Disorders

Results from a new study in the International Journal of Eating Disorders indicate that individuals with eating disorders are at increased risk of death compared to the general population. Researchers found that individuals with anorexia nervosa had a five times higher mortality rate than their same-age peers. Individuals with bulimia nervosa and eating disorders not otherwise specified, including binge eating disorder, also—to a lesser extent—had elevated mortality.

The study revealed that risk factors for premature death included a higher number of lifetime eating disorder hospitalizations, premature discharge from a hospital program, developing an eating disorder at an older age, poor social adjustment, and lower body mass index at time of hospitalization.


Obesity in Adulthood Linked to Childhood Attention-Deficit/Hyperactivity Disorder

The incidence of childhood and adult obesity has increased significantly over the past three decades. New research in Mayo Clinic Proceedings shows that there is an
association between obesity development during adulthood and childhood attention-deficit/hyperactivity disorder (ADHD).

The study included 336 individuals with childhood ADHD born from 1976 to 1982 and matched with 665 non-ADHD controls of the same age and sex. Weight, height, and stimulant treatment measurements were gathered from medical records detailing care provided from January 1, 1976 through August 31, 2010. Cox models were used to assess the link between ADHD and obesity.

Researchers found that females with childhood ADHD were at a two-fold greater risk of developing obesity during childhood and adulthood compared to those without ADHD. Obesity was not associated with stimulant treatment among childhood ADHD cases.


Pregnancy May Help Reduce Posttraumatic Stress Disorder Symptoms

For most women, expecting a baby brings intense joy—and a fair amount of worry. But what about women who experience posttraumatic stress disorder (PTSD)? Contrary to what researchers expected, a new study in Depression and Anxiety showed that pregnancy may reduce PTSD symptoms or at least will not cause a flare-up.

Nurses at prenatal clinics run by three academic health centers, including ones that served mostly women who rely on public insurance, invited thousands of women to participate in the larger STACY study. The new data come from the subset of women who met the formal diagnostic criteria for PTSD either at the time of their pregnancy or in their past, based on detailed interviews using standard measures.

The team interviewed the women at two points during their pregnancy and were able to interview approximately one half of them again in the first 6 weeks of motherhood.

Researchers saw four groups emerge from the results of the surveys conducted during pregnancy: those who started high and got either moderately or substantially better, those who started low and stayed the same, and those who started relatively low but got worse.

Women with the strongest social support networks during pregnancy appeared to be protected from the risk of worsening PTSD, meaning partners, relatives, and friends can make a difference for a pregnant woman. More than one half of the 319 women in the study had high PTSD symptoms in the first part of pregnancy—and all members of this group experienced a decrease as they got closer to giving birth. Women who had low levels of symptoms early on stayed about the same. However, PTSD got worse for some women as pregnancy progressed. Those who experienced a new stress or trauma during pregnancy, or who had the most anxiety about giving birth, had the worst experience with PTSD symptoms during pregnancy and post-birth problems.