



VA Portland Health Care System
Health Services Research & Development

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Treating Blood Pressure to Current Guideline Improves Health in Older Adults

A systematic review done by Drs. Weiss, **Kansagara** and colleagues found that when adults over the age of 60 are treated to at least guideline blood pressure standards of <150/90 mmHg, significant health improvements emerge. This includes reductions in the risk of stroke, cardiac events, and mortality. The most consistent and largest effects occurred when patients had a baseline blood pressure of SBP>160mmHg, who then lowered to <150/90 mmHg. However, one trial showed less consistent evidence that targeting to SBP<120mmHg would be beneficial for patients who had high cardiovascular risk. Treating to SBP<140 mmHg reduced the risk of recurring stroke in individuals with a transient ischemic attack or stroke history. Lastly, this review found that targets for lower blood pressure did not increase the likelihood of patient falls or a decline in cognition.

However, these lower targets were associated with greater medication burden, syncope, and hypotension. Limitations of this research include being unable to determine how medication class influenced results. It is also uncertain how to approach treatment decisions for patients with co-occurring conditions, those who are institutionalized, or have dementia.



Read more about this study here:

<https://www.hsrd.research.va.gov/publications/esp/bloodpressure-REPORT.pdf>

Upcoming Events

HSR&D CIVIC Research Conferences, Fridays from 9:30 a.m. – 11:00 a.m. Room 214, Building 6. Unless otherwise noted.

August 25th: Shannon Nugent, PhD presents:

CDA Application: Pain Management in Head and Neck Cancer Patients

September 15th: Sharon Jacky, Scott Griffin, and Phil Cauthers present:

Update from privacy and information security



Evaluation of a Smartphone App to Help Veterans' Control Unpleasant Thoughts

In a time where individuals are constantly attached to their mobile devices, apps with an evidence basis for supporting Veterans' health are rare. Nonetheless, Veterans may enter the Virtual Hope Box (VHB). This app was designed to help Veterans cope with unpleasant thoughts, and potentially reduce thoughts that may result in suicide. Available for download since 2014, VHB was created by the National Center for Telehealth and Technology, of the Department of Defense. It is now

available for free through the Apple App Store.

The team who studied the effectiveness of VHB is made up of three VA and three Department of Defense investigators. VA researchers include CIVIC's **Drs. Steven Dobscha and Lauren Denneson**, along with **Holly Williams**.* They found that Veterans who used the application reported an increase in ability to cope and deal with unpleasant thoughts, when compared to a control group of

former military members who did not use the app.

Suicide among Veterans is a major VA and public health priority. According to the CDC, on average about 20% of the 113 people who die by suicide each day in the United States are Veterans.

VHB is intended as a coping tool to supplement additional clinical care for Veterans in-between health care appointments.



Read more about this evaluation here:

<http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600283>

Study Determines Discontinuation of Long-Term Opioid Therapy for Patients is Primarily a Clinician's Choice

In 85% of cases in which a Veteran discontinues long-term opioid therapy, the reason is due to the clinician's choice rather than the patient's, according to a recent study by CIVIC researcher **Dr. Travis Lovejoy** and colleagues. Patients' aberrant behaviors, such as drug abuse, were the primary driver of clinicians' decisions to discontinue long-term opioid therapy. In addition, patients who had an alcohol or other substance use disorder were also more likely to discontinue long-term opioid therapy due to aberrant behaviors, when compared to patients without a substance use disorder diagnosis. Authors suggested that providers ensure patients receive other non-opioid analgesics pharmacotherapies,

substance use disorder treatment, and nonpharmacologic pain therapies when opioid therapy is discontinued. Doing so may help avoid unwanted declines in patients' quality of life.



Read more about this study here:

http://journals.lww.com/pain/Abstract/2017/03000/Reasons_for_discontinuation_of_long_term_opioid.20.aspx

CIVIC Member Highlight: Jessica Wyse, PhD



Dr. Jessica Wyse joined **CIVIC** as a Post-Doctoral Fellow in the Fall of 2016. She received her PhD in Sociology and Public Policy at the University of Michigan, where she participated in extensive training in qualitative and quantitative methodology, and focused broadly on topics of poverty and inequality, and public policies that impact underserved populations. Her prior research focused extensively on prisoner reentry and reintegration. Specifically, she was a key study team member on “The Michigan Study of Life after Prison,” which conducted longitudinal interviews with men and women for over three years and examined their processes of social reintegration following prison. In turn, Dr. Wyse and colleagues produced several publications from this study and have a book manuscript currently under review which is contracted by the University of Chicago Press. Other research included a study of older men reentering society following prison, and her dissertation, which investigated how workers within the correctional system interpret and operate with cultural competence, in addition to the outcomes these

behaviors have on those being supervised within the criminal justice system. Her research focus within VA includes examining barriers and facilitators to the greater uptake of medication assisted therapies for substance use disorders. This emerged from her work with justice-involved populations, many of whom suffer from substance use disorders. Through her research, Dr. Wyse aims to ensure that Veterans receive the best, evidence-based care available for substance use disorders. Dr. Wyse is a Portland native and grew up not far from the VA. Outside of work she loves to spend time outdoors with her two young, active children. She also gives back to the community by planting trees with a group called *Friends of Trees*.

Recent publications:

Wyse, J. Older former prisoners' pathways to sobriety. *Alcoholism Treatment Quarterly*. In press.

Wyse, J. (2016, December). Older Men's Social Integration After Prison. *International Journal of Offender Therapy and Comparative Criminology*.

CIVIC Member Highlight: Samuel Taylor, MSW



We would like to welcome **Samuel Taylor, MSW** as CIVIC's new **Administrative Officer**. Samuel's job for the Center includes duties such as working with CIVIC personnel, assisting in the selection of new hires, grant support, and financial management. He can also provide consultation to CIVIC core investigators related to grant budgeting, contract set up, and CIVIC-related travel. Samuel received his Master of Social Work from Washington University in St. Louis, Missouri. There he focused on his lifelong passion of utilizing evidence-based research to influence social policy. He has previously worked on project management and data analysis for research focused on social and health policy interventions which used behavioral science principals. Fun fact: Samuel is related to the oldest American in documented

history, Henry Francisco. Henry is also one of America's most storied Veterans, having fought in the American Revolution at the age of 91.

CIVIC Research Publications in this Newsletter:

- Bush, N.E., Smolenski, D.J., **Denneson, L.M., Williams, H.B., Thomas, E.K., & Dobscha, S.K.** (2017). A Virtual Hope Box: Randomized controlled trial of a smartphone app for emotional regulation and coping with distress. *Psychiatric Services*, 68(4). 330-336. <http://dx.doi.org/10.1176/appi.ps.201600283>. [PDF Link](#)
- Cromer, R., **Denneson, L.M., Pisciotta, M., Williams, H.**, Woods, S., & **Dobscha, S.K.** (2017, February). Trust in mental health clinicians among patients who access clinical notes online. *Psychiatric Services*. <http://dx.doi.org/10.1176/appi.ps.201600168> [PDF Link](#)
- Weiss, J.D., Freeman, M., Low, A., Fu, R., Kerfoot, A., Paynter, R., Motuapuaka, M., Kondo, K., & **Kansagara, D.** (2017). Benefits and harms of intensive blood pressure treatment in adults aged 60 years or older: A systematic review and meta-analysis. *Annals of Internal Medicine*, 166(6):419-429. doi: 10.7326/M16-1754. [PDF Link](#)
- Lovejoy, T.I., Morasco, B.J., Demidenko, M.I., Meath, T.H.A,** Frank, J.W, & **Dobscha, S.K.** (2017). Reasons for discontinuation of long-term opioid therapy in patients with and without substance use disorders. *Pain*, 158(3). 526-534. doi: 10.1097/j.pain.0000000000000796 [PDF Link](#)
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