Editorial

Post Traumatic Stress Disorder – An unrecognized and neglected aspect of injury

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Abstract

Post traumatic stress disorder is common psychiatric illness. Large number of trauma patients suffers from it. In most patient it remain unrecognized and surgeon don't give much respect to these symptoms associated with PTSD.

Key words: Post traumatic stress disorder, Trauma, Injury

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It is a validated fact that PTSD is not a mere post-war phenomenon and it may follow any non-combat related traumatic event in routine scenario like motor vehicle accidents or other major orthopaedic injuries [1]. The better understanding and periodic amendments have enabled researchers to categorise it into certain distinct symptom groups, based on specific clinical manifestations following exposure to a described traumatic event, as per DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) [2].

The obscure nature of symptoms and preferential treatment directed toward preservation of 'life and limb' makes conventional management of traumatic injuries a priority and to top it all the success of the treatment is also based on physical functional outcome parameters.

The thought of association of psychological aspects of trauma takes a backseat in the routine trauma-care scenario and it never is a part of teaching as well.

Editorial

Trauma surgeons reportedly display poor capabilities in identification and appropriate management of psychological aspects of trauma [3]. Recent research is delving deep to better understand the etiopathogenesis of PTSD with various theories postulated as underlying mechanism ranging from 'a disruption of normal cascade of fear and its resolution' [4] and derangement of hypothalamo-pituitary axis (HPA) to interplay of inflammatory markers [5] and genetics [6,7].

There are certain suggestions made by various workers with objective of better management of psychological aspects of trauma, which are better summarized here –

An easy screening tool like questionnaire or symptom checklist can be helpful in the physical form or as mobile application. The final diagnosis, though, shall be undertaken by trained mental health personnel. But as trauma personnel are foremost caretakers and they bear the most responsible rapport to educate and guide the patient in this regard.

Besides it, questionnaires should be more refined to better know actual prevalence of disorder and various characteristics that may have bearing on future diagnosis and treatment.

Knowledge of current available modalities of treatment like drugs like selective serotonin reuptake inhibitors (SSRI), psychotherapy, cognitive behavior therapy or other forms of supportive treatment should be known to primary care giver to let patient not suffer in ignorance.

Research to better delineate high risk group of patients and knowledge of it broadcasted in journals/ educational media.
Recognition and better understanding of prevalence and other clinical aspects of delayed onset PTSD (considered different clinical entity with considerable impact on health related quality of life).

And finally, research should be done to validate the impact of PTSD as a key variable in overall functional outcome assessment. Then it would be a necessary part of validated scoring systems and be integral part to assess in clinical practice. As the demand for understanding and provision of mental and psychological well being as an important element of holistic healthcare is growing, so is need for better guidelines.

The burden of post traumatic stress related disorders on healthcare machinery is huge and only increasing by its neglect. It is high time we look beyond 'flesh and bone' and make humane attempt to reach and calm the fiery nerves and provide solace to shattered soul.

References

1. Jr MT, North C, Starr A. Post traumatic stress disorder. In: Court-Brown CM, Heckman JD, Mcqueen MM,Ricci, WM, Tornetta P, editors. Rockwood and Green's Fractures in adults. 8th ed. Philadelphia. Wolters Kluwer Health;2015.

2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed, text revision. Washington DC : American Psychiatric Association;2000.

3. Daubs MD, Patel AA, Willicj SE, et al. Clinical impression versus standardized questionnaire: The spinl surgeon's ability to assess psychological distress. J Bone Joint Surg Am.2010;92(18):2878-2883.

4. Yehuda R, MacFarlane A, Shalev A. Predicting the development of post traumatic stress disorder from the acute response to a traumatic event. Biol Psychiatry. 1998;44(12):1305-1313.

5. Von Kanel R, Hepp U, Kraemer B, et al. Evidence of low-grade systemic proinflammatory activity in patients with post traumatic stress disorder. J Psychiatr Res.2007;41(9):744-752.

6. Koenen KC, Harley R, Lyons MJ, et al. A twin registry study of familial and individual risk factors for trauma exposure and posttraumatic stress disoreder. J Nerv Ment Dis. 2002;190(4):209-218.

7. Yehuda R, Cai G, Golier JA, et al. gene expression patterns associated with posttraumatic stress disorder following exposure to the World Trade Center attacks. Biol Psychiatry. 2009;66(7):708-711.

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