CNS SPECTRUMS™
The International Journal of Neuropsychiatric Medicine
Volume 3 - Number 7(Suppl 2)
July/August 1998

Academic Supplement

Posttraumatic Stress Disorder: The Hidden Epidemic of Modern Times

An ostrich on the science channel
being devoured by lions
her head held high as she watches
herself dying
and I
watching her.

At the fortress,
before the enemy advanced upon us
someone shouted
this is the end guys
I didn't know how to die
and wanted to pray but couldn't
remember any words.

I lifted off my helmet and
stripped away my belt wondering
how does one die?

The man I was before I never
afterwards became again.

Often, before sleep comes
I see an ostrich
watching
as she dies.

—War veteran with PTSD

This supplement, *Posttraumatic Stress Disorder: The Hidden Epidemic of Modern Times*, is a collection of original research approved by the editors of *CNS Spectrums*. This supplement was funded with an unrestricted educational grant by Eli Lilly and Company. The article entitled "A Consensus Meeting on Effective Research Practice in PTSD," was culled from a closed symposium of scientists and researchers held in New York on April 20, 1998.

https://doi.org/10.1017/S1092852900007240 Published online by Cambridge University Press

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The International Journal of Neuropsychiatric Medicine

A Clinical and Academic Update in Posttraumatic Stress Disorder

By Joseph Zohar, MD

"Because of its high prevalence in the general population and due to the devastating effects it has on both the patients afflicted with it and their environment, PTSD has become a significant focus in research and treatment."

A symposium dedicated entirely to posttraumatic stress disorder (PTSD) was held at the 1997 annual meeting of the European College of Neuropsychopharmacology (ECNP) in Vienna.

These symposia, in conjunction with the PTSD consensus statement which followed in April of this year, make up the six topics in this supplement, which aim to familiarize the reader with the current status of PTSD.

The topics include two epidemiological perspectives entitled: "Current Diagnostic Issues and Epidemiological Insights in PTSD" by this writer and colleagues, and "Comorbidity of Posttraumatic Stress Disorder and Depression in Israeli Veterans" by Z. Solomon, PhD, and A. Bleich, MD. There are also two fascinating manuscripts which deal with pathophysiological issues in PTSD. One, on neuroendocrinological findings presented by R. Yehuda, PhD, and the other, on the neuroanatomy of PTSD, by S. Rauch, MD, et al. The last article, by K. M. Connor, MD, and J. R.T. Davidson, MD, along with the consensus statement referenced above, are clinically oriented and touch upon psychopharmacological updates and clinical research in PTSD.

Zohar et al highlight two concepts: The first is that PTSD is a general phenomenon which is connected not only to combat-related events but also to civilian traumatic events such as car accidents, rapes, natural disasters, etc. The second is that PTSD is a pathological response to an unusual event(s); the vast majority of individuals who encounter a traumatic life event will adapt, while only a minority will develop PTSD.

Drs. Solomon and Bleich present epidemiological data on the high prevalence of depression and PTSD in Israeli veterans. They point out several different options for this high comorbidity which include alternative hypotheses such as: pre-existing depression constitutes a vulnerability to PTSD; depression is a subsequent complication of PTSD; depression and PTSD co-occur because of shared risk factors; and comorbidity of depression and PTSD is the result of a measurement artifact.

Dr. Yehuda's paper also deals with depression and PTSD, yet from a different angle. As she suggests, based on a wealth of sophisticated and thorough research, hypothalamic-pituitary-adrenal (HPA) axis alternations in PTSD are actually opposite to those observed in depression. Hence, this implies that in spite of significant comorbidity, PTSD and depression are not redundant disorders. This data also indicate that PTSD is a specific (and pathological) response to trauma, which is associated with decreased levels of cortisol rather than the increased levels observed in depression.

Dr. Rauch's paper leads us through the neuroanatomical circuits considered to be implicated in PTSD. The application of modern anatomical and functional techniques, coupled with our ability to provoke PTSD exacerbation (via behavioral challenge), indicated areas such as the amygdala, the hippocampus, anterior paralimbic territories, as well as Broca's area and visual cortex, as potential players in neuroanatomical and neurofunctional models of PTSD.

The last manuscript in this supplement is the summary of the consensus meeting on clinical practice in PTSD, led by R. Judge, MD. Topics including the assessment of stressors, comorbidity, adjustment, functioning, and quality of life were discussed. A special emphasis was placed on different rating scales and their strengths and weaknesses. The result of this intensive and thoughtful discussion is presented.

It should be noted that the symposium at the ECNP, as well as the consensus meeting which followed, were supported by an educational grant from Eli Lilly, and were motivated by the dedication and enthusiasm of Dr. Judge, the global physician for Prozac.

Because of its high prevalence in the general population and due to the devastating effects it has on both the patients afflicted with it and their environment, PTSD has become a significant focus in research and treatment. I hope that this supplement will help the reader better diagnose, understand, and treat patients who suffer from this debilitating illness. CNS

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Supplement 2
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