

P-964 - RETHINKING THE POST-TRAUMATIC STRESS DISORDER: NEW ADDITIONS TO THE DIAGNOSIS SINCE THE VIETNAM WAR

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The Gulf and Balkan Wars have brought new elements for diagnostic consideration since the DSM-III original definition of PTSD. These changes are significant in that the long-held definition tended to be too narrow in scope - eliminating both civilians caught up in war situations as well as supposedly "support troops" serving in transportation or policing within war-raged countries. This became evident among NATO, European Union and United Nation policing forces serving in both the Balkan wars (which continues with troops still deployed in Bosnia-Herzegovina and Kosovo...) and in the Gulf Wars waging since 1990 in Iraq and Afghanistan. Pervasive hypervigilance experiences by both civilians and troops secondary to the psychological stress associated with the anticipation of an attack by artillery, bombs, suicide bombers, and the like, contributed greatly to a depletion of the resources necessary for the human body's immune system to regroup from a state of being constantly within the sympathetic mode of the Autonomic Nervous System. Moreover, studies among British, Canadian and United States veterans indicated cultural differences in their response to war trauma. And certain procedures for denying veterans PTSD-related services were exposed including diagnosing them as being Axis II Personality Disorders hence not qualified for a PTSD Diagnosis. The new standards for the DSM-V address some of these issues. Our clinical research goes into detail regarding these considerations as they pertain to both civilian and military personnel, including the phenomenon of secondary PTSD which afflicts families of untreated PTSD clients.