

In the Wake of Trauma

By Jack M. Gorman, MD

Readers of this month's issue of *CNS Spectrums* will no doubt find it difficult to keep the recent tsunami disaster that struck South Asia from memory. As of press time, >283,000 individuals have died (although this number may rise) and ~5 million people are homeless. We can only guess what the psychological impact of surviving the tsunami will be. As was the case for the September 11, 2001 attacks, we are faced with tragic events that are difficult to fathom. No matter how hard I have tried, I still cannot conjure a vivid, convincing image of the tsunami itself or of the scene of havoc it created as it hit shore in India, Indonesia, Sri Lanka, Thailand, and neighboring countries.

Many of us have seen the ocean on very rough days. I remember trying to swim in the Atlantic a few days after Hurricane Gloria struck. The waves and undertow were more powerful than I had ever experienced and, for a brief moment, I feared that I would be swept out to sea. I arrived back on the beach exhausted and for several weeks thereafter I had a mild phobic reaction to swimming in the ocean. How trivial all of that seems when compared with a tsunami that >30 feet high traveling 500 miles/hour.

Researchers and mental health workers will eventually make their way to the countries hit by the tsunami. What will they encounter? What will they do? Many people will suffer from acute stress reactions, insomnia, nightmares, avoidance responses, irritability, fear, panic attacks, despondency, and possibly increased use of nicotine, alcohol, and illicit drugs depending on the country and culture.

One major question faces researchers in the psychological trauma field is: How can we predict whom among those with early stress reactions will develop a chronic psychiatric illness like posttraumatic stress disorder (PTSD), depression, panic disorder, or substance abuse/dependence? Related to this question is the issue of whether early intervention effectively reduces the risk of chronic illness.

Most studies have shown that ~33% of individuals who survive a life-threatening traumatic event will develop PTSD 1 month following the incident, and ~10% continue to meet criteria at 1-year posttrauma. This means the majority of people exposed to traumatic stress are "resilient" and do not develop chronic PTSD. However, even if as few as 10% of a population as large as that exposed to the tsunamis develops PTSD, it is

still a large number of sufferers. There are obvious public health and compelling compassionate reasons to try to reduce that number as much as possible.

We know many of the risk factors for developing PTSD, including family history of psychiatric illness, previous personal history of a psychiatric illness, female gender, and lack of social support. Many believe that the high level of social support following the September 11th attacks significantly reduced the number of PTSD cases. Due to the varied socioeconomic and cultural situations among the South Asian countries affected by the tsunami it is unclear if social support will be an effective tool in a uniform way across the region. An outpouring of help from unaffected nations is likely to help reduce the level of psychological morbidity.

Matthew J. Friedman, MD, PhD, is one of America's most eminent PTSD researchers. In 2004 he chaired a special satellite scientific conference at the 24th Annual Meeting of the Anxiety Disorders Association of America (ADAA) and the papers in this issue are derived from some of the talks at that conference. Originally established as the Phobia Society of America, the ADAA was founded and has been led ever since by Jerilyn Ross, MSW, a superb clinician and leader in the field of anxiety disorders. 2005 is the 25th anniversary of the ADAA, and for 25 years the organization has advocated increased attention toward anxiety disorders nationally, helped spread the message that these disorders are serious but treatable to legislators and healthcare providers, sponsored research, and brought cutting-edge information and education to patients, clinicians, and scientists. It is an organization well worth our support and attention.

We pray that those affected by the tsunami will find peace and calm in the aftermath of this inconceivable tragedy. We hope that the research conducted by scientists like Dr. Friedman will be helpful in meeting that goal.

Finally, we are pleased to introduce a new regular column this month in *CNS Spectrums*, "Pearls in Clinical Neuroscience" written by our Mid-Atlantic editor, Dan J. Stein, MD, PhD. The column will center around an illustrative case involving psychiatric and neurologic issues and include a brief case description and discussion of diagnosis, pathophysiology, and treatment. We hope that you find this new column informative and we welcome your comments and suggestions. **CNS**

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