

Short Communication on Post-Traumatic Stress Disorders

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Although hints of such diagnosis are present in countless experiences of world wars and in numerous world literature, Post-Traumatic Stress Disorder (PTSD) was first described in 1952 by Diagnostic and Statistical Manual of Mental Disorders (DSM)-I by the nomenclature "gross stress reaction". DSM-III in the mid-1980s thoroughly examined the disorder and reintroduced it as Post-traumatic Stress Disorder (PTSD) in background of resurged scientific interest provoked by the recent occurrence of the Vietnam War. PTSD is distinctive among psychiatric conditions because of the extraordinary emphasis placed upon the traumatic stress or as causative factor. The traumatic stressor can be any bitter event outside the usual human experiences such as wars, rape, torture, accidents and other mass catastrophes. Nonetheless, the degree of alteration depends on the individual vulnerability and resilience. The psychiatric manifestation of the disease is characterised by intrusive recollections, avoidance, negative cognition and altered reactivity. In present day scenario, the existence of a distinctive and valid psychiatric entity is unquestioned; however there are yet ambiguities and gray areas to be resolved especially with the re-emergence of biological aspect of this entity and treatment options on the horizon.

We congratulate and thank the authors of this special issue who have beautifully dealt with various aspects of this disorder from the cross cultural and epidemiological perspective, the exiting and evolving treatment protocols and assessment of associated comorbidities. We also take this opportunity to thank the reviewers for their valuable contribution to ensure high standards of the papers. The topics explored in this special issue include: "Acute Post-Traumatic Stress Reactions in Children Survivors of a Large Road Traffic Accident: Epidemiological Analysis and Eye Movement Desensitization and Reprocessing Treatment" [1], "Association between trauma history and juvenile sexual offending", "Eye Movement Desensitisation and Reprocessing Treatment of Posttraumatic Stress Disorder, Comorbid Disorders and Personality Traits: A Case Series with 12 Month Follow Up" [2] and "Treatment, outcome After Traumatic Brain Injury, Impacts on Long-Term Outcome after Major Trauma-Traumatic Brain and Orthopedic

Injuries" [3]. The topic "Psychological Trauma: Experience from Iraq [4] and Hypnosis for PTSD: Evidence Based Placebo-Controlled Studies [5] and Current Opinions on Epidemiology" [6] analyses the status of this disease in Iraq which has been battleground for successive conflict since years and supposedly harbour this disorder with increased prevalence. Furthermore innovative topics related to Trauma such as Cellular Response of the Tendon Sheath in Tendon Injury: Experimental Research in New Zealand Rabbits [7] and Surgical Outcomes of Pediatric Humeral Supracondylar Fractures Treated by Posterior Approach has been discussed [8]. It is hoped that this issue will make a good reference material and be of great use for the concerned physicians.

References

1. Maslovaric G, Zambon V, Balbo M, Fernandez I, Piola P (2013) Acute Post-Traumatic Stress Reactions in Children Survivors of a Large Road Traffic Accident: Epidemiological Analysis and Eye Movement Desensitization and Reprocessing Treatment. *J Trauma Treat* S4: 001.
2. Laugharne J, Kullack C, Stanley S (2013) Eye Movement Desensitisation and Reprocessing Treatment of Posttraumatic Stress Disorder, Comorbid Disorders and Personality Traits: A Case Series with 12 Month Follow Up. *J Trauma Treat* S4: 003.
3. Andruszkow H (2012) Impacts on Long-Term Outcome after Major Trauma-Traumatic Brain and Orthopedic Injuries. *J Trauma Treat* S2: e001.
4. AlObaidi A (2013) Psychological Trauma: Experience from Iraq. *J Trauma Treat* S4:005.
5. Barabasz A, Barabasz M (2013) Hypnosis for PTSD: Evidence Based Placebo-Controlled Studies. *J Trauma Treat* S4:006. doi: 10.4172/2167-1222.S4-006.
6. Urbanek F, Frink M, Grün O, Lohse R, Hildebrand F, et al. (2012) Current Opinions on Epidemiology, Treatment and Outcome After Traumatic Brain Injury. *J Trauma Treat* S1: 001.
7. Sekouris N, Kefalas A, Soultanis K, Diamantopoulou K, Karagiannopoulou G, et al. (2013) Cellular Response of the Tendon Sheath in Tendon Injury: Experimental Research in New Zealand Rabbits. *J Trauma Treat* S4:004.
8. Hassankhani EG, Omidi-Kashani F, Hassankhani GG (2013) Surgical Outcomes of Pediatric Humeral Supracondylar Fractures Treated By Posterior Approach and Triceps Splitting. *J Trauma Treat* S4: 007.

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