

Introduction

Focus on Posttraumatic Stress Disorder

The fourth meeting of the International Consensus Group on Depression and Anxiety, held in Montecatini, Italy, in April 1999, took as its theme posttraumatic stress disorder (PTSD), which has become an important disorder for us to consider because of its high prevalence, individual impact, and financial burden on society. By definition, PTSD is unlike the other anxiety disorders because its onset is dependent on exposure to a traumatic experience that patients are reluctant to discuss, a difference that undoubtedly contributes to the underrecognition of PTSD in clinical practice.

PTSD may arise from a single traumatic event such as a physical assault or a natural disaster or from exposure to a series of related experiences such as during a war or as a result of persistent sexual abuse. It is characterized by intrusive "reexperiencing" of the trauma through flashbacks and nightmares, which are accompanied by severe anxiety, avoidance of any reminder of the trauma, hyperarousal, and blunted emotions. Lack of awareness of PTSD prevents many individuals from seeking treatment for their symptoms, but sufferers are also often reluctant to confront or revisit the trauma even to talk about it with their caregivers. PTSD is a recurrent disorder that frequently becomes comorbid with major depression and other secondary anxiety or substance abuse disorders. It is more strongly associated with suicidal behavior than any other anxiety disorder.

PTSD has a global significance, and its impact in countries that for many years have been in the throes of societal unrest could prove to be a huge public health problem. It is appropriate, therefore, that PTSD was the focus of this meeting of the International Consensus Group on Depression and Anxiety, in line with our ongoing objective to improve the lives of individuals with depression and anxiety worldwide by optimizing their treatment. As with past publications in the series, this supplement consists of comprehensive reviews that were presented and discussed during our closed meeting. These will allow you to follow our deliberations and consider how we formed our consensus views. We hope that this issue describing what we know about PTSD will prove to be a useful and informative resource for clinicians and that it will initiate further discussion and research into this disorder.

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