Post-traumatic stress disorder; post-tsunami and post DSM-IV

As befits a New Year and a new design, the current issue of the Journal reflects the critical tension between research findings examining established diagnoses and those forcing their contemporary re-evaluation. One area where this is pertinent is the diagnosis of post-traumatic stress disorder (PTSD), which is an unusual disorder in having a clearly prescribed aetiology. Hollifield et al (pp. 39–44) report the results of their 1-year follow up of people in Sri Lanka affected by the south Asian tsunami. Over 20% of adults fulfilled criteria for PTSD, with significant numbers having a diagnosis of depression and anxiety disorders. The individual criteria that showed a significant association with symptoms and impairment were ‘thinking one’s life was in danger’ and ‘death or injury of a family member’. The authors highlight the need for developing and implementing intervention models for alleviating the distressing symptoms after disasters. An editorial by Rosen and colleagues (pp. 3–4) is critical of the current conceptualisation of PTSD, expressing particular concern at the lack of specificity in aetiology, the lack of a distinct clinical syndrome – especially the overlap with depression and phobia – and the insidious expansion of the diagnostic label to include ‘cross-cultural medicalisation of normal human emotions’. The authors suggest that the review of this diagnosis within DSM-V offers the opportunity to clarify the diagnostic issues, in the light of contemporary findings.

Affect recognition, alexithymia and autism

Patients with psychotic illness have been shown to have difficulty in identifying facial expressions. Addington et al (pp. 67–68) examined facial affect recognition in individuals at high risk for psychosis by virtue of experiencing attenuated positive symptoms. They found that deficits in facial affect recognition were evident in these high-risk individuals at a level similar to patients with first-episode psychosis, and conclude that these deficits occur prior to the onset of full-blown illness. Karlsson and colleagues (pp. 32–38) used positron emission tomography to show that alexithymic women activated more of their sensory and motor cortices and less anterior cingulate cortex during the viewing of emotional films. They suggest that this may represent the tendency to perceive bodily sensations instead of emotions in this group of patients. The anterior cingulate cortex was also the site of differences in activation in a functional magnetic resonance imaging study of reward processing in patients with autistic-spectrum disorder, where patients demonstrated increased activation compared with control participants. Schmitz et al (pp. 19–24) correlated the increased activation in this region with clinical ratings of abnormalities in social interaction and suggest that abnormalities in this cortical region may underpin deficits in social interaction.

We take this opportunity to wish the readers of the Journal a very peaceful and happy New Year.
Highlights of this issue
Sukhwinder S. Shergill
Access the most recent version at DOI: 10.1192/192.1.A2

References
This article cites 0 articles, 0 of which you can access for free at:
http://bjp.rcpsych.org/content/192/1/12.2#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/bjprcpsych;192/1/1-a2

Downloaded from
http://bjp.rcpsych.org/ on October 14, 2017
Published by The Royal College of Psychiatrists

To subscribe to The British Journal of Psychiatry go to:
http://bjp.rcpsych.org/site/subscriptions/