

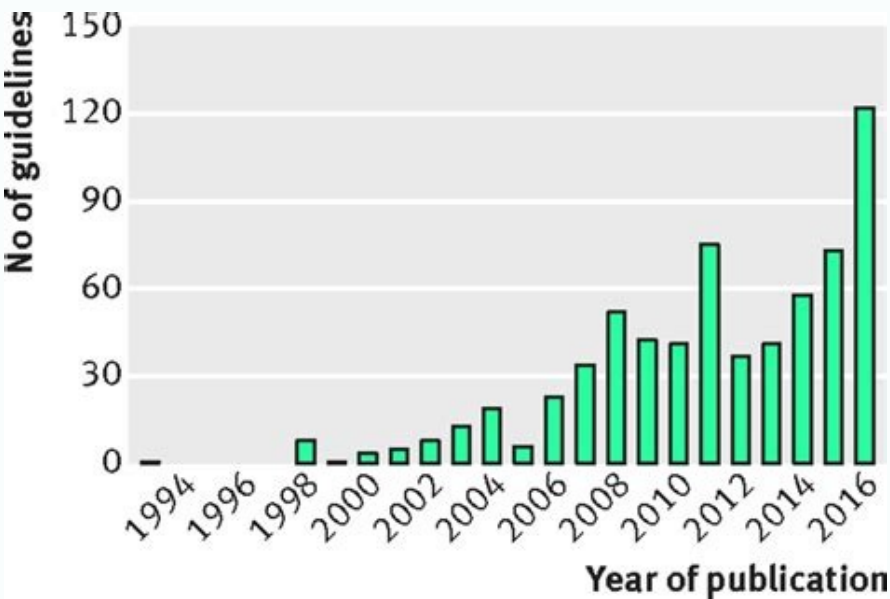
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Neglected causes of post-traumatic stress disorder

Patients with psychiatric, other clinical states, or conditions also at risk

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Post-traumatic stress disorder (PTSD) has been defined by successive editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (most recently DSM-5). The diagnosis requires an objectively traumatic event that involves exposure to "death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence". This focus on objective event characteristics maintains PTSD as a response to extreme rather than everyday stress, but it overlooks mounting evidence that subjective responses to traumatic events predict PTSD just as or more strongly.¹⁻³ Groups of patients who are at risk of developing PTSD might be overlooked because the triggering event is subjectively rather than objectively traumatic. We describe these such groups better, but they are individually others.

Traumatic events, both objective and subjective, are common in the lives of patients with psychosis. Experiences, such as being sexually abused or admitted to hospital during an acute episode, can be terrifying to someone who cannot understand fully what is happening or appreciate the motives of those involved. Hallucinations and delusions can also be extremely frightening and can be experienced in the same way as an actual threat of serious physical injury. People with the delusion that others are trying to kill them (for example, might experience PTSD symptoms such as intrusive memories, flashbacks, and nightmare related to episodes when they thought that they were about to be attacked. That the experience of psychosis itself can be traumatic has been known for at least 70 years,⁴ and the recognition of this as an internal category of "psychosis related PTSD" has been proposed by researchers.^{5,6}

Similar considerations apply to people treated in intensive care units, who experience high rates of post-traumatic symptoms after discharge.⁷ Although these symptoms arise in the context of a genuine threat to life, this context is frequently unrelated to the objective threat that either hallucinations and delusions induced by psychotropic drugs.

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