

Introduction

Update on Posttraumatic Stress Disorder

James C. Ballenger, M.D. (Chair), on behalf of the International Consensus Group on Depression and Anxiety: James C. Ballenger, M.D.; Jonathan R. T. Davidson, M.D.; Yves Lecrubier, M.D.; David J. Nutt, M.D., Ph.D.

The eighth meeting of the International Consensus Group on Depression and Anxiety was convened July 11–12, 2002, in Adare, County Limerick, Ireland. Experts on post-traumatic stress disorder (PTSD) from around the world gathered to update the original consensus statement on PTSD that was published in 2000. Since the publication of our original consensus statement on this topic, tremendous advances in the science and treatment of PTSD have taken place. Moreover, recent and ongoing world events have focused sharp attention on this field. PTSD is no longer viewed only as a condition that afflicts combat veterans. Awareness of PTSD among the medical and lay communities is growing, but continued work is needed to improve the recognition and treatment of PTSD.

We know that exposure to a single traumatic event or to repeated or ongoing trauma can lead to PTSD. However, a better understanding of factors that confer vulnerability or resilience to persons who have experienced trauma is imperative if prevention strategies are to be designed. We also know that serious, disabling comorbidities, such as major depression, alcohol/substance abuse, and poor quality of life, are the rule rather than the exception in PTSD, which underscores the importance of furthering our understanding of effective primary prevention efforts, appropriate acute treatment strategies, and long-term management approaches. Because PTSD is often the harbinger of a lifetime of suffering and disability and because entire communities from many different regions around the world are at greatly increased risk, it is imperative that mental health professionals and the general medical community have a good working knowledge of risk factors, presentation, diagnostic tools, and treatment strategies.

The goals of this consensus meeting were to review advances in the field, to identify areas for further research, and to make evidence-based recommendations for the clinical management of PTSD. Continuing with the tradition of the International Consensus Group on Depression and Anxiety, this supplement provides comprehensive reviews of the presentations that were delivered and a summary of the discussions following each presentation. The presentations and discussions formed the basis for the development of the consensus statement that appears at the conclusion of this supplement. It is our hope that this supplement will inform further research efforts, guide clinical decisions, and ultimately improve the lives of our patients with PTSD.

From the Medical University of South Carolina, Charleston.

The International Consensus Group on Depression and Anxiety held the meeting "Update on Posttraumatic Stress Disorder," July 11–12, 2002, in Adare, County Limerick, Ireland. The Consensus Meeting was supported by an unrestricted educational grant from GlaxoSmithKline.

Dr. Ballenger has been a consultant for SmithKlineBeecham, Lilly, Solvay, Shire, Novartis, and Pfizer; has received honoraria from SmithKlineBeecham, Lilly, Shire, Novartis, and Pfizer; and has been on the speakers or advisory boards of SmithKlineBeecham, Shire, Novartis, and Solvay.

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