

Post-Traumatic Stress Disorder Is an Important Issue for Korea in 2015

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For several years, our society, South Korea, has witnessed many traumas including severe cases of child sexual abuse, children's death by physical abuse, suicides of bullied adolescents, students' death on school trips, soldiers' death by shooting in the military, and last year's Sewel ferry sinking disaster where more than 300 people died or are still missing. As a result, the term Post-Traumatic Stress Disorder (PTSD), a recognized psychiatric disorder, has been cited frequently in Korea. PTSD was first introduced in the Diagnostic Statistical Manual of Mental Disorders, 3rd edition (DSM-III) by American Psychiatric Association in 1980 (1). PTSD is one of a few psychiatric disorders with a recognizable etiologic agent, trauma before its onset. Trauma was previously defined as a horrific event "beyond the scope of normal human experience", direct response after severe sudden, terrifying, shocking life event such as car accident, house fire, natural disaster, war, man-made disaster, rape and other forms of interpersonal violence. It has been expanded to include emotional abuse, medical trauma like intrusive procedures and surgery, sudden or violent death of someone close and indirect trauma, witnessing someone else's trauma. Although the term 'trauma' had been used to describe only physical trauma until just few years ago, people now think of 'psychic' trauma first when they hear the term. Although PTSD had been one of the anxiety disorders, it has been reclassified as a trauma- and stress-related disorder in the DSM-V in 2013 (2). The prevalence of PTSD may vary across age and cultural groups. Twelve-month prevalence among U.S. adults is about 3.5% (3). The older generation experienced the Korean War and veterans who fought in the Vietnam War may have higher rates because PTSD is more prevalent in the combat soldiers. In the DSM-V, secondary traumatization has been included as a cause of PTSD, like police officers who have been repeatedly exposed to details of child abuse (2). This change acknowledges the notion that repetitive relatively small trauma can also cause PTSD as well as one big trauma.

PTSD is one of the most challenging disorders to diagnose

accurately because patients have persistent avoidance of stimuli associated with the trauma. They try to avoid thoughts, feelings, or conversations about trauma and they refuse to answer when clinicians interview patients asking about traumatic experience (4). Sometimes they assert that they have already gotten over it just to avoid thinking and talking about it. It can be compared to patients who refuse to unbandage the wound when clinicians try to exam it in order to identify the size and severity of the wound. Without exposure of the injury to the eyes of the doctors, there would be no diagnosis and no treatment plan to help.

In the past few decades, psychiatrists have evaluated patients after motor vehicle accidents and interpersonal violence. In lawsuits parties may exaggerate their symptoms due to secondary gain. It is not easy for child and adolescent psychiatrists to evaluate young traumatized children who are not yet verbally fluent enough to express their symptoms in appropriate words. For traumatized adolescents, it is hard to differentiate the avoidance symptoms from the oppositional attitude which is common in teens. For these reasons, clinicians have difficulty making a PTSD diagnosis in a short time in an outpatient clinic. Moreover, the Korean legal system doesn't admit the diagnosis of PTSD because it is not a visible wound or scar like occurs with physical injuries.

The re-experiencing symptoms of PTSD are another cardinal part of the diagnosis. Even though the traumatic event has ended, patients are often not able to control recollections of their distressing events which can unexpectedly recur and intrude like abrupt endless pop-up windows with a computer virus. This kind of flashback experience and a more severe form, known as dissociation can be misdiagnosed as visual or auditory hallucinations indicative of schizophrenia. After trauma, altered physiology of hypothalamus-pituitary-adrenal axis cause persistent hyperarousal. Irritable behavior and angry outbursts with little provocation are typically expressed as verbal or physical aggression toward people or objects. Family members who don't un-

derstand this kind of process usually blame the patient for their incomprehensible behavior and familial conflicts can interfere with the emotional support for the patients who need it most for their recovery. If the whole family experienced the trauma together, parents sometimes fail to notice their children's PTSD due to their own symptoms.

For treatment of PTSD, psycho-education about how trauma affects the human brain and body is a first step and an important component. If patients understand the universal effects of trauma on the physiology of the brain and the body, they consider themselves as 'a person who needs help,' instead of 'a person who is out of his or her mind.' They are then more willing to accept professional help. Problems with concentration can be misdiagnosed as attention-deficit hyperactivity disorder for children and as major depressive disorder for adults. Hyperarousal symptoms such as hypervigilance, sleep disturbance, reckless self-destructive behavior may contribute to chronic metabolic disease like hypertension and obesity (5). The first priority of patients is to understand that they are no longer in danger. Trauma-focused cognitive behavioral therapy should be considered a first-line treatment for PTSD (4). The circumstances of Korea's medical reality make it difficult to apply this kind of treatment because it requires a lot of time. Pharmacotherapy, selective serotonin reuptake inhibitors are the only medications shown to decrease symptoms effectively in adults with PTSD, but there is less evidence for their effectiveness in children (4).

Korean society has become more interested in PTSD. The recently exposed video clip of child abuse by teacher in a day care system has contributed to this interest. The movie titled, "Ode to my father (Kukje Market)" has become popular. It is a movie about an older Korean generation who survived the Korean and Vietnam Wars. To our sorrow, our people are destined to continue their focus on PTSD in 2015, as they did in 2014. The time has come for us to face our past traumas and to work on healing these psychological injuries.

DISCLOSURE

Author is one of two Korean translators of the professional book titled 'Child Trauma Handbook, A Guide for Helping Trauma-Exposed Children and Adolescents' written by Ricky Greenwald, published in 2010 in Korea.

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