

Trauma and Pain

Shefa Neuroscience Research Center- Inter-disciplinary Pain Center

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Traumatic experiences are common and within the normal human experiences. The definition of trauma has been varied during the time and DSM IV has defined it as an event such as accident, interpersonal (man-made) or medically induced (emergencies, surgery, ...) evolving into confrontation with actual or threatened death, or serious injury or danger to one's physical integrity or other persons.

While the majority of traumatized people by the events cope with their problems, a significant minority could be affected in the long term. Neurological studies indicate that traumatic experiences are significant stressors which can cause biochemical, psycho-physiological, and even morphological changes in the long term.

Over centuries various psychological reactions to trauma were reported and by the year 1980 they were defined under the term of "Post Traumatic Stress Disorder"; likely to occur with a life time prevalence of about 5-10% in the general population. Psychodynamic, cognitive and behavioral theoretical constructs emphasize the importance of the objective characteristics of the trauma as well as the great importance of its subjective interpretation for the development of post-traumatic stress disorders.

Recently, in addition to the objective criteria, subjective experiences have gained more emphasis. If the integration of objective and subjective factors of the experience does not go off in the past cognitive and emotional background of patients, intense and sustained posttraumatic stress disorders will develop. In comparison with short-term (Type I) trauma, longer lasting interpersonal (man-made) trauma (type II) leads to more severe mental disturbances.

The posttraumatic stress disorders are frequently associated with other psychiatric disorders as comorbidities. Identification of the trauma and its relationship to the symptoms are of crucial importance in the differential diagnosis. As results to serious traffic accidents, rape, or other acts of violence, physical insults usually are addressed initially in first view; however, severe mental insults are ignored frequently. Furthermore, the affected victim frequently deals with the physical injuries, rather than the offensive and occupying shameful memories. For example, 54% of chronic pain patients have suffered sexual abuse or physical maltreatment in the childhood, and are emotionally neglected over many years. Some individualized symptoms of PTSD could be reduced by psychopharmacotherapy and psychotherapy; however, a complete remission is the exception. The established resistant pain syndromes after serious accidents and other traumas are among the most difficult chapters of medical evaluation and management.

Our interdisciplinary team of the "Pain Clinic" meets these challenges.