Drug Dosage
The authors and the publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

All rights reserved.
No part of this publication may be translated into other languages, reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, microcopying, or by any information storage and retrieval system, without permission in writing from the publisher.

Copyright 1986 by S. Karger AG, P.O. Box, CH-4009 Basel (Switzerland)
Printed in Switzerland by Graphische Anstalt Schler AG, Biel
ISBN 3-8055- 4219-4

Contents
Preface by Thomas N. Wise. .................VII
Introduction by Linda G. Peterson and Gregory J. O'Shanick. .................IX
I. Factors Determining Trauma Vulnerability

Gaines, A.D. (Cleveland, Ohio): Trauma: Cross-Cultural Issues. .................1
Suhr, M.A. (Houston, Tex): Trauma in Pediatric Populations. .................31
Leventhal, B. L.; Midelfort, H. B. (Chicago, Ill.): The Physical Abuse of Children. A Hurt Greater than Pain. .................48

II. Behavioral Responses to Trauma

Peterson, L.G. (Worcester, Mass.): Acute Response to Trauma. .................84
Brown, J. T. (Durham, N.C.): Grief Response in Trauma Patients and Their Families. .................93
Silverman J.J. (Richmond, Va.): Post-Traumatic Stress Disorders. .................115
Kelley, J. T. (Houston, Tex): Chronic Pain and Trauma. .................141

III. Trauma Treatment in Practice: The Head Injured Patient

O'Shanick, G.J. (Richmond, Va.): Neuropsychiatric Complications in Head Injury. .................173
Hayden, M. E.; Hart, T. (Houston, Tex): Rehabilitation of Cognitive and Behavioral Dysfunction in Head Injury. .................194

Subject Index. .................231

Preface

Disasters, both natural and man-made, affect both masses and individuals. Collective community responses have provided fascinating information for historians, sociologists, and psychiatrists [1, 2]. Nevertheless, psychological trauma has long been a central concept in psychodynamic psychiatry. It is the individual's subjective experience of a traumatic event that is the common focus for the physician. It is surprising, however, that so little attention has been paid to the psychological sequelae of physical trauma. Although stress response syndromes and bereavement receive much attention, the victims of direct physical trauma are infrequently studied [3, 4]. The consultation psychiatrist,
however, sees individuals who have been victims of physical trauma either from capricious accidents or brutal, aggressive injuries. It is fitting that two outstanding consultation-liaison psychiatrists, Dr. O'Shanick and Dr. Peterson, have organized this present volume. It should be carefully read by all who do psychiatric consultations in general hospitals as well as therapists in the psychiatric outpatient arena who treat victims of terrible stresses and survivors grieving for those who perished in such tragedies. This text would provide an excellent syllabus for a clinical course on Psychosocial Imperatives in Clinical Medicine. Such a course could transcend traditional departmental lines, whether they be surgery, medicine, psychiatry, or pediatrics. It would provide an integrating focus to help the student physician understand the nature of psychosocial response to stress and illness. We should all be grateful to the authors and editors of this text for putting together such important information in one volume.

Thomas N. Wise

Preface VIII

References


Thomas N. Wise, MD, Department of Psychiatry,
The Fairfax Hospital 3300 Gallows Road, Falls Church, VA 22046 (USA)

Introduction

Trauma is the leading cause of morbidity and mortality up to the age of 34. Psychological and physical sequelae, however, continue to be lifelong problems for many patients necessitating a significant amount of medical care and rehabilitation services. For some, trauma results in chronic disability. Although many trauma victims receive psychiatric care, little systematic attention has been paid to the specific
needs of these patients. An increased awareness of post-traumatic stress disorder has emerged since the Viet Nam War, but only recently has this entity been seen as a consequence of nonmilitary trauma. Likewise, many specific types of trauma have been investigated psychiatrically (e.g. burns, amputations, spinal cord injury), but there has been little effort to place these in a more general perspective or to address the multiply-injured patient. In fact, for many years the existence of real psychological sequelae was totally ignored. Post-traumatic neurosis was seen as a primarily litigious condition which could be effectively treated by compensation. This `fact' dates back to studies of `railway spine' in the late 1800s which are of questionable validity in this era.

Because of this deficiency in cohesive treatment of the psychiatric aspects of trauma and, further, because of the obvious economic and emotional cost of trauma, this book was conceived. Although one volume cannot adequately address the breadth of the area, the text has been arranged to give differing slices of the field. The chapters are arranged to give some general consideration of socio-cultural perspective, predisposing causes (i.e. alcohol use), effects of age, and role of families. Following this, major issues in acute management are addressed from a variety of perspectives including major psychiatric issues, and nursing perspectives.

The final section, an in-depth look at head injury, serves as a model of the integrated understanding necessary to all trauma cases if optimal psychological, physiological, and rehabilitative care is to be provided. We hope this volume will serve as a resource for all physicians and other medical personnel treating trauma victims and sensitize us to the necessity for comprehensive care of these patients.

Linda G. Petersen
Gregory J. O'Shanick