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LETTERS TO EDITOR

Studies on posttraumatic stress disorder: Challenges ahead

Sir,

Disaster studies play an important role in the area of research being unique in its methodology and also on the enormous impact it would have on affected population. Disaster studies have a set of inherent difficulties associated with them. They can only attain the status of quasi-experimental design, with comparison groups and not controls. Since disasters occur unpredictably, pretest data on victims are usually not available. Researchers can seldom obtain access to the disaster at its onset, and if they do find access, the exigencies of the situation usually preclude administration of standard instruments in a standardized fashion. Additionally, the statistical analysis of a nested case control model must take into account the way in which controls are sampled from the cohort. Performing logistic regression on nested case controls can result in biased estimates whose null distribution is different than what is assumed. The study by Pyari and her colleagues attempted in evaluating the risk factors associated with posttraumatic stress disorder (PTSD) in the 2004 tsunami.

Disaster studies should focus on understanding what aspects of disaster are most devastating, and what characteristics of individuals make them vulnerable. The authors have done so to include an exhaustive list of risk factors. However, other important risk factors like traumatic brain injury, premorbid trait anxiety, coping skills, ethnicity, and immigration could be incorporated. It would also have been fruitful to include traumatic brain injury as risk factor for PTSD as studies estimate its frequency between 17 and 33%. Children and adolescents, an important vulnerable group could have also been studied by the authors.
The authors have used the impact of event scale (IES)\(^4\) to diagnose PTSD. This scale is not a diagnostic tool for PTSD, but pick up of persons having intrusive and avoidance symptoms of PTSD. This scale does not rule out comorbid conditions mimicking PTSD as the authors themselves found low specificity in the pilot study.\(^1\) The authors could have used revised version of IES developed by Weiss and Marmar,\(^5\) that also included hyperarousal symptoms. It was also not clear as to why the cutoff for cases above the 70\(^{th}\) percentile of the IES score was chosen. The authors have missed reference for the social support scale used. The study was conducted 6 months after the tsunami over a period of 1-year and evaluated the PTSD symptoms only in the week preceding the administration. Possibly, the authors might have missed a considerable numbers of patients with PTSD as the disorder uncommonly has delayed onset.

Nonetheless, keeping the limitations of designing and carrying out disaster studies, the authors have done an admirable task at studying the risk factors associated with PTSD in developing countries like ours. There is a further need for studies analyzing interventions in the post disaster period and preventive methods for the vulnerable population along with transcultural issues like manifestation of PTSD and community response to disaster. Such studies would bear important implications at both the clinical and administrative arena.

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