Chapter 5
Orthopedic Trauma and Post-Traumatic Stress Disorder: Stress Disorder Associated With Trauma Injuries

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ABSTRACT

Little is known about the clinical consequences of psychological morbidity associated with orthopedic trauma. Anxiety disorders, depression, bipolar disorder, schizophrenia, and personality disorders may all occur during the postoperative period. There are no currently clearly defined relations between orthopedic injuries and PTSD, but undoubtedly, we can say that, depending on the personality traits, one can develop PTSD if the orthopedics trauma triggers and induce PTSD in individuals, and that should be one of the main future perspectives and goals of investigative studies. The effectiveness of prevention strategies that could be developed through psychiatrists and orthopedic surgeon cooperation strategies as well as developing strategies when PTSD occur postoperatively should also be one of the main targets in the near future, as PTSD as an entity presents one of the greatest disability factors in society producibility nowadays, which is also very important from the economy perspective.
INTRODUCTION

Posttraumatic stress disorder (PTSD) is also common after surgery, especially after traumatic injuries, but most important very often underrecognized and undertreated and orthopaedic surgeon must remain aware of their possible effect. McCarthy further identified a high correlation between the Brief Symptom Inventory (a measure of psychological distress) and the Sickness Impact Profile (a measure of patient function). A high index of suspicion for the presence of psychiatric disorders is important in treating the orthopaedic patient with multiple trauma, chronic disease, factitious disorder, or suspected malingering or who fails to improve with recognized treatment. Recognition of a psychiatric problem should be part of preoperative planning in orthopaedic practice, and a formal psychiatric referral for diagnosis and treatment should be made for the patient with significant psychiatric involvement. When associated psychiatric disease is diagnosed and controlled before orthopaedic treatment, the patient is more likely to comply with the treatment regimen, which may lead to better results and less incidence of bad postoperative time. It is of a great importance to have a rapid screening for psychiatric disorders as part of the health assessment. And all that as a precaution in aim for patients to attain maximal functional recovery. Presence of a positive psychiatric history or a current psychiatric disorder should present a sign for a professional both orthopaedist and psychiatrist to treat these patients in an appropriate way with adequate emotional and therapeutic approach and treatment.

Not only most commonly connected with military combat, post-traumatic stress disorder can occur in civilians with consequences that are just as serious. Posttraumatic stress disorder is a type of anxiety disorder that occurs after a person experiences a traumatic event involving physical injury, and occurs in patients with an orthopedic injury. According to Daniel Aaron, MD, clinical instructor in the department of orthopedics at Brown University, PTSD occurs with a significant frequency in civilian patients who have sustained an orthopedic trauma and it can hinder their emotional, physical and functional recovery following orthopedic treatment. He also said that higher-energy mechanisms are most commonly associated with PTSD, but no specific type of fracture or injury has been identified for itself, so any type of musculoskeletal injury that results from significant trauma may be associated with PTSD. Many types of accidents can cause PTSD, including car or motorcycle accidents, gunshot wounds, vehicle-pedestrian accidents and falls from height. PTSD
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