



Season 3, Episode 5: You, Me & PTSD

Benyamin Cohen:

Hello everybody. I'm your host Benyamin Cohen, and welcome to another episode of "Hadassah On Call." If you're just joining us, this is the podcast where you get behind the scenes access to the doctors at Hadassah Hospital in Jerusalem. We chat with them about their specialties and about the cutting-edge medical research they're working on. We cover everything in the show: COVID, cancer, sleep disorders, you name it. Today, we're doing a deep dive on post-traumatic stress disorder. What are its common causes? What are the various treatments that Hadassah offers and the future of the field. It was a real fascinating conversation, and I hope you enjoy it.

Benyamin Cohen:

Today, we are joined by three psychiatrists from Hadassah Hospital in Jerusalem. I'd like it if each of you could introduce yourself. Dr. Bonne, you can go first.

Dr. Omer Bonne:

My name is Omer Bonne. I've been head of the psychiatry department at Hadassah for the past 10 years. I have clinical and research interest, among others, in post-traumatic stress disorder. And I'm happy to be with you today.

Benyamin Cohen:

Thank you. And Dr. Reuveni, tell us about yourself.

Dr. Inbal Reuveni:

Hi, I'm Inbal Reuveni. I'm a psychiatrist and I am the head of the women's mental health service at Hadassah. I see mainly patients who are around pregnancy and postpartum, and infertility treatments. And I'm happy to be here, too.

Benyamin Cohen:

Thank you. And last but not least, Dr. Rahmani-Zvi-Ram.

Dr. Shlomo Rahmani-Zvi-Ram:

Yeah. My name is Dr. Shlomo Rahmani-Zvi-Ram. I'm working here in Hadassah in the in-patient department, and I'm also happy to be here.

Benyamin Cohen:

So I want to just start, today's episode, we're really going to be focusing on a lot about post-traumatic stress disorder. And Dr. Bonne, I'm wondering if you could tell our audience: Is this a new topic? I mean, were psychiatrists talking about PTSD 100 years ago, 200 years ago? When did it first come into the medical terminology?

Dr. Omer Bonne:

Basically, I think you should distinguish between, being present or existing and coming into the attention of the medical or psychiatric community. And those may be two different questions. Because officially, diagnosis of post-traumatic stress disorder was introduced into the DSM, the Diagnostic and Statistical Manual, the guidebook or diagnostic book of psychiatry, in 1980.

Dr. Omer Bonne:

But the issue itself, or the problem itself is very old. And documentation of this can be found in many scriptures, as early as very, very early mythological textbooks such as the adventures of Gilgamesh, the Syrian or Babylonian textbook. Or, the Iliad and the Odyssey of Homer. In such instances, usually or for many years, the condition was mostly thought to be related to war or military issues. And this was the focus of this, one would probably say, until the 19th century more or less. Then, onwards with the introduction of the industrial revolution, one began to see conditions compatible with PTSD that could result from other types of trauma rather than military war trauma.

Dr. Omer Bonne:

And as time went on, one can see other causes of trauma. Like in the more recent years, focus has been pointed at sexual trauma, work trauma, different types of bereavement and all other types of trauma which, for many years, were not under such focus of attention. What is called today PTSD had different names before, even say, the word nostalgia, which is pain that is related to memories or thought to be connected PTSD. Then in the first world war, there was what is called shell shock, which used to be related to infantry men being in ditches and trenches for a long time. Then there were other names for it, like war neurosis, exhaustion, et cetera, et cetera, until it finally came to be addressed or to be known as post-traumatic stress disorder.

Benyamin Cohen:

Dr. Rahmani-Zvi-Ram, can you tell us a little bit about the different types of patients that you see in Hadassah, different types of PTSD patients?

Dr. Shlomo Rahmani-Zvi-Ram:

You have several types of patients. People who are coming, like Professor Bonne mentioned, due to sexual assault. People who are coming after a war, because of a combat that they were taking part of and they developed PTSD because of that. I will say that, in the hospital, we mostly see more severe

patient with PTSD, which means that those patient had exposure to, what it's called, more significant traumatic event. It's usually, again, people which had a certain trauma by a human source. Meaning they were, again, went through a certain violence or a rape. It can be by a person which is close to them or a person which not. But if it's a person which is close to them, so it's much more significant. And we also see people, which again, as I mentioned before, people which are veterans that, because they were exposed to a life threatening event during the service in the army, they have a severe, what is called even chronic, PTSD. They were actually, some of them were injured during the battle. Some of them were tortured during the war. So the PTSD that they have, it's much more severe and significant. Those are the main patients that we see.

Dr. Shlomo Rahmani-Zvi-Ram:

I will also mention that, in the in-patient department, we see those patient, but many times, after a certain suicide attempt. That, they are reaching to a point that they committing suicide because of the symptoms that they have. Because they, again, the condition is chronic, so it's very difficult to them to proceed their everyday life with this. So those are the main patient that I see in the inpatient department.

Benyamin Cohen:

PTSD used to be a very taboo topic. And now it's, I think, something that people talk about on a regular basis. Dr. Reuveni, have you seen that? That, now people are more comfortable talking about issues related to PTSD?

Dr. Inbal Reuveni:

I think people are more comfortable, in general, talking about mental health, and it's getting better through the years. And I think even the COVID pandemic has put mental health issues in the forefront of the discussion. And the effects of the lockdowns and other restrictions that people have dealt with in the last two years or so. But, I treat mostly women. And among women, we see a lot of trauma, unfortunately, a lot of sexual trauma and domestic violence. And we teach the OBGYN colleague working with us, to ask about traumatic experiences in every encounter with our patients. And I think, when these questions are asked regularly, people can tell us more about their experiences, and then we can ask more about PTSD and other mental health consequences of trauma.

Benyamin Cohen:

Yeah. What are some treatments that your department offers these patients?

Dr. Shlomo Rahmani-Zvi-Ram:

We have an evidence-based treatment which is called a PE, which is prolonged exposure. This is one of the most common treatment that we have in PTSD. This treatment, which actually is far as I know, was invented by a woman which was working here in Hadassah. Her name is Edna Foa. It's divided to four parts, which consist of psycho education. We actually talk about with the patient about the PTSD, the meaning of the PTSD, what is actually mean, this diagnosis. We teach the patient relaxation and breathing therapy.

Dr. Shlomo Rahmani-Zvi-Ram:

And there is two very important part of the treatment, which actually involves exposure. Which one of them, it's exposure in reality. And the other one is exposure in the imagination. The patient actually, in

the exposure of reality, is trying to expose himself to things which are part of the trauma. It can be going to the traumatic place. It can be seeing a picture from the traumatic event, it can be meeting people from the traumatic event. And the other one is the exposure in imagination in which, the patient is telling the story about the traumatic event together with therapist. And after that, he also recording himself and hearing himself talking about that traumatic event.

Dr. Shlomo Rahmani-Zvi-Ram:

PE, it's one of the major treatment that we are giving. It's not an easy treatment because, in many cases, it's causing to an extreme anxiety among those patient because it's not an easy thing to be exposed. But the goal of it, that with time, actually the anxiety need to decrease and the patient doesn't feel this uncomfortable feeling again, related to the trauma. There is one problem with this treatment, that the patient need to take a big part of it, including homework that he need to do by himself and need to expose himself to many things. And sometimes the patient cannot handle it, and they are just quitting before we are reaching the goal.

Dr. Shlomo Rahmani-Zvi-Ram:

There is other treatment that we know that are helping. Another form of a psychotherapy, it's the CPT, which is, actually means cognitive processing therapy in which, the patient is actually describing the traumatic event together with the therapist. And the therapist is trying to recognize what is called stuck points or the negative points. Which means, for example, that because of the traumatic event, the patient will say that they see the entire world as a dangerous place, he will not trust nobody. And we try by this therapy to give an alternative thought for the patient, a more positive one. And in many cases, it's also known to be a very useful treatment.

Dr. Shlomo Rahmani-Zvi-Ram:

I will also mention another treatment, which is now, as far as I know, is becoming much more popular, the EMDR treatment, which is actually a treatment which we don't exactly know the mechanism. It's something that was invented during the 1980s, as far as I know, by a medical doctor or named Dr. Shapiro. And again, we don't understand the mechanism, but the thing is that during this treatment, the patient is also talking about the trauma. And during that, the therapist is moving his hands from one side to the other, and the patient is following the hand movement with his eyes. And it's saying that this treatment is also considered to be very helpful.

Dr. Shlomo Rahmani-Zvi-Ram:

And there's the other part, which is the pharmacology. In which, from my experience, mostly doesn't see an extreme change be because the most popular medication in the field of PTSD are the SSRI, the selective serotonin re-uptake inhibitors. Many times, we use those medication in a combination together with the psychotherapy, in cases when the patient feel that the psychotherapy, it's not enough or the anxiety, it's too strong, or there are other symptoms which are dominant.

Dr. Shlomo Rahmani-Zvi-Ram:

There is another thing, which is the use of the cannabis, that is in Israel since 2014. The ministry of health give the permission to give cannabis for patient of PTSD. It's allowed. We don't have in the literature, as far as I know, information that they are saying that this is a good treatment, but we do hear from people, they say that this treatment is helping in their mood, in their sleeping, in their anhedonia and other symptoms. So the cannabis is also something that we are seeing in patient of PTSD

here in Israel. It's not so easy to get it, because usually, the patient need to be at least for three years diagnosed with the PTSD.

Dr. Shlomo Rahmani-Zvi-Ram:

And the last thing that I want to mention, lately there was also an article in the Lancet about MDMA, that also showed that the use of MDMA together with psychotherapy can show an improvement in the symptom of PTSD. We don't use it in the everyday clinical life, but in research, and it's been useful.

Benyamin Cohen:

When we return, the doctors discuss ways we can all make ourselves more resilient in the face of trauma. Plus, the connection between COVID and PTSD. All that and much more after a quick break.

Benyamin Cohen:

If you're enjoying this conversation, you may want to check out our last episode with Dr. Amir Haze. He's the director of the foot and ankle unit at Hadassah Hospital and he's also the head of orthopedic research. We chatted about how we can all be strengthening our bones, about the groundbreaking stem cell research he's working on, and about the seven-hour surgery he did to reconstruct the foot of an injured athlete.

Dr. Amir Haze:

And we said, let's give him a chance. He's young and it might survive, and I believe that he will go back to playing soccer.

Benyamin Cohen:

You can find that episode of "Hadassah On Call" on Apple Podcast, Google Play, or wherever you get your podcast. Or, on the web at hadassah.org/hadassahoncall. That's hadassah.org/hadassahoncall. And now, back to our conversation about post-traumatic stress disorder.

Benyamin Cohen:

Are there things that people can do to make ourselves more resilient in the face of trauma, or recover more quickly?

Dr. Omer Bonne:

Right. So getting into this, this is a very complex topic as, with PTSD, like many other mental disorders, the mechanism or pathophysiology of disorder is not well-known. So we are not in a position to make very clear and definite statements. But that said, it is accepted that there are people who are more vulnerable to trauma. That can be seen. For example, when you try to allocate different people to different military units, and you try to select, say, young men and see who is more capable of being in a fighting unit and who does not have the capability. And there are several personality assets or other identifiable factors that can try to help us see, or at least believe we can see, to identify who is more or less vulnerable. So that's one part of it. Another part of it would be, and one can look at this as different stages of prevention. You can say primary prevention, more or less what I just said, trying to avoid the first stage of post-traumatic stress disease. And then there is secondary prevention and tertiary prevention.

Dr. Omer Bonne:

The other part of your question may address, say, whether there are any activities that can be done. If again, we draw from the examples of army training, whether any training can be done to try to assure that, when a person is exposed to trauma, the likelihood that he or she will develop PTSD will lessen. Meaning, if say, one assumes, which is probably correct, that the danger or the risks for the likelihood of developing PTSD increases in an opposite direction to the amount of control a person has over a situation. Say, the more devastating or the more the frightening or the more out of control a situation is, the more likely the person will be to develop PTSD. So, say in army training, the routine tries to make people more in control of difficult situations. Another thing is, say it is known that a person is more likely to develop PTSD if he is alone, or if he's among people that he does not know compared with conditions where he is with people he trusts, or with people he has been with or trained with. So, such things can be done in order to reduce the risk that, when a person does undergo or is exposed to trauma, he will develop PTSD.

Dr. Omer Bonne:

Then the question is, or if you go one step further, the question will be, what do you do in the initial stages after a person has been exposed to trauma? We are talking about PTSD, post-traumatic stress disorder, which is basically a diagnosis that is made after at least one month. Before that, the condition is called acute stress disorder. And going back to your question, one will say, are there any initial steps that should be taken once a person has undergone trauma? Going back to the military example, because that has probably been the most intensively investigated. Say, if a person has been exposed to a very difficult or severe military trauma, what should be done with him? Should he be taken back away from the battlefield to a very distant place, or should he be kept close to the battlefield? Should he be allowed to continue to participate in the military or combat activities or not?

Dr. Omer Bonne:

And say, the most common approach now, it has several names like the Principles of Salmon, which are five principles of other people who have done it, is that a person, at least at the first phases, should not be drawn away from the area of the trauma. But to the contrary, should be kept in a place that is, on the one hand, felt or perceived as sure and safe. But on the other hand, is close to the actual place where trauma was undergone. That, he should be nourished and sleep. And say, be able to regain their strength, but probably be sent back to the battlefield the next day. And this will be in order to try to prevent the development of PTSD.

Dr. Omer Bonne:

In a minor digression, one of the major questions regarding PTSD is whether PTSD is a result of, say, an unusual trauma or an unusual and pathological response to trauma. Or, that most people, when they undergo trauma, they respond in some kind of fear response and have a very strong emotional response. But the PTSD is more in the way of a difficulty in the healing process. That, not the traumatic condition is the extreme issue, but the healing process fails. Given that, what you usually see is, even if you have, say a squadron of soldiers that are exposed to a very difficult situation, only the minority of them will develop PTSD. Say, only 10 or 15% will develop PTSD.

Dr. Omer Bonne:

And the question always goes, why if you have a group of people who were exposed to similar conditions, only a small part of them will develop PTSD? And the more common answer is that the PTSD

is not a result of the extent or the severity of the fear reaction, but a problem in the normal restorative, curative faculties of the person. So the question also would be, in the acute stress situation, going back to what I said before, how do you manage the case of the person who has been traumatized on the battlefield? And there, the principles of proximity, of immediacy, of centrality, of trying to give a response as close to the place where the trauma took place, and having a person resume whenever he's capable of what he was doing before is considered to be something that can be protective against the development of PTSD.

Benyamin Cohen:

Obviously, a topic that's on everyone's minds is COVID. I'm wondering, there's probably a lot of connections between the pandemic and people experiencing PTSD, whether they actually had COVID or just experienced family who's had COVID. Dr. Reuveni, am I correct that you actually did some research about the connection between COVID and PTSD?

Dr. Inbal Reuveni:

So I did some research about COVID and PTSD, and anxiety and depression, among women who were pregnant. And we compared them to women who were not pregnant during the first lockdown, the first wave of the COVID pandemic. And then we followed them until, I think, the end of the third wave. And what we saw is actually very interesting. As everyone is reporting, symptoms of anxiety and depression have worsened during the lockdowns and the waves of the pandemic, but actually in pregnant women, there was some kind of protective factor. Maybe the fact that they were at home with their families or other factors that we can speculate about. We don't know. They were protected and they were less anxious and less depressed than women their age who were not pregnant. But a lot of research nowadays about the mental health effects of the COVID-19 pandemic on the patients and their families, and also on the health workers in the hospital. So, we are delivering mental health care for health workers in the COVID wards in the hospital. It's very substantial. And these personnel have PTSD, and depression and anxiety, and this needs to be a major concern.

Benyamin Cohen:

Hadassah set up, if I recall, a post COVID clinic for people who are experiencing all sorts of medical ailments because of COVID.

Dr. Inbal Reuveni:

Right. There is a post COVID clinic. I think mainly for the long COVID symptoms. We are getting referrals from people who are demonstrating PTSD symptoms after severe COVID, prolonged hospitalizations, people who have been needing assisted ventilation. And we do see people with all the classic PTSD symptoms. The flashbacks, the intrusive memories, the startle effect and so on. And they get treatments as others with PTSD. But I think, this will see them more and more as time goes on.

Benyamin Cohen:

I think what's interesting about COVID, what makes COVID unique, is that, with a lot of the PTSD cases that you are all have been talking about, could have been a military explosion or something that was a one-time incident. With COVID, first of all, it's an extended trauma. We've all, it's been something we've been with for two years almost. And it's also, it's a collective trauma. It's something that everybody on some level has experienced. So I'm wondering if one of you could speak a little bit about that.

Dr. Inbal Reuveni:

So if I may add about this, it's interesting, collective trauma, their effect may be very substantial. But on the other hand, this could be a factor that increases resilience. We saw that especially in the first lockdown, which we can now look back on research-wise and say, everyone was together in this and we were staying home, and helping each other out, and people were starting all those COVID projects at their home, so this was actually protecting them from a mental health status. I think, now we see the COVID fatigue it's called in Israel, I'm not sure if the same term is used.

Benyamin Cohen:

Yeah.

Dr. Inbal Reuveni:

And we see this, people are tired. The next wave coming to us, the Omicron, people are getting worried. They'll get back in the houses, in the lockdowns, in the social restrictions. So now I think this is going to be more apparent.

Benyamin Cohen:

When we return, the doctors talk about the connection between infertility and trauma. Plus, they make predictions about what the future of PTSD care looks like. All that and much more after a quick break.

Benyamin Cohen:

On behalf of the whole team here at "Hadassah On Call," I just wanted to take a moment and personally thank you for being a fan of our show. When we're putting together each episode, we hope that once we hit the publish button, that you, the listener will enjoy it. And if you find that hearing from Hadassah doctors is educational, is inspiring, please show your support for the Hadassah Medical Organization by going to hadassah.org/hadassahoncall and clicking on the blue donate button. That's hadassah.org/hadassahoncall. And you'll see the blue donate button on the top of the screen. Again, thank you so much for your support. It means that we can continue to make this podcast for you each month. Thanks. And now, back to our conversation about post-traumatic stress disorder.

Benyamin Cohen:

You're obviously all based at Hadassah in Israel. And Israel is a very interesting place in the sense that, sometimes it can be unsettling, there's severe unrest. How does that impact the average person going about their lives in Israel?

Dr. Omer Bonne:

First of all, I think, say in most of the western world today, the most common reason for PTSD would probably be motor vehicle accidents. And then there's, say, types of abuse. And only one thinks of Israel and combat and terrorism. And I think, in Israel, like in most parts of the world, that would not be the most likely reason for PTSD.

Benyamin Cohen:

Interesting.

Dr. Omer Bonne:

So I don't know whether this relates to your question.

Benyamin Cohen:

Yeah, it does.

Dr. Omer Bonne:

Yeah. You usually automatically jump to the more, I don't know, if you say, traumatic, sensational, media-related type of trauma. But usually, all the "boring" day-to-day trauma will be much more cause of PTSD than the sensational terrorist-related trauma.

Benyamin Cohen:

Interesting. And in that sense, Israel's not unique compared to the United States.

Dr. Shlomo Rahmani-Zvi-Ram:

And I think also lately, in the last years, because the #MeToo movement, PTSD among females is much more prominent because people are feeling, I don't know, if much more, they're feeling more comfortable to share, to talk about the trauma that they had. So also in Israel, I think this is, like the rest of the world, the major cause of PTSD. Certain assault, violence, rape, things like that.

Dr. Inbal Reuveni:

As Professor Bonne mentioned, trauma cannot only be one incident, but it could be ongoing trauma. Which especially goes to sexual abuse, of violence. And also neglect, physical and emotional neglect during childhood. And people, especially women, who are exposed to these recurring traumatic events can develop PTSD symptoms. And some of them are called complex PTSD, which is not an acceptable term in the DSM-5, in the diagnostic manual, but we do use them in day-to-day basis. And these are mostly women who display, other than the classical PTSD symptoms, other let's say, more prolonged symptoms of trouble regulating their emotions, more feelings of trouble with interpersonal relationships, fear of abandonment, and thoughts about death and impulses to hurt themselves. So these are usually patients we see in the clinics during their lifetime. It's prolonged therapy, they need a combination of psychotherapy and pharmacotherapy, and so on.

Benyamin Cohen:

In the US, Hadassah does a lot of work with infertility advocacy. And I'm wondering, Dr. Reuveni, what kinds of things are you seeing in your patients in relationship to PTSD when it comes to fertility issues or miscarriages, or things like that?

Dr. Inbal Reuveni:

Yeah, so infertility and perinatal loss are also referred to as reproductive trauma. And we see this as a major source of stress in women during the reproductive age. And again, as in any kind of trauma, about 15% of women could develop depression, anxiety, and PTSD symptoms. And we see this in a wide variety of incidents. It could be miscarriages, termination of pregnancies, stillbirth, and neonatal death. And of course, infertility could display itself as recurring experiences of loss. So we see these women a lot. We see them sometimes during the infertility treatments, and then sometimes we see them actually after they become pregnant and after everything comes down. And actually, the wanted result is there, sometimes again, the memories and the thoughts about what happened and what they experience until

they received the baby or the pregnancy come up, and present themselves as PTSD symptoms. The women that are more at risk to develop PTSD is usually younger women, women who have previous trauma, usually sexual trauma or violence in their past, or women with mental health problems previous to the infertility treatments or pregnancy. And the longer the pregnancy continues, we see more and more mental health issues if the pregnancy has ended in a negative outcome.

Dr. Inbal Reuveni:

And what I want to add, especially in all kinds of trauma, but I see it in women very strongly, is that social support is a very important factor, very important mitigating factor between any trauma and the consequences. So if we have strong social support for these women, we can see most of the negative outcomes are reduced.

Benyamin Cohen:

Yeah. I want to make sure we include in this podcast episode, something uplifting, something inspiring. Could one of you talk about a patient that you worked with where you saw someone who was at the depths of a PTSD case and was able to overcome that?

Dr. Inbal Reuveni:

I remember when I was working in the outpatient mental health clinic, we treat soldiers who come to us with PTSD after combat trauma, mainly. And I remember an especially young soldier which I saw actually in the hospital immediately after he was encountered by a terrorist while he was driving. And he experienced burns on wide areas of his body. He was a young man, he was married and he was about to have a child. And when I saw him later on in my clinic, then he displayed very severe PTSD symptoms. He was having flashbacks and nightmares about what happened, and was having trouble functioning in his home as a father when his wife gave birth, and then during his work.

Dr. Inbal Reuveni:

But at the beginning, it seemed like nothing would help him. We tried everything. We tried psychotherapy and pharmacotherapy to help him sleep and to reduce the anxiety. And I think, as Dr. Rahmani-Zvi-Ram mentioned, some people actually get better by themselves and recruit resiliency factors around them. And he went on a trip with IDF members, soldiers who experienced traumatic events during their military service, they go on trips abroad. And they went to Nepal, actually, to do a trek about 14 days. And this was very empowering for him. He came back after this and he actually found a job. He was mentoring soldiers, who had undergone trauma during their military service, to find jobs and to do rehabilitation in work and in their family. So it was very, it's a very inspiring story.

Benyamin Cohen:

Wow. Let's talk about specifically working at Hadassah. Obviously, PTSD is studied all around the world. I wonder, I'm curious what makes working at Hadassah and doing research at Hadassah unique?

Dr. Inbal Reuveni:

Yes. I think it's a very diverse population that we see. And I think, first of all for me, giving women care through the public health system, which is all funded by the HMOs in Israel, is very important. And then the collaborations we're making. If it's with my clinic and women with mental health, with OGYNs or other clinics, like the psychiatric clinic, who's doing collaboration with neuropsychiatry and neurosurgery. This can happen only in a general hospital and this is very important. And I think

especially important for our patients, which are better care. And also, I think the fact that we are an academic institution, we're teaching students, medical students. This requires us to be better doctors, to be up to date with the research and the data. And it gives us more interest and also more work during the day-to-day.

Benyamin Cohen:

You mentioned research. Are there any kind of big research projects that you're working on right now that you could tell us about?

Dr. Omer Bonne:

One of the major topics I think Dr. Rahmani-Zvi-Ram brought up is cannabis. We're now trying to look more closely at the effects of cannabis on post-traumatic stress disorder and other conditions. The introduction of medical cannabis in Israel, Israel is one of the leading countries in introduction of medical cannabis into use. Once you employ or use medical cannabis, you have a very extensive and detailed database about people who use cannabis. And this offers a big opportunity for research to try to look into the effects, in our case, the effects of cannabis upon mental health. And this is a study where we have just begun to look into a very big number of people, say above a 100,000 people, who have received the licenses to use medical cannabis. And we are very soon going to look at whether or not this has any mental health related consequences.

Benyamin Cohen:

What do you hope in the next 5, 10, 15 years, what's the next big step for your field? Where do you see some positive things in the future in your field?

Dr. Inbal Reuveni:

I see it as two major issues. First of all is, how can we predict. You were talking earlier about resilience and vulnerability, and how can it predict who would be vulnerable to PTSD symptoms if they encounter trauma? And this is very, it's a major, I think, issue with the military personnel, but also in general. In the general population, this could be very helpful. My research, for example, is trying to predict which women would develop anxiety and depression and PTSD during pregnancy and postpartum. And we look at prior traumatic experience, et cetera. So I think this is one major issue. And the other thing is maybe improving our diagnostic mechanisms. So now we have this category called diagnostic mechanisms, which we talk to our patients, we collect the symptoms they report. And then we say, okay, either they answer the diagnosis of PTSD or they don't. And now we talk more about dimensional diagnosis. Talking about maybe other imaging or other more objective tools, we can maybe diagnose mental health disorders. And lastly, and in respect to PTSD, as Dr. Rahmani said earlier, treatment is not very effective for PTSD. And I think maybe in the future, we would find more effective treatments for it. And I hope so. So I think that covers it.

Benyamin Cohen:

Well thank you, all of you, for taking the time today to chat with me and to give some really valuable information to our audience. So Dr. Bonne, Dr. Reuveni, Dr. Rahmani-Zvi-Ram, I really appreciate this conversation. Thank you so much.

Dr. Shlomo Rahmani-Zvi-Ram:

Thank you.

Dr. Omer Bonne:

Thank You.

Dr. Inbal Reuveni:

Thank you.

Benyamin Cohen:

“Hadassah on Call: New Frontiers in Medicine” is a production of Hadassah, The Women's Zionist Organization of America. Hadassah enhances the health of people around the world through medical education, care and research innovations at the Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to hadassah.org/news. Extra notes and a transcript of today's episode can be found at hadassah.org/hadassahoncall. When you're there, you can also sign up to receive an email and be the first to know when new episodes of the show are released.

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