Posttraumatic Stress in Whiplash Associated Disorders: Why Diagnostics Are Difficult in Comorbid Cases

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Outline for this presentation

- → Brief background of the rationale for co-thinking posttraumatic stress symptomatology and WAD
- \rightarrow Definition(s) of posttraumatic stress symptomatology
- \rightarrow Underlining assessment difficulties





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- → As WAD is a posttraumatic condition, some people may also experience a more psychological posttraumatic response to their accident – e.g. posttraumatic stress
- → While many know posttraumatic stress symptomatology from other traumatic populations such as veteran and sexual assaults victims, it is highly common after MVC's too (e.g., Heron-Delane et al., 2013; Lin et al., 2018)



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- → This idea has also been discussed in relation to treatment, where PTSD symptomatology may complicate treatment and reduce effects (e.g., Jaspers, 1998; Campbell et al., 2015)





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- → In research at the moment, we see primarily three of these: DSM-IV-TR, DSM-5, and ICD-11































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 - Another thing is symptoms that are commonly misinterpreted!





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- \rightarrow A final example:
 - \rightarrow Loss of interest in activities that you used to enjoy?

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 \rightarrow Some wordings will also tap differently into the pain condition!





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- → Some of the identified issues can be targeted by applying measures that focus on the core symptoms and are actually validated in chronic pain populations (and maybe also interviews)
- → But all in all, this is no easy task, but it may also be OK to accept it to be a proxy of more general and pain-related distress – we just then need to talk and think differently about it and what is needed in terms of interventions

THANK YOU!







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