Prisoner Of War Patients With Post-Traumatic Stress Disorder: A Growing Demand On Our Services? A Brief Case Study

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Abstract

Increasingly, I have seen a number of English patients who were ex-POWs from Japanese camps. They are intriguing because of the apparent delay in onset of Post-Traumatic Stress Disorder (PTSD).

Introduction

During World War II there were over 140 000 prisoners in Japanese camps (Kakodate, Sendai, Tokyo, Nagoya, Hiroshima, Fukuoda, Osaka), Taiwan, Singapore, other Japanese-occupied countries. Camps housed military personnel and civilians who had been in the East before the outbreak of war. The Geneva Convention was ignored and rules included frequent punishments. One in 3 died from starvation, work, punishments or diseases for which there were no medicines.

Case study

Recently, I saw Mr P, in his 80s, happily married of 50 years with three children and several grandchildren. He was fairly quiet, mild-mannered but had periods of low mood going for long walks to “walk it off”. Increasingly, he was prone to fits of anger. A minor car accident had made him wildly admonish the driver to the embarrassment of his passenger wife. This signalled the beginning of a worrying new trait in which he showed more apparently “aggressive” outbursts. Typical DSM-IV PTSD criteria (APA, 1995) signs were noted: nightmares, “night sweats”, and flashbacks. However, only now was any connection made with his distant and dark past. Over time with cognitive behavioural therapy, he confronted his past and the meaning behind his actions. Re-interpreting events, he found eventual solace in his eldest grandchildren showing great interest in recording events he described using a tape recorder.

Discussion & Conclusions

I suspect the symptoms of many ex-POWs remain unrecognised because of subtle or masked symptoms (Thompson, 2006) or only surface because of another trauma as in the case of this patient’s minor road traffic accident. I have seen several such cases though sadly from this era they will become scarcer due to their age. Long periods of psychological suffering often accompany the legacy of recurring and debilitating physical conditions with ex-POWs. Some have ended their poor quality of life. Many survive due to incredible resilience and strong will-power. This carries them through great physical and psychological struggle which forces us to think again about the difficulty in recognising delayed onset and more subtle PTSD symptoms and how this impacts on our treatment intervention. There will be many more patients coming through from the recent Iraqi conflicts. As professional, we need to be aware of the multi-faceted problems associated with PTSD symptoms.

References

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