This issue of *Psychiatric Annals*, ably guest edited by Dr. Charles B. Nemeroff, focuses on posttraumatic stress disorder (PTSD), presenting a collection of comprehensive articles on diagnosis and neurobiology as well as treatment practices around PTSD.

The first article, “Concerns Over Divergent Approaches in the Diagnostics of Posttraumatic Stress Disorder,” by Dr. Eric Vermetten and his colleagues reviews some of the primary arguments and evidence for the diagnosis of PTSD as indicated in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) and the forthcoming (in 2018) 11th edition of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11).

Written by Drs. Julius C. Pape and Elisabeth B. Binder, the second article “The Role of Genetics and Epigenetics in the Pathogenesis of Posttraumatic Stress Disorder” identifies data that indicate the high levels of trauma exposure for many in the US (40%-90%), but points out that only a small number of people (7%-12%) eventually develop the disorder.

The next article, “Brain Imaging Alterations in Posttraumatic Stress Disorder,” by Drs. Daniel W. Grupe and Aaron S. Heller discusses the association between abnormalities in subcortical and cortical structure and function. The authors call for more nuanced models of PTSD pathophysiology to account for the different aspects of this disorder.

Then the article, “Posttraumatic Stress Disorder-Related Cardiovascular Disease and Accelerated Cellular Aging,” by Drs. Erika J. Wolf and Paula P. Schnurr reviews literature between 2010 and 2016, which shows the increased risk of cardiometabolic health problems in people with PTSD.

The final article, entitled “State-of-the-Art Prevention and Treatment of PTSD: Pharmacotherapy, Psychotherapy, and Non-pharmacological Somatic Therapies,” by Drs. Nils C. Westfall and Nemeroff is a comprehensive review of PTSD treatment studies across the spectrum of therapeutic modalities and comorbidities.

This issue confirms that we in the psychiatry field have significant improvements to make so patients with PTSD can achieve better health results, as well as the need to prevent comorbid psychologic and cardiovascular illness. Traditional treatment has often involved targeting comorbid conditions, such as mood, anxiety, and substance use disorders; however, the articles in this issue suggest that we need to develop treatment protocols for various types of PTSD, with onsets at different ages. It appears that we may be able to prevent the onset of PTSD.
of some cases of PTSD if we can intervene within a certain time window.

AN UPDATE ON MY HEALTH

I hope the summer months have been enjoyable to everyone. For me, I am just finishing a 5-month medical journey. It started out as a “simple” right knee replacement surgery, with a 2-day discharge plan. Instead I experienced atrial fibrillation, over-anticoagulation, bleeding into the surgical site, a re-do of the surgery to avoid infection, and gout attacks. I was then given the beta-blocker metoprolol to prevent a stroke, which caused a severe depression.

I had never personally experienced depression or the cognitive limitations before. I was a zombie for about 5 weeks until the beta-blocker was replaced by a calcium-channel blocker—flecainide. I had a hard time persuading my “caring” doctors that I needed a change of medication, and wasn’t just old and demented.

Now, I’ve been back to work for several weeks, teaching residents in clinics, and recently drove myself to and from work (60 miles) alone for the first time. I still have some pain in my right knee and limited balance, but it’s coming along slowly. This is the first long-lasting major medical encounter I have had, so I guess I can call myself lucky!

REFERENCES

CALL FOR FEATURE ARTICLES

Psychiatric Annals invites you to submit a manuscript for consideration as a published Feature Article in the journal. The journal welcomes full-length, in-depth review articles that feature progressive topics of interest to psychiatrists, psychiatric residents, and other mental health clinicians and professionals who work to find the best treatment modalities for people with mental disorders. All articles should be between 1,500 and 2,500 words and contain an abstract and references; tables and figures, which should be original, are optional components of the manuscript. Email complete submissions to psyann@healio.com.