

## Correspondence

EDITED BY KIRIAKOS XENITIDIS and COLIN CAMPBELL

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### Going to war always hurts

I was disappointed and saddened by the carelessness of the title 'Going to war does not have to hurt' in the June issue of the *Journal* (Hacker Hughes *et al*, 2005). One does not even have to mention the considerable number of British casualties in Iraq to realise that this headline is completely ill thought out and a particularly misplaced euphemism that fails to appreciate that war in modern times always kills civilians rather than military personnel. As the historian Norman Davies points out, almost 100% of casualties in modern warfare are civilians and this is no different in Iraq today. To minimise the considerable and well-documented consequences of going to war for Army personnel and to ignore the plight of civilians is, in my opinion, shameful. Health professionals should be very careful not to collude with politicians in minimising the impact of war and armed conflict, because they can easily become a vehicle of such policies.

**Hacker Hughes, J., Cameron, F., Eldridge, R., et al (2005)** Going to war does not have to hurt: preliminary findings from the British deployment in Iraq. *British Journal of Psychiatry*, **186**, 536–537.

**P. Lepping** Llwyn Y Groes Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD, UK. E-mail: PETERLEPPING@new-tr.wales.nhs.uk

**Authors' reply:** Dr Lepping has expressed strong views on the plight of the Iraqi civilians who have suffered tragic and devastating casualties in the conflict that has followed the war in Iraq. Our paper was not attempting to belittle their suffering or to make excuses for the political ideologies behind the conflict; rather we examined the mental health of UK military personnel who had been deployed to Iraq in the line of duty.

With the exception of Professor Simon Wessely (who is an unpaid Honorary Civilian Consultant Advisor in Psychiatry to the Director General of the Army Medical Services), all of the authors are either civilian or uniformed members of the Defence Medical Services. As such, it is our duty and privilege (along with our many colleagues) to look after the mental health needs of the servicewomen and men of the UK's Armed Forces to the best of our ability. It is these professional sailors, soldiers and aviators (both full-time and reservist) who are mobilised by our government to go to war on behalf of the country for whatever purpose. Their going to war is distinct from those civilian inhabitants of war zones who of course do not choose to 'go to' war but who inevitably suffer the consequences of warfare and armed conflict.

The effects of war on civilian populations have been extensively investigated and published elsewhere (Horton, 2004; Roberts *et al*, 2004) and, although continued investigation of the health needs of civilians caught up in war is indeed pressing, our paper concerned itself solely with the mental health of those professional soldiers who are called upon to fight.

The conclusion of the study was that, for a highly prepared elite group of soldiers involved in war fighting in Iraq, there was a positive effect on soldiers' mental health, at least in the short term. In that context, the title of the short report was, in our opinion, highly appropriate.

### Declaration of interest

J.H.H., F.C., R.E. and M.D. are employed by the UK Defence Medical Services. S.W. is an unpaid Honorary Civilian Consultant Advisor in Psychiatry to the Director General of the Army Medical Services.

**Horton, R. (2004)** The war in Iraq: civilian casualties, political responsibilities. *Lancet*, **364**, 1831.

**Roberts, L., Lafta, R., Garfield, R., et al (2004)** Mortality before and after the 2003 invasion of Iraq: cluster sample survey. *Lancet*, **364**, 1857–1864.

**J. Hacker Hughes, S. Wessely** King's Centre for Military Health Research, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, UK. E-mail: J.Hacker-Hughes@iop.kcl.ac.uk

**F. Cameron, R. Eldridge, M. Devon** Defence Medical Services, Department of Community Mental Health, Colchester, UK

### Traumatic events v. life events: does it really matter?

We read with great interest the paper by Mol *et al* (2005). However, we would like to point out some weaknesses. First, 'serious illness (self)' was considered a life event rather than a traumatic event. There is a vast literature concerning post-traumatic stress disorder (PTSD) in people with AIDS and cancer. Serious illness definitely meets the DSM-IV criterion A1 for life-threatening situations (Barak *et al*, 1998).

Second, there is a big problem with Mol *et al*'s definition of 'sudden death' of loved ones, which ranges from watching a loved one die violently to hearing about the death of a loved one or a close relative. The same is also true for accidents and serious illness. The magnitude of a traumatic event is linked directly to PTSD symptomatology (Sungur & Kaya, 2001). If we were to exclude sudden death and accidents from the traumatic events group we would see a significant difference between the life events group and the traumatic events group, with more symptoms in the latter. This is a crucial point since most people in the traumatic events group reported sudden death or accident as their worst event; they also had a low level of PTSD symptomatology. If Mol *et al* had subdivided the sudden death and accident groups according to the magnitude of the event, this would have helped to determine whether the event could be considered a life event or a traumatic event. This is important when dealing with the issue of traumatic grief (Stroebe *et al*, 2001), which is a combination of PTSD and bereavement. If the participants had undergone normal grieving the sudden death should be considered a life event rather than a traumatic event.

Third, the magnitude of the traumatic event was clearly associated with PTSD