

Study of Vets Suggests Basis of Stress Hardiness

BY CARL SHERMAN
Contributing Writer

NEW YORK — Severe stress can have lasting effects, most dramatically in post-traumatic stress disorder. But many people undergo equally traumatic experiences—combat, natural disasters, imprisonment, torture—and emerge relatively intact.

What protects them?

Dr. Steven Southwick, a psychiatrist at Yale University, New Haven, Conn., has studied groups of combat veterans, former prisoners of war, and others who have done well after highly stressful experiences, using in-depth interviews and brain imaging to identify factors that may explain such resilience.

“Metaphorically, they resemble a twig with a green, growing core. When twisted out of shape, [the twig] springs back and continues to grow,” he said, citing Dr. George Vaillant, a professor of psychiatry at Harvard Medical School, Boston.

One biologic factor that distinguished this group involved neuropeptide Y, which is released along with norepinephrine under stressful conditions and has the effect of dampening arousal. “Neuropeptide Y turns the nervous system down,” Dr. Southwick said at a meeting on psychopharmacology sponsored by New York University. He noted that people with PTSD tend to have low levels of the chemical.

A group of U.S. Army Special Forces veterans who had done well under highly stressful combat conditions was found to have unusually high serum concentrations of neuropeptide Y. “This could enable them to remain cool under pressure,” he said.

A wider spectrum of personal and relationship traits emerged as being characteristic of resilient people. For example, a supportive social network—“having others around you”—may bolster the ability to contain one’s own neurobiologic responses, Dr. Southwick said.

Mentors and powerful role models seemed to make a particular difference: “Everyone talked about them,” he said. The influence of a mentor appears to be a complex issue that can be understood from social, psychological, and biologic perspectives, and may involve the capacity for self-soothing under duress.

“Moral compass and integrity,” a factor mentioned by many interviewees, may offer protection against the guilt that appears to play a “huge” role in PTSD. One interviewee described his sense of right and wrong as “something to keep me afloat when drowning.”

The ability to find meaning and purpose even in very harsh circumstances—to “stand for an idea”—was a similar source of strength.

Interviewees “without exception” cited optimism and fighting spirit. “This wasn’t ‘rose-colored glasses,’ but optimism born of adversity,” that neither ignored the negative nor dwelled on it, he said.

Optimism’s complement was acceptance. Dr. Southwick noted that “every resilient person seemed to understand the necessity of knowing when to accept a situation as something that couldn’t be changed.” Cognitive reappraisal was a re-

lated factor. “Really resilient people were very good at ... focusing on what’s left, not what’s lost, and finding opportunity in adversity,” he said.

With regard to behavior, resilient people had an active—not passive—coping style that involved an approach to, rather than a withdrawal from, challenging situations. This style accords with neurobiologic studies showing that activity reduces amygdala arousal associated with fear.

Using signature strengths and skills

seemed to be especially important. Engaging in activities that one does well was commonly described as invigorating: “One man, a firefighter, compared ‘fighting a good fire’ to pitching a no-hitter. In a desk job, he was no longer resilient; he wasn’t using his skills and strengths,” Dr. Southwick said.

“There was no substitute for training,” he added.

The ability to face one’s fears was crucial. “Most of us avoid fear—it’s too

painful—and find a way to reduce it. Avoidance helps in the short run but not the long run,” he said.

The Special Forces veterans interviewed said they had learned the skills necessary to move through fear, to confront it, and to develop plans to deal with its source. Dr. Southwick said his research with resilient people had changed his clinical approach as a psychiatrist: “I spend a lot more time working with people’s strengths and finding out what they believe in.” ■

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Key issues in Restless Legs Syndrome (RLS)

RLS—a broad range of symptoms that impacts the everyday lives of millions

RLS is becoming recognized as a more prevalent condition than originally believed, affecting a sizeable segment of the population. This common yet often undiagnosed neurological sensorimotor disorder affects approximately 10% of the population.¹ Often associated with difficulty falling asleep or staying asleep, RLS may seem like nothing more than a sleep disorder, but it is much more.

RLS causes significant disruptions in patients’ lives—during the night and during the day—and requires effective treatment of its broad range of symptoms.

RLS symptoms impact patients’ everyday lives

Patients with RLS often experience an urge to move their legs at night due to uncomfortable leg sensations that worsen during periods of rest or inactivity and often interfere with the ability to sleep. Yet RLS encompasses a broader range of symptoms, such as daytime tiredness, mood disturbance, and inability to perform daily activities. These symptoms have a substantial negative impact on patients’ quality of life (QOL).² Leg discomfort, sleep disturbance, and fatigue can, in turn, impact daily functioning by affecting a patient’s ability to work and participate in social activities and family life.³



RLS significantly impacts QOL

The impact of RLS on patients’ QOL has been documented using the SF-36® Health Survey,⁴ an accepted and validated instrument for assessing and comparing patients’ QOL in a variety of disease states, including RLS.² Patients with RLS scored lower on the SF-36 than the general population in such areas as physical functioning, bodily pain, general health, vitality, social functioning, and mental health. In fact, RLS patients had lower QOL scores than those with diabetes, hypertension, other cardiovascular conditions, and osteoarthritis.²

The first step toward relief: Establishing an RLS diagnosis

The REST study, a multinational survey of primary care physicians and patients, revealed that of 551 patients suffering from RLS symptoms, 65% consulted a physician about their RLS symptoms, but less than 13% reported having been given a diagnosis of RLS. The authors concluded that application of RLS diagnostic criteria can help uncover the presence of RLS. They also noted that a diagnosis of RLS should be considered in patients with sleep disorders involving long sleep latency and frequent nighttime awakening.¹

That’s why it is imperative to determine whether a patient’s sleep complaints are due to RLS or another cause. To aid in diagnosis, the International Restless Legs Syndrome Study Group (IRLSSG) developed standardized diagnostic criteria in 1995.⁵ These are the minimal criteria necessary for an accurate diagnosis of RLS.

