

Trauma and Its Psychological Aspects: An Often Neglected and Potentially Fatal Disease

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Editorial

Injuries are an increasing health problem worldwide, causing more than 5.1 million deaths annually; and 16,000 deaths every day [1,2]. Furthermore, it has been estimated that deaths from trauma will increase from 5.1 million to 8.4 million (9.2% of all global deaths), with traffic injury alone being the third leading cause of death and disability adjusted life years (DALYs) by the year 2020 [3-4]. The current annual worldwide losses amount to about 1.2 million fatalities, 20 million patients surviving with disabilities, disorders (including PTSD) and 100 million with economic losses, destruction of property etc. [6] There are many parameters in injuries: humanitarian (victim, caregiver, etc.), environmental (infrastructure, legislation, etc.) and "vectors" (motor vehicles road traffic injuries, arms violence, burns, etc.) [1,2]. Several epidemiological studies examining the incidence and pattern of injuries have suggested that the magnitude, characteristics and pattern of injury vary considerably from country to country [5,4]. Yet, injury as a research problem has been largely ignored in developing countries such as Iran. Recent research has found the annual road traffic death rate to be 44 per 100,000 in Iran, higher than any other death rate in any region of the world where reliable estimates of road traffic accidents are available; not to mention the high rate of psychological aspects of trauma which is a potentially fatal disease. [4]. However, the rate observed for injury is much higher than the non-fatal injury rate reported previously in a national study in Iran of 444.3 per 100,000 [4] had it that a more than 90% of injury death occur in low- and middle-income countries, where preventive efforts are often nonexistent, and health-care systems are least prepared to meet the challenge. As such, injuries clearly contribute to the vicious cycle of poverty and the economic and social costs have a high mental impact on individuals, communities and societies. Despite the weight of evidence, the importance of preventing and treating injuries (including PTSD) in low- and middle-income countries has

yet to be embraced by the global public health community. Research is grossly underfunded and insufficient resources have been allocated for strengthening the delivery of medical services [7]. Even in a world where approximately 3-4% of all health expenditures go towards research and development, injuries are under-represented considering their relative contribution to the overall burden of disease. Considering that "injury" is a disease process with both physical and mental consequences with injuries and deaths occurring more among males [8] action should be taken to design a trauma system focusing on injury prevention with aforementioned issues in mind.

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