

Letter

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The need to take a trauma history in the acute psychiatry inpatient setting

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To the Editor

There is a growing understanding of the relationship between past trauma and mental illness. Approximately 81% of patients admitted to inpatient psychiatric units have experienced past physical and/or sexual trauma (Jennings, 2004). Despite this, trauma histories are routinely not performed in the inpatient setting often due to a misguided fear of re-traumatising the patient (Hall et al., 2016).

Sarah is a middle-aged woman with a history of obsessive-compulsive disorder (OCD), characterised by recurrent checking of household appliances. Her OCD symptoms appeared in the context of a traumatic early life.

Sarah presented to hospital with worsening of OCD symptoms and new, incapacitating somatic symptoms. These symptoms included odynophagia and dyspnoea; she felt unable to breathe and swallow, avoiding food and water intake. As a result, she lost weight and experienced panic attacks. Despite significant medical work-up, no organic causes were found for her somatic symptoms. Sarah also had a depressed mood with severe anxiety which improved after fluoxetine treatment; however, her somatic complaints persisted. Her discharge diagnosis was 'somatic OCD'.

Subsequently, with gentle questioning, Sarah discussed her recent history of physical trauma from her partner. She described him as increasingly hostile and physically violent and spoke about him attempting to choke her.

Links between past psychological trauma and functional somatic disorders are described in the psychiatric literature, such as connections between early life trauma and chronic pain or other physical symptoms (Afari et al., 2014). In Sarah's case, it is likely that her acute trauma (on chronic trauma) contributed to her symptoms of difficulties in swallowing and breathing. These symptoms appeared to be related to the choking physical abuse.

Sarah's case highlights the importance of taking a sensitive trauma

history in the inpatient setting to optimise our understanding of patients' mental ill health and thereby pursuing appropriate treatment.

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Informed consent

We have received permission to publish this case from the participant presented in this letter.

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