Song et al's thought provoking paper and the accompanying editorial by Bisson highlight the life limiting sequelae of chronic hypothalamic pituitary adrenal (HPA) axis dysregulation secondary to post-traumatic stress disorder (PTSD).[1 2] While these chronic inflammatory effects of PTSD are also associated with huge cardiac morbidity and mortality,[3] and an increase in autoimmune disease and somatisation,[4] these findings also represent new avenues for treatment.

Scherrer et al try to tackle this clinically significant physical comorbidity by showing that a reduction in a PTSD checklist score of >20 points (using both psychological and pharmacological therapy) is associated with a 49% lower risk of incidence of type 2 diabetes.[5] Tackling underlying HPA axis dysregulation seems to improve both psychological and physical outcomes.

Emerging research also identifies immunomodulatory drugs as promising new treatments in both the prevention and treatment of PTSD. Sijbrandij et al show hydrocortisone's potential in preventing the development of PTSD when given 6-12 hours after trauma, possibly reflecting hydrocortisone's ability to dampen the HPA axis stress response in the acute phase of trauma and decrease the over-consolidation of traumatic memories.[6] Similarly, Yehuda et al randomly allocated 24 veterans to receive either 30 mg of hydrocortisone or placebo alongside seven sessions of prolonged exposure therapy, showing greater retention and clinical improvement in the intervention group.[7]

These new insights suggest the promise of an immunomodulatory translational approach in treating PTSD and its physical health sequelae.[8] Research increasingly shows that we must acknowledge the fundamental connection between mental disorder and physical health to achieve meaningful holistic outcomes across both.