

TO THE EDITOR: In his review article on low back pain, Carragee advocates the use of amitriptyline but does not mention anything about weight loss. A significant reduction in disability related to low back pain has been noted with reduction of weight in obese patients, from a group mean of 132 kg to 92 kg.¹ Though not mentioned as an adverse effect in Table 1 of the article, amitriptyline causes weight gain. Cyclobenzaprine is an effective treatment for insomnia and nocturnal pain from paraspinal muscle spasm in the low back.²

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DR. CARRAGEE REPLIES: Dr. Singla and colleagues note that although one randomized trial showed no benefit, a second blinded, randomized trial, by van Kleef et al., showed increased improvement in the group treated with radiofrequency ablation for supposed facet-joint pain.¹ Unfortunately, the randomization in that study failed to distribute confounding factors evenly because of very small numbers (only 31 subjects were recruited), and the sham-treatment group had pain that lasted two years longer than that in the radiofrequency-ablation group and had worse functional disability (representing a difference of 7 points, at baseline, on the Oswestry Disability Index). Despite these baseline biases predisposing to better results in the treat-

ment group, by eight weeks there was no difference in function according to the Waddell method and a minimal difference in mean scores (less than 2 points). More recently, in a much larger, multicenter, randomized trial, van Wijk et al. failed to show even these small differences between radiofrequency ablation and sham treatment.² In both of these studies, the diagnosis of facet-joint pain was made on the basis of pain relief with an anesthetic injection at the facet joint. It is possible that this screening method resulted in the inclusion of subjects who did not have true facet-joint pain and thus might account for the lack of efficacy. However, it may be that the procedure is relatively ineffective even in subjects with true facet-joint pain.

Dr. Meyer notes that an uncontrolled clinical trial showed that morbidly obese subjects who lost 40 kg after bariatric surgery had a decrease in functional disability. Even in the absence of higher levels of evidence, weight loss in this setting seems a prudent recommendation. Whether small weight-control differences that are hypothetically achieved by avoiding amitriptyline will have any effect is unknown. To my knowledge, there are no randomized trials comparing cyclobenzaprine and amitriptyline. Both agents appear to have moderate efficacy in chronic low back pain.

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Americans as Survivors

TO THE EDITOR: Dr. Lifton writes in his thought-provoking article (June 2 issue) that “physicians have always been concerned with how people survive trauma,” arguing that survivors of mass trauma, such as the Vietnam and Iraq wars and the attacks on September 11, 2001, had “collective psychological responses” and that their “psyches have often been decimated.”¹ This proposition is not support-

ed by studies that were conducted after these events or by data on similar events in other countries. Studies aimed at documenting the consequences of mass trauma suggest that most exposed persons manifest impressive resilience or quick recovery from their initial responses to the trauma. Post-traumatic stress disorder (PTSD) developed in only a minority of those exposed to combat in Vietnam,² Iraq, and

Afghanistan.³ Similar findings emerged in studies conducted after September 11⁴ and in research on Israeli survivors of combat⁵ and terrorism.⁶

The awareness that exposure to trauma may result in elevated rates of post-trauma reactions is important. However, physicians concerned with how people survive trauma can be reassured that the majority of the population is most likely to demonstrate psychological resilience, rather than psychopathology.

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DR. LIFTON REPLIES: In studies of survivors of war and the Holocaust — and in more general observa-

tions on the psychology of the self — I, too, have been impressed by the human capacity for resilience.^{1,2} Much of my article was about that capacity, as manifested among survivors seeking illumination from their experience. But we best understand our species by recognizing not only our resilience but also our vulnerability. This vulnerability was greatest among those I spoke of as immediate survivors (of combat in Vietnam or Iraq or of proximity to the targets on September 11, 2001), and it is evident in most studies of severe trauma. Though responses vary, many survivors experience profound psychological effects. Hoge et al., whose article is cited by Drs. Neria and Gross, reported a prevalence of PTSD of 12.7 percent among U.S. troops in Iraq after they had been in three to five firefights and of 19.3 percent after more than five.³ The authors called this a conservative estimate, which did not take into account the severely wounded; they recommended broader screening for PTSD.

Our awareness of human resilience should not cloud our recognition of the assaults on the psyche brought about by war and other forms of exposure to mass killing and dying.

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Ventricular Fibrillation after Stun-Gun Discharge

TO THE EDITOR: The question of the safety of the use of “stun guns” by law-enforcement agencies has been raised in the news.¹ Deaths after discharges from such devices (Tasers) have been reported, although no definite causative link between death and the use of a stun gun has been made.^{2,3}

An adolescent was subdued with a Taser stun gun and subsequently collapsed. Paramedics found the adolescent to be in ventricular fibrillation (Fig. 1A) and began performing cardiopulmonary resus-

citation within two minutes after the collapse. After four shocks and the administration of epinephrine, atropine, and lidocaine, a perfusing rhythm was restored (Fig. 1B). The adolescent made a nearly complete recovery and was discharged from the hospital several days later. This case of ventricular fibrillation after a discharge from a stun gun suggests that the availability of automated external defibrillators to law-enforcement personnel⁴ carrying stun guns should be considered.