

## Abstract Vermetten

PTSD is a disorder that is characterized by a clear cut etiology. Since DSM III it can be uniformly diagnosed and assessed. For DSM5 few changes will be implemented that should make the diagnosis better and more specific in the domains of flashback and dissociative intrusions, avoidance and numbing, and hypervigilance and irritability. While cross-sectional studies have driven the research for the first decades after the introduction of PTSD in DSM, the last decade we see truly prospective studies in which biological data are obtained before and following deployment to a war zone. These studies, particularly in high risk populations like military personnel as well as police and other uniformed professionals are important since they contribute to provide insight in risk and trajectories for the development of the disorder. They contribute to identify a vulnerable phenotype and identify parameters that drive the alostatic load that is characteristic in the disorder. In alliance with UMC Utrecht the Department of Defense has conducted a series of cross sectional studies in soldiers and veterans that helped identify biological parameters in the disorder. In addition in the large NATO operation in Afghanistan a start was made with true prospective research studies. This presentation will provide an overview of new findings in PTSD based on these studies in Dutch soldiers and veterans after deployment to this and other war zones as well as new treatment opportunities with medication as well as self-regulatory strategies such as biofeedback. These findings and insights may be generalizable to other populations with PTSD.