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**A Physiologic Legacy for Oklahoma City Bombing Survivors**

**Arlington, Va.** – Seven years after the 1995 Oklahoma City terrorist attack, 60 survivors of the bomb blast had faster heart rates than city residents who were not closely connected to the attack. When reminded of the event, the survivors had greater increases in both heart rate and blood pressure than a comparison group. This reaction is detailed in the February issue of *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association (APA).

The biological findings were independent of posttraumatic stress disorder (PTSD) symptoms, according to the *AJP* article, “Physiologic Reactivity Despite Emotional Resilience Several Years After Direct Exposure to Terrorism,” by Phebe M. Tucker, M.D., of the University of Oklahoma Health Sciences Center. The rate of PTSD diagnoses was higher for the bombing survivors (15 percent) than for the comparison subjects (2 percent), but the bombing survivors with PTSD did not differ in physiologic sensitivity from those without PTSD.

The physical examination focused on the autonomic nervous system, which controls basic bodily functions without the person’s awareness. Heart rate and systolic, diastolic, and mean arterial blood pressure were measured three times: at baseline, during an interview about the bombing, and after the interview. In addition to their differences before and during the interview, the people exposed to the bombing had longer-lasting blood pressure increases after the interview was over.

The consequences of this biological sensitivity are not known. Of the people exposed to the bombing, 84 percent had been injured or had become ill, but most reported at follow-up that they had recovered. Their rate of PTSD was relatively low, and the number of depressive symptoms was similar to that of the comparison subjects. This resilience contrasts with the physiologic reactivity still present many years after the attack.

“It is striking that long after the trauma seems to have left the mind, it remains in the heart,” states *AJP* Editor In Chief Robert Freedman, M.D.

The study was supported in part by the Memorial Institute for the Prevention of Terrorism, by the Office of State and Local Government Coordination and Preparedness of the U.S. Department of Homeland Security, and by the NIH National Center for Research Resources. Additional financial disclosures appear at the end of the article.

Douglas L. Delahanty, Ph.D., reviewed the mental health aspects of terrorist attacks in an editorial.

(*Am J Psychiatry*. 2007; 164: 230-235).

**Note to Editors:** Contact APA’s Office of Communications and Public Affairs at 703-907-8640 or [press@psych.org](mailto:press@psych.org) for an embargoed copy of the article an editorial.

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