

FACTS ABOUT POSTTRAUMATIC STRESS DISORDER

What Is Posttraumatic Stress Disorder?

Posttraumatic stress disorder (PTSD) is a major psychiatric disorder that develops in some individuals after experiencing a traumatic, often life-threatening event. Common events that can lead to PTSD include combat, assault or rape, accidents, or natural disasters. People with PTSD experience high levels of anxiety, arousal, and avoidance due to recurrent memories of the traumatic event. This severe anxiety often interferes with the person's interpersonal relationships, enjoyment of life, and ability to maintain a job or meet other role responsibilities (such as homemaker).

The experience of having PTSD (or living with someone who does) can feel like living in constant danger; the person may attempt to avoid situations that might remind him or her of the trauma, but no matter how hard he or she tries, the memories resurface when least expected.

How Common Is PTSD?

PTSD is quite common. Surveys indicate that most individuals experience at least one trauma in their lives. About one in every ten to 12 persons (8 to 10 percent) develops PTSD at some time during his or her life.

How Is the Disorder Diagnosed?

PTSD can only be diagnosed by a clinical interview. The purpose of the interview is to determine whether the individual has experienced specific "symptoms" of the disorder and whether these symptoms have been present long enough to merit the diagnosis. PTSD cannot be diagnosed with a blood test, X-ray, CAT scan, or any other laboratory test.

The Characteristic Symptoms of PTSD

The symptoms of PTSD can be broadly divided into four different categories: reexperiencing of the trauma, avoidance of stimuli associated with the trauma, increased arousal, and other symptoms. These symptoms are described below. Although every person with PTSD has at least some of the symptoms in each of these first three categories, people do not need to have all of these symptoms in order to be diagnosed with PTSD. Each person's specific symptoms are

unique to that individual. However, the individual with the disorder must experience a decline in functioning or some distress.

1. Reexperiencing the Trauma

This can occur in various ways, such as:

Recurrent and Intrusive Memories of the Event. Memories of the trauma are often intrusive images that can happen at any time, any place. The memories may be triggered by something that reminds the person of the trauma or by nothing in particular.

Recurrent Nightmares of the Event. Nightmares about the traumatic event often interfere with the person's ability to get a good night of sleep. Sometimes during sleep the person will experience the onset of sudden, violent, anxiety-provoking dreams that are not exactly a nightmare of the event, but are very disturbing.

Sudden Acting or Feeling as if the Event Were Recurring. The person may have a flashback as though the event were happening again, or have illusions or hallucinations of the event.

Distress at Events that Remind the Individual of the Trauma. Ordinary, everyday things may remind the individual of the trauma, causing intense distress. Memories may recur and symptoms worsen at anniversaries of the trauma.

2. Avoidance of Stimuli Associated with the Trauma or Numbing of Responsiveness

Several different types of avoidance or numbing are common, including:

Efforts to Avoid Thoughts, Feelings, Situations, or Activities that Trigger Memories of the Trauma. The individual may try to distract himself or herself from these unpleasant memories by using alcohol or drugs, or by maintaining a high level of activity. Some individuals avoid so many different situations that their range of activity is quite restricted and they are socially withdrawn.

Inability to Recall an Important Aspect of the Trauma. The individual is able to remember some, but not other parts of the traumatic event.

Diminished Interest in Significant Activities. Activities which were formerly enjoyable are no longer pleasurable. The individual patient may feel apathetic and not pursue leisure activities.

Feeling Detached or Estranged from Others. The individual does not feel close to others or is not able to experience love, feeling numb instead.

A Sense of Foreshortened Future. It is difficult for the individual to look into the future. He or she may sense that they may not have a long life, or do not expect to marry, have children, or have a career.

3. Increased Arousal

Several different symptoms can be due to heightened arousal, including:

Increased Arousal in Situations that Remind the Individual of the Trauma. For example, a person who was assaulted in an elevator experiences increased heart rate and perspiration when entering any elevator.

Hypervigilance. The person feels "super-alert," constantly scanning his or her environment for possible threats or challenges. It may be difficult or impossible to relax, even when tired, because of the need to remain alert.

Exaggerated Startle Response. A sudden, unexpected loud noise or flash can jolt or startle the person in an exaggerated manner.

Difficulty Sleeping. Problems falling asleep or staying asleep are most common.

Irritability or Anger Outbursts. The individual is often irritable and easily annoyed. Anger outbursts may occur over seemingly trivial matters.

Difficulty Concentrating. Problems with concentration may interfere with the ability to work, enjoy leisure activities, or pursue short and long-term goals.

4. Other Symptoms

A variety of other symptoms are often present in individuals with PTSD. Depression is a common problem for many persons with this disorder, and the recurrent, intrusive memories of the trauma lead some persons to contemplate or attempt suicide. Alcohol and drug abuse problems are quite common in PTSD, because individuals use these substances to help them escape their unpleasant memories, to relax, or sleep. Some persons with PTSD experience mild levels of hallucinations (such as hearing voices) or delusions (such as feeling paranoid).

What Is the Course of the Disorder?

The course of PTSD is highly variable, depending upon the individual, when the trauma occurred, how severe it was, and how long after the trauma the person received treatment. Most people who have been traumatized experience the symptoms of PTSD for several days or weeks after the trauma. However, for some individuals these symptoms gradually disappear over weeks or months, while for others the symptoms remain or worsen. Individuals who continue to experience symptoms for more than one month after the traumatic event have PTSD.

Symptoms often improve spontaneously over time. Many people who receive treatment soon after the traumatic event (within several weeks or months) recover completely and no longer have the disorder. Some individuals with PTSD who were traumatized but did not receive treatment until a long time later (such as after several years) are nevertheless able to recover fully from the disorder. However, for other persons with PTSD, their disorder can be a more long-lasting one that continues, even after treatment, to affect their day-to-day lives. They may have to work hard to keep using coping techniques to function well. Individuals with PTSD who actively engage in treatment and in other ways work toward mental health recovery can positively impact the course of the disorder and improve quality of life.

What Causes PTSD?

It is not known why some persons develop PTSD after a trauma and others do not. However, theories about the causes of PTSD suggest that both learning and biological factors may play a role in the development of PTSD.

Some of the most common anxiety symptoms in PTSD (such as avoidance of stimuli that remind the person of the trauma) may be

learned as the person tries to decrease his or her anxiety and cope with unpredictable reminders of the trauma. There is also evidence that exposure to traumatic events can lead to physiological changes in the nervous system, resulting in chronically high levels of arousal. This may be more likely to happen if the trauma occurred when the person was young and if they did not receive treatment for a long time. For most persons with PTSD, symptoms are probably caused by a combination of both learning and biological factors.

A final factor to be considered is multiple traumatization. Some individuals may have experienced a series of traumas in their lives (for example, intense childhood abuse, a sexual assault during adolescence, and a severe car accident during adulthood). In comparison to the person who did not have a history of prior traumas, the previously traumatized individual may appear to have an especially intense PTSD reaction to the later trauma (in this example, the car accident). In short, the effects of repeated traumas may accumulate over time and contribute to the increased severity of symptoms with subsequent traumatic events.

How Is PTSD Treated?

A number of different treatments can be helpful to persons with PTSD. Behavior therapy which focuses on reviewing the traumatic events with the encouragement of a caring therapist and teaching stress management techniques can substantially improve symptoms. Many people with PTSD find that supportive therapy (either individual or group) is also helpful. Family therapy can help reduce stress on all family members and help develop strategies for managing chronic symptoms.

Medication can also be useful in the treatment of PTSD. Antidepressant medications are often used to relieve depression. Antianxiety and sedative drugs are sometimes prescribed to reduce anxiety and agitation, and to facilitate sleep. Antipsychotic medications are occasionally used to treat less common symptoms, such as hallucinations or delusions.

Summary

1. PTSD involves re-experiencing, avoidance/numbing, and hyperarousal symptoms.

2. Exposure to traumatic events is common in life, though most individuals do not develop PTSD.
3. Repeated trauma or childhood trauma increases the risk of developing PTSD.
4. Many individuals recover spontaneously from traumatic events, but others benefit from medication or therapy.
5. Traumatic events can change brain chemistry.

Consult a mental health professional (such as a psychiatrist, psychologist, social worker, or psychiatric nurse) about any questions you have concerning this handout.