

Post Traumatic Stress Disorder (PTSD)



Associated with major disasters, eg war, natural disasters, or personal trauma, often involving death, violence, rape, abuse. Other events include mugging, robbery, military combat, being kidnapped or taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, being diagnosed with a life threatening illness, or a car accident.

At the time of the event, the person's response is emotional: intense fear, helplessness or horror experienced (in children may be experienced as disorganised or agitated behaviour).

Symptoms

Symptoms develop after an individual experiences a traumatic event that is psychologically distressing/extreme outside the range of normal human experience - usually where threatened with death or serious injury.

- Re-experiencing the event; thoughts and images; flashbacks, nightmares: recurrent dreams of event; distress at real or symbolic reminders of the event
- Avoidance; keeping busy; avoid reminders/stimuli connected to the event; repression and inability to recall part of the trauma
- Inability to express affection; feel detached, cut off and numb
- Intense psychological distress or physiological activity triggered when exposed to similar events, eg anniversaries of event, returning to the area of the event etc
- Sleep disturbance; difficulty falling or staying asleep
- Irritability/aggression
- Inability to concentrate
- Hyper vigilance/extreme alertness panic responses; easily startled.
- Disturbed social, occupational functioning.
- May feel guilt for surviving when others did not

Course of condition

The duration of symptoms/disorder is variable. Some people recover completely within 3 months, whereas for others symptoms may persist for more than 12 months after the trauma.

In some cases, symptoms may worsen and get better in cycles. Some people may develop psychosis.

The disorder may be more severe or long lasting when the stressor is caused by another human being, eg. torture/rape. Other factors may influence how long the disorder lasts, eg social support, family history, childhood experiences, personality, history of mental illness.

Treatment

Self-help groups with others who have experienced similar events; this removes the sense of isolation. Cognitive Behavioural Therapy may be helpful for some. Some specialist psychiatric/counselling units exist, eg those dealing with combat stress. Anti-depressant medication may be helpful in some cases.

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