

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is more common in women and can occur at any age



Corbis

WHAT IS IT?

- Post-traumatic stress disorder (PTSD) is caused by exposure to a traumatic event that results in the person experiencing extreme fear, horror or a sense of helplessness. It can manifest itself both physically and mentally.
- The condition was first recognised in the First World War when soldiers experienced psychological difficulties as a result of battle. At the time it was known as 'shell shock'.
- Recently it has been accepted that other experiences can precipitate PTSD, such as accidents, witnessing violent deaths, rape and other situations in which a person feels extreme emotions.
- PTSD is more common in women and can occur at any age.

CAUSES

- It is not fully understood why some people go on to develop PTSD after experiencing a traumatic event while others do not. However, there are certain predisposing factors:
 - Previous experience of depression or anxiety;
 - Family history of mental health problems;
 - History of abuse as a child;
 - MRI scans have shown that people with PTSD can have structural differences in their hippocampus, which is responsible for memory. This could contribute to symptoms such as flashbacks;
 - Hormonal differences. Production of hormones such as adrenaline is a normal response to danger but people with PTSD may continue to produce these hormones after the event.

DIAGNOSIS

- PTSD is diagnosed through an assessment of the symptoms experienced by the patient.

SYMPTOMS

- It is normal to experience symptoms of stress after a traumatic event but in PTSD the symptoms persist. They include:
 - Intrusive thoughts;
 - Flashbacks;
 - Depression;
 - Anxiety;
 - Nightmares;
 - Avoidance of stimulus that may trigger memories of the event, such as war films;
 - Outbursts of anger;
 - Reluctance to discuss the event;
 - Feelings of alienation and a numbing of emotion;
 - Memory loss regarding elements of the event;
 - Lack of interest in daily life;
 - Difficulties with concentration;
 - Sleeping difficulties;
 - Excessive alertness to potential danger;
 - Feelings of guilt;
 - Alcohol and drug abuse;
 - Relationship difficulties;
 - Compromised immune system.

TREATMENT

- In 2005 NICE issued guidance on the treatment of PTSD. Recommendations include:
 - Trauma-focused cognitive behavioural therapy (CBT);
 - Eye-movement desensitisation and reprocessing (EMDR);
 - Psychological therapies are suggested as first-line treatment;
 - Antidepressants, especially selective serotonin re-uptake inhibitors, can alleviate symptoms. Sleeping tablets can help with insomnia. Benzodiazepines can be used to treat anxiety but must be used with caution due to their addictive properties;
 - Children should be offered trauma-focused CBT tailored to their age and experience.

REFERENCES

- Lasiuk, G.C., Hegadoren, K.M. (2006) Post-traumatic stress disorder part 1: historical development of the concept. *Perspectives in Psychiatric Care*; 42: 1, 13–20.
- NICE (2005) *CG26 Post-traumatic Stress Disorder: NICE Guideline*. London: NICE.