

Posttraumatic Stress Disorder

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Traumatic events—such as an accident, assault, military combat or natural disaster—can have lasting effects on a person's mental health. While many people will have short term responses to life-threatening events, some will develop longer term symptoms that can lead to a diagnosis of Posttraumatic Stress Disorder (PTSD). PTSD symptoms often co-exist with other conditions such as substance use disorders, depression and anxiety. A comprehensive medical evaluation resulting in an individualized treatment plan is optimal.

PTSD affects **3.6%** of the U.S. adult population—about 9 million individuals. About **37%** of those diagnosed with PTSD are classified as having severe symptoms. Women are **significantly** more likely to experience PTSD than men.

Symptoms

A diagnosis of PTSD requires a discussion with a trained professional. Symptoms of PTSD generally fall into these broad categories:

- **Re-experiencing type symptoms**, such as recurring, involuntary and intrusive distressing memories, which can include flashbacks of the trauma, bad dreams and intrusive thoughts.
- **Avoidance**, which can include staying away from certain places or objects that are reminders of the traumatic event. A person might actively avoid a place or person that might activate overwhelming symptoms.
- **Cognitive and mood symptoms**, which can include trouble recalling the event, negative thoughts about one's self. A person may also feel numb, guilty, worried or depressed and have difficulty remembering the traumatic event. Cognitive symptoms can in some instances extend to include out-of-body experiences or feeling that the world is "not real" (derealization).
- **Arousal symptoms**, such as hypervigilance. Examples might include being intensely startled by stimuli that resembles the trauma, trouble sleeping or outbursts of anger.

Young children can also develop PTSD, and the symptoms are different from those of adults. (This recent recognition by the field is a major step forward and research is ongoing.) Young children lack the ability to convey some aspects of their experience. Behavior (e.g. clinging to parents) is often a better clue than words, and developmental achievements in an impacted child might slip back (e.g. reversion to not being toilet trained in a 4-year-old).

It is essential that a child be assessed by a professional who is skilled in the developmental responses to stressful events. A pediatrician or child mental health clinician can be a good start.

Causes

PTSD can occur at any age and is directly associated with exposure to trauma. Adults and children who have PTSD represent a relatively small portion of those who have been exposed to trauma. This difference is not yet well understood but we do know that there are risk factors that can increase a person's likelihood to develop PTSD. Risk factors can include prior experiences of trauma, and factors that may promote resilience, such as social support. This is also an ongoing area of research.

We do know that for some, our "fight-or-flight" biological instincts, which can be life-saving during a crisis, can leave us with ongoing symptoms. Because the body is busy increasing its heart rate, pumping blood to muscles, preparing the body to fight or flee, all our physical resources and energy are focused on getting out of harm's way. Therefore, there has been discussion that the posttraumatic stress response may not a disorder per se, but rather a variant of a human response to trauma.

Whether you think of these symptoms as a stress response variant or PTSD, consider them a consequence of our body's inability to effectively return to "normal" in the months after its extraordinary response to a traumatic event.

Diagnosis

Symptoms of PTSD usually begin within three months after experiencing or being exposed to a traumatic event. Occasionally, symptoms may emerge years afterward. For a diagnosis of PTSD, symptoms must last more than one month. Symptoms of depression, anxiety or substance use often accompany PTSD.

Treatment

Though PTSD cannot be cured, it can be treated and managed in several ways.

- **Psychotherapy**, such as cognitive processing therapy or group therapy
- **Medications**
- **Self-management strategies**, such as self-soothing and mindfulness, are helpful to ground a person and bring her back to reality after a flashback
- Service animals, especially dogs, can help soothe some of the symptoms of PTSD

Related Conditions

Someone with PTSD may have additional disorders, as well as thoughts of or attempts at suicide:

- **Anxiety Disorders**
- **Obsessive-Compulsive Disorder** (OCD)
- **Borderline Personality Disorder**
- **Depression**
- Substance use disorders / **Dual Diagnosis**

These other illnesses can make it challenging to treat PTSD. For example, medications used to treat OCD or depression may worsen symptoms of PTSD. Successfully treating PTSD almost always improves these related illnesses and successful treatment of depression, anxiety or substance use usually improves PTSD symptoms.

Reviewed December 2017

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