

Recognizing Posttraumatic Stress Disorder

Many people who experience traumatic events have difficulty adjusting or coping. Sometimes people have very serious symptoms that go away after a few weeks—this is called acute stress disorder. But when symptoms last more than a few weeks and become an ongoing problem, the person might have posttraumatic stress disorder (PTSD).

About 7.7 million adults in the U.S. have PTSD, but it can occur at any age, including childhood. War veterans and survivors of physical and sexual assault, abuse, accidents, disasters, and other serious events are at risk for PTSD. Others get PTSD after a friend or family member experiences danger or is harmed. Not everyone who lives through a traumatic event gets PTSD, and seeking treatment as soon as possible after symptoms develop may prevent long-term PTSD.

What causes it?

A person can develop PTSD by going through, seeing, or learning about an event that causes intense fear, helplessness, or horror. Doctors aren't sure why some people get PTSD and others do not, but some reasons may include:

- Inherited mental health risks, such as an increased risk of anxiety and depression
- Life experiences, including the amount and severity of trauma since early childhood
- Temperament or inherited personality aspects
- How the brain regulates the chemicals and hormones the body releases in response to stress

What are the symptoms?

Symptoms of PTSD usually start within 3 months of the traumatic event. In a small number of cases, symptoms may not appear until years

after the event. Symptoms can be categorized into 3 groups:

Reexperiencing. This may cause problems in a person's everyday life and can start either from a person's own thoughts and feelings or from words, objects, or situations that are reminders of the original traumatic event. Symptoms of reexperiencing include:

- Flashbacks
- Bad dreams
- Frightening thoughts

Avoidance. A person might change his or her personal routine to avoid experiences similar to the traumatic event. Symptoms of avoidance include:

- Staying away from places, events, or objects that are reminders of the experience
- Feeling emotionally numb
- Feeling strong guilt, depression, or worry
- Losing interest in activities that were enjoyable in the past
- Having trouble remembering the traumatic event

Hyperarousal. This might make it hard for a person to do daily tasks, such as being able to sleep, eat, or concentrate. Symptoms are usually constant, making the person feel stressed and angry, and include:

- Being easily startled
- Feeling tense or on edge
- Having difficulty sleeping
- Experiencing angry outbursts

How is PTSD diagnosed?

If a person's symptoms make it hard to go about daily life, go to school or work, be with friends, or take care of important tasks, he or she should visit a doctor who has experience in helping people with mental illnesses, such as a psychiatrist

or psychologist. To be diagnosed with PTSD, a person must have all of the following symptoms for at least 1 month:

- At least 1 reexperiencing symptom
- At least 3 avoidance symptoms
- At least 2 hyperarousal symptoms

How is PTSD treated?

It is important for anyone with PTSD to be treated by a mental health care provider who is experienced with PTSD. Everyone is different, so a treatment that works for one person may not work for another. If someone with PTSD is also experiencing an ongoing trauma or problem, such as being in an abusive relationship or having a substance abuse problem, both problems need to be treated.

One main treatment for PTSD is **psychotherapy**. In psychotherapy, the patient talks with a doctor one-on-one or in a group. Treatment usually lasts 6 to 12 months but can last longer. Some psychotherapies target PTSD symptoms directly, whereas others focus on social, family, or job-related therapies. Benefits of psychotherapy include:

- Teaches about trauma and its effects
- Uses relaxation and anger control skills
- Provides personalized tips for better sleep, diet, and exercise habits
- Helps people identify and deal with guilt, shame, and other feelings about the traumatic experience
- Focuses on changing how people react to their PTSD symptoms

Another treatment for PTSD is **medication**. Most of the time, taking medication won't make symptoms go away entirely, but it may make it easier to go through psychotherapy. Two medications approved by the U.S. Food and Drug Administration for treating adults with PTSD are sertraline and paroxetine. Both are in the class of drugs called selective serotonin [ser-oh-toe-nin] reuptake inhibitors (SSRIs), which are used

to treat depression by controlling mood, anxiety, appetite, and sleep.

Your doctor might also prescribe one of the following medications, although little is known about how well these work for people with PTSD. These include:

- **Benzodiazepines** [ben-zoh-die-az-uh-peens], which help people relax and sleep.
- **Antipsychotics** [an-tih-sigh-kot-iks], which help manage other mental disorders.
- **Other antidepressants**, which can help people with PTSD feel less tense or sad.

Sometimes the dose or time of day when the medication is taken needs to be adjusted, so it is important to notify your doctor if you experience any problems, such as headache, nausea, sleeplessness, agitation, or sexual problems.

Symptoms of PTSD generally lessen with time, but the sooner you seek treatment after symptoms start, the sooner recovery and healing can begin. In some cases, PTSD may be so severe that you need emergency help. If this happens, call 911, ask a supportive family member or friend for help, or call the National Suicide Prevention Lifeline ([800] 273-8255). Additional resources can be found by visiting <http://www.ptsd.va.gov/apps/AboutFace>.

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