

# POST-TRAUMATIC STRESS DISORDER

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## What is post-traumatic stress disorder?

People who are exposed to severe, disturbing, intense, or out of the ordinary events that cause or could cause disability or severe, life-threatening injuries (e.g.: accidents, fires, wars, physical or sexual assault, witnessing a murder, the sudden death of a loved one, etc.) may exhibit acute physical and/or psychological reactions for a number of days in response to the terrible stress that they experienced. These reactions are considered to be normal for a while. However, if they last for more than four weeks, it is considered to be post-traumatic stress disorder (PTSD).

PTSD is characterized by very intense fear combined with a feeling of despair or horror (disorganization or agitation among children). A person who suffers from PTSD continually relives the traumatic event, and avoids situations that remind him of it. People who suffer from PTSD also have dulled emotional responses and multiple anxiety reactions.

Approximately 9% of Canadians will develop this disorder at some point in their lives. The rates are higher in areas of the world where there is armed conflict. Women are twice as likely to suffer from PTSD as men are. PTSD can also develop after witnessing someone else going through such a traumatic event, or even learning that it happened to a family member or a friend.

30% to 80% of people who suffer from PTSD also suffer from depression. Trauma can also

give rise to additional disorders, such as substance abuse (alcohol and drugs) and other anxiety disorders. Anxiety is also known to exacerbate physical problems.

Children may exhibit specific symptoms; they may have more trouble expressing their emotions, which manifests as disorganized or agitated behaviour. They may play games that involve the themes of the event over and over, or have nightmares with no recognizable content pertaining to the trauma. Children may also try to recreate the specific situation.

Finally, sexual assault does not have to be violent in order to be traumatizing. Any sexual experience that is inappropriate for a child's developmental stage can cause PTSD.

## Warning signs

When symptoms last more than one month, cause difficulties with normal functioning, either socially, professionally, or in other important areas, or cause significant distress, they could be due to PTSD.

However, not everyone who experiences a traumatic event develops PTSD. There are certain factors that can make someone more vulnerable, such as biological fragility, being very young or very old, a past history of traumatic reaction to physical or sexual abuse, other mental health problems, a history of childhood or adolescent behavioural problems, or chronic stress.

## Symptoms

The symptoms of PTSD can appear soon after the event, or they can be delayed and resurface much later (e.g.: a new stress or the anniversary date can reawaken the memory of an earlier trauma).

The symptoms can be grouped into three main categories:

### Persistent re-experiencing of the traumatic event

- Memories (images, thoughts, perceptions) of the event that continually re-emerge;
- Recurring nightmares;
- The feeling that the situation is going to happen again, or a sudden certainty of reliving the event;
- Flashbacks, which can last anywhere from a few hours to a few days;
- Severe distress and physiological responses triggered by reminders of the trauma.

### Avoidance of stimuli associated with heightened general reactions

- Avoidance of any reminder of the trauma, and efforts to avoid the thoughts, feelings, conversations, activities, places, and people associated with the event;
- Inability to remember an important aspect of the event;
- Marked loss of interest or decreased participation in activities that were important to the person before the trauma;
- The feeling of being in a fog;

- Feeling detached from others;
- Trouble experiencing certain feelings;
- Losing hope for plans that used to be very important.

### Hyperarousal symptoms

- Difficulty sleeping;
- Irritability;
- Anger;
- Difficulty concentrating;
- Hyper vigilance;
- Being easily startled.

The severity and duration of the disorder may vary from one person to another, and you don't have to exhibit all of the symptoms in each of the categories in order to be diagnosed with PTSD.

### Treatment

**An ounce of prevention!** The period immediately following a traumatic event is crucial. Don't stay by yourself (this is when you should take advantage of friends and family). Get together with other people who have been through something similar. In the event of a mass catastrophe, avoid watching the news over and over (this is even more important for children. Some findings show that children can develop symptoms of PTSD after seeing images of disasters, even if they were far away from the event). Be sure to get enough sleep (if necessary, consult a pharmacist at first). Avoid using alcohol or drugs (alcohol gives the illusion of a good sleep, but it disrupts the normal stages of sleep, and leads to increased anxiety, irritability, and depression the next day). Pay attention to your reactions, if you are able to. If the symptoms persist or are more than you can handle, get help.

For many people, getting support quickly – within 24 to 72 hours after the event – can help to prevent the development of PTSD at a later date. However, it is better not to insist or pressure someone in order to get them to talk. Just be available. Talking doesn't work for everyone, and in some cases, it can

actually help symptoms to take hold by forcing the person to relive the event.

Among the various psychotherapeutic approaches that are available, cognitive-behavioural therapy focused on the trauma is recognized for the treatment of PTSD in particular. One technique that is often used is to gradually expose the person to various elements associated with the event, beginning with having them imagine scenes related to the trauma, until the anxiety recedes. Using this approach, the person is encouraged to face the emotions rather than run away from them. Another process that is often used in this type of therapy is cognitive restructuring, which involves identifying and changing problematic thoughts pertaining to the event, such as those that cause feelings of guilt or responsibility.

EMDR (Eye Movement Desensitization and Reprocessing) is another technique that is receiving growing recognition. After a complete evaluation, the therapist encourages the patient to talk about a negative thought associated with the traumatic situation, and to find a positive outcome. After identifying the emotion in question and the level of distress, the patient visualizes "the worst image" associated with the trauma, while at the same time being asked to move his eyes from side to side (e.g.: following the therapist's fingers) until the distress associated with the image fades. The theory behind this technique is that eye movements help to incorporate the information into the memory.

Certain medications, such as antidepressants, may be prescribed during medical follow-up in order to reduce the symptoms. Propranolol is considered to be effective immediately following trauma (studies involving its use later in the illness are currently being conducted). Benzodiazepines should only be used with extreme caution, because they can lead to overuse, dependence, and disinhibition in times of danger (possible suicidal thoughts). Preliminary findings also suggest that these medications might

actually increase the risk of developing post-traumatic stress disorder.

### Where to go for help

If you think you are suffering from post-traumatic stress disorder, a doctor can help you to evaluate the situation and prescribe appropriate treatment, if necessary. For psychotherapy, you can consult a mental health specialist who is recognized by a professional association, including some psychiatrists or a psychologist or social worker, who can provide you with support on a regular basis, develop a treatment plan with you, and help you to improve your quality of life.

### SUPPORT, INFORMATION, REFERRAL

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