

## POST-TRAUMATIC STRESS DISORDER (PTSD)

### Clinical Overview: Post-Traumatic Stress Disorder

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- It is common for patients with post-traumatic stress disorder (PTSD) to have a high utilization rate of medical services.
- PTSD is often unrecognized and untreated in the primary care setting.
- For a diagnosis of PTSD, a person must have been exposed to a traumatic event in which both of the following were present:
  1. Person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or the threat to the physical integrity of self or others.
  2. Person's response to the events involved fear, helplessness or horror.
- PCPs must discern whether traumatic events are ongoing in the patient's life. If so, an immediate intervention may be necessary.
- A screening tool for PTSD includes the following question: In your life, have you ever had any experience that was so frightening, horrible or upsetting that in the past month you:
  - Have had nightmares about the event?
  - Tried hard not to think about the event or went out of your way to avoid situations that reminded you of it?
  - Were constantly on guard, watchful or easily startled?
  - Felt numb or detached from others, activities or your surroundings?
- Education is a critical component of PTSD treatment.
- Patients suffering from PTSD symptoms should be referred to HIP Behavioral Health Services (1-888-447-2526).

### Clinical Snapshot: Post-Traumatic Stress Disorder (PTSD)

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- Brief "snapshot" of PTSD patient's presentation:
  - Nightmares, difficulty sleeping.
  - Bothered by memories of the traumatic event.
  - Hypervigilant, possibly suspicious.
  - Avoids places or things reminiscent of the trauma.
  - Patient may or may not discuss the trauma in your office.
  - Startles easily.
  - Isolates self from social support.
  - Irritability may be present.
  - Substance abuse often present.

## Facts about PTSD

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- Symptoms of PTSD develop in response to experiencing a traumatic event.
- Severity, duration and proximity of an individual's exposure to the traumatic event affect the likelihood of developing the disorder.
- People who struggle with PTSD may experience tremendous guilt about surviving when others did not.
- Interpersonal conflicts, marital problems, divorce, or loss of job may occur as a result of disorders as the original trauma may impact these areas.
- Those with PTSD are at greater risk for developing panic disorder, agoraphobia, obsessive compulsive disorder (OCD), social phobia, specific phobia, major depression, somatization disorder and substance related disorders.
- People who have emigrated from areas of social unrest may be at high risk and may be less likely to discuss the nature of their traumatic experiences.
- PTSD can occur at any age – symptoms usually begin within the first three months after the trauma, although it is possible for there to be a delay, up to years, for the symptoms to present.
- Research indicates that having more severe symptoms immediately following the traumatic event predicted a good response to treatment. The delay of onset of symptoms predicted poorer response to treatment.
- Approximately five million Americans between the ages of 18 and 54 have PTSD.
- Sixty percent of men and 51.2 percent of women have at least one traumatic event that would meet the diagnostic criteria for PTSD.
- Women have higher rates of PTSD than do men, while the rates of exposure are higher in men than in women.
- Alcohol and/or substance abuse, marital problems and suicidal ideation are common with PTSD.
- It is not uncommon for patients with PTSD to have high utilization rates of medical services.
- PTSD is often unrecognized and untreated in the PCP setting.
- Those who are less educated or from lower socioeconomic backgrounds have almost twice the rate of PTSD due to the fact that they are twice as likely to develop PTSD following a trauma.
  - The most frequently experienced traumas include:
    - Witnessing someone being severely injured or killed.
    - Being involved in a fire, flood or natural disaster.
    - Being involved in a life-threatening accident.
    - Combat exposure.
  - Events most often associated with PTSD:
    - For men:*
      - Rape.
      - Combat exposure.
      - Childhood neglect.
      - Childhood physical abuse.

For women:

- Rape.
- Sexual molestation.
- Physical attack.
- Being threatened with a weapon.
- Childhood physical abuse.

## How to Identify and Diagnose PTSD and Acute Stress Disorder

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- To be diagnosed, a person must have been exposed to a traumatic event in which both of the following were present:
  1. Person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or the threat to the physical integrity of self or others.
  2. Person's response to the event(s) involved intense fear, helplessness or horror.
  
- For PTSD to be diagnosed, symptoms must last for at least four weeks following the traumatic event. Prior to four weeks, a diagnosis of acute stress disorder should be considered.
  
- **Acute Stress Disorder**
  - The individual has at least three of the following symptoms:
    - Sense of numbing, detachment or absence of emotional responsiveness.
    - Reduction in awareness of his/her surroundings.
    - Derealization.
    - Depersonalization.
    - Dissociative amnesia.
  
  - The traumatic event is persistently re-experienced via recurrent images, thoughts, nightmares, illusions, flashback, or a sense of reliving the experience. Or, the person experiences distress when faced with reminders of the traumatic event.
  
  - There is avoidance of anything that arouses recollections of the traumatic event.
  
  - There are symptoms of anxiety or increased arousal.
  
  - The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
  
  - The disturbance lasts for two days to four weeks, but does not exceed four weeks – if symptoms last longer than four weeks, a diagnosis of PTSD should be considered.

### ■ *Post-Traumatic Stress Disorder*

- Primary care physicians are encouraged by NIMH to ask patients about experiences with violence, recent losses and traumatic events – and if any traumatic events are recurring.
- PCPs must discern whether traumatic events are ongoing in the patient’s life – if so, an immediate intervention may be necessary.

### ■ *Screening Tool*

- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month you:
  1. Have had nightmares about the event?
  2. Tried hard not to think about the event or went out of your way to avoid situations that reminded you of it?
  3. Were constantly on guard, watchful or easily startled?
  4. Felt numb or detached from others, activities or your surroundings?

*Patients who respond “yes” to two or more questions are considered to have a positive screen. Also, if a patient responds “yes” only to question #3, he/she is considered to have scored positively.*

*While a positive screen does not indicate that the patient has PTSD, it does indicate a need for a more thorough evaluation.*

### ■ *DSM-IV Criteria for PTSD*

- A person has been exposed to a traumatic event in which both of the following were present:
  1. Person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or the threat to the physical integrity of self or others.
  2. The person’s response involved intense fear, helplessness or horror.
- Traumatic event is persistently re-experienced (need at least one):
  - Recurrent and distressing recollections of the event – images, thoughts and perceptions.
  - Recurrent and distressing dreams.
  - Acting/feeling like the event was reoccurring – illusions, hallucinations or flashbacks.
  - Psychological distress when exposed to cues that symbolize/resemble an aspect of the traumatic event.
  - Physiological reactivity when exposed to cues that symbolize/resemble an aspect of the traumatic event.

- Avoidance of stimuli associated with the traumatic event and numbing of general responsiveness (need at least three):
  - Efforts to avoid thoughts, feelings or conversations associated with the trauma.
  - Efforts to avoid activities, places or people that arouse recollections of the trauma.
  - Inability to recall important aspects of the trauma.
  - Decrease in interests or decrease in participation in significant activities.
  - Feeling detached/estranged from others.
  - Restricted range of affect.
  - Sense of foreshortened future.
  
- Persistent symptoms of increased arousal (need at least two):
  - Problems falling or staying asleep.
  - Irritability or outbursts of anger.
  - Problems concentrating.
  - Hypervigilance.
  - Exaggerated startle response.
  
- Symptoms last for more than one month.
  
- Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
  
- PTSD Specifiers:
  - Acute – the duration of symptoms is less than three months.
  - Chronic – symptoms last three months or longer.
  - With delayed onset – at least six months have passed between the occurrence of the traumatic event and the onset of symptoms.

## Treatment of PTSD

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### ■ *Education*

- Educating the patient is an important component of PTSD treatment. Following diagnosis, physicians should inform the patient that effective treatments are available to manage the symptoms of PTSD (medication, psychotherapy or both). This should be followed by a discussion of treatment options.
  
- It is helpful to provide the following information to patients:
  1. The symptoms they are experiencing are common in response to having been through a traumatic event. The symptoms do not mean they are “going crazy.”
  2. Discussing the traumatic event can help to decrease symptoms.
  3. It is important not to use alcohol or other drugs to try to manage symptoms.
  4. Effective psychotherapy and medication can improve the symptoms they are experiencing.
  
- Try to provide a supportive environment in which the patient can discuss the traumatic event and symptoms he or she has experienced.
  
- Some patients may be uncomfortable when provided with a treatment referral to a mental health provider. It is therefore important to normalize the idea of treatment. Consider the following:
  - Suggest that the patient have an evaluation.
  - Discuss benefits of behavioral health treatment.
  - Follow up with the patient at the next appointment.
  - Explain how therapy works (see the next page).
  
- Education is important for family members and the patient’s support network. If possible, provide information about the disorder, including symptom presentation and treatment modalities to the important people in the patient’s life.

### ■ *Medication*

- When medication is used in the treatment of PTSD, it is typically used to address specific symptoms of PTSD such as:
  - Difficulty sleeping.
  - Depression.
  - Anxiety/worry.
  - Irritability/lability.
  
- Antidepressant medication is often prescribed.

### ■ *Psychotherapy*

- Effective therapies for PTSD are available.
- Group therapy may be utilized, as it helps people recognize that they are not alone and that they are experiencing normal/natural responses to extremely stressful events.
- Sleep aids are sometimes prescribed.
- Care should be taken whenever considering benzodiazepines, as substance abuse is common.
- Therapy for PTSD often involves:
  - Education on trauma, its effects and PTSD.
  - Relaxation training.
  - Exposure to physical and imaginal reminders of the trauma.

### **Medical Implications/Complications Associated with PTSD**

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- Life-threatening medical conditions may result in PTSD. In addition, it is not uncommon for people to become symptomatic after undergoing significant medical procedures.
- Health problems associated with PTSD may involve:
  - Cardiovascular system.
  - Neurological system.
  - Gastrointestinal system.
- It is believed that the experience of trauma brings about neurochemical changes in the brain which may result in the following:
  - Hypertension.
  - Heart disease.
  - Abnormal hormone levels.
  - Increased risk for infections and immunologic disorders.
  - Problems with pain.
  - Depression.
  - Increased hostility and anger.
  - Poor coping skills.
  - Increases in alcohol consumption and smoking.
  - Poor eating habits.

- Changes in brain activity include:
  - Abnormal activation of the amygdala.
  - Changes in the hippocampus.
  - Abnormal levels of hormones.

## Special Populations

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- *Children*
  - Children’s exposure to traumatic events may interfere with the day-to-day functioning and cause them extreme distress.
  - Symptoms must be present for at least one month and must be accompanied by significant impairment in functioning.
  - To meet criteria for the diagnosis, children must experience the following:
    - Intense fear or helplessness.
    - Agitation or disorganized behavior.
    - Reexperiencing the traumatic event – recurrent or intrusive thoughts or dreams of the event, intense distress at cues/reminders of the event, repetitive play with themes of the traumatic event.
    - Avoidance/numbing – efforts to avoid thoughts, feelings or discussions about the event, decreased interest in normal activities, feelings of detachment from others.
    - Hyperarousal – problems sleeping; problems concentrating, irritability, angry outbursts, hypervigilance and an exaggerated startle response.
    - High levels of anxiety and depression are common.
  - It is not uncommon for children to have some PTSD symptoms after exposure to a traumatic event. However, they may not all meet criteria.
  - Children with pre-existing psychological difficulties/conditions are more vulnerable to PTSD reactions following a traumatic event.
  - In children, PTSD may take weeks or months to develop and up to years for symptoms to dissipate.
  - PTSD appears more often in girls than in boys.