Stonebriar Psychiatric Services News & Views - PTSD

Post-Traumatic Stress Disorder

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Ages Served

Adult
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It Made No Sense...or Did It?

This was supposed to have been the best night of her life. She had just married the man of her dreams, and they had intentionally waited until they were married to have any kind of "sexual intimacy." However, it was not as she imagined. When he began to touch her, suddenly she felt terrified and could not breathe. As she panicked and began to cry, her new husband was nothing if not bewildered. Over the week of her honeymoon, these feelings continued. She also had begun to have nightmares about being chased, held down, and raped. It made no sense… those things had never happened to her. After returning home, things got no better. Her relationship with this wonderful man was strained, and she did not understand what was going on. She only knew that when he touched her in certain ways, instead of feeling pleasure she felt frightened, guilty, and ashamed. It made no sense.

What is it?

Post-traumatic stress disorder (PTSD) is a relatively common psychiatric problem, affecting 2-3% of the general population at any given time, with 5% of men and 10% of women developing symptoms at some point in their lives. It tends to be persistent, generally lasting a year or more, and can cause significant problems for the individual who suffers from it. It has been recognized for quite some time that it can be a result of combat, and in the Civil War was known as "soldier's heart" due to the autonomic cardiac symptoms frequently associated with it. Although we learned a great deal about PTSD from returning soldiers from World War II and Vietnam, we also know that over half of the current cases may be secondary to a motor vehicle accident, approximately a third two to personal assault, rape, or abuse, and approximately a tenth due to a variety of situations in which one fears significant injury or death.

By definition, a person with PTSD must have been exposed to a traumatic event in which he or she experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury to oneself or to someone else with the individual's response involving intense fear or feelings of helplessness. Post-traumatic stress disorder may be classified as acute when the duration is less than three months, chronic when over three months, and delayed onset when symptoms begin at least six months after the traumatic event occurs.

Symptoms and Risk Factors

Some of the most common symptoms include insomnia, anxiety when exposed to situations that remind the individual of the original trauma, intrusive thoughts, images, sounds and sensations (often referred to as flashbacks), irritability, poor concentration, decreased interest in life activities, recurrent dreams associated with the trauma, avoidance of activities or places that remind one of the trauma, a "foreshortening of expectations" regarding the future, isolation and detachment from others, and generally an unwillingness to discuss the trauma. Frequently these individuals show hyper vigilance and a sense of "always looking over his shoulder," are easily startled, and frequently are unable to recall aspects of the trauma. This latter characteristic can even be to the point that one has no memory of the trauma for many years, but then finds that the memories are starting to come back when exposed to certain current life situations or stresses. This explains why at times individuals may have experienced physical or sexual abuse as a child but have no memory of it until they begin to have unexplained memories or dreams later when they are exposed to sexual situations, threatening or otherwise, or other circumstances that emotionally remind them of the original trauma. A particularly frightening form of this is called "body memories," in which an individual may experience a sense of being touched or of having body sensations similar to the original trauma, even though it is not occurring in the present. Perhaps the greatest fear of individuals who begin to experience these symptoms is that they are "going crazy."

Women's Issues Group coming call for info

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Certain risk factors have been identified that predispose one to the later development of PTSD, and it does not seem to relate exclusively to the severity of the trauma as once thought.

- Childhood trauma or abuse, especially when severe and repeated over time
- Women are twice as likely as men to develop PTSD at some point in their lives
- Family history of mental illness
- Possible genetic predisposition, which is currently receiving much research attention
- Poor social supports associated with increased adverse life events, such as divorce or job loss
- Prior psychiatric disorder of any type
- Personality traits relating to certain pathology, such as antisocial , avoidant, borderline, dependent, or paranoid
- Nature of the trauma, with interpersonal violence (rape, torture, or physical attack) being more likely to cause PTSD than an impersonal event such as a natural disaster

Numerous physiological changes have been found to occur with PTSD, although space does not permit an in-depth discussion of that here. In brief, one can say that it may affect many regulatory systems of the body, including alterations in blood components, which relate to the fighting of infections and hormonal regulation, along with various neurotransmitters such as glutamine, norepinephrine, and serotonin, which, as many readers know, can affect mood as well as many other psychiatric functions.

It is also quite common for other psychiatric conditions to occur with PTSD, such as major depressive disorders, anxiety disorders, panic attacks, alcohol/chemical abuse, or at times sexually compulsive behaviors, especially with childhood sexual abuse or later rape. In general, once symptoms occur the illness tends to frequently increase in severity over time if not treated.

Treatment

There are a number of treatments which have been found to be helpful with PTSD, and frequently several may be needed to optimize results. Medications have been helpful, particularly those that increase serotonin, although certain of the anticonvulsants, other antidepressants, and at low doses even some of the newer antipsychotics (this does not mean that individuals with PTSD are "psychotic"!) have been found to be helpful. Some recent studies have also shown that when certain “beta-blocker” medications are used immediately after trauma exposure, it may lessen the chance for developing PTSD. Psychotherapy is also crucial in the treatment of PTSD. Although this may take many forms, almost all require some element of exposure to the traumatic situation, either directly through visiting the scene of the abuse or objects related to it, or at least exposure by discussing the traumatic events. I frequently remind my patients, assuming this is true, that the perpetrator can no longer hurt them and that the memories only have as much power as they are allowed. One of our goals is to "take back the power" from those memories and help the individual to see that, in almost all cases, the events were not their fault. The self-blame and the shame do not have to continue.

If you have struggled with symptoms related to those described, I would encourage you to see a professional for evaluation and treatment, as this illness does not have to keep you a victim in life or keep you from enjoying the life that God meant for you to have.

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