

What Is Post Traumatic Stress Disorder? What Is PTSD? What Causes PTSD?

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PTSD (Post-Traumatic Stress Disorder) is triggered by a traumatic event - it is a kind of anxiety. The sufferer of PTSD may have experienced or seen an event that caused extreme fear, shock and/or a feeling of helplessness. Most of us experience a brief period of difficulty adjusting and coping with traumatic events. However, we gradually get better with time and healthy coping methods. On the other hand, there are times when symptoms get worse and may last for several months, or years. [This study explains how PTSD can surface two years after a traumatic event.](#) Another study found that [one in eight Lower Manhattan residents likely had PTSD two to three years after the 9/11 attacks.](#)

The sufferer's life may be completely disrupted - in such cases the person suffers from PTSD. To prevent PTSD from becoming a long-term illness it is crucial that the sufferer receive treatment as soon as possible.

Military service members returning from Iraq and Afghanistan are likely to experience posttraumatic stress disorder (PTSD) and alcohol use disorders simultaneously, [a study found.](#)

According to Medilexicon's [medical dictionary](#), Post-Traumatic Stress Disorder (PTSD) is "*1. Development of characteristic long-term symptoms following a psychologically traumatic event that is generally outside the range of usual human experience; symptoms include persistently re-experiencing the event and attempting to avoid stimuli reminiscent of the trauma, numbed responsiveness to environmental stimuli, a variety of autonomic and cognitive dysfunctions, and dysphoria. 2. A DSM diagnosis that is established when the specified criteria are met.*" (DSM = an abbreviation for the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders).

A person can suffer from PTSD after experiencing or witnessing the following events:

- Military confrontations
- Natural disasters
- Serious accidents
- Terrorist attacks
- Violent deaths
- Rape
- Personal assaults
- Any situation which triggers fear, shock, horror, and/or helplessness

How common is PTSD?

Any of us can suffer from PTSD, given the right circumstances. It is estimated that approximately 5% of men and 10% of women suffer from PTSD at some point in their lives. PTSD can occur at any age. According to the NHS (National Health Service, UK), about 40% of sufferers developed PTSD after a loved one (or somebody very close) died suddenly. Typically, a person with PTSD relives the horrific event through nightmares and has flashbacks as well; there may be problems with concentration and sleeping, as well as feelings of isolation and detachment from life. Symptoms can reach such a point that the sufferer's ability to live daily life is seriously undermined.

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What are the symptoms of Post-Traumatic Stress Disorder (PTSD)?

The majority of people who are exposed to a traumatic event will experience the symptoms listed below. They will usually taper off and eventually disappear within a few days or weeks. For some people, the symptoms may persist, and even become worse over time:

- Nightmares
- Frightening thoughts
- Sweating and shaking
- Refusal to discuss the event
- Avoiding things that remind the person of the event
- Feeling detached and estranged from others
- Feeling emotionally and mentally numbed
- Unable to remember some aspects of the event
- Reduced interest in life
- Flight/fight syndrome
- Difficulties concentrating
- Insomnia (problems either falling asleep, or waking and then not being able to get back to sleep)
- Moodiness
- Irritability
- Outburst of anger
- Over-alertness to possible danger
- Sensations that the event is recurring
- Feelings of guilt
- Long-term behavioral traits
- Over-consumption of alcohol
- Drug dependency
- Relationship breakdowns
- Phobias
- Anxiety disorders
- Severe depression
- Headaches
- Stomach problems
- Dizziness
- Chest pain
- Body aches and pains
- Weaker immune system
- Problems at work
- A greater perceived disability attributed to chronic pain, [this study indicates](#). However, [this study found the opposite](#) - that PTSD patients were less sensitive to pain.

People with PTSD may find that the symptoms come and go, while others will have severe and chronic symptoms (in medicine 'chronic' means long-lasting, unremitting). Certain noises, such as a car backfiring can bring symptoms back or quickly increase their severity, as can other reminders, such as a news report, or a smell.

When to see a doctor

People may have symptoms after a traumatic event but not have PTSD - the feelings may include fear and anxiety, as well as a lack of concentration, sadness and changes in sleeping and eating habits. There may even be bouts of crying. This does not necessarily mean that the person has PTSD. However, if these disturbing symptoms persist for more than a month, and if they are severe enough to impede the person's ability to get back to normal life, he/she should see a health care professional. Prompt treatment with a qualified professional will significantly help prevent the PTSD symptoms from getting worse.

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There are times when the PTSD symptoms become so severe than the person considers harming himself/herself. If this happens emergency services should be sought, or help from a family member or a good friend.

What causes Post-Traumatic Stress Disorder (PTSD)?

Experts cannot fully explain why some people develop PTSD while others do not. People of all ages are potential PTSD sufferers. It is especially common among people who have served in combat (often referred to as 'shell-shock, battle fatigue, or combat stress'). We do know that there are some risk factors (a risk factor may raise the chances of PTSD occurring):

- **Traumatic events that commonly trigger PTSD in men** - these include combat exposure, rape, childhood neglect and physical abuse.
- **Traumatic events that commonly trigger PTSD in women** - these include rape, sexual molestation, physical attack, being threatened with a weapon, childhood physical abuse.
- **Other traumatic events that trigger PTSD** - these include fire, natural disasters, muggings, robbery, assault, civil conflict, automobile accident, airplane crash, torture, kidnapping, terrorist attack, and being attacked by an animal.
- **Life threatening medical diagnosis or a major medical event** - [this study found that](#) breast cancer patients who have a prior history of mood and anxiety disorders are at a much higher risk of experiencing post-traumatic stress disorder following their diagnosis. [Another study revealed that](#) the prevalence of posttraumatic stress disorder symptoms and PTSD in patients following ICU hospitalization is about 20%. Support from hospital staff and family is an important factor in preventing post-traumatic stress disorder after a major intensive-care intervention, [according to researchers from the Charite Hospital in Berlin, Germany](#).
- **Family history of mental health problems** - people who have a close relative with mental health problems, or those who experience child abuse are at higher risk of developing PTSD if they experience traumatic events.
- **Gender** - a woman is four times more likely to develop PTSD than a man. Psychiatrists say this is probably because women run a higher risk of experiencing interpersonal violence, such as sexual violence. In times of war the risk may be higher for men, as a percentage of the total population. [A study found that](#) although males experience more traumatic events on average than do females, females are more likely to meet diagnostic criteria for PTSD.
- **Genetics** - scientists are beginning to suggest that certain genetic factors may raise a person's risk of developing PTSD. Researchers at UCLA Department of Psychiatry and Biobehavioral Sciences found a [genetic connection between PTSD, depression and anxiety](#).
- **Physical factors** - we know that the hippocampus - a part of the brain linked to emotions and memory - appears different in MRI scans in people with PTSD. These alterations are probably linked to flashbacks and memory problems.
- **Poor physical or mental health** - military personnel with diminished mental or physical health before combat exposure are more vulnerable to developing PTSD after deployment, [according to US researchers](#).
- **Watching tragedies on TV** - [a study indicates that](#) watching tragedies, such as 9/11 on TV, can cause PTSD in some people, even though they were not physically there.
- **Childbirth** - [This study reveals that childbirth](#) triggers many more cases of PTSD than people realize.
- **Abnormal hormone response to stress** - according studies, levels of hormones are abnormal among people with PTSD when they respond to stress. When we are in extreme danger our bodies produce natural opiates which trigger a reaction in the body when we are put under extreme stress or into a fight or flight situation. These opiates deaden the senses and dull pain. People with PTSD appear to produce high levels of these chemicals when there is no danger present. This may be why they feel detached and emotionless.
- **Panic attacks and later PTSD susceptibility not linked** - [an interesting study found](#) that if a person experiences a panic attack during a traumatic event that they will be **no more** likely to suffer from PTSD in the future.

How is Post-Traumatic Stress Disorder (PTSD) diagnosed?

Most GPs (general practitioners, primary care physicians) in North America, Europe, and many other parts of the world are able to diagnose PTSD after discussing all the symptoms with the patient. The doctor will need to know how the patient feels, his/her overall health, and how they are sleeping. There are especially-designed questionnaires which help a doctor diagnose PTSD. The diagnosis is made based on signs and symptoms and a psychological evaluation. Often, GPs may refer the patient to a psychologist for further evaluation.

The patient will also be asked to explain his/her symptoms in detail, including how severe they are, when they occur, and how long they last. The patient will probably be asked to describe the event that led to the symptoms. Doctors may also carry out a physical exam to check for any other physical problems.

A person with PTSD must meet the criteria spelled out in the DSM (Diagnostic and Statistical Manual of Mental Disorder) published by the APA (American Psychiatric Association). The manual is used by psychologists, psychiatrists, and other mental health professionals to diagnose mental conditions by insurance companies to determine reimbursement for treatment (in the USA).

Scientists at the University of Alberta in Edmonton, Canada are getting [closer to being able to use brain scans to help diagnose PTSD](#).

The criteria for post-traumatic stress disorder to be diagnosed include:

- The patient experienced or witnessed an event involving either death or serious injury, or the threat of death or serious injury.
- The patient responded to the event with intense fear, shock, horror and a sense of helplessness.
- The patient relives the experiences of the event, this may include having distressing memories or images, disturbing dreams, flashbacks, and even perhaps some physical reactions.
- The patient deliberately avoids situations or triggers that may remind him/her of the traumatic event.
- The patient may feel a sense of emotional numbness.
- The patient feels he/she is constantly in a state of alert for signs of danger. This may bring with it sleeping problems and difficulties with mental concentration.
- The patient's symptoms have continued for more than one month.
- The symptoms may interfere with the patient's ability to carry out his/her normal daily tasks, or cause significant distress.

What is the treatment for Post-Traumatic Stress Disorder (PTSD)?

In the UK the GP will most likely refer the patient to a mental health professional, this could be a counselor, a community psychiatric nurse, a psychologist or a psychiatrist. A good health care professional will explain to the patient exactly how he/she plans to go ahead with treatment. PTSD is a medically recognized anxiety disorder - in order to achieve the most effective treatment results it is important that the patient and his/her loved ones acknowledge this fact.

PTSD is generally treated with psychotherapy, medication or both. Below are examples of possible treatments:

- **Playing some computer games** - playing 'Tetris' after traumatic events could reduce the flashbacks experienced in PTSD, [preliminary research by Oxford University psychologists suggests](#).
- **CBT (Cognitive-behavioral therapy)** - this involves teaching learning skills that help the patient change his/her negative thought processes. It also includes mental imagery of the traumatic event to help work through the trauma, in order to gain control of the fear and distress.
- **EMDR (Eye movement desensitization and reprocessing)** - the patient recalls the event while making several sets of side-to-side eye movements. This has been shown to lower distress levels for people with PTSD, allowing the patient to have more positive emotions, behaviors and thoughts.
- **Exposure therapy** - this involves making the patient safely confront the very thing that upsets

and disturbs him/her, so that he/she can learn to cope with it effectively. This type of therapy has become controversial, with some well respected experts indicating that it may, in fact, do more harm than good. However, [this interesting article indicates](#) that most therapies have unclear outcomes, except for "exposure therapy", which appears to be effective.

- **Medications:**

- **SSRIs (selective serotonin reuptake inhibitors)** - these are the most commonly prescribed medications for PTSD; paroxetine is an example of such a drug. They also help treat depression, anxiety and sleep problems - symptoms often linked to PTSD. Patients under 18 should not take SSRIs, with the exception of fluoxetine under specialist advice.
- **Benzodiazepines** - these are effective for treating irritability, insomnia and anxiety. They should be used with caution because people with PTSD may become dependent. They are, nevertheless, very effective in treating PTSD symptoms, especially feelings of anxiety.
- **Ecstasy** - MDMA - the pharmaceutical version of Ecstasy - may help suffers of post-traumatic stress learn to deal with their memories more effectively by encouraging a feeling of safety, [according to an article published by SAGE](#).
- **Cortisone hormone therapy** - [a study by Ben-Gurion University of the Negev \(BGU\) researchers](#) found that a high dose of cortisone could help reduce the risk of PTSD.

- **NICE (National Institute for Health and Clinical Excellence)** , a UK organization that approves drugs and treatments for the National Health Service (free universal healthcare), has the following guidelines for PTSD treatment:

- If symptoms are mild and have been present for less than four weeks - watchful waiting.
- All patients should be offered trauma-focused CBT or EMDR on an individual outpatient basis.
- Young people, including children, should be offered trauma-focused CBT adapted for their circumstances and age.
- Medication should not be routinely used as first line treatment in preference to trauma-focused psychological treatment. Medication should be considered as first line of treatment only for adults who refuse to take part in psychological treatment.
- Debriefing sessions should not be routine practice (single sessions focusing on the traumatic event). All disaster plans need to have a planned psychological response to a disaster, with health care workers having clear responsibilities agreed beforehand.

Complications

- **Brain may be physically affected** - [this study found that](#) children with post-traumatic stress disorder and high levels of the stress hormone cortisol were likely to experience a decrease in the size of the hippocampus - a brain structure important in memory processing and emotion.
- **Higher mortality among some heart patients** - in patients who receive implantable cardiac defibrillators after a sudden heart event, there is a higher likelihood of death within five years if they experience symptoms of post-traumatic stress disorder, [this study found](#).
- **Higher risk of long-term health problems** - [a study found that](#) veterans suffering from PTSD are as likely to have long-term health problems as people with chronic disease risk factors such as an elevated white blood cell counts and biological signs and symptoms.
- **Heart disease risk** - older men with PTSD have a higher risk of developing heart disease, [according to a study carried out by researchers at the Harvard School of Public Health](#).

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