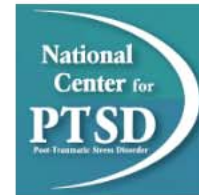




WHAT IS PTSD?

A HANDOUT FROM THE NATIONAL CENTER FOR
PTSD

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Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood. Most survivors of trauma return to normal given a little time. However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

People with PTSD experience three different kinds of symptoms. The first set of symptoms involves reliving the trauma in some way such as becoming upset when confronted with a traumatic reminder or thinking about the trauma when you are trying to do something else. The second set of symptoms involves either staying away from places or people that remind you of the trauma, isolating from other people, or feeling numb. The third set of symptoms includes things such as feeling on guard, irritable, or startling easily.

In addition to the symptoms described above, we now know that there are clear biological changes that are associated with PTSD. PTSD is complicated by the fact that people with PTSD often may develop additional disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. These problems may lead to impairment of the person's ability to function in social or family life, including occupational instability, marital problems and family problems.

PTSD can be treated with with psychotherapy ("talk" therapy) and medicines such as antidepressants. Early treatment is important and may help reduce long-term symptoms. Unfortunately, many people do not know that they have PTSD or do not seek treatment. This handout will help you to better understand PTSD and the how it can be treated.

How does PTSD develop?

PTSD develops in response to a traumatic event. About 60% of men and 50% of women experience a traumatic event in their lifetime. Most people who are exposed to a traumatic event will have some of the symptoms of PTSD in the days and weeks after the event. For some people these symptoms are more severe and long lasting. The reasons why some people develop PTSD are still being studied. There are biological, psychological and social factors that affect the development of PTSD.

What are the symptoms of PTSD?

Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the symptoms last for at least one month, and either cause significant distress or interfere with work or home life. In order to be diagnosed with PTSD, a person must have three different types

of symptoms: re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms.

Re-experiencing Symptoms:

Re-experiencing symptoms are symptoms that involve reliving the traumatic event. There are a number of ways in which people may relive a trauma. They may have upsetting memories of the traumatic event. These memories can come back when they are not expecting them. At other times the memories may be triggered by a traumatic reminder such as when a combat veteran hears a car backfire, a motor vehicle accident victim drives by a car accident or a rape victim sees a news report of a recent sexual assault. These memories can cause both emotional and physical reactions. Sometimes these memories can feel so real it is as if the event is actually happening again. This is called a "flashback." Reliving the event may cause intense feelings of fear, helplessness, and horror similar to the feelings they had when the event took place.

Avoidance and Numbing Symptoms:

Avoidance symptoms are efforts people make to avoid the traumatic event. Individuals with PTSD may try to avoid situations that trigger memories of the traumatic event. They may avoid going near places where the trauma occurred or seeing TV programs or news reports about similar events. They may avoid other sights, sounds, smells, or people that are reminders of the traumatic event. Some people find that they try and distract themselves as one way to avoid thinking about the traumatic event.

Numbing symptoms are another way to avoid the traumatic event. Individuals with PTSD may find it difficult to be in touch with their feelings or express emotions toward other people. For example, they may feel emotionally "numb" and may isolate from others. They may be less interested in activities you once enjoyed. Some people forget, or are unable to talk about, important parts of the event. Some think that they will have a shortened life span or will not reach personal goals such as having a career or family.

Arousal Symptoms:

People with PTSD may feel constantly alert after the traumatic event. This is known as increased emotional arousal, and it can cause difficulty sleeping, outbursts of anger or irritability, and difficulty concentrating. They may find that they are constantly "on guard" and on the lookout for signs of danger. They may also find that they get startled.

How common is PTSD?

PTSD is common. In the entire population, an estimated 6.8% of Americans will experience PTSD at some point in their lives. Women (9.7%) are more than two and a half times as likely as men (3.6%) to develop PTSD. About 3.6% of U.S. adults (5.2 million people) have PTSD during the course of a given year. This is only a small portion of those who have experienced at least one traumatic event. In people who have experienced a traumatic event, about 8% of men and 20% of women develop PTSD after a trauma and roughly 30% of these individuals develop a chronic form that continues on throughout their lifetime. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood

physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

PTSD is more common in “at-risk” groups such as those serving in combat. About 30% of the men and women who served in Vietnam experience PTSD. An additional 20% to 25% have had partial PTSD at some point in their lives. More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms." PTSD has also been detected among veterans of other wars. Estimates of PTSD from the Gulf War are as high as 10%. Estimates from the war in Afghanistan are between 6 and 11%. Current estimates of PTSD in military personnel who served in Iraq range from 12% to 20%.

Who is most likely to develop PTSD?

Most people who experience a traumatic event will not develop PTSD. However, the risk for developing PTSD increases if people:

- were directly exposed to the traumatic event as a victim or a witness
- were seriously injured during the trauma
- experienced a trauma that was long lasting or very severe
- saw themselves or a family member as being in imminent danger
- had a severe negative reaction during the event, such as feeling detached from ones surroundings or having a panic attack
- felt helpless during the trauma and were unable to help themselves or a loved one.

Individuals are also more likely to develop PTSD if they:

- have experienced an earlier life threatening event or trauma
- have a current mental health issue
- have less education
- are younger
- are a woman
- lack social support
- have recent, stressful life changes

Some research shows that ethnic minorities, such as Blacks and Hispanics, are more likely than Whites to develop PTSD. One reason for these differences is that minorities may have more contact with traumatic events. For example, in Vietnam, Whites were in less combat than Blacks, Hispanics, and American Indians. Researchers are trying to understand other reasons for the differences in PTSD between the ethnic groups.

A person’s culture or ethnic group can affect how that person reacts to a problem like PTSD. For example, some people may be more willing than others to talk about their problems or to seek help.

How long does PTSD last?

The course of PTSD is variable. This means it can be different for different people and that it can change over time. PTSD usually begins right after the traumatic event but it can also be

delayed for many years. For most people symptoms improve over the first year. Treatment also reduces symptoms but for some symptoms can last a lifetime. Roughly 30% of individuals develop a chronic form.

PTSD usually involves periods of symptom increase followed by remission or decrease, although some individuals may experience symptoms that are long lasting and severe. Some older veterans, who report a lifetime of only mild symptoms, experience significant increases in symptoms following retirement, severe medical illness in themselves or their spouses, or reminders of their military service, such as reunions and anniversaries.

What other problems do people with PTSD experience?

It is very common for other conditions to occur along with PTSD, such as depression, anxiety, or substance abuse. More than half of men with PTSD also have problems with alcohol. The next most common co-occurring problems in men are depression, followed by conduct disorder, and then problems with drugs. In women, the most common co-occurring problem is depression. Just under half of women with PTSD also experience depression. The next most common co-occurring problems in women are specific fears, social anxiety, and then problems with alcohol.

People with PTSD often have problems functioning. In general, people with PTSD have more unemployment, divorce or separation, spouse abuse and chance of being fired than people without PTSD. Vietnam veterans with PTSD were found to have many problems with family and other interpersonal relationships, problems with employment, and increased incidents of violence.

People with PTSD also may experience a wide variety of physical symptoms. This is a common occurrence in people who have depression and other anxiety disorders. Some evidence suggests that PTSD may be associated with increased likelihood of developing medical disorders. Research is ongoing, and it is too soon to draw firm conclusions about which disorders are associated with PTSD.

PTSD is associated with a number of distinctive neurobiological and physiological changes. PTSD may be associated with stable neurobiological alterations in both the central and autonomic nervous systems, such as altered brainwave activity, decreased volume of the hippocampus, and abnormal activation of the amygdala. Both the hippocampus and the amygdala are involved in the processing and integration of memory. The amygdala has also been found to be involved in coordinating the body's fear response.

What treatments are available?

PTSD is treated by a variety of forms of psychotherapy (talk therapy) and pharmacotherapy (medication). There is no single best treatment, but some treatments appear to be quite promising, especially cognitive-behavioral therapy (CBT). CBT includes a number of diverse but related techniques such as cognitive restructuring, exposure therapy, and eye movement desensitization and reprocessing (EMDR). See the National Center for PTSD's website for more information about treatment types and providers.

I think I have PTSD. What can I do now?

Many people who might need help for something like PTSD are afraid to go for help. One out of five people say they might not get help because of what other people might think. One out of three people say they would not want anyone else to know they were therapy. But almost 50% of people say that there is less shame in seeking help now than there has been in the past.

A study that's been done of soldiers coming home from Iraq found that only 40% of service members with mental problems said they would get help. In many cases this was due to the soldiers' fears about what others would think, and how it could hurt their military careers.

If you think you have PTSD there are a number of things you can do. You may want to be evaluated for PTSD by psychiatrist, psychologist, or clinical social worker specifically trained to assess psychological problems. You could also discuss your symptoms with your doctor. Talk to your doctor about the treatments discussed in this handout.

If you do not want to be evaluated but feel you have symptoms of PTSD you may choose "watchful waiting." Watchful waiting means taking a wait-and-see approach. If you get better on your own, you won't need treatment. If your symptoms do not improve after 3 months and they are either causing you distress or are getting in the way of your work or home life, talk with a health professional.

In a few cases, your symptoms may be so severe that you need immediate help. Call 911 or other emergency services immediately if you think that you cannot keep from hurting yourself or someone else.

For more information see www.ncptsd.va.gov