

Facts about PTSD: Causes, Symptoms and Treatment

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For centuries people have talked and written about the physical and psychological impact resulting from extreme stress. Today, it is estimated that 4 percent of U.S. adults, or 5.2 million people, experience symptoms of PTSD during a given year.

WHAT ARE THE CAUSES?

PTSD results from the experience of traumatic events like domestic violence, physical assaults, violent accidents, natural disasters, threats, combat, witnessing death or murder or hearing about the unexpected death of a loved one.

WHAT ARE THE SYMPTOMS?

People diagnosed with PTSD may suffer from a variety of symptoms. However, it is important to remember that for an actual diagnosis of PTSD to occur, the victim's response to a traumatic event must cause severe problems or distress in his or her personal or professional life through feelings of

intense helplessness, fear or terror. Also, the symptoms must last for more than one month.

The first tell-tale symptom of PTSD — *reexperiencing the traumatic event* — can be dramatic and often results in sudden, frequent and upsetting memories of the event that enter the person's mind and make it difficult to concentrate. When these memories are accompanied by the feeling that the event is recurring, they are called "flashbacks." Flashbacks are more than just a memory of the trauma. They are the actual "reliving" of the traumatic event.

Second, the *avoidance and numbing* that often accompany PTSD can be much more difficult to recognize and are often misdiagnosed as symptoms of depression. For a diagnosis of PTSD, however, a person must experience three or more of the following avoidance symptoms:

- √ **Avoiding thoughts, feelings or conversations that remind him or her of the traumatic event**
- √ **Avoiding activities, people or places that remind him or her of the traumatic event**
- √ **Inability to recall important details about the traumatic event**
- √ **Inability to enjoy past pleasures**
- √ **Feeling detached from friends and family**
- √ **Feeling emotionally numb**
- √ **Believing the future is bleak or that important life goals will not be fulfilled**

Exposure to overwhelming stress has powerful effects on the mind and body, and these effects describe the last category of symptoms, called *hyperarousal*.

Hyperarousal is often accompanied by two or more of the following symptoms:

- √ **Insomnia**
- √ **Sudden outbursts of anger or irritability**
- √ **Lack of concentration**
- √ **Increased startle response**

TREATMENT OPTIONS

Many methods of therapy have

been developed to treat victims of PTSD. Research has demonstrated the effectiveness of cognitive-behavioral therapy, group therapy, exposure therapy and drug therapy.

√ Cognitive-behavioral therapy involves teaching victims how to cope with anxiety and negative thoughts, to manage anger, to prepare for stress reactions, to handle future trauma symptoms, to control urges to use alcohol and to communicate and relate with people.

√ Group therapy allows victims to discuss past traumatic events and current symptoms with other victims who are empathetic to their situation.

√ Exposure therapy involves confronting the past trauma by either repeatedly imagining it in great detail or going to places that are strong reminders of the trauma experience. Exposure therapy is intended to help victims gain control of the overwhelming fear and distress that resulted from the trauma.

√ Drug therapy often is used in conjunction with other therapeutic methods to help reduce the anxiety, depression, insomnia and emotional numbness associated with PTSD. Although no particular drug has emerged as a definitive treatment for PTSD, research has shown that medication is clearly useful in relieving symptoms of PTSD, thus making it possible for patients to participate in cognitive-behavioral, group or exposure therapy.

An important factor in the treatment of PTSD is how much social support the trauma victim receives both during and after the traumatic event and how the victim and the people around him or her make sense of the event. Rejection, abandonment or blame experienced by a trauma survivor can produce a "second injury," or retraumatization. For some survivors, it can be difficult to determine what's worse — the traumatic event itself or other people's cruel responses to it. ■

Table of Contents

**Why are Women
at Greatest Risk? p. 1**

Facts about PTSD. p. 2

**Receiving Treatment in a
Managed Care Environment. . p. 3**

**Federal Government Develops
Innovative Program p. 4**

A Story of Survival p. 6

Final Action Plan p. 8

**Domestic Violence
Resources p. 11**