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## PTSD in Primary Care<sup>1</sup>

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Many of those who suffer from Post Traumatic Stress Disorder (PTSD) are more likely to seek help from their primary care physician than a mental health professional. Improving recognition of and response to traumatic stress by asking the medical community to evaluate patients for PTSD when they present with questions or otherwise

indicate the need can help to connect patients and families with treatment resources. Clinical observations indicating possible PTSD include:

- Presenting with a variety of nonspecific somatic complaints, e.g. chronic pelvic pain, irritable bowel syndrome, fibromyalgia, chronic headaches or physical complaints that persist in spite of medical treatment.
- Exhibiting signs of major depression, substance abuse or anxiety disorders.
- Experiencing significant problems in relationships, school, or work.
- Engaging in self-harming behaviors such as cutting, substance abuse, or promiscuity.
- History of trauma obtained by routine questioning or information volunteered by the patient or family.

### Facts:

- PTSD is prevalent (8% in general population, 12% in primary care).
- PTSD is highly comorbid with major depression, generalized anxiety disorder, and substance abuse.
- Sexual assault puts both men and women at the highest risk for PTSD.
- Men are more likely than women to report physical attacks, combat experience, and being threatened with a weapon, held captive, or kidnapped.
- Women are more likely to report rape, sexual molestation, domestic violence, and childhood physical abuse.
- PTSD has a clear biological foundation.
- Not everyone exposed to the same trauma will develop PTSD.
- Of the anxiety disorders, PTSD has the highest suicide rate.

### Treatment:

- Provide education and normalization of the responses that follow a traumatic event.
- Provide emotional support and education about the biological nature of PTSD and potential for response to therapy and medications if needed.
- Encourage talking to family and friends; educate family/friends about the importance of empathic listening;

help them recognize that the patient will need to repeatedly process the traumatic event.

- Screen for other PTSD risk factors, i.e., psychiatric history, childhood abuse, lack of social supports, suicidality.
- Recommend and refer for therapy. Psychotherapy (exposure, stress-inoculation, cognitive-behavioral) is considered first-line treatment for PTSD. Establish an alliance with a mental health practitioner who recognizes and treats PTSD.
- Antidepressants are effective in treating PTSD; SSRIs are first-line medications.



### Take this quick self-test about Traumatic Stress...

Check anything that describes you. Then take this checklist to your doctor or a mental health professional:

- I have trouble paying attention and concentrating.
- I often feel touchy or temperamental or I am easily angered.
- I have overreacted when I could have handled things differently.
- I have felt numb or detached, with dulled or flattened feelings.
- I have felt less aware of my surroundings ("dazed").
- I have been told that I said or did something that I don't remember.
- I try to avoid certain people, feelings, or places that make me feel upset.
- I feel jumpy and "on edge" most of the time.
- I have trouble sleeping.
- I am haunted by thoughts of terrible things that happened in the past (upsetting thoughts, dreams or flashbacks.)
- I have experienced, seen, or had to cope with a life-or-death event or very serious injury.
- I have had to deal with events that threatened my physical and emotional self or loved ones.
- I have periods of time in my life that I cannot remember.
- I drink or use drugs to help me deal with stress or to get through the day or night.

**If you checked anything, take care of yourself. Make an appointment to see your doctor or a mental health professional and show him or her this list.**

**Dr. Bills will facilitate a workshop at the Many Faces of PTSD conference on the mind-body effects of traumatic stress. She will also offer the closing keynote "Next Steps in Community Approaches".**

<sup>1</sup> This article is excerpted from educational material written by Dr. Bills in conjunction with *The Healing Project*, a cooperative effort by Montgomery County Dept. of Health & Human Services, U.S. Dept. of Homeland Security, Federal Emergency Management Agency, Sidran Institute and others.