



Medicine for Managers

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Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a mental health condition, which is triggered by a terrifying, or a series of terrifying events. It may occur as a result of witnessing or experiencing them. People may suffer a wide range of responses to such ordeals and the reaction may be mild or extremely severe, relatively brief or for a prolonged period of months or years. There are more than 20,000 cases a year in the UK.

The symptoms which follow a traumatic event or events commonly start within a month but may not appear until some years after the event. They can include:

- Flashbacks
- Severe anxiety
- Uncontrollable thoughts
- Nightmares and insomnia
- Isolation and guilt
- Irritability and anger

Such symptoms can have a profound effect on day-to-day living and the ability to function, working and maintaining relationships.

There are many potential causes of PTSD and can arise from any aspect or area of activity of life. Common examples are:

- Serious accidents
- Violence to the individual or to someone close, including rape, assault, robbery and torture.
- Horrifying experiences associated with work, for example in public services such as the police and fire, nursing or medicine.

- War experiences and combat exposure
- Events associated with illness or childbirth
- Accidents

Not everyone develops PTSD when exposed to horrifying events. Estimates suggest that about 30% of people subjected to such experiences will suffer the condition but it is not clear why some people develop PTSD and others do not.

Furthermore, someone may encounter horrible or terrifying events and be unaffected, but then have involvement in another equally dreadful occurrence and be powerfully distressed.

It has been suggested that PTSD could be a survival mechanism, so that the individual considers carefully the events and how to protect against them in the event of further traumatic experiences.

Certainly, there is evidence that people with PTSD have high levels of hormones such as adrenaline which may help them to react

quickly by activating the 'fight, flight or fright' response.

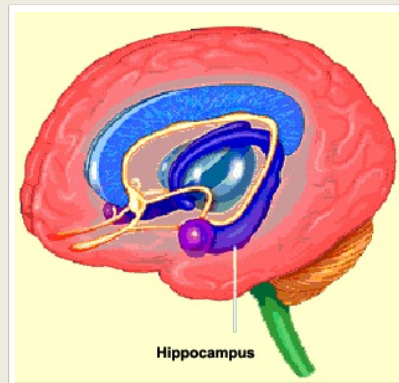
- Being lonely, lacking family or friends
- Having other mental health problems

A part of the brain called the hippocampus, located in the medial part of the temporal lobe on each side is important in PTSD and is associated with regulating emotion and storing long-term memories. Scans suggest some variation in the size of the hippocampus in people with PTSD.

For the PTSD sufferer, intrusive memories may result in replaying and reliving the trauma or events, being troubled, sometimes overwhelmed by nightmares and plagued with emotional distress.

The development of PTSD is, however, probably also the result of a complex mixture of inherited and environmental factors including:

- The nature and severity of stressful events
- Inherited or acquired features of personality or temperament
- The way in which the body reacts on a chemical and neurological level to process and respond to stress
- Inherited mental health traits such as severe anxiety or depression.



The individual may try to blot out the event(s) and to take measures like avoiding places, activities or people associated with or reminding the person of the event. They may be constantly looking for danger and are easily startled or frightened.

For many it is difficult to to suppress negative thoughts and avoid feeling hopeless about the future.

They may become isolated and detached from family and friends.

It is sometimes a feature that they cease to feel emotions at all and happiness and the highs and lows of everyday life merge into a constant feeling of 'numbness'.

Equally PTSD may increase the risk of developing other mental health problems such as anxiety, depression, suicidal thoughts or drug, alcohol or eating disorders.

They may turn to alcohol in excess or develop inappropriate behaviours such as angry or aggressive outbursts and take risks such as driving too fast.

People of all ages can develop PTSD but the risk of developing the disorder is increased in some specific circumstances:

- Involved with long-lasting or intense trauma
- Having a role which exposes the individual to traumatic events
- Drug or alcohol misuse

For many who experience PTSD, the symptoms will vary over time. They may become less intrusive during periods of relaxation and worsen if reminded by, for example, news reports or being exposed to (say) a loud bang which rekindles memories of being threatened with a gun.

Anyone experiencing a a truly upsetting, disturbing or traumatic event will naturally

develop a range of emotions but, for most people, they will subside with time over a period of weeks.

However, for those who are still very distressed or suffering typical post-traumatic symptoms four to six weeks after the event(s), it is wise to consult a GP. In such circumstances a variety of management approaches or treatment may be recommended and may involve a referral to a mental health specialist. They will include:

- Careful exploration of the events and documentation of frequency and severity with a period of monitoring to assess whether they subside or intensify with time. For a majority of people, the symptoms will resolve or become controllable naturally
- Psychological support. May be recommended and the GP may refer to either a local mental health unit or to a PTSD Unit if one is available. In some areas, where there is Improved Access to Psychological Therapies (IAPT), self-referral may be an option. Treatment at these units may be by Cognitive Behavioural Therapy (CBT) where a two to three-month programme of sessions can help the individual to manage the post-traumatic symptoms by adjusting thought and actions. Alternatively, Group Therapy may be used to encourage discussion with others with PTSD to help individuals find ways to rationalise and manage their symptoms.
- Medication. The mainstay of treatment is with antidepressant drugs, commonly paroxetine and sertraline. Other drugs such as amitriptyline, phenelzine and mirtazepine may also be used.

Medication may be the treatment of choice in those patients where PTSD may accompany other mental health problems such as anxiety or depression and also in those circumstances where a talking therapy is not attractive to the individual or where it has been tried without success.

Much of the recent research on PTSD has been undertaken by studying military personnel and, perhaps not surprisingly, most of those with PTSD symptoms, had seen active combat.

One study showed an approximately 50% increase over a ten year period between 2004 and 2014.

The risk of developing the disorder seems to be greater in veterans who have left the military than in those still serving, which could suggest that the act of leaving, with loss of the social and other support, may trigger symptoms.

Children and young people also suffer from PTSD and the disorder has the same features and effects as in adults.

The young are affected by the same traumatic events as adults and the occurrence and severity may be affected by such factors as the closeness to the event, how bad it was and how long it lasted.

Recovery is dependent on the child's resilience, the ability to cope and the supportiveness of the young person's family and the community in which they live.

Like adults, not all young people are affected by traumatic events. Like adults, they are vulnerable to other mental health problems.

Diagnosis is usually made or confirmed by a child and adolescent psychiatrist. Treatment is with CBT or medication usually, although some children do recover spontaneously within weeks or a few months and others have more persisting symptoms.

Suicidal thoughts require urgent attention and support.

PTSD can cause truly awful symptoms and the sufferers include a wide range of celebrities, who have identified events which triggered the disorder.

Whoopi Goldberg suffered after witnessing a mid-air plane crash in 1978 and Ariana Grande since the 2017 Manchester Arena bombing.

Monica Lewinsky developed it after the Clinton scandal and Jackie Onassis after the assassination of her husband John Kennedy.

For Charlize Theron it is reported that it occurred following the tragic event of her mother intervening to save her life by shooting her father. For Reese Witherspoon, it followed a sexual assault.

In the past, many sufferers of PTSD were unrecognised, particularly after wars, with some soldiers even being shot for cowardice. The number of people being diagnosed with the condition is increasing but the support and treatment has improved, particularly over the last three decades, as it has become better understood.

Prognosis depends on resilience, other stresses, and the severity of the event(s) causing the disorder.

Nowadays the help so often needed is available for anyone diagnosed with the disorder.

The events of the Covid pandemic have put many NHS staff, working at the front-line of care, under huge pressure, faced with distressing experiences and deaths on a scale that no one has seen in the NHS. There are early signs that some will need help to recover, as the service, so used to providing care for others, is now, likely to be faced with providing care for its own, struggling with PTSD.

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