

What Is Posttraumatic Stress Disorder?

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.

PTSD has been known by many names in the past, such as “shell shock” during the years of World War I and “combat fatigue” after World War II. But PTSD does not just happen to combat veterans. PTSD can occur in all people, in people of any ethnicity, nationality or culture, and any age. PTSD affects approximately 3.5 percent of U.S. adults, and an estimated one in 11 people will be diagnosed PTSD in their lifetime. Women are twice as likely as men to have PTSD.

People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.

A diagnosis of PTSD requires exposure to an upsetting traumatic event. However, exposure could be indirect rather than firsthand. For example, PTSD could occur in an individual learning about the violent death of a close family. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases.

o Symptoms and Diagnosis

Symptoms of PTSD fall into four categories. Specific symptoms can vary in severity.

1. Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.
 2. Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.
 3. Negative thoughts and feelings may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.
 4. Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.
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Many people who are exposed to a traumatic event experience symptoms like those described above in the days following the event. For a person to be diagnosed with PTSD, however, symptoms last for more than a month and often persist for months and sometimes years. Many individuals develop symptoms within three months of the trauma, but symptoms may appear later. For people with PTSD the symptoms cause significant distress or

problems functioning. PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems.

Related Conditions

Acute Stress Disorder

Acute stress disorder occurs in reaction to a traumatic event, just as PTSD does, and the symptoms are similar. However, the symptoms occur between three days and one month after the event. People with acute stress disorder may relive the trauma, have flashbacks or nightmares and may feel numb or detached from themselves. These symptoms cause major distress and cause problems in their daily lives. About half of people with acute stress disorder go on to have PTSD.

An estimated 13 to 21 percent of survivors of car accidents develop acute stress disorder and between 20 and 50 percent of survivors of assault, rape or mass shootings develop it.

Psychotherapy, including cognitive behavior therapy can help control symptoms and help prevent them from getting worse and developing into PTSD. Medication, such as SSRI antidepressants can help ease the symptoms.

Adjustment disorder

Adjustment disorder occurs in response to a stressful life event (or events). The emotional or behavioral symptoms a person experiences in response to the stressor are generally more severe or more intense than what would be reasonably expected for the type of event that occurred.

Symptoms can include feeling tense, sad or hopeless; withdrawing from other people; acting defiantly or showing impulsive behavior; or physical manifestations like tremors, palpitations, and headaches. The symptoms cause significant distress or problems functioning in important areas of someone's life, for example, at work, school or in social interactions. Symptoms of adjustment disorders begin within three months of a stressful event and last no longer than six months after the stressor or its consequences have ended.

The stressor may be a single event (such as a romantic breakup), or there may be more than one event with a cumulative effect. Stressors may be recurring or continuous (such as an ongoing painful illness with increasing disability). Stressors may affect a single individual, an entire family, or a larger group or community (for example, in the case of a natural disaster).

An estimated 5% to 20% of individuals in outpatient mental health treatment have a principal diagnosis of adjustment disorder. A recent study found that more than 15% of adults with cancer had adjustment disorder. It is typically treated with psychotherapy.

Disinhibited social engagement disorder

Disinhibited social engagement disorder occurs in children who have experienced severe social neglect or deprivation before the age of 2. Similar to reactive attachment disorder, it can occur when children lack the basic emotional needs for comfort, stimulation, and affection, or when repeated changes in caregivers (such as frequent foster care changes) prevent them from forming stable attachments.

Disinhibited social engagement disorder involves a child engaging in overly familiar or culturally inappropriate behavior with unfamiliar adults. For example, the child may be willing to go off with an unfamiliar adult with minimal or no hesitation. These

behaviors cause problems in the child's ability to relate to adults and peers. Moving the child to a normal caregiving environment improves the symptoms. However, even after placement in a positive environment, some children continue to have symptoms through adolescence. Developmental delays, especially cognitive and language delays, may co-occur along with the disorder.

The prevalence of disinhibited social engagement disorder is unknown, but it is thought to be rare. Most severely neglected children do not develop the disorder. Treatment involves the child and family working with a therapist to strengthen their relationship.

Reactive attachment disorder

Reactive attachment disorder occurs in children who have experienced severe social neglect or deprivation during their first years of life. It can occur when children lack the basic emotional needs for comfort, stimulation and affection, or when repeated changes in caregivers (such as frequent foster care changes) prevent them from forming stable attachments.

Children with reactive attachment disorder are emotionally withdrawn from their adult caregivers. They rarely turn to caregivers for comfort, support or protection or do not respond to comforting when they are distressed. During routine interactions with caregivers, they show little positive emotion and may show unexplained fear or sadness. The problems appear before age 5. Developmental delays, especially cognitive and language delays, often occur along with the disorder.

Reactive attachment disorder is uncommon, even in severely neglected children. Treatment involves the child and family working with a therapist to strengthen their relationship.