OBJECTIVES
1. UNDERSTAND THE NATURE OF PTSD
2. IDENTIFY HISTORY VARIABLES THAT SHOULD LEAD TO FURTHER INQUIRY
3. APPRECIATE PTSD DIAGNOSTIC CRITERIA

TRAUMA- AND STRESSOR-RELATED DISORDERS
ARE DISORDERS WITH EXPOSURE TO TRAUMATIC OR STRESSFUL EVENTS

- REACTIVE ATTACHMENT DISORDER
- DISINHIBITED SOCIAL ENGAGEMENT DISORDER
- POST TRAUMATIC STRESS DISORDER
- ACUTE STRESS DISORDER
- ADJUSTMENT DISORDERS

PHENOTYPICAL SYMPTOMS IN THE CLUSTER OF TRAUMA- AND STRESSOR-RELATED DISORDERS

- FEAR
- ANXIETY
- DYSTHOMIC
- ANHEDONIA
- DISSOCIATION
- ANGER/AGGRESSION
ONLY ADULTS

US PREVALENCE

8.7% LIFETIME RISK BY AGE 75
HIGHER IN VETS, FIREFIGHTERS, POLICE, EMERGENCY MEDICAL STAFF


Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death.


PTSD EXAMPLE TRAUMAS
WAR AS COMBATANT OR CIVILIAN
THREATENED OR ACTUAL
ASSAULT, ROBBERY, MUGGING
SEXUAL VIOLENCE
ABUSE
KIDNAPPING
TERRORIST ATTACK
GENOCIDE
BEING A POW
NATURAL/MAN MADE DISASTERS
MOTOR VEHICLE CRASHES
WAKING DURING SURGERY
ANAPHYLACTIC SHOCK
WITNESS TO CHILD MEDICAL CATASTROPHE
LEARNING OF RELATIVES' EVENT
BEING IN AN ICU
POST INTENSIVE CARE SYNDROME

POST INTENSIVE CARE SYNDROME
DELIRIUM, EDGE OF DEATH, WEIRD SENSORY, HALLUCINATIONS, CONFUSION, PSYCHOSIS, PAIN, SLEEP DISTURBANCE, INTUBATION, INFLAMMATION, RESTRAINTS, SEPSIS.

ALSO FAMILY PTSD
USE OF ICU JOURNAL
REALIZE HOW MUCH CARE THEY GOT
MAKE SENSE OF SCARS/BRUISES
CAN READ IT WHEN DISTRESSED
CAN INCLUDE PHOTOS OF PATIENT

INCLUSION/EXCLUSION CRITERIA

ASIAN AMERICANS < WHITES < LATINOS, AFRICAN AMERICANS, NATIVE AMERICANS
LESS IN OLDER BUT MAY HAVE SUB-THRESHOLD SX
WOMEN > MEN

An intense physical and emotional response to thoughts and reminders of an event that last for many weeks or months after the traumatic event.

The symptoms of PTSD fall into three broad types: re-living, avoidance and increased arousal.

Symptoms of re-living include flashbacks, nightmares, and extreme emotional and physical reactions to reminders of the event. Emotional reactions can include feeling guilty, extreme fear of harm, and numbing of emotions. Physical reactions can include uncontrollable shaking, chills or heart palpitations, and tension headaches.

Symptoms of avoidance include staying away from activities, places, thoughts, or feelings related to the trauma or feeling detached or estranged from others.

Symptoms of increased arousal include being overly alert or easily startled, difficulty sleeping, irritability or outbursts of anger, and lack of concentration.

COURSE

USUAL START WITHIN 3 MONTHS BUT CAN DELAY EXPRESSION [ONSET] FOR YEARS

MAY START AS ACUTE STRESS DISORDER [START AND END WITHIN ONE MONTH]

50 % OF ADULTS HAVE COMPLETE RECOVERY WITHIN 3 MONTHS

CAN OTHERWISE LAST FOR MONTHS TO YEARS

PTSD INCREASES SUICIDE IDEATION AND ATTEMPTS

IMPACT

SOCIAL, OCCUPATIONAL, AND PHYSICAL/HEALTH DISABILITY

LOWER SOCIAL INTERPERSONAL, EDUCATIONAL FUNCTIONING

LESS INCOME, LOWER EDUCATIONAL ATTAINMENT, GREATER WORK ABSENTEEISM

HIGHER MEDICAL UTILIZATION
CO-MORBIDITY

OTHER MENTAL DISORDERS – DEPRESSION, ANXIETY, BI-POLAR, SUBSTANCE ABUSE, CONDUCT DISORDER

MAJOR NEURO-COGNITIVE DISORDER

48 % MILD TBI AND PTSD CO-OCURRENCE IN AFGHAN AND IRAQ VETS

COGNITIVE CHANGES WITH PTSD

VERBAL LEARNING
SPEED OF INFORMATION PROCESSING
ATTENTION/WORKING MEMORY
VERBAL MEMORY
GET A NEUROPSYCHOLOGICAL EVAL
DO COGNITIVE REHABILITATION

FACTORS THAT INCREASE RISK

PRE-EVENT
PRIOR CHILDHOOD EMOTIONAL PROBLEMS BY AGE 6
PRIOR MENTAL HEALTH DISORDERS
FAMILY MENTAL HEALTH HISTORY
LOWER SES
LOWER EDUCATION
PREVIOUS TRAUMA
CHILDHOOD ADVERSITY – ECONOMIC, DIVORCED PARENTS, ETC
LOWER INTELLIGENCE

FACTORS THAT INCREASE RISK

EVENT
SEVERITY OF EVENT [DOSE]
GREATER LIFE THREAT/VIOLENCE ETC PARTICULARLY BY CAREGIVER
VETS: BEING A PERPETRATOR/WITNESS/KILLING

FACTORS THAT INCREASE RISK

POST EVENT
NEGATIVE APPRAISAL
POOR COPING MECHANISMS
SUBSEQUENT EXPOSURE TO REMINDERS, ADVERSE LIFE EVENTS, LOSSES, ETC.

DIAGNOSTIC TYPES

WITHOUT DISSOCIATIVE SX
WITH DISSOCIATIVE SX [NOT DUE TO SEIZURES/CHEMICAL USE/ETC.]
DEPERSONALIZATION – DETACHED FROM OWN THINKING OR BODY
DREAM LIKE/UNREAL/ SLOWED TIME/OBSERVER OF SELF
DEREALIZATION – WORLD IS UNREAL OR DREAMLIKE

WITHOUT DELAYED EXPRESSION
WITH DELAYED EXPRESSION
IF FULL SX NOT PRESENT TILL 6 MONTHS POST
DIAGNOSTIC CRITERIA

CRITERION A (ONE REQUIRED): EXPOSURE TO:

ACTUAL OR THREATENED DEATH, SERIOUS INJURY, OR SEXUAL VIOLENCE IN AT LEAST ONE OF THE FOLLOWING WAYS:

DIRECT EXPOSURE

WITNESSING THE TRAUMA

LEARNING THAT A RELATIVE OR CLOSE FRIEND WAS EXPOSED TO A VIOLENT/ACCIDENTAL TRAUMA

REPEATED/EXTREME EXPOSURE TO AVERSIVE DETAILS OF THE TRAUMA (E.G., AS FIRST RESPONDERS, MEDICS, POLICE) – NOT INCLUDE TV/PHOTOS/ ETC UNLESS WORK RELATED

CRITERION B (ONE REQUIRED): THE TRAUMATIC EVENT IS PERSISTENTLY RE-EXPERIENCED, IN AT LEAST ONE OF THE FOLLOWING INTRUSIVE WAYS:

INTRUSIVE MEMORIES
DREAMS
DISASSOCIATIONS/FLASHBACKS
PSYCHOLOGICAL/EMOTIONAL DISTRESS TO INTERNAL/EXTERNAL CUES OF EVENT
PHYSIOLOGICAL/PHYSICAL REACTIONS INTERNAL/EXTERNAL CUES OF EVENT

NOTE: CRITERIA ARE USUALLY INTENSE, RECURRENT, PROLONGED, PERSISTENT
DIAGNOSTIC CRITERIA
CRITERION C (ONE REQUIRED): AVOIDANCE OF TRAUMA-RELATED STIMULI AFTER THE TRAUMA IN AT LEAST ONE OF THE FOLLOWING WAYS:

- Avoid or attempt to avoid trauma-related thoughts/memories/feelings
- Avoid or attempt to avoid trauma-related external reminders – places, people, objects, etc.

DIAGNOSTIC CRITERIA
CRITERION D (TWO REQUIRED): NEGATIVE THOUGHTS/COGNITION OR FEELINGS THAT BEGAN OR WORSENED AFTER THE TRAUMA IN AT LEAST TWO OF THE FOLLOWING WAYS:

- Inability to recall key features of the trauma – not due to TBI/chemicals
- Overly negative thoughts and assumptions about oneself or the world
  - “I am bad; no one can be trusted; my nervous system is ruined”
- Distorted blame of self or others for causing the trauma and its consequences
- Negative affect – fear, guilt, anger, etc.
- Decreased interest in activities
- Feeling estranged/detached from others
- Difficulty experiencing positive affect – happiness, love, satisfaction

DIAGNOSTIC CRITERIA
CRITERION E (TWO REQUIRED): TRAUMA-RELATED AROUSAL AND REACTIVITY IN AT LEAST TWO OF THE FOLLOWING WAYS:

- Irritability or aggression
- Reckless or self-destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping
DIAGNOSTIC CRITERIA

CRITERION F (REQUIRED): SYMPTOMS B, C, D, AND E LAST FOR MORE THAN 1 MONTH

CRITERION G (REQUIRED): SYMPTOMS CREATE DISTRESS OR FUNCTIONAL IMPAIRMENT (SOCIAL/ OCCUPATIONAL/ ETC)

CRITERION H (REQUIRED): SYMPTOMS ARE NOT DUE TO MEDICATION, SUBSTANCE USE, OR OTHER MEDICAL CONDITION