Post-traumatic stress disorder

Xingyi Li

Summary

Identify the definition, evolution and symptoms of PTSD.

Understanding the treatment of ptsd and how to cope with it.

What is PTSD?

PTSD(DSM-5):

emotional disorder follows by the exposure to an traumatic event

Natvism

- **Alcmeon**
  - First to suggest that "thought" originated in the brain (organ projections to the brain). It is the first known link between philosophy and physiology.
- **Socrates & Plato**
  - Believed knowledge to be unchanging and eternal, like the soul. Therefore, the senses cannot be the foundation of knowledge, and knowledge must be passed down through reincarnation.
  - Learning is uncovering hidden knowledge that already exists within us.

Empiricism

- **Aristotle**
  - Knowledge is acquired through experiences (senses).
  - We have the basic structures necessary for learning from birth, but we need experiences for learning to occur.
  - 4 laws of association

Falshback: survivors find them reliving the event by memories suddenly burst in

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Jean Martin Charcot(1825-1893)

A french neurologist.

Hysteria: uncontrollable emtional excess performence.

Symotoms like fatigue, nervous- ness, fearfulness, heart palpitations, insomnia and nightmares found in patient and similar symptoms later became known as PTSD.

https://en.wikipedia.org/wiki/Jean-Martin_Charcot

How is it be like?

Symptoms

Cognitive Re-experiencing	Endorsing (%)
Intrusive thoughts	69
Nightmares	39
Flashbacks	46
Emotional reactivity	77
Physiological reactivity	31

Emotional Numbing	Endorsing (%)
Loss of interest	39
Detachment	53
Restricted affect	15
Foreshortened future	23

Somatic Hyperarousal	Endorsing (%)
Sleep disturbance	31
Increased irritability	23
Difficulty concentrating	46
Hypervigilance	46
Excessive startle	31

Avoidance	Endorsing (%)
Avoid thoughts of trauma	46
Avoid trauma reminders	39
Inability to recall trauma	31

Diagnosis (DSM-5)

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as they occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

   Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary and intrusive distressing memories of the traumatic event(s).

   Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

   Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings).

   Note: In young children, trauma-specific re-enactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Diagnosis (DSM-5)

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two or more of the following:

1. Irritable behaviour and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for post-traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes of body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant or distorted).

   Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

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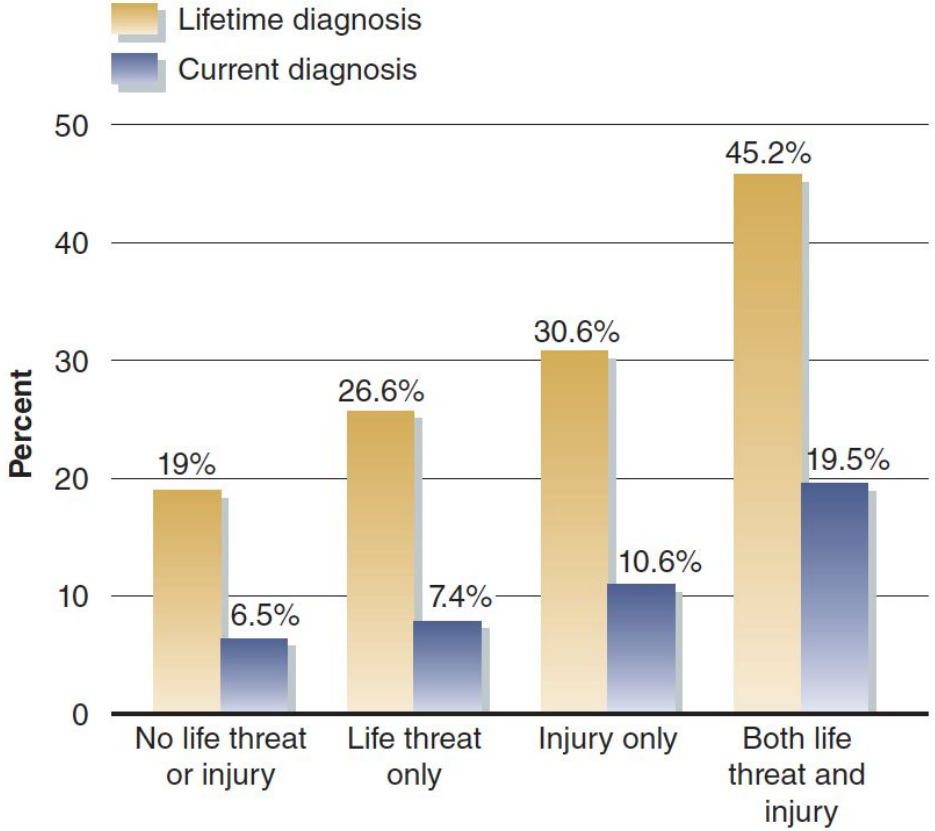


FIGURE 7.1 | Prevalence of lifetime and current post-traumatic stress disorder associated with assault characteristics.

Low preference in truama survivors. Exposure to repeated bombings did not produce a significant fear reactions were common, surprisingly few persistent phobic reactions emerged" (Rachman, 1991, p. 162).

Vulnerability

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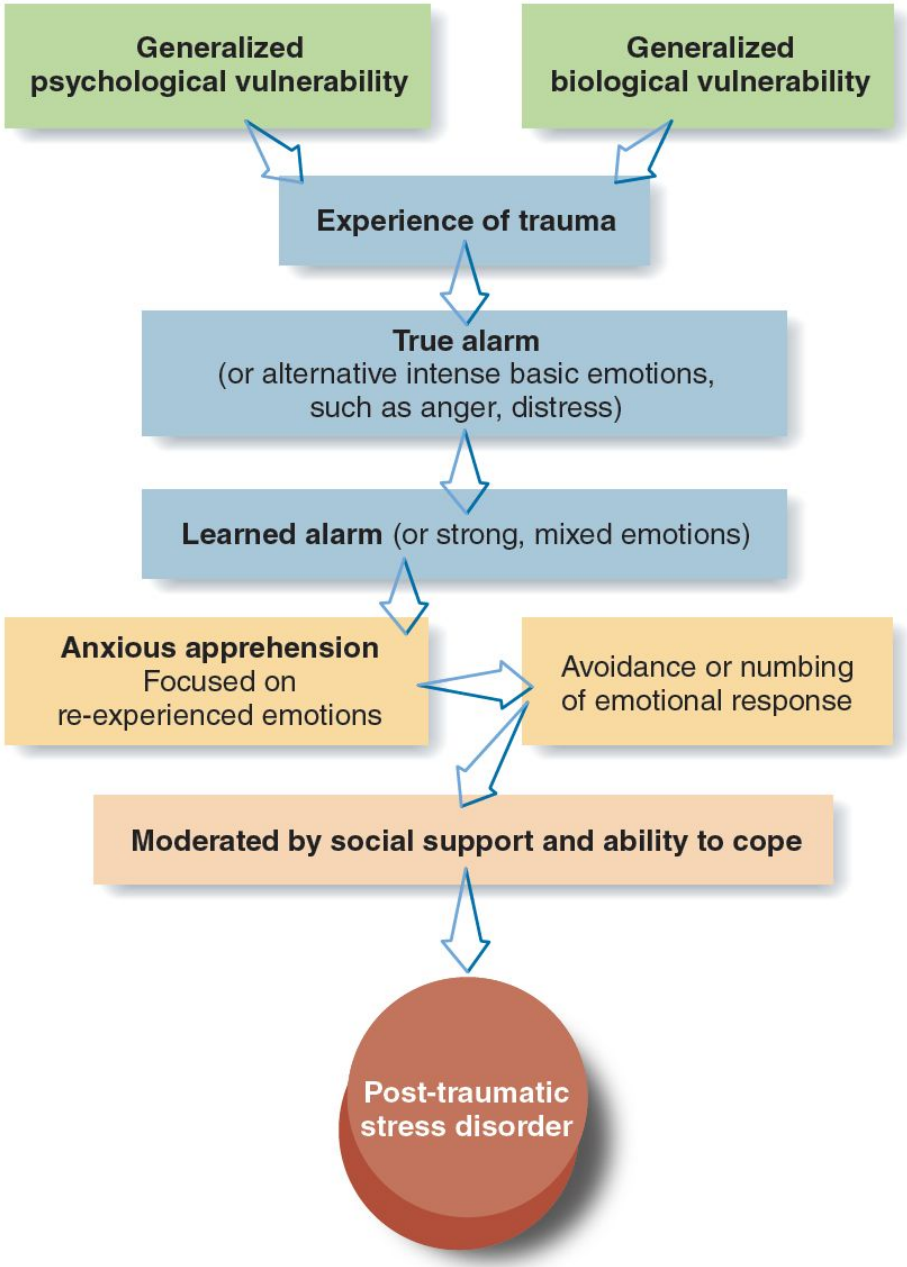


FIGURE 7.2 | A model of the causes of PTSD.

Vulnerability

- It is the tendency that induces the traits or behaviours under a certain level of stress.
- The tendency that makes a person susceptible to developing a disorder.
- Diathesis is based on genetics, stress is caused by the environment.
- High vulnerability leads to the high possibility of developing PTSD
- Under the same amount of combat exposure, monozygotic twin was more likely to develop PTSD than a dizygotic twin（True et al., 1993)

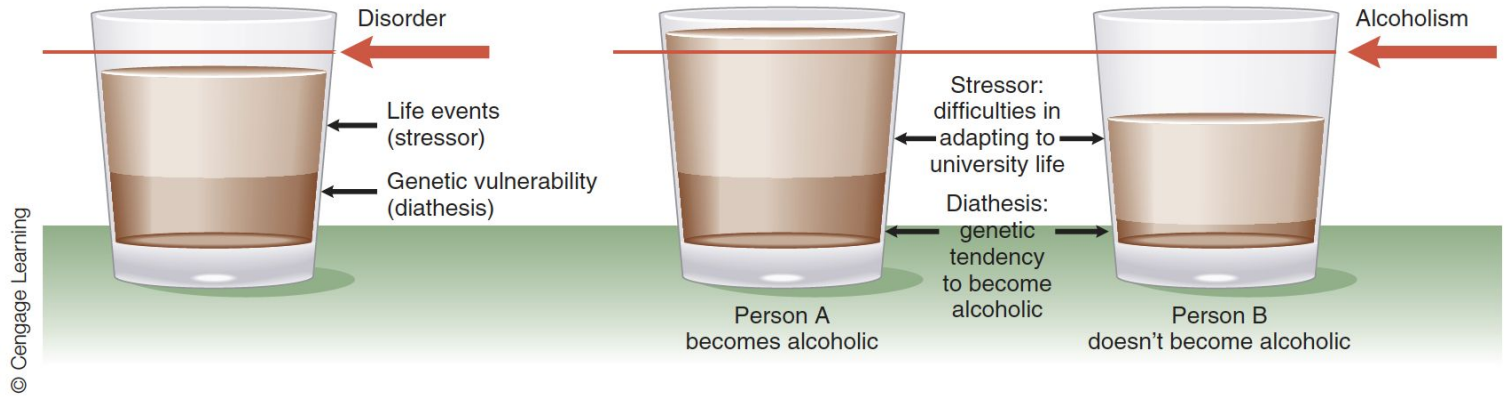


FIGURE 2.2 | In the diathesis–stress model, the greater the underlying vulnerability, the less stress is needed to trigger a disorder.

Treatments

Psychological view

- **Imaginal exposure**: develop the scene of the traumatic experience, and expose to the imagination of the scene. The point is to develop the coping procedure under repeated exposure. The result can be strengthen by the sleep (Eftekhari et al., 2013; Foa, Gillihan, & Bryant, 2013; Foa, McLean, et al., 2013).
- **Cognitive therapy**: think more positively about oneself, instead of negative assumptions, like blaming, guilty(Monson et al., 2014; Najavits, 2007).
- **Eye-movement desensitization and reprocessing:** keeping the image in mind while eyes following therapies' moving fingers(EMDR; Shapiro, 1995, 1999).
- Structured invervention will be more useful, when it provides more immediatly.

Drugs

- **SSRI(Antidepressants)**: helpful for sleeping issue, concentration, severe anxiety and panic attacks
  - Prozac
  - Paxil

What you shoud do when you enconter PTSD

Follow your treatment plan: stick with the plan and schedule will eventually benefit the result.

Learn about PTSD: help you better understand your feeling and cope with them.

Take care of yourself: Keep physically strong and healthy. Avoid caffeine and nicotine to worsen anxiety.

Don't self-medicate: It could lead to the interferent with effective treatments.

Break the cycle: Take a break like walking if you need.

Stay connected: keep a tight connection with caring people for social support

Consider a support group: looking for, mental health professional, organization, or community's social serices system, or online.

https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/diagnosis-treatment/drc-20355973

Helpful links

- https://youtu.be/b_n9qegR7C4
- https://youtu.be/BEHDQeIRTgs
- https://youtu.be/Pnl1A4JQZzo
- https://youtu.be/nZLD9z6_bFI