

POST-TRAUMATIC STRESS DISORDER (PTSD)

WITH EMPHASIS ON COMBAT VETERANS

WHAT IS PTSD?

- A CONDITION THAT DEVELOPS IN SOME PEOPLE WHO HAVE EXPERIENCED/WITNESSED A SHOCKING OR DANGEROUS EVENT
- MANY PEOPLE WHO GO THROUGH TRAUMATIC EVENTS HAVE DIFFICULTY ADJUSTING OR COPING FOR A TIME. IF SYMPTOMS WORSEN, LAST FOR MONTHS OR YEARS, OR SURFACE YEARS LATER, PTSD MAY BE THE CAUSE

SYMPTOMS OF PTSD (FOUR TYPES)

- **INTRUSIVE MEMORIES**

- RECURRENT, UNWANTED DISTRESSING MEMORIES OF THE TRAUMATIC EVENT
- RELIVING THE TRAUMATIC EVENT AS IF IT WERE HAPPENING AGAIN (FLASHBACKS)
- UPSETTING DREAMS ABOUT THE TRAUMATIC EVENT
- SEVERE EMOTIONAL DISTRESS OR PHYSICAL REACTIONS TO SOMETHING THAT REMINDS YOU OF THE EVENT

- **AVOIDANCE**

- TRYING TO AVOID THINKING OR TALKING ABOUT THE TRAUMATIC EVENT
- AVOIDING PLACES, ACTIVITIES OR ASSOCIATED WITH THE TRAUMATIC EVENT

SYMPTOMS OF PTSD, CONT.

- **NEGATIVE CHANGES IN THINKING AND MOOD**
 - NEGATIVE FEELINGS ABOUT SELF OR OTHERS
 - INABILITY TO EXPERIENCE POSITIVE EMOTIONS
 - FEELING EMOTIONALLY NUMB
 - LACK OF INTEREST IN ACTIVITIES ONCE ENJOYED
 - HOPELESSNESS ABOUT THE FUTURE
 - MEMORY PROBLEMS, INCLUDING NOT REMEMBERING IMPORTANT ASPECTS OF TRAUMATIC EVENT
 - DIFFICULTY MAINTAINING CLOSE RELATIONSHIPS

SYMPTOMS OF PTSD, CONT.

- **CHANGES IN EMOTIONAL REACTIONS**

- IRRITABILITY, ANGRY OUTBURSTS OR AGGRESSIVE BEHAVIOR
- ALWAYS BEING ON GUARD FOR DANGER
- OVERWHELMING GUILT OR SHAME
- SELF-DESTRUCTIVE BEHAVIOR, LIKE DRINKING TOO MUCH OR DRIVING TOO FAST
- TROUBLE CONCENTRATING
- TROUBLE SLEEPING
- BEING EASILY STARTLED OR FRIGHTENED

MEDICAL AND RESEARCH VIEWS ON PTSD

- PTSD PATIENTS HAVE ABNORMAL HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) FUNCTION AND MUCH GREATER VARIATION IN LEVELS OF ADRENOCORTICOIDS (HORMONES CRUCIAL FOR THE BODY'S RESPONSE TO STRESS)
- RESEARCHERS HAVE FOUND DIFFERENCES IN BOTH BRAIN STRUCTURES AND CIRCUITRY BETWEEN PTSD AND NON-PTSD PATIENTS. IN MOST STUDIES IT IS UNCLEAR WHETHER DIFFERENCES WERE FROM PTSD OR DEVELOPED BEFORE
- PTSD IMPAIRS THE CONNECTION BETWEEN THE HIPPOCAMPUS (WHERE MEMORIES FORM) AND THE PREFRONTAL CORTEX, WHICH HELPS WITH FEAR EXTINGUISHING (THE ABILITY TO LEARN THAT A SIGNAL PREVIOUSLY LINKED WITH AN IMMINENT THREAT IS NO LONGER LINKED WITH THAT THREAT)

U.S. Department of Veterans Affairs Website, National Center for PTSD, "What is the Current Understanding of the Biological Disturbances Found in PTSD?"

Washington Post, "Unraveling PTSD: 3 Factors Needed for Condition to Progress," July 15, 2013, by Rachael Rettner

COMMON RISK FACTORS FOR PTSD

- GENDER: WOMEN ARE MORE THAN TWICE AS LIKELY TO DEVELOP PTSD THAN MEN
- GENETICS: SOME GENES MAY MAKE SOME PEOPLE MORE LIKELY TO DEVELOP PTSD
- GETTING HURT, OR WITNESSING SOMEONE GET HURT, OR SEEING A DEAD BODY
- CHILDHOOD TRAUMA, INCLUDING ABUSE
- BEING EXPOSED TO HORROR, HELPLESSNESS, OR EXTREME FEAR
- LACKING SOCIAL SUPPORT
- HISTORY OF MENTAL ILLNESS OR SUBSTANCE ABUSE
- POORLY EDUCATED; YOUNGER
- COMING FROM A CULTURE WHERE PERSONAL PROBLEMS ARE NOT DISCUSSED
- RACIAL MINORITY

Risk factors, resilience, factors, effects, and treatments are all identified by the National Institute of Mental Health, unless otherwise stated. Some Risk factors were also included from the National Center for PTSD.

“RESILIENCE FACTORS” THAT PUT PERSONS AT A LOWER RISK OF DEVELOPING PTSD

- SEEKING OUT SUPPORT FROM OTHERS, LIKE FRIENDS AND FAMILY
- FINDING A SUPPORT GROUP
- LEARNING TO FEEL GOOD ABOUT ONE’S OWN ACTIONS IN THE FACE OF DANGER
- DEVELOPING POSITIVE COPING STRATEGIES
- BEING ABLE TO ACT DESPITE FEELING FEAR

PTSD RATES AMONG COMBAT VETERANS

- OF THE 2.6 MILLION SERVICE MEMBERS DEPLOYED TO IRAQ AND AFGHANISTAN SINCE 2001, 13-20% ARE EXPECTED TO DEVELOP PTSD (BETWEEN 300,000 AND 500,000)
- ONE REASON FEMALE VETERANS ARE AT SPECIAL RISK FOR PTSD IS THAT WOMEN ARE MORE LIKELY TO EXPERIENCE SEXUAL ASSAULT, WHICH IS MORE LIKELY TO CAUSE PTSD THAN MOST EVENTS
- ISRAELI MILITARY HAS A PTSD RATE OF 1% DESPITE ALMOST CONSTANT WARFARE AND TERRORISM

REENTRY INTO CIVILIAN LIFE

- REENTRY INTO CIVILIAN LIFE IS AT THE HEART OF PTSD - - HIGH LEVELS OF PTSD AMONG CURRENT VETERANS IS PRIMARILY A RESULT OF POOR REINTEGRATION INTO SOCIETY
- AMERICAN SOCIETY CAN SEEM ISOLATING AND LONELY COMPARED WITH THE INCREDIBLY CLOSE-KNIT GROUPS MANY SOLDIERS EXPERIENCE WHILE IN COMBAT

PTSD AND REDEPLOYMENT

- AS IT HAS REDEPLOYED SOLDIERS WITH KNOWN PTSD SYMPTOMS, THE ARMY IS NOW REGULARLY INCLUDING PSYCHOLOGISTS WITH UNITS IN THE FIELD AND CONTINUING TO TREAT THESE SOLDIERS
- IN 2010, THE ARMY'S MENTAL HEALTH ADVISORY TEAM RECOMMENDED A 1-TO-700 RATIO OF BEHAVIORAL HEALTH SPECIALISTS TO SOLDIERS IN THE FIELD

CONCLUSION

- PTSD IS A SIGNIFICANT ISSUE IN THE LIVES OF MANY COMBAT VETERANS AND THEIR FAMILIES
- MOST STUDIES ARE UNCLEAR ON WHETHER DIFFERENCES IN BRAIN STRUCTURES AND CIRCUITRY BETWEEN PTSD AND NON-PTSD PATIENTS IS A RESULT OF PTSD OR DEVELOPED BEFORE
- THE HIGH LEVELS OF PTSD AMONG CURRENT VETERANS APPEARS TO PRIMARILY RESULT FROM POOR REINTEGRATION INTO SOCIETY, WHERE COMBAT VETERANS ARE ISOLATED FROM THE INCREDIBLY CLOSE-KNIT GROUPS THEY EXPERIENCED WHILE IN COMBAT. THESE GROUPS APPEAR TO HAVE PROVIDED A POTENT COPING MECHANISM

QUESTIONS?