



All about post traumatic stress disorder

What is Post Traumatic Stress Disorder?

In our everyday lives, any of us can have an experience that is overwhelming, frightening, and beyond our control. We could find ourselves in a car crash, the victim of an assault, or see an accident. We could be diagnosed with a life-threatening illness or even hear about an unexpected injury or violent death of a family member or close friend. Some people come to terms with experiences like this in time, without needing help. In some people traumatic experiences set off a reaction that can last for many months or years. This is called Post-Traumatic Stress Disorder, or PTSD.

Who gets Post Traumatic Stress Disorder?

Those involved in the trauma or those who witnessed it, heard about it from others or watched it on the television could be affected. Your reaction depends on many factors and some reactions you might experience may appear unrelated to the trauma. All of these reactions are normal reactions to what is an abnormal event. PTSD can develop at any age.

For most people these normal reactions to an abnormal event in their lives will slowly fade over a period of approximately 4 weeks. People need this time to cope with the trauma itself, to think about it, talk with others, cry, try to understand and then adapt to moving on with life.

What makes PTSD worse?

The more disturbing the experience, the more likely you are to develop PTSD. The most traumatic events are:

- sudden and unexpected
- go on for a long time
- when you are trapped and can't get away
- those that cause many deaths
- where there is mutilation and loss of arms or legs
- involving children
- when several life events happen within a short space of time

When does PTSD start?

The symptoms of PTSD can start after a delay of weeks, or even months. They usually appear within 6 months of a traumatic event.

What does PTSD feel like?

Many people feel grief-stricken, depressed, anxious, guilty and angry after a traumatic experience. As well as these understandable emotional reactions, there are three main types of symptoms produced by such an experience:

1. Flashbacks & Nightmares

You find yourself re-living the event, again and again as a “flashback” in the day, or in nightmares. These can be so realistic that it feels as though you are living through the experience all over again. You see it in your mind, but may also feel the emotions and physical sensations of what happened - fear, sweating, smells, sounds, pain. Ordinary things can trigger flashbacks. For instance, if you had a car crash in the rain, a rainy day might start a flashback. You might also find that you have memories and thoughts about the event that interfere with your daily life.

2. Avoidance & Numbing

It can be just too upsetting to re-live your experience over and over again. So you distract yourself. You keep your mind busy by losing yourself in a hobby, working very hard, or spending your time absorbed in crossword or jigsaw puzzles. You avoid places and people that remind you of the trauma, and try not to talk about it. You may deal with the pain of your feelings by trying to feel nothing at all - by becoming emotionally numb. You communicate less with other people, who then find it hard to live or work with you.

3. Being ‘On Guard’

You find that you stay alert all the time, as if you are looking out for danger. You can’t relax. This is called “hypervigilance”. You feel anxious and find it hard to sleep. Other people will notice that you are jumpy and irritable.

Physical reactions to PTSD include

- changes in sleep patterns (less or more sleep)
- changes in appetite (no appetite or overeating)
- changes in interest in sex (more or less interested in sexual contact with partner)
- upset stomach (constipation or diarrhoea)
- aches, pains, headaches, and general feelings of unwellness
- increased vulnerability to colds and other illnesses
- sudden racing of the heart, sweating, or breathlessness
- startling easily (such as to loud noises or

unexpected touch)

- increased use of alcohol, tobacco, drugs (legal and illegal).

Emotional reactions to PTSD include

- being dazed, apathetic, or having feelings of unreality - feelings of being detached and apart from everyone
- feeling fear and anxiety which may increase in areas of your life not obviously connected to the trauma
- increased jumpiness and over-alertness - often checking that things and people are safe
- having temper outbursts
- feeling as if you are on an emotional rollercoaster - from laughing to crying within moments
- feelings of helplessness, panic and being out of control
- feelings of self blame for surviving or not having been able to do enough
- difficulties with concentration and memory
- loss of a sense of fairness in the world - predicting the worst in the future
- inability to make rational decisions.

How do I know when I’ve got over a traumatic experience?

When you can:

- think about it without becoming distressed
- not feel constantly under threat
- not think about it at inappropriate times.

What can I do to help myself?

- talk to someone you trust about what happened, how you feel and what you remember
- talk about the experience with others who shared it with you, if you have contact with them
- write about your experience whether this is for yourself only or to share with others

- cry
- eat sensibly and try to rest
- watch your alcohol, tobacco, drug use and don't allow it to increase from your usual use
- take up exercise and/or relaxation-meditation on a regular basis
- keep life as normal as possible
- get back to your usual routine
- go back to work
- if you feel able, consider going back to where the traumatic event happened
- take time to be with family and friends
- drive with care - your concentration may be poor
- be more careful generally - accidents are more likely at this time
- speak to a doctor
- expect to get better.

Try not to ...

- beat yourself up about it - PTSD symptoms are not a sign of weakness; they are a normal reaction, of normal people, to terrifying experiences
- bottle up your feelings. If you have developed PTSD symptoms, don't keep it to yourself because treatment is usually very successful
- avoid talking about it
- expect the memories to go away immediately, they may be with you for quite some time

Try not to ...

- expect too much of yourself; give yourself a bit of time while you adjust to what has happened
- stay away from other people
- drink lots of alcohol or coffee or smoke more
- get overtired
- miss meals
- take holidays on your own

How can I help my partner/friend who may have PTSD?

- listen to them
- talk about what happened with your partner/friend whenever they want to do so
- if your partner/friend avoids talking about the trauma encourage them to talk about it
- encourage them to take care of themselves (eat, sleep, relax, socialise)
- don't tell your partner to 'get over it'
- watch for the difficulties listed above. Be supportive. If the changes in your partner/friend are significant and are obviously causing them distress or clearly affecting your relationship/friendship after several months then encourage them to seek help.

Don't

- tell a survivor you know how they feel - you don't
- tell a survivor they're lucky to be alive - they'll get angry
- minimise their experience - "it's not that bad, surely ..."
- suggest that they just need to 'pull themselves together'.

What can I do to help my child or pupil?

- listen to them
- talk about what happened, what they think, and what they understand
- don't avoid talking about events, but do take the age of the child into account in your reply
- for very young children do not leave the television on or newspapers and magazines around with disturbing pictures
- if they do see reports then talk together to agree that this is horrible but also that it doesn't happen very often.

Additional and different signs to watch for in children

- becoming more childlike - children who have been exposed to a crisis often begin to show

behaviours similar to those younger than themselves. This happens more in toddlers, preschool and early school age children. They may return to wetting the bed, sucking their thumb and so on

- increase in fears and anxiety - children may show fears that they have previously 'grown out of', such as fear of the dark, and refuse to go to bed alone. They may show 'separation anxiety' and be reluctant to be separated from parents or others that they trust to keep them safe. Teenagers may simply become more anxious generally and question the meaning of everything
- decreased academic performance - if the child is experiencing difficulties with anxiety then they have less ability to concentrate and learn, so often their school work suffers
- increased aggression and poor behaviour - the increased anxiety and emotional feelings can lead to aggressive or defiant responses when this would not have happened before the trauma. Teenagers often question why they should follow the 'rules' when the traumatic event shows them that following the 'rules' does not guarantee safety or success
- increased irritability, emotional swings - children, especially younger children, do not always show obvious signs of 'depression' but can still be just as affected by events. They are more likely to show emotional swings that include quick changes of mood, withdrawal, change of eating habits and frequent fatigue along with general aches and pains
- some children will deny what has happened, for example a child who has lost their father may suddenly want to rush home to play football with him again. This is quite normal and usually passes over time as the reality of the new situation becomes part of daily life
- younger children may have upsetting dreams of the actual trauma, which then change into nightmares of monsters. They often re-live the trauma in their play. For example, a child involved in a serious road traffic accident might re-enact

the crash with toy cars, over and over again

- they may lose interest in things they used to enjoy - they may find it hard to believe that they will live long enough to grow up.

What are the treatment options?

Talking treatments and other non-drug treatments

- People often find that their symptoms fade away on their own within the first couple of months after a trauma. If they persist it is a good idea to consider trying psychological therapies.
- If you continue to feel unwell or are struggling with coping go and discuss your difficulties with your GP. Your GP has a range of assistance they might offer, from medication to help you in the short term, to arranging a referral to someone who specialises in helping people cope with trauma.
- Your occupational health department or human resources department at your place of work may be able to arrange for you to see someone who specialises in helping with people coping with trauma. Your employer may provide access to an employee assistance programme that may be able to help.
- All the effective psychotherapies for PTSD focus on the traumatic experiences that have produced your symptoms rather than your past life. You cannot change or forget what has happened. You can learn to think differently about it, about the world, and about your life. You need to be able to remember what happened, as fully as possible, without being overwhelmed by fear and distress. These therapies help you to put words to the traumatic experiences that you have had. By remembering the event, going over it and making sense of it, your mind can do its normal job, of storing the memories away and moving on to other things. If you can start to feel safe again and in control of your feelings, you won't need to avoid the memories as much. Indeed, you can gain more control over your memories so that you only think about them when you want to, rather than having them erupt into your mind spontaneously. All these treatments should

be given by specialists in the treatment of PTSD. The sessions should be at least weekly, every week, with the same therapist, and should usually continue for 8-12 weeks. Although sessions will usually last around an hour, they may sometimes last up to 90 minutes.

- Cognitive Behavioural Therapy (CBT) is a way of helping you to think differently about your memories, so that they become less distressing and more manageable. It will usually also involve some relaxation work to help you tolerate the discomfort of thinking about the traumatic events.
- EMDR (Eye Movement Desensitisation & Reprocessing) is a technique which uses eye movements to help the brain to process flashbacks and to make sense of the traumatic experience. It may sound odd, but it has been shown to work.
- Group therapy involves meeting with a group of other people who have been through the same, or a similar traumatic event. The fact that other people in the group do have some idea of what you have been through can make it much easier to talk about what has happened.
- Body-focused Therapies can help to control the distress of PTSD. They can also reduce hyperarousal, or the feeling of being “on guard” all the time. These therapies include physiotherapy and osteopathy, but also complementary therapies such as massage, acupuncture, reflexology, yoga, meditation and tai chi. They all help you to develop ways of relaxing and managing stress.

Medication

SSRI (Specific Serotonin Re-uptake Inhibitors) antidepressant tablets, eg Seroxat, will reduce the strength of PTSD symptoms and relieve any depression that is also present. They will need to be prescribed by a doctor. This type of medication should not make you sleepy, although they all have some side-effects in some people. They may also produce unpleasant symptoms if stopped quickly, so the dose should usually be reduced gradually. If they are helpful, you should carry on taking them for around 12 months.

If these don't work for you, tricyclic or MAOI (Monamine Oxidase Inhibitors) antidepressant tablets may still be helpful. You should get advice from your doctor.

Occasionally, if someone is so distressed that they cannot sleep or think clearly, anxiety-reducing medication may be necessary. These tablets should usually not be prescribed for more than 10 days or so.

Effectiveness of Treatments

At present, there is evidence that EMDR, cognitive behavioural therapy and antidepressants are all effective. There is not enough information for us to say that one of these treatments is better than another. There is no evidence that other forms of psychotherapy or counselling are helpful to PTSD. The National Institute for Health and Clinical Excellence (NICE) guidelines suggest that trauma-focused psychological therapies (CBT or EMDR) should be offered before medication, wherever possible.



All about post traumatic stress disorder

This leaflet has been produced to explain this condition and how it can be treated, including any alternative approaches. Where a treatment is mentioned, the benefits and the risks are discussed. The Patient Advice and Liaison Service (PALS) can help you with any questions you have about the information in this leaflet or if you need it in another format or language. Contact PALS on Freephone 0800 085 7935.

The following may also be of help:

The Samaritans, confidential emotional support for anyone in a crisis

<http://www.samaritans.org>
tel: 08457 909090, 24 hours a day, every day

Cruse – Helpline for bereaved adults

<http://www.crusebereavementcare.org.uk>
tel: 0870 167 1677, Monday to Friday 9.30 - 5.00

Winston's Wish, guidance and information for anyone caring for a bereaved child

<http://www.winstonswish.org.uk>
help line 0845 20 30 405, Monday to Friday 9.00-5.00

Cruse - helpline is for young people between 12 and 18 who have been bereaved

tel: 0808 808 1677

ChildLine

tel: 0800 1111, 24 hours a day, every day

NICE guidance: Post-traumatic stress disorder: the management of PTSD in adults and children in primary and secondary care

www.nice.org.uk

UK Trauma Group has links to a selection of materials with helpful information for the general public and for health professionals about Post Traumatic Stress Reactions.

www.uktrauma.org.uk

David Baldwin's Trauma Pages website: up-to-date comprehensive information about trauma including leading articles

www.trauma-pages.com

Assist (Assistance Support and Self-Help in Surviving Trauma) A support organisation for people suffering from PTSD.

Helpline: 01788 560800.

South Essex Rape & Incest Crisis Centre (SERICC)

01375 380609

This leaflet was produced with reference to the leaflets published by the British Psychological Society and the Royal College of Psychiatrists. For the full documents go to

http://www.bps.org.uk/publications/public-info/public-info_home.cfm

<http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/posttraumaticstressdisorder.aspx>