

Post-Traumatic Stress Disorder

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What is PTSD?

PTSD is a disorder that can arise after a person has been exposed to a traumatic event. A traumatic event is something in which the person is exposed to actual or threatened harm. Examples include sexual assault, war zone experiences, natural disasters such as earthquakes or floods, severe motor vehicle accidents, and physical assault.

PTSD is diagnosed when the person has experienced a traumatic event and then experiences, for a month or more, symptoms from the following three symptoms clusters:

1. Reexperiencing symptoms, in which the person relives the trauma in at least one of the following ways:

- > Recurrent, unwanted recollections of the trauma
- > Recurrent distressing dreams of the trauma
- > Acting or feeling as if the trauma was recurring (“flashbacks”)
- > Intense bodily reactions when reminded of the trauma (e.g., sweating, pounding heart)
- > Intense emotional distress when reminded of the trauma (e.g., intense anxiety).

2. Persistent avoidance of things associated with the trauma and a sense of emotional numbing, as indicated by at least three of the following:

- > Efforts to avoid thinking about or talking about the trauma
- > Efforts to avoid people, places, or things that are reminders of the trauma
- > Inability to recall important parts of the trauma
- > Markedly diminished interest in things that the person used to enjoy

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- > Feeling distant or emotionally detached from other people
- > A restricted range of emotion (e.g., unable to experience loving feelings)
- > A sense of that one's future will be cut short (e.g., the sense that one will not live long enough to have a career, marriage, or family).

3. *Persistent symptoms of increased arousal, as indicated by at least two of the following:*

- > Difficulty falling asleep or staying asleep
- > Irritability or outbursts of anger
- > Difficulty concentrating
- > Feeling hyper-alert for danger (e.g., feeling on guard all the time)
- > Exaggerated startle response (e.g., feeling jumpy or easily startled).

The following case example illustrates these symptoms.

Mike was caught in a severe earthquake while he was on holidays. He barely escaped from the hotel before it collapsed. When Mike returned home he thought that the worst was over; he was wrong. Each night he was plagued by terrifying nightmares, from which he would awake drenched in sweat. The nightmares were so intense that he dreaded going to sleep at night. During the day he found that every time he closed his eyes he had involuntary recollections of the devastation he had witnessed, as if he was watching a movie. Friends observed that he seemed to have changed since the earthquake; Mike rarely smiled, and seemed distant and preoccupied. Family members were puzzled that he would always change the topic whenever they mentioned the quake. They knew that something was wrong, but didn't know what to do. Mike avoided phone calls from his fellow travel-

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ers, who were also were involved in the quake. Whenever he walked into a building he found himself scanning the walls and ceiling, to check for cracks or other signs that the building was not structurally sound. Since the quake Mike had become increasingly irritable and impatient, especially while driving or waiting in line at the grocery store. He was unable to read newspapers because he couldn't concentrate, and he similarly had trouble keeping track of conversations with people. His girlfriend, frustrated by Mike's strange behaviour, told him to "get over it." Angrily, he replied that he would if he could, but he didn't know how.

What causes PTSD?

The brain contains a stress response system, which interprets events, decides whether the events are threatening, and react with anxiety or fear if threat is detected. PTSD arises from a hyper-sensitive stress response system, which leads the person to feel like she or he is on "red alert" much of the time.

There are two main things that influence the sensitivity of the stress response system. The first is the person's genetic makeup. Scientific evidence shows that some people inherit a strong disposition to develop PTSD, whereas others have less of an inherited tendency to develop the disorder. Even people who are well-adjusted, successful, and competent can develop PTSD if they have a genetic predisposition to the disorder.

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The second important cause of PTSD is the sorts of events that the person has experienced. There are two important types of events; the actual traumatic stressor, and the things the person experienced in the past, such as experiences that happened years before the traumatic event. The experience of past trauma can sensitize the stress response system,

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thereby increasing the chances that the person will develop PTSD in the future if he or she experiences a traumatic event.

The severity of the traumatic event is an important cause of PTSD; severe stressors, such as being caught in a tsunami, are more likely to lead to PTSD than comparatively less severe events, such as a motor vehicle accident. Everyone has a “breaking point”; even highly trained, elite soldiers will develop PTSD if the stressor is sufficiently severe. The person’s breaking point is determined, in part, by their genetic makeup. A person who has a weak genetic predisposition to develop PTSD may develop this disorder only after experiencing a severely traumatic event (such as being tortured). A person with a strong genetic predisposition will develop PTSD in response to less severe stressors, such as being mugged.

What are the effective treatments?

The good news is that there are a number of scientifically proven treatments for PTSD. If a person does not benefit from one treatment, then the other treatments can be helpful. The two main groups of treatments are (a) a psychological (non-drug) treatment known as cognitive-behavior therapy, and (b) various types of medications, particularly the medications known as selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). Cognitive-behavior therapy involves a number of treatment sessions in which the patient and therapist explore the meaning of the traumatic event, to help the patient make sense of experience, along with exercises to help desensitize the patient to distressing but harmless reminders to the traumatic event. For example, Mike was asked to write out his experience in the earthquake, and to read his description each day. At first, Mike

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found this to be distressing. With time, however, he found that he could read the description without becoming upset, and became less worried about earthquakes in general.

Cognitive-behavior therapy and mediations are equally effective. Only qualified healthcare professionals can provide these treatments, such as a psychologist, psychiatrist, or sometimes a family doctor. Talk to your doctor for more information.

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Helpful Websites

Traumatic Stress Group:	http://www.prometheus.cc.uregina.ca:7680
National Center for PTSD:	http://www.ncptsd.org/
Anxiety Disorder Association of Canada:	http://www.anxietycanada.ca
Anxiety Disorder Association of America:	http://www.adaa.org
Association/Troubles Anxieux du Québec (ATAQ):	http://www.ataq.org

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