Coming to grips with posttraumatic stress disorder

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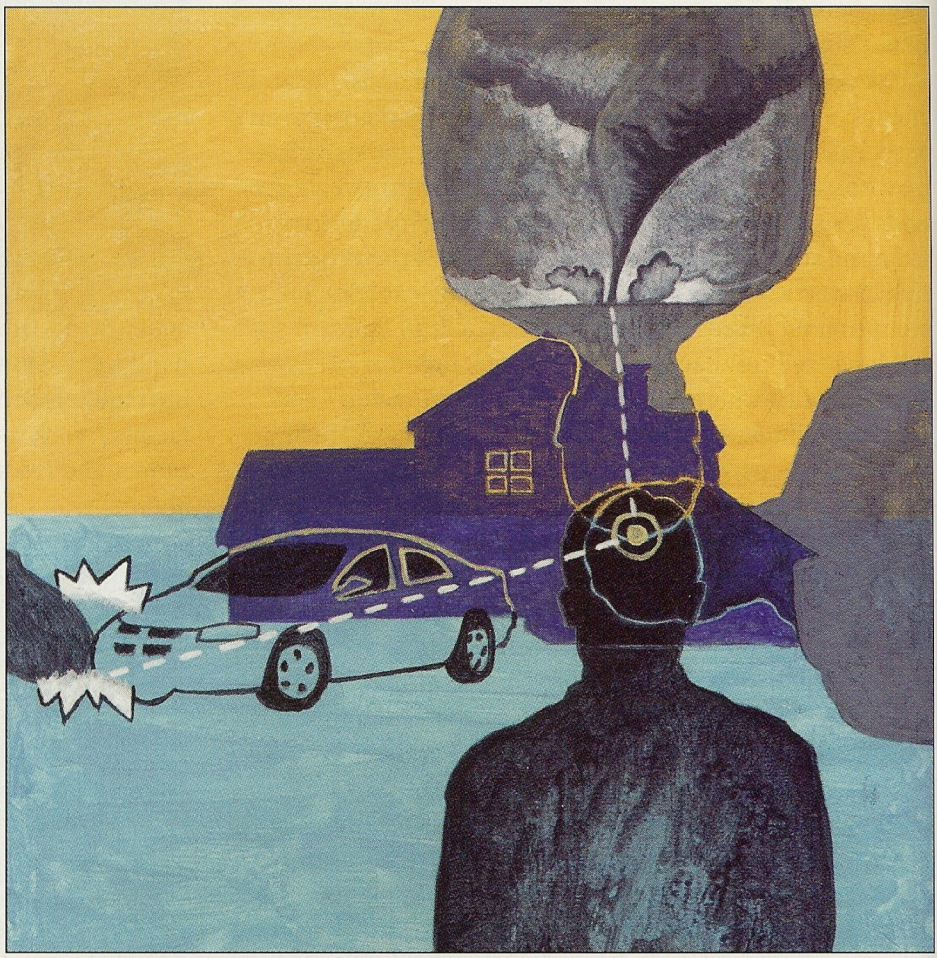

MENTION THE TERM *posttraumatic stress disorder* (PTSD) and most of us immediately think of soldiers reliving horrific memories of battle—the "flashback" of a Vietnam War veteran, for example.

But they aren't the only ones who experience PTSD. Other traumatic events, including rape; childhood abuse; or involvement in a car accident, natural disaster, or terrorist attack, also can trigger the disorder. Long after the fact, an experience that evokes memories of the event—even something as subtle as a certain sound or smell—can trigger intense emotions associated with the original trauma, causing abnormal behavior.

You've probably seen it in your nursing practice but may not have realized it. PTSD can manifest, for example, as a patient whose fearful response to a procedure or care situation seems completely inappropriate for the circumstances. The patient isn't reacting to the procedure itself, but to the memory of an earlier trauma.

Statistically, nearly 4% of Americans 15 to 54 years of age have PTSD. When you understand what signs and symptoms to look for and why they occur, you're more likely to recognize a PTSD response and help the victim get appropriate treatment.

Reliving the trauma

Being involved in or being a witness to a frightening event that arouses intense feelings of fear, helplessness, or horror sets the stage for PTSD. The trauma of this experience has such a strong impact that the person can't shake it and continues to relive painful emotions associated with the event. Sudden flashbacks may intrude on his thoughts. Other signs and symptoms include an exaggerated startle reflex, sleep disturbances and nightmares, irritability, angry outbursts, difficulty concentrating, hallucinations, sexual dysfunction, and an inability to speak about the tragedy. In a child, PTSD may manifest as fear and helplessness with disorganized or agitated behavior.

As we mentioned earlier, a person with PTSD may experience unwanted memories when exposed to certain stimuli. He's hypersensitive to real or perceived stressors or the suggestion of certain situations, and that stimulus may cause him to relive the trauma as his mind flashes back to the original horror. Many patients with PTSD turn to substance abuse to relieve these troubling symptoms, or they may develop a concurrent psychiatric problem, such as an eating disorder, obsessive-compulsive disorder, or multiple personality disorder.

Flight, fight, or freeze

By mimicking the response to an imminent threat, a PTSD episode activates the flight, fight, or freeze response—complex psychobiologic reactions that involve the release of endogenous catecholamines, triggering neurochemical changes. The pituitary gland becomes hyperresponsive, causing increased heart rate, muscle tension, elevated blood glucose level, and hyperventilation.

Flight, fight, and freeze are appropriate survival mechanisms during a real threat, of course. But they're debilitating if they're activated once the threat has passed. When triggered inappropriately in PTSD, they can have crippling social and psychological consequences, such as chronic anxiety, anger, violent behavior, and withdrawal. Anxiety and avoidance typify flight, and increased anger and aggression represent fight. Numbing, disassociation, and alteration in self-perception characterize freeze. In some people, these abnormal long-term reactions can cause chronically elevated blood cortisol levels.

Identifying PTSD, helping the patient

We don't want to suggest that everyone who survives a traumatic experience develops PTSD. That's simply not the case. But by knowing the risk factors, you can identify patients who are truly at risk and intervene or refer them appropriately.

A key theme in PTSD is the perception of a threat to one's life. Other predictors include a history of childhood sexual abuse, depression or another psychiatric disorder, and substance abuse. Combat veterans, victims of sexual assault or childhood abuse, survivors of life-threatening accidents, relatives of homicide victims, and survivors of domestic violence are especially vulnerable to PTSD.

If you suspect that a patient in your care may have PTSD and this diagnosis isn't part of his medical history, tell his primary care provider about your concerns. He'll assess the patient for PTSD and, if indicated, refer him to a mental health professional for diagnosis and treatment. (See *Diagnosing and treating PTSD* for commonly prescribed treatments.)

Besides requesting a specialist's help, you can use the following techniques to prevent problems from escalating:

- Provide a calm, safe, comfortable environment.
- Meet your patient's basic needs by addressing hunger, fatigue, cold, and loneliness.
- Establish trust by assuming a positive, consistent, honest, and nonjudgmental attitude.
- Communicate clearly and concisely.
- Redirect any perceptions your patient may have that he's responsible for this disorder.
- Help him understand that his symptoms are a common reaction to stressors.

Diagnosing and treating PTSD

In most cases, a mental health professional diagnoses and treats posttraumatic stress disorder (PTSD). Careful clinical interviews and valid tools to assess the patient's psychological status are the best diagnostic gauges. (Assessment instruments are available at the National Center for PTSD Web site listed at the end of this article.)

Because the signs and symptoms of PTSD vary, management and treatment are controversial and changing. Most strategies involve a combination of patent education, drug therapy, and psychotherapy. Selective serotonin reuptake inhibitors such as fluoxetine (Prozac) and sertraline (Zoloft) can help ease symptoms like nightmares, emotional numbness, and intrusive thoughts in 3 to 4 weeks. The drugs can help the patient open up and safely experience rather than hide his emotions. Individual psychotherapy and group and family therapy are also treatment options.

Some cases of PTSD resolve with time; others persist for years. Studies show that letting someone exposed to a catastrophic event talk about his experience reduces his likelihood of developing PTSD. In fact, with the help of family, friends, or clergy, he may never need professional help for this problem.

Awareness is key

No matter where you work, you may encounter a patient with PTSD. By recognizing clues in his history and behavior, you can intervene appropriately and refer him for the help he needs. **LPN**

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On the Web

American Psychological Association:
http://www.apa.org/topics/topicptsd.html
National Center for PTSD, Department of Veterans Affairs:
http://www.ncptsd.org/index.html
PTSD Alliance: **http://www.ptsdalliance.org/home2.html**