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Post Traumatic Stress Disorder

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ABSTRACT

Post-traumatic stress disorder (PTSD) is a disorder affecting the mental health of a person, who have stumbled across or observed any distressing event such as battle, sexual or physical abuse, a natural calamity, or a near-death occurrence of theirs/their loved one. The symptoms of PTSD include reoccurring recollections or flashbacks of the traumatic event, avoiding reminders of the incident, pessimistic feelings and emotions, and exaggerated response to stimuli. The symptoms of PTSD can vary in severity and may occur soon after the traumatic event or can develop months or even years later. The intensity and duration of the symptoms can also vary depending on the individual and the type of trauma experienced. PTSD can have a significant impact on an individual's quality of life, relationships, and daily functioning. To diagnose PTSD, a mental health professional will assess an individual's symptoms and their impact on their daily life. Treatment for PTSD can include therapy, medication, or a combination of both. Therapy can include cognitive-behavioural therapy (CBT), which aims to help individuals develop coping mechanisms and challenge negative thought patterns related to the trauma. Another therapy that has proven to be effective in treating PTSD is Eye Movement Desensitization and Reprocessing (EMDR). In addition, medications like antidepressants and anti-anxiety drugs can also be administered to alleviate the symptoms of PTSD. Additionally, lifestyle changes such as regular exercise, healthy eating, and stress management techniques like yoga or meditation can be helpful in managing symptoms of PTSD. It is important for individuals with PTSD to seek professional help as soon as possible. If left untreated, PTSD can worsen over time and have a significant impact on an individual's mental and physical health. PTSD is a treatable condition, and with the right support and treatment, individuals can manage their symptoms and lead fulfilling lives.

I. INTRODUCTION

Post traumatic stress disorder can be viewed as a part of anxiety disorder. PTSD, which affects 5-10% of the population, is more prevalent in women than men. Although trauma exposure is a precipitating factor in the development of PTSD, biological and psychosocial risk factors are also significant predictors of symptom onset, severity, and chronicity. The impact of PTSD is not limited to mental health as it affects various organ systems, including brain circuitry,

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neurochemistry, and cellular, immune, endocrine, and metabolic functions. Treatment approaches incorporate a combination of medications and psychotherapy, with psychotherapy generally showing the most prominent efficacy. Studies of PTSD pathophysiology begin with being engrossed in the psychophysiology and neurobiology of stress reactions, and the acquisition and extinction of fear recollections. Be that as it may, heightening emphasis is being put on identifying variables that justify individual differences in responses to trauma and elevation of resilience, such as genetic and social components, brain developmental forms, cumulative biological and psychological impacts of early childhood, and other disquieting lifetime events. The field of PTSD is at present challenged by changes in diagnostic criteria, which have suggestions for epidemiological, biological, genetic, and treatment considerations[2].

In any case, the advent of new biological strategies proposes the possibility of large-scale approaches to heterogeneous and hereditarily complex brain disorders and gives confidence that individualized approaches to conclusion and treatment will be discovered. Post-traumatic stress disorder (PTSD) is a condition that may arise after exposure to highly traumatic events, including interpersonal violence, combat, life-threatening accidents, or natural disasters. Symptoms of PTSD typically include distressing and intrusive memories and nightmares of the trauma, as well as irritability, hypervigilance, sleep disturbances, poor concentration, and emotional withdrawal. Individuals with PTSD regularly maintain a strategic distance from places, activities, or things that could remind them of the trauma. PTSD seriousness is declined by co-occurring conditions that moreover emerge concomitantly with PTSD, as a result of the trauma exposure, of combined causal determinants or of PTSD itself, and disproportionally influence disadvantaged populaces. Co-occurring conditions can include substance abuse, temperament, anxiety disorders, impulsive or unsafe conduct, or self-harm. PTSD is additionally associated with considerable medical comorbidities, containing persistent pain and inflammation, cardiometabolic disorders, and escalated risk of dementia, in this way, the full disease burden which is disability additionally premature mortality that's attributable to PTSD is massively high PTSD within the global context.

Post-traumatic stress disorder (PTSD) could be a situation that recognizes trauma and human suffering, whether they are matters of nature, human remorselessness, or their combination. Reflected in this reality is that adversity disproportionally influences the foremost vulnerable individuals of society, including but not constrained to ethnic minority populaces, socioeconomically disadvantaged populaces, and individuals in zones of conflict. These

[2] https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd, last accessed on 06.04.2023 at 11.00 am.

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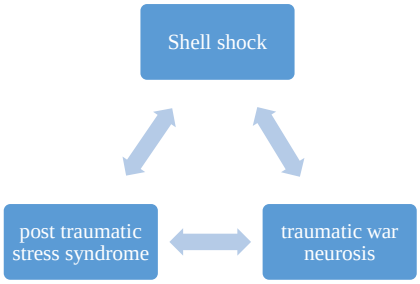
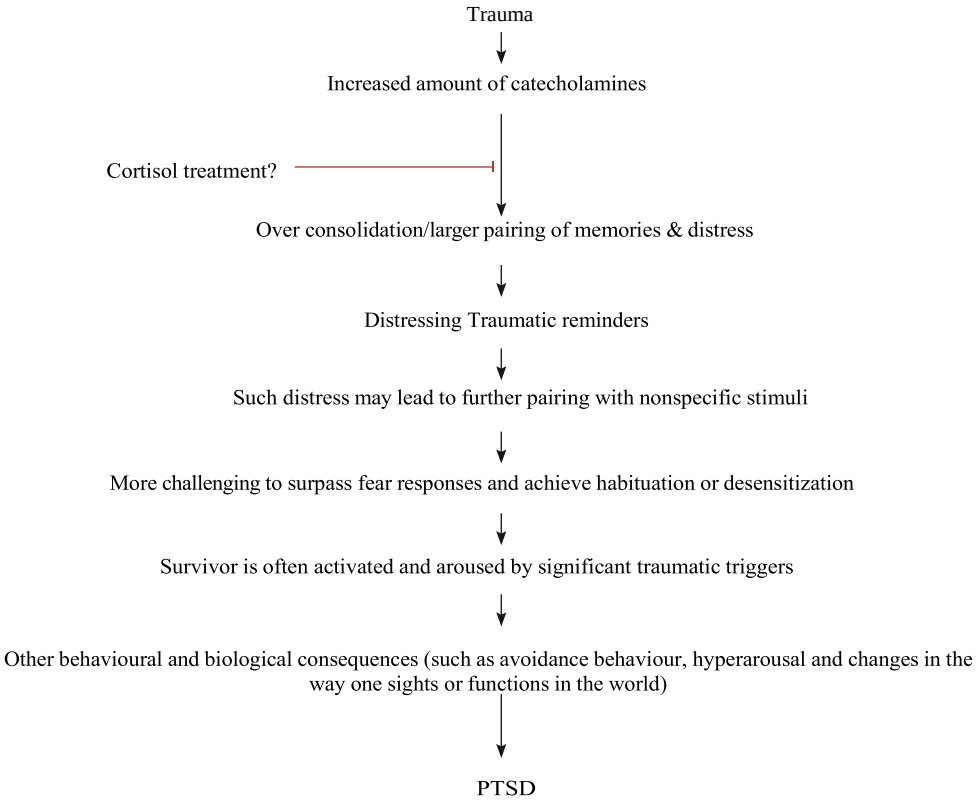
populations frequently have the fewest individual, social, or material resources accessible to offset the direct impact of loss that is related to PTSD and to anticipate the cascade into loss cycles that prolong the impacts of the disorder. Under-resourced and ethnic minority individuals are disproportionally exposed to violence and sexual violence. Within conflict zones, whole ethnic populaces are often assaulted, subjected to torture, and forced to flee, which comes about in high rates of PTSD in these communities. Indeed, when there is no human intent to harm, vast numbers of socioeconomically distraught individuals are disproportionally influenced by tsunamis, seismic tremors, drought, and famine, and they are less likely to have gotten to post-trauma care. Consequently, our techniques to address trauma, PTSD, and the other psychological and therapeutic sequelae that happen in these instances must be on the global, political, and policy levels and will be advanced by insights that emphasize social factors, culture, and public health arrangements.



PTSD was recognized in the past by the above-mentioned terms



II. DEFINITION OF PTSD

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), PTSD is classified as an anxiety disorder, while in the International Classification of Diseases, Injuries, and Causes of Death (ICD-10, 1992), it is categorized as a neurotic stress-related and somatoform disorder. PTSD can arise following exposure to an unexpected traumatic stressor. Typical traumatic events that often lead to PTSD include war, violent personal assault (e.g., sexual assault, physical attack), kidnapping or hostage-taking, imprisonment as a prisoner of war, torture, terrorist attack, or severe car accidents. In children, sexual abuse or witnessing serious injuries or the sudden death of a loved one may cause PTSD[3]. Additionally, natural disasters such as wildfires, tornadoes, hurricanes, floods, and earthquakes[4] can trigger PTSD. During such events, individuals often feel their life is in danger, and they have no control over what is happening. Many people may develop acute symptoms after a traumatic event, such as severe anxiety, dissociative symptoms, dissociative amnesia, poor concentration, sleep disturbance, and derealization[5]. However, these symptoms may not always resolve and may worsen, leading to the development of PTSD. The reasons why some people develop PTSD while others do not are still unclear, but several factors may influence the likelihood of developing PTSD. These include the duration and intensity of the trauma, distance from and reaction to the event, perception of control over the situation, loss of or injury to loved ones, and the level of help and support received in the aftermath of the event.[6]

III. TRAUMATIC EVENTS

Demonstrative standards for PTSD incorporate a history of exposure to a "traumatic event" and symptoms from each of three symptom clusters:

1. Intrusive memories,

2. Avoidant/numbing symptoms, and

3. Hyperarousal symptoms.

A similar criterion pertains to the period of symptoms. Unlike acute stress reactions, which can

[3] Post Traumatic Stress Disorder DSM IV Criteria, http://www.mental-health-today.com/ptsd/dsm.htm, last accessed on 02.04.2023 at 12.00 pm.

[4] Papanikolaou V, Adamis D, Mellon RC, Prodromitis G. Psychological distress following wildfires disaster in a rural part of Greece: a case-control population-based study. Int J Emerg Ment Health 2011;13(1):11-26.; Dimitrios Adamis, Psychological distress following wildfires disaster in a rural part of Greece: a case-control population-based study, PubMed https://pubmed.ncbi.nlm.nih.gov/21957753/. last accessed on 02.04.2023 at 12.30 pm.

[5] SAMUEL B. GUZE, American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington DC, American Psychiatric Association, 2000, 1 Apr 2006.

[6] Javidi H, Yadollahie M. Post-traumatic stress disorder, The International Journal of Occupational and Environmental Medicine 2012;3:2-9.

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show up within minutes of exceptional stress and disappear within a couple of hours or many days at the most, especially if the stress was transient, PTSD arises as a delayed or extended reaction to an exceptionally stressful occasion. It ordinarily begins within a couple of days or weeks of the traumatic event. The course changes in severity and, although most victims recover, a few proceed with symptoms for a long time or an entire lifetime. Moreover, there's proof of intergenerational transmission whereby the children of survivors of trauma also show PTSD symptoms. The intrusive collection criterion incorporates symptoms that are perhaps the foremost particular and readily identifiable symptoms of PTSD. Individuals with PTSD may continue to be significantly impacted by the traumatic event for a prolonged period, even up to several decades. This experience can dominate their psychological state, causing feelings of panic, terror, fear, grief, or despair. These symptoms can manifest in daytime thoughts, traumatic nightmares, or PTSD flashbacks, which are psychotic re-enactments of the traumatic event. To reduce the likelihood of exposing themselves to trauma-related stimuli or limit their emotional response if exposed, PTSD patients may adopt avoidance or numbing behaviours, cognitive strategies, or emotional coping mechanisms. Behavioural strategies incorporate maintaining a strategic distance from any circumstance in which they perceive a hazard of confronting such stimuli. The symptoms included by the hyperarousal criterion most closely take after those observed in panic and generalized anxiety disorder.

Traumatic events can be categorized as those that involve either the actual or possible death or serious injury or sexual violence. It is noteworthy that most adults have encountered at least one traumatic event, and some have undergone multiple events. Furthermore, trauma can also be chronic in nature, meaning that similar events happen repeatedly over an extended period. This type of trauma is also referred to as psychological trauma, mental trauma, or psycho-trauma. It is an emotional response to any distressing event, such as sexual violence, accidents, or natural disasters. Common reactions to psychological trauma include psychological shock or denial.

Examples of traumatic events

- Serious vehicle accidents
- Terrorism or any form of mass violence
- Combat or war zone exposure
- Arson (setting fire to a building on purpose) or house fires
- Serious medical events
- Seeing death or dead bodies of closed ones, including while at work

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- Unexpected death of a loved one
- Natural disasters
- Traffic collisions
- Sexual or physical abuse or assault, Child abuse
- Torture
- Domestic violence
- Witnessing or experiencing violence, such as a homicide or suicide[7]

IV. RESPONSES TO TRAUMATIC EVENTS

It has been found that there are three distinctive ways that adults can take after trauma:

- Certain individuals never experience any major issues- Resistance. Resistance is exceptionally common after traumas that do not include sexual ambush or abuse.
- Many individuals have indications like post-traumatic stress disorder (PTSD) within the weeks after a trauma. For most of those individuals, those symptoms will then go absent on their own. This can be known as Natural Recovery or Resilience. This way is very common among individuals who encounter sexual assault.
- Other individuals experience issues that don't go absent on their own- Post-traumatic stress disorder (PTSD).

V. POST TRAUMATIC STRESS DISORDER

- A few individuals tend to develop PTSD after being exposed to preeminent traumatic events or series of events where they are psychologically traumatized.
- The United States Centres for Disease Control and Prevention (CDC) characterizes PTSD as a serious physical and emotional response to thoughts and reminders of the event that last for numerous weeks or months after the traumatic event.
- Post-traumatic stress disorder (PTSD) may be a mental health condition that's activated by an unnerving occasion — either by encountering it or witnessing it. Symptoms may incorporate flashbacks, nightmares, and extreme anxiety, as well as uncontrollable thoughts about the occasion.

[7]What Is Traumatic Stress? https://istss.org/public-resources/trauma-basics/trauma-during-adulthood?gclid=Cj0KCQjwiZqhBhCJARIsACHHEH9pTIC0h_FRGfjxK264BKNNbnSQZJLoYtNSNjvbAS4-ILUGiU0WHR4aAuIkEALw_wcB, last accessed on 03.04.2023 at 5.40 pm.

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- Post-traumatic stretch disorder (PTSD) can happen after an individual encounters a traumatic event, causing them to feel
    - Fearful
    - Shocked
    - Helplessness.
- Examples of events that can trigger PTSD include mischances, wars, crimes, fires, the passing of a loved one, or any kind of manhandling. Thoughts and recollections may recur even though the threat has passed.
- The person may become more anxious and fearful. PTSD can disturb a person's life for a long time, but treatment can offer assistance to them to recover.
- Symptoms usually begin within 3 months of the traumatic event, but they can start afterward.
- An individual to get a diagnosis of PTSD must have experienced the following reiterated by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) by the American Psychiatric Association (APA).
- According to these guidelines the individual must:
    - Experience presentation to death or an individual death threat, a serious injury or sexual violence whether directly, as a witness, by it happening to a cherished one, or during professional duties
    - Experience the taking after for more than 1 month:

1. one or more intrusion symptoms

2. one or more avoidance symptoms

3. two or more symptoms that affect mood and thinking

4. two or more arousal and reactivity symptoms that began after the trauma.

PTSD could be a mental health condition that will be analysed by a professional when somebody has experienced a traumatic event and is encountering different kinds of symptoms. The major types of symptoms experienced by individuals with PTSD incorporate:

Re-experiencing / Intrusive symptoms:

- Flashbacks or intrusive thoughts (trigger) about the traumatic event
- Intense physical or emotional reactions - reminding the event

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- Nightmares

Avoidance symptoms:

- Avoiding thinking or speaking about the trauma
- Avoiding people, places, activities, or sensations that reminds you of the trauma. (Generally, happens in the case of child abuse)

Negative deviations in your thinking and emotions:

- Feeling dejected, depressed, angry or anxious
- Finding it hard or difficult to feel happy
- Feeling shameful or guilty
- Distancing from other people
- Losing interest in things you once used to enjoy
- Being incapable to remember important parts of the trauma
- Having more negative notions about yourself, other people, and the world

Hyperarousal or emotional/physical reactivity:

Being always on guard and/or easily startled

- Trouble concentrating
- Being rapid to anger and aggression
- Involving in risky activities (e.g., impulsive sex, binge drinking)
- Trouble sleeping

VI. RISK FACTORS

People contemplated at risk include combat military work force, survivors of natural calamities, concentration camp survivors, and survivors of violent crime. People employed in occupations that uncover them to violence (such as soldiers) or disasters (such as emergency service workers) are also at hazard. Other occupations that are at higher hazard include police officers, firefighters, ambulance personnel, health care professionals, train drivers, jumpers, journalists, and sailors, in addition to individuals who work at banks, post offices or in stores.

It is vague why a few individuals develop PTSD whereas others do not. Be that as it may, the following components may increase the chances of an individual encountering indications:

a. having additional problems after an event, for illustration, losing a loved one and losing a job

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b. lacking social support after an event

c. having a history of mental health issues or substance abuse

d. experience of abuse, for example, during childhood

e. getting physical injury, conceivably as a result of the event

Intimate partner violence

A person that has been exposed to domestic violence is inclined to the development of PTSD. There is a strong affiliation between the development of PTSD in mothers that experienced residential violence amid the perinatal period of their pregnancy[8]. Individuals who have undergone sexual assault or rape may exhibit signs of PTSD, which include reliving the traumatic experience, avoiding situations or stimuli associated with the event, emotional detachment, heightened anxiety, and an increased response to sudden or unexpected stimuli. The probability of sustained symptoms of PTSD is higher if the attacker confined or restrained the individual if the individual being assaulted believed the attacker would murder them, if the individual who was assaulted was exceptionally youthful or exceptionally old, and if the attacker was someone they knew. The probability of sustained severe symptoms is additionally higher if individuals around the survivor ignore (or are ignorant of) the assault or blame the rape survivor.[9]

War-related trauma

Military service and refugee status are both considered risk factors for the development of PTSD. Exposure to war, hardship, and traumatic events put refugees at a higher risk for PTSD. While all individuals involved in war experience stress, displaced individuals have been shown to be especially susceptible. The challenges surrounding the psychosocial well-being of refugees are complex and unique to each individual. Refugees often have lower levels of well-being and a higher incidence of mental distress due to past and ongoing traumatic experiences. Women, older individuals, and unaccompanied minors are particularly affected and often have unmet needs. Additionally, PTSD and depression can impact the educational success of refugee populations.

[8] Howard LM, Oram S, Galley H, Trevillion K, Feder G (2013). "Domestic violence and perinatal mental disorders: a systematic review and meta-analysis". PLOS Medicine. 10 (5): e1001452. doi: 10.1371/journal.pmed.1001452. PMC 3665851. PMID 2372374

[9] Mason F, Lodrick Z (February 2013). "Psychological consequences of sexual assault". Best Practice & Research. Clinical Obstetrics & Gynaecology. 27 (1): 27–37.

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Life-threatening illness

Medical conditions that are associated with an increased risk of PTSD consist of cancer, heart attack, and stroke. Almost 22% of cancer survivors present with lifelong PTSD like symptoms.[10] Intensive-care unit (ICU) hospitalization is also a threat factor for PTSD. PTSD can be experienced by some women who have undergone mastectomy or other experiences related to breast cancer. Additionally, loved ones of those with life-threatening illnesses, such as parents of a child with chronic illnesses, are also at risk for developing PTSD.[11]

Pregnancy-related trauma

Women who experience miscarriages are at risk of PTSD.[12] Those who experience subsequent miscarriages have an expanded risk of PTSD compared to those encountering it once. PTSD can moreover happen after childbirth and the chance increases if a woman has experienced trauma earlier in the pregnancy. The predominance of PTSD following ordinary childbirth (that is, excluding stillbirth or major complications) at six weeks postpartum[13]. Emergency childbirth is additionally related with PTSD.

Genetics

There's evidence that vulnerability to PTSD is genetic. Roughly 30% of the fluctuation in PTSD is caused by genetics alone.[14] For twin pairs exposed to combat in Vietnam, having a monozygotic (indistinguishable) twin with PTSD was associated with an increased chance of the co-twins having PTSD compared to dizygotic twins (non-identical twins). Women with a smaller hippocampus might be more likely to develop PTSD taking after a traumatic event based on preliminary findings. Studies have revealed that PTSD has several genetic influences that are similar to other mental disorders. There is a 60% overlap in genetic variation between panic disorder, generalized anxiety disorder, and PTSD. Moreover, there is a genetic overlap of more than 40% among alcohol, nicotine, and drug dependence.[15]

A few biological indicators have been distinguished that are related to later PTSD development.

[10] Abbey G, Thompson SB, Hickish T, Heathcote D (April 2015). "A meta-analysis of prevalence rates and moderating factors for cancer-related post-traumatic stress disorder". Psycho-Oncology. 24 (4): 371–81.
[11] psycnet.apa.org.
[12] Christiansen DM (February 2017). "Posttraumatic stress disorder in parents following infant death: A systematic review". Clinical Psychology Review. 51: 60–74.
[13] Olde E, van der Hart O, Kleber R, van Son M (January 2006). "Posttraumatic stress following childbirth: a review". Clinical Psychology Review. 26 (1): 1–16. 1
[14] True WR, Rice J, Eisen SA, Heath AC, Goldberg J, Lyons MJ, Nowak J (April 1993). "A twin study of genetic and environmental contributions to liability for posttraumatic stress symptoms". Archives of General Psychiatry. 50 (4): 257–264.
[15] Skelton K, Ressler KJ, Norrholm SD, Jovanovic T, Bradley-Davino B (February 2012). "PTSD and gene variants: new pathways and new thinking". Neuropharmacology. 62 (2): 628–37.

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Increased startle reactions and, with only preliminary results, a smaller hippocampal volume have been distinguished as possible biomarkers for heightened chance of developing PTSD. Furthermore, one study found that soldiers whose leukocytes had more prominent numbers of glucocorticoid receptors been more inclined to developing PTSD after encountering trauma.[16]

VII. COMPLEX POST TRAUMATIC STRESS DISORDER (C-PTSD)

- C-PTSD may be a mental health condition that also may be diagnosed by a professional when somebody has experienced a traumatic event[17].
- It is generally prolonged or repetitive exposure to series of traumatic events.
- C-PTSD offers numerous symptoms in common with PTSD, including re-experiencing, avoidance, and hyperarousal. Be that as it may, C-PTSD also includes
    a. Problems in emotion regulation- having difficulty in overseeing one's sentiments
    b. Problems in self-image- feeling totally distinctive from other individuals and/or having a negative self-view
- Interpersonal issues- including having inconveniences trusting others
- The WHO in its 11th revision of the International Statistical Classification of diseases (ICD-11) has included CPTSD since 2018.

Indications of CPTSD

1. Alteration in the regulation of affect and driving forces
2. Alteration in attention or awareness
3. Alteration in relations with others
4. Somatization
5. Alteration in systems of meaning

VIII. PHYSICAL SYMPTOMS

- There may moreover be physical indications:
- Physical impacts include sweating, shaking, migraines, dizziness, stomach issues, aches and pains, and chest pain.

[16] Delahanty DL (January 2011). "Towards the pre-deployment detection of risk for PTSD." The American Journal of Psychiatry. 168 (1): 9–11.
[17] Brewin CR, Cloitre M, Hyland P, Shevlin M, Maercker A, Bryant RA, et al. (December 2017). "A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD" (PDF) Clin Psychol Rev 2017 Dec; 58:1-15.

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- A weakened immune system, can lead to more frequent diseases.
- Sleep disturbances that can result in tiredness and other issues
- An individual may experience long-term behavioral changes that contribute to issues at work and a breakdown in their connections.
- They may begin to look for numbing behaviors, such as abusing liquor, drugs, or medications.

IX. CHILDREN AND TEENAGERS

- In those 6 years of age or under, indications may include:

a. Bed wetting after learning to use the bathroom

b. Inability to talk

c. Acting out the event in their play[18]

d. Being clingy with any grown-up

- Children aged between 5 and 12 years may not experience flashbacks, but they may have clear memories of the traumatic event. However, they may recall a particular sequence or have a sense that there was a warning sign indicating that the event was going to occur.
- Starting from 8 years of age children's responses are generally like adults.
- Between the ages of 12 and 18 years, the child may appear troublesome, disrespectful, rash, or forceful behavior. They may feel blameworthy for not acting differently during the occasion, or they may consider revenge.
- Children who have experienced sexual abuse are more likely to:
    a. feel fear, sadness, uneasiness, and confinement
    b. have a low self-esteem
    c. behave in a forceful way
    d. display unordinary sexual behavior
    e. hurt themselves
    f. misuse of drugs or liquor[19]

[18] American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Publishing. pp. 271–80, Indian J Psychiatry v.55(3); Jul-Sep 2013

[19] Yvette Brazier, Post-traumatic stress disorder (PTSD): Symptoms, treatment, and more, (Feb. 6, 2019),

In children and adolescents, there is a serious affiliation between emotional regulation difficulties (e.g., mood swings, outrage outbursts, temper tantrums) and post-traumatic stress indications, independent of age, gender, or sort of trauma.[20]

X. SCREENING

- As part of the diagnostic process, a healthcare professional may provide the individual with a screening test to evaluate whether they have PTSD.
- A screening session typically lasts between 45 to 60 minutes. However, if there are legal implications or an incapacity claim is dependent on the evaluation, healthcare professionals may take longer to assess the condition.
- If indications vanish after several weeks, the individual may get a diagnosis of Acute Stress Disorder.
- PTSD tends to last longer. Its indications are more extreme and may not show up until at some point after the traumatic event.

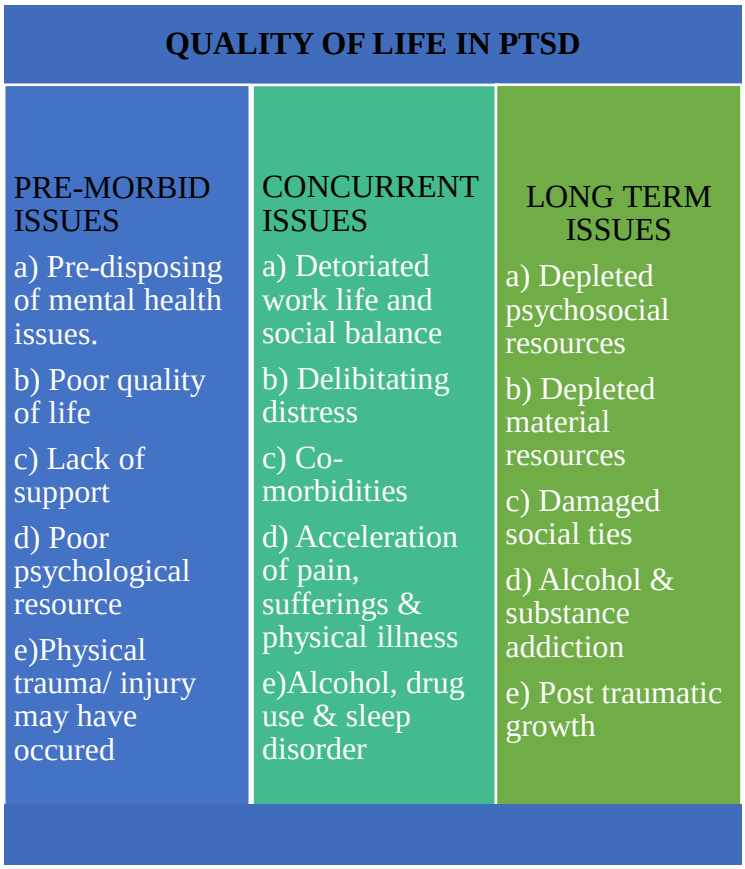
XI. QUALITY OF LIFE

PTSD can only be analysed if it considerably affects occupational, interpersonal, or social quality of living domains. More serious PTSD symptoms are coupled with poorer quality of life, an affiliation that has shown over cultures outlines the timing of quality-of-life issues in association with PTSD.

Indications such as poor sleep quality as a result of nightmares or hyperarousal can lead to poor concentration and irritability, influencing work performance and professional connections. For deployment-related PTSD, interaction with authority figures can be a prompt of the environment in which the exposure happened, leading the survivor to avoid the working environment, or resulting in differences with workplace superiors. Victims of interpersonal assault might overgeneralize contact with individuals suggestive of their aggressor and the survivor might feel uncomfortable in close physical.

https://www.medicalnewstoday.com/articles/156285, last accessed on 05.04.2023 at 9.54pm.

[20] Villalta L, Smith P, Hickin N, Stringaris A (April 2018). "Emotion regulation difficulties in traumatized youth: a meta-analysis and conceptual review" (PDF). European Child & Adolescent Psychiatry. 27 (4): 527–544.



XII. Acute Stress Disorder

Acute stress disorder (ASD) may be a mental health condition that can occur after a traumatic event. Symptoms are like PTSD. ASD symptoms start quickly after the trauma and can last from 3 days to 1 month after the trauma exposure.

Symptoms generally include:

a. Flashbacks

b. Nightmares

c. Disassociation or numbness

d. Feelings of separation from their usual functioning

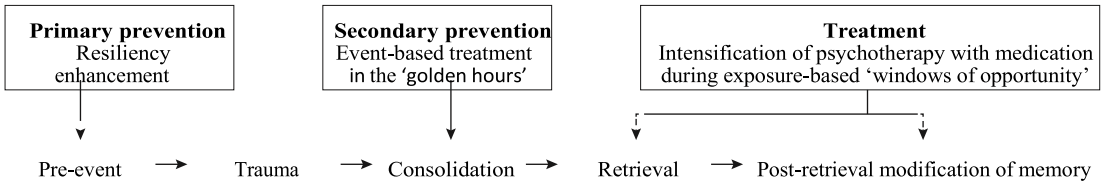
- The disorder can be relatively mild or serious. According to the APA, an estimated 13–21% of individuals who survive traffic accidents and 20–50% of survivors of assault, rape, or mass shootings go on to create acute stress disorder.
- The main goal of treating acute stress disorder is to manage symptoms and prevent them from worsening. If left untreated, acute stress disorder can progress to PTSD.

XIII. Treatment

- Treatment as a rule includes psychotherapy and counseling, medication, or a combination.
- A psychotherapy approach is demonstrated to be exceptionally effective for treating PTSD.
- Psychotherapy is characterized as a treatment where a therapist and patient construct a therapeutic relationship and focus on the patient's thoughts, attitudes, behavior, and social development to reduce the patient's psychopathologies and functional impairment.
- A healthcare professional will specially tailor choices for psychotherapy for overseeing trauma. They include:

a) *Cognitive processing treatment (CPT):* Also known as cognitive restructuring, the person learns how to think about things by incorporating a better approach. Mental imagery of the traumatic occasion may aid them to work through their trauma to gain control of their fear and distress.

b) *Prolonged exposure treatment:* This educates individuals with PTSD to approach their thoughts and sentiments about a traumatic event. Examining the occasion and gradually confronting the cause of their fear in a secure and controlled environment may help so the individual feels more in control. i.e., Counselling.[21]



XIV. COMPLICATIONS

- PTSD can lead to specific complications and comorbidities.
- People suffering with PTSD have an enhanced risk of developing:
    a. mood disorders
    b. anxiety and panic disorders
    c. neurological disorders, including dementia
    d. substance misuse disorders

[21] Fanai, Mehdi; Khan, Moien AB (2021), "Acute Stress Disorder", Stat Pearls, Treasure Island (FL): Stat Pearls Publishing, PMID 32809650, July 12, 2022, https://www.ncbi.nlm.nih.gov/books/NBK560815/, last accessed on 06.04.2023 at 5.45 pm.

- Individuals who have PTSD may experience other health-related issues like anxiety, depression, personality disorders, or substance abuse, such as drug or alcohol addiction.
- People with PTSD also have a elevated risk of suicidal ideation and attempts.

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