International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

# A Study on Post Traumatic Stress Disorder (PTSD)

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DOI : https://doi.org/10.55248/gengpi.6.0225.0958

**ABSTRACT:**

Exposure to traumatic situations can cause post-traumatic stress disorder (PTSD), a mental health illness that affects a person's social, physical, and psychological health. Hyperarousal, avoidance, emotional numbness, and intrusive recollections are some of the symptoms, which frequently result in comorbidities and an increased risk of suicide. First identified in the DSM-III in 1980, post-traumatic stress disorder (PTSD) is caused by direct or indirect exposure to life-threatening events including sexual assault, war, or accidents. The DSM-5 and ICD-11 include precise criteria for diagnosis. Cognitive-behavioural therapies (CBT) and drugs like SSRIs are used in treatment, and alternative therapies are becoming more and more common. Improving results requires early identification and continued care, highlighting the necessity of an interprofessional, cooperative approach to PTSD treatment.

Keywords: Posttraumatic stress disorder (PTSD), Cognitive Behavioral Therapy (CBT), SSRIs (Selective Serotonin Reuptake Inhibitors).

## Introduction

A widespread and complex mental ailment that significantly impairs a person's mental health is posttraumatic stress disorder (PTSD), which is brought on by exposure to stressful events. The symptoms of post-traumatic stress disorder (PTSD) are diverse and can affect behavior, emotions, physical experiences, and thought processes. A increased likelihood of comorbid mental illnesses, including a higher risk of suicide, and long-term deficits can be caused by these symptoms. This activity highlights how the interprofessional team may improve treatment for individuals who are affected by PTSD and describes how to diagnose and treat it. The Diagnostic and Statistical Manual of Mental Disorders (DSM), Third Edition, which was released in 1980, was the first to list PTSD. The DSM acknowledges the importance of PTSD, as evidenced by its inclusion. A traumatic incident, sequence of events, or set of circumstances can cause PTSD in people who have experienced or witnessed it. This can impact a person's physical, mental, social, and/or spiritual health. People may develop posttraumatic stress disorder (PTSD) if they have witnessed or experienced a traumatic event, series of events, or set of circumstances. It can be considered emotionally or physically harmful or even lethal, and it can affect a person's mental, physical, social, and/or spiritual well-being. Examples include rape or sexual assault, war or conflict, natural disasters, serious accidents, terrorist attacks, past trauma, violence against close relationships, and bullying.[1]

PTSD was originally mentioned in the Diagnostic and Statistical Manual of Mental Disorders (DSM), Third Edition, which was published in 1980. The inclusion of PTSD in the DSM reflects its acknowledgement of its significance. People who have gone through or observed a traumatic incident, sequence of events, or combination of circumstances may develop posttraumatic stress disorder (PTSD). This may have an impact on an individual's physical, mental, social, and/or spiritual well-being. A mental condition known as posttraumatic stress disorder (PTSD) can strike people who have experienced or seen a traumatic event, series of events, or set of circumstances. This could be perceived as emotionally or physically harmful or even lethal, and it could affect a person's mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, act of terrorism, war or conflict, sexual assault or rape, trauma from the past, violence against intimate relationships, and bullying.

## Definition

People who have encountered or witnessed a traumatic incident, sequence of events, or combination of circumstances may develop posttraumatic stress disorder (PTSD), a mental illness. This could have an impact on a person's mental, bodily, social, and/or spiritual well-being and be interpreted as emotionally or physically damaging or even fatal. Natural catastrophes, severe accidents, terrorist attacks, war or conflict, rape or sexual assault, past trauma, violence against intimate partners, and bullying are a few examples. Long after the terrible incident has passed, people with PTSD continue to have powerful, unsettling thoughts and sensations about it. They might experience nightmares or flashbacks to the incident; they might feel depressed,

afraid, or angry; they might feel isolated or alienated from other people. In addition to avoiding individuals or situations that bring up the traumatic experience, people with PTSD may respond negatively to seemingly little things like loud noises or unintentional touches.[2]

## Pathophysiology

The initial reaction to trauma, which is marked by an adrenaline rush from sympathetic nervous system stimulation, is connected to the pathophysiology of post-traumatic stress disorder. Tachycardia, high blood pressure, and other neuroendocrine reactions, such as the production of cortisol and other catecholamines, are possible physiological outcomes of this.A conditioned behavioral reaction that results in acute stress disorder or post-traumatic stress disorder (PTSD) might happen if the trauma event is sustained or repeated. From a neuroanatomical standpoint, the fear response and danger perception are primarily controlled by the amygdala. The amygdala is a component of the old brain, which means that when cognition and learnt behaviors develop, the frontal cortex typically reduces its primary involvement. The imaging data indicating decreased brain sizes in individuals with chronic PTSD may be explained by this discovery. Neurotransmitter levels, including glutamate, gamma-aminobutyric acid (GABA), serotonin, dopamine, adrenaline, and norepinephrine, have been examined in PTSD patients. Despite conflicting findings about neurotransmitter levels in PTSD patients, this method currently treats the disorder with psychotropic medications.[1]

## Etiology

Trauma survivors may or may not endure long-term mental health consequences as a result of their experiences. But according to the DSM-5-TR, trauma is a necessary feature of PTSD sufferers. Exposure to real or threatened death, major injury, or sexual violence is considered trauma (in the PTSD). This can involve going through the terrible incident yourself, seeing someone else go through it, or finding out that a close friend or family member went through it.Numerous psychiatric hypotheses have been put out to explain how trauma can result in PTSD. Janoff-Bulman introduced the shattered assumptions hypothesis in 1992.According to this hypothesis, traumatic experiences have the power to alter people's perceptions of the world and themselves in comparison to their pre-traumatic perspectives. The underlying presumptions of this philosophy are "the self is worthy," "the world is meaningful," and "the world is benevolent." Following a traumatic event, the basis for these inherited presumptions is "shattered."

The methodical investigation of life events' potential connections to the psychological forces influencing the mind now, which influence behavior and emotions, is the focus of psychodynamic psychology.[8] Jean-Martin Charcot maintained in 1890 that all mental illnesses sprang from psychological trauma. Although this has now been disproved, it is nevertheless recognized that trauma, especially early life trauma, can significantly influence the emergence of mental disease. Unconscious choices of trust are especially relevant to a psychodynamic psychology perspective on posttraumatic stress disorder. Traumatized people may find it difficult to believe that the world is a safe place or that people won't hurt them physically or mentally.

Additionally, behavioral scientists have helped us understand how trauma affects cognitive functions. As is typically the case in the situation of PTSD, exposure to a major event can result in a conditioned reaction of learnt fear. People who are repeatedly exposed to trauma (like those who are abused at home or by their parents) may acquire a conditioned reaction to trauma. Support following trauma can either raise or lower the likelihood of developing post-traumatic stress disorder. After experiencing trauma, those who have a strong support network are less likely to acquire post-traumatic stress disorder (PTSD). Similarly, those who experience social isolation following trauma or who lack a strong support network are at a higher risk of developing PTSD and/or acute stress disorder. In Reduced educational attainment, poorer socioeconomic status, childhood hardship, gender, race, physical injury (including traumatic brain injury), and the initial intensity of the trauma response all raise the chance of developing post-traumatic stress disorder following a traumatic experience.[1]

Risk elements in symptoms of post-traumatic stress disorder can affect people of any age. However, if you have had severe or protracted traumatic experiences, you may be at a higher risk of developing post-traumatic stress disorder (PTSD). suffered physical harm as a result of the stressful incident. have experienced further trauma in the past, such as maltreatment as a youngster. Work in a field that exposes you to traumatic situations, like first responders or the military. possess additional mental health issues, such depression or anxiety. Overindulge in alcohol or narcotics. lack a strong network of friends and family to support you. possess biological relations that suffer from mental illnesses like depression or PTSD.[3]

## Diagnosis

In accordance with the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) and the suggested criteria in the ICD-11 (International Classification of Diseases, 11th Revision), it should first describe the kinds of traumatic events necessary for a PTSD diagnosis. In general, situations like bullying, divorce, losing a pet, or finding out that a family member has been diagnosed with cancer are not thought to be serious enough to cause PTSD. The sufficiency of the existing criteria of traumatic events is called into question, nevertheless, because they can result in symptoms that strongly mimic those of PTSD.

Traumatic Event or Events Needed to Diagnose PTSD DSM-5 Standards: A person must have been exposed to real or threatened death, severe injury, or sexual assault in one of the following situations in order to be diagnosed with PTSD: firsthand knowledge of the tragic incident or incidents observing a distressing occurrence or events that have an impact on others Knowing that a close friend or family member has experienced a painful incident or events, and that their death was either violent or unintentional Frequent or severe exposure to upsetting details of horrific incidents (e.g., police officers exposed to child abuse details, first responders gathering human remains). This isn't true for media exposure unless it's required for a job.

The suggested ICD-11 criterion is: exposure to a horrifying or incredibly dangerous incident or sequence of incidents. Twenty symptoms, categorized into four groups, are needed for a PTSD diagnosis according to the DSM-5. Every symptom needs to be connected to the traumatic experience. There are six criteria that will be used to diagnose PTSD under the proposed ICD-11 standards.

The new diagnosis of complex PTSD, which involves satisfying the criteria for PTSD plus symptoms like mood regulation problems, a negative self-concept, and ongoing difficulties with relationships and emotional closeness, is also introduced by ICD-11. People may fit the diagnostic requirements in one system but not in another because of these variations.[4]

## Treatment

It is important to recognize that not all trauma survivors acquire PTSD, and not all PTSD sufferers need psychiatric care. With time, PTSD symptoms may subside or go away for some people, while for others, support from friends, family, or spiritual leaders may provide comfort. But in order to cope with the psychological distress, which can be severe and incapacitating, many PTSD sufferers require expert assistance. It's critical to keep in mind that PTSD is treatable and that trauma-induced distress is not the person's fault. The likelihood of recovery is increased with early therapy. To assist people in recovering from PTSD, psychiatrists and other mental health specialists use a range of successful, scientifically supported techniques.

Medication and psychotherapy have both been shown to be successful therapies for PTSD. CBT, or cognitive behavioral therapy a popular type of psychotherapy for PTSD. PTSD is frequently treated with particular forms of cognitive behavioral therapy, including stress inoculation therapy, prolonged exposure therapy, and cognitive processing therapy. The goal of cognitive processing therapy is to assist patients in changing negative feelings like shame or guilt as well as trauma-related beliefs like "I failed" or "the world is dangerous." It promotes facing up to painful memories and emotions. In order to assist people manage their anxiety and discomfort, prolonged exposure therapy entails exposing patients to traumatic memories or triggers repeatedly under supervision.

Veterans of war have used virtual reality programs to relive their horrific fighting memories in a healing setting. An evidence-based strategy for kids and teenagers, trauma-focused cognitive behavioral therapy combines humanistic methods, family therapy, and cognitive-behavioral therapy concepts with trauma-sensitive therapies. Through the use of directed eye movements, Eye Movement Desensitisation and Reprocessing (EMDR) helps people reprocess painful memories so that, after multiple sessions, they can experience them in a less upsetting way.

Group therapy provides a safe, accepting space for people who have gone through comparable traumatic circumstances to talk about their experiences. Members of the group assist one another in realising that many trauma survivors experience similar reactions. Given that PTSD symptoms can affect the entire family, family therapy may also be helpful. The emotional and relational components of PTSD are addressed by other types of psychotherapy, including supportive, psychodynamic, and interpersonal therapies. Those who are unwilling to revisit reminders of trauma may find these therapies particularly beneficial.

Drugs In addition to facilitating participation in psychotherapy, medication can assist control the symptoms of PTSD. For improved results, antidepressants, especially selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), can be used in conjunction with psychotherapy to treat PTSD symptoms. Additional drugs may be recommended to treat PTSD-related anxiety, physical agitation, and sleep disorders. Other Therapies People with PTSD are increasingly receiving complementary and alternative therapies in addition to established therapy. Compared to psychotherapy, these therapies—which include acupuncture, yoga, and animal-assisted therapy—frequently call for less verbal disclosure. Peer support groups are also helpful to many people because they allow them to talk about their experiences with others going through similar things.

Pharmaceutical Interventions The best evidence supports the use of SSRIs (sertraline, paroxetine, and fluoxetine) and SNRIs (venlafaxine) in treating PTSD. For PTSD, the FDA now only approves sertraline and paroxetine. Though there may be exceptions based on a patient's particular medical history, side effects, and preferences, SSRIs are usually the first-choice drug. If required, SSRIs can also be taken with other drugs, such as mood stabilizers. PTSD can also be effectively treated with venlafaxine, another antidepressant, particularly when it affects serotonin and norepinephrine levels. While topiramate and other drugs have demonstrated potential in lowering PTSD symptoms, their negative effects may be more severe than those of SSRIs.[2]

FDA-approved medications and dosages for PTSD treatment include: [5]

1. Paroxetine (Paxil): 20 mg (increasing by 10 mg) to 50 mg daily
2. Sertraline (Zoloft): 25 mg (increase by 25 mg) to 200 mg daily
3. Fluoxetine (Prozac): 20 mg to 60 mg daily

## Complication

PTSD symptoms might go away, but they can also cause other mental health conditions to arise. Anxiety disorders, substance use disorders, borderline personality disorder, MDD, psychotic disorders, and other conditions are recognized to be at risk due to trauma. Clinicians should regularly assess patients with PTSD for suicidal ideation since they are more likely to commit suicide. People with PTSD have greater rates of disability and are more

likely to have occupational issues than people without PTSD. Intimate relationship issues are also more common among people who have experienced sexual trauma.[1]

## Conclusion

One serious mental health issue brought on by exposure to stressful events, such violence, war, or natural catastrophes, is post-traumatic stress disorder (PTSD). Symptoms include excessive bodily reactions, avoidance, nightmares, flashbacks, intrusive recollections, and emotional numbness. These symptoms can negatively impact a person's social, emotional, and physical health, making relationships and day-to-day living difficult. Suicidal thoughts and actions as well as other mental health conditions are also made more likely by PTSD. In order to diagnose PTSD, one must determine trauma exposure and evaluate symptoms, as stated in the DSM-5. SSRIs and psychotherapies like cognitive behavioural therapy (CBT) are commonly used in treatment to assist control symptoms and encourage healing. Early intervention increases the likelihood of effective therapy, and support networks are essential to recovery. With the right care, people with PTSD can recover control over their life and enhance their mental well-being.

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