

Ptsd research paper

[Health & Medicine](#), [Stress](#)



Research paper

Educational Institution

Introduction

Dramatically increasing numbers of victims of different disasters (natural disasters, large-scale accidents and disasters, local wars and related events, etc.), illegal activities (terrorism, robbery, rape), serious conflicts in society lead to increased prevalence of post-traumatic stress disorder (PTSD) among the population, and, therefore, to an increasing interest of scientists to this problem.

Analysis of the vast clinical experience gained during many years of studying mental disorders has established that patients affected by this disorder have a number of common and recurring symptoms with specific severe and outlined features. Given that none of the accepted clinical symptoms fit any of the previously studied disorder it was decided to identify those as a distinct syndrome called " post-traumatic stress disorder" (PTSD). This term was introduced in 1980, and has been included in the official American nomenclature of mental disorders (DSM-III), as a condition caused by severe stress disorders.

Post-traumatic stress disorder (PTSD)

It has been established that the main reason for PTSD is trauma, which is caused by stress of different kind. But stress can be positive, even useful, and negative that eventually leads to emotional mental and psychosomatic disorders. Positive effects of stress are used in medical practice (shock therapy, etc.) and psychological recreations (extreme sports, etc.), whereas

negative consequences of stress are always harmful for one's mental health.

So what are the causes of post-traumatic stress disorder known to science?

Post-traumatic stress disorder usually develops in people who have experienced an event that was extremely traumatic for their mental health. This disorder can occur in 50-80% of people who have experienced such an impact in their life. Often the main reason for this disorder can past trauma, which is extremely hard to forget. Past trauma is associated with the experience of terror or pain, and quite often is the set off point of the post-traumatic stress.

The cause of post-traumatic stress may lie in the present trauma. This happens in case when a person, who is adapted to certain conditions of existence, is being quickly put into a completely different environment, which seems to be a lot easier to cope with, than with the accustomed one. This new environment can become traumatic, and as a result of this painful transfer a post-traumatic stress is formed, although the name is not quite accurate in this case, as the mind is being harmed by the current trauma, not the previously experienced one.

Finally, the source of post-traumatic stress can often be the expectation of the future trauma, when a person is afraid of tragedies that happened before, and which left terrible marks in his memory.

Most often psychological trauma is associated with the following events:

- War, affecting both the military and civilians;
- Violent crimes associated with murder or rape;

- Car crashes, shipwrecks, train wrecks , plane crashes;
- Hurricanes, earthquakes, floods and volcanic eruptions;
- Suicide or violent death of relatives or close friends;
- Child traumas associated with excessively severe punishments, sexual violence or death of parents;

Speaking of the warfare being the main cause of PTSD, the modern concept of disorders were described in XIX-XX centuries in terms of " traumatic neurosis", " military neurosis". Such subsequent works are largely based on the experience of the wars of that time (fighting during the Civil War in America, the First and Second World Wars, modern local military conflicts in Vietnam, Afghanistan, the Gulf, etc.).

Many people exposed to PTSD are constantly experiencing trauma in the form of nightmares, intrusive memories and images. Also sleep problems, depression and alcohol abuse are quite frequent.

Patients are detached from society and seem emotionally callous, which is associated with an irrational fear of strong attachment. After witnessing the (possibly several times) the death or imminent danger to their own lives, they simply do not want to associate themselves with those whom, in their opinion, they can lose.

Interest in things that were previously bringing them pleasure is lost. Such people become more aggressive, sometimes - prone to violence. Many of them experience " survivor's guilt".

When confronted with anything resembling about past experiences, patients become very nervous, and emotionally unstable, with the overall condition worsening.

Symptoms of PTSD

When it is not possible for a person to defuse internal tension, his/her body and mind somehow searches for a way of applying that energy. This is basically the mechanism of PTSD, which, with its symptoms, together looks like a mental disorder, and in fact it is nothing else than a deeply ingrained patterns of behavior associated with extreme events in the past. PTSD observed following clinical symptoms.

1. Unmotivated vigilance. Patients are intently watching everything that is happening around, as if their life is constantly in danger.
2. " Explosive" reaction. At the slightest surprise a person flings (rushes to the ground at the sound of a low flying helicopter, turns abruptly and takes combat position, when someone approaches him from behind).
3. Blunted emotions. Sometimes a person only partially or completely loses the ability of emotional displays. It makes it difficult to establish close and friendly relations with others; joy, love, creative enthusiasm, playfulness and spontaneity become inaccessible to such a person.
4. Aggressiveness. Usually provokes a desire to solve problems by brute force. As a rule, although, it means only physical force action, but usually is followed by the mental, emotional and verbal aggressiveness. Simply put, people tend to apply military pressure on others, whenever they want to prove their point, even if the target is not vital.
5. Impaired memory and concentration. The person experiences difficulties when is required to concentrate in order to remember something, with such

difficulties possible under certain circumstances. At some point the concentration may be excellent, but if any stress factor appears, person will be unable to concentrate.

6. Depression. In the state of depression, when it seems that everything is meaningless and useless, post-traumatic stress can reach the darkest and gloomiest depths of human despair. This feeling of depression is often accompanied by nervous exhaustion, apathy and negative attitude towards life.

7. General anxiety. It appears at the physiological level (back ache, stomach cramps, headaches), mental health problems (constant anxiety and concern, paranoia), emotional experience (constant fear, self-doubt, guilt complex).

8. Rage. Many patients report the explosions of rage to often occur under the influence of drugs, especially alcohol. However, such symptoms can also occur in a complete absence of alcohol or drugs, so it would be wrong to assume intoxication to be the main cause of this phenomenon.

9. Drug abuse and drug substances. In an attempt to reduce the intensity of post-traumatic symptoms many patients, especially Vietnamese veterans, use marijuana, alcohol and other drugs. It is important to note that among veterans, victims of PTSD, there are two large groups: those taking only medicines prescribed by a doctor, and those, who do not take any medication or drugs.

10. Unwelcome memories. Perhaps this is the most important symptom that gives the right to speak about the presence of PTSD. Creepy, ugly scenes are suddenly popping up in the memory of the patient that are associated with the traumatic event. These memories can occur in sleep and while awake.

In reality, they appear in cases where the environment recalls the original one, a traumatic event: smell, sight, sound, seemed to come from that time. Vivid images of the past come to mind, and cause a lot of stress. The main difference from conventional memories is that post-traumatic “unwelcome memories” are accompanied by intense feelings of anxiety and fear.

Unbidden memories that come in a dream are called nightmares. Dreams of this kind are usually of two types: first, videos that reflect a traumatic event as it was imprinted in the memory; in dreams of the second type the setting and the characters can be quite different, with some of the elements (face, situation) reminding of those that occurred in a traumatic event. A person is usually completely overwhelmed after having such dreams; his muscles tense, he is soaked in sweat.

11. Hallucinatory experiences. It is a special kind of unwelcome memories of traumatic events, with the difference that the hallucinatory experience memories of the incident appears to be brighter than the events of the present moment, as it was sidelined and now seems to be less real, than memories. In this hallucinatory detachment state a person behaves as if he/she were once again facing a past traumatic event; he/she acts, thinks and feels the same as during that stressful moment.

Hallucinatory experiences are not unique in all patients, with those being just a kind of unwanted memories, which are characterized by special brightness and soreness. They are more likely to occur under the influence of drugs, particularly alcohol, but hallucinations can occur in a sober state, as well as to the ones who never use drugs.

12. Insomnia (difficulty of falling asleep and interrupted sleep). When a

person sees nightmares, there is reason to believe that it is hi/her that is opposed to falling asleep involuntarily, and that is being the exact reason for his/her insomnia: a person is frightened to go to sleep because of chance of seeing it again. Regular lack of sleep leads to severe nervous exhaustion, which complements the picture of post-traumatic stress symptoms. Insomnia is also caused by high levels of anxiety, inability to relax, as well as nagging sense of physical or mental pain.

13. Thoughts of suicide. In such case the patient is constantly thinking about suicide or planning any action that should ultimately lead to his death. When life seems to be more frightening and painful than death, a thought to end all the suffering may seem tempting. When a person comes to the verge of despair, where there is no way of improving the situation, he/she starts thinking about suicide.

PTSD models

Weight and importance ratio of symptoms of PTSD allow suggesting several models of PTSD that has practical therapeutic significance.

Alarming model of PTSD (observed in 32 % of patients) is characterized by a high level of physical and mental unwarranted anxiety with it being experienced, at least several times a day, involuntary, with a bit of obsession representation reflecting psycho traumatic situation. It is characterized by dysphoric mood with a sense of inner discomfort, irritability, tension. Sleep disorder is characterized by difficulty in falling asleep, with the dominance of thoughts about this condition in the mind, concerns about the quality and the duration of sleep, fear of painful dreams (episodes of fighting, violence, often with reprisals by the patients themselves). Patients often deliberately

push back the sleep onset and fall asleep just before dawn. This type of PTSD is characterized by paroxysmal nocturnal state with a sense of lack of air, palpitations, sweating, chills or hot flashes. In such situations patients usually seek help on their own, and although are dominated by the desire to avoid situations reminiscent of a psychological trauma, seek communication, or any purposeful activity just to relieve from the activity.

Asthenia model of PTSD (27% observed) differs with a domination of feelings of lethargy and weakness. A lowered mood of indifference to the previously interesting things can be experienced, as well as to the events in the life, family and business issues. Patient's behavior is determined by passivity, a certain feeling of enjoyment of life might be lost, with thoughts of self-worthlessness dominating the mind. Within a week, episodes of traumatic situations can involuntary arise several times. However, in contrast to the anxious type, this type lacks the brightness, details, emotional coloring of the traumatic moment. Sleep disorders are characterized by hypersomnia with the inability to get out of bed, painful slumber, sometimes during the whole day. Avoidance behavior is unusual, with patients rarely hiding their feelings, tending to seek help on their own.

Dysphoria model of PTSD (21 % of the study) is characterized by constant experience of domestic discontent, irritation, outbreaks of anger and rage, gloomy mood. Patients report high levels of aggressiveness, with mind being dominated with pictures of punishment of alleged offenders, fights, disputes with the use of physical force that frightens patients and, therefore, causes the reduction of contacts with others to a minimum. They often cannot hold back on the comments of others, reacting violently, which they later regret.

Patients wear grim facial expression tinged with resentment and anger, with typical avoidance, isolation. Such patients do not complain, and only come to the attention of experts due to behavioral disorders, or being brought by loved ones.

Somatoform model of PTSD (20 % of cases) is characterized by massive somatoform disorders localized in cardiology (54%), gastroenterology (36%) and cerebral (20%) anatomical regions. Actually somatoform PTSD symptoms occur 6 months after the traumatic event occurs, which allows such cases to be diagnosed as the retired version of PTSD. Typical is the formation of avoidance behavior combined with panic attacks and symptoms of numbness and emotional phenomena “ flash -back” being rare and not so emotionally painful.

Multiple researches indicate that approximately 30% of PTSD cases are caused by genetics. Scientists have found that PTSD actually shares many genetic factors that are similar to other disorders. Panic and generalized anxiety disorders have 60% of the same genetic factors with.

PTSD risk groups

As PTSD is mostly caused by traumatizing events, most people are in the risk group, as most people experience such impact at least once in their life. In this case men are more likely to experience such events, whereas women are more likely to experience such an event that can lead straight to PTSD. But only a slight percentage of people experienced trauma will develop this disorder, and they are more likely to be women. The average risk of developing post-traumatic PTSD is around 8% for men, and just over 20% for women. The risk is believed to be higher in young urban populations (24%):

13% for men and 30% for women. Male combat veterans are more likely to have PTSD after returning from service, with a rate estimated at up to 20% for veterans returning from Iraq and Afghanistan.

Conclusion

As our current lifestyle leads to the increased prevalence of post-traumatic stress disorder among the population it is quite obvious that the interest to this problem among scientists is only increasing. But even at this stage of research one conclusion can be made, and it is the less traumatic stress you get the less chance of having PTSD you will have in future. In the light of recent research devoted to PTSD it seems to be quite clear that many aspects of this important issue are far from being resolved.

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