

Anxiety issues related to ptsd



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Anxiety Issues Related to PTSD

When returning home from a yearlong deployment to Iraq, life was considered back to normal. However, like others in the squadron, 'normal' was a huge struggle, I started to have aggressive outbursts, was unable to enjoy social relationships and had very little interest in life. The next 12 years were lived in isolation, where I was afraid to admit there was a problem. Being seen as weak and unable to serve in the military was not an option. With therapy, I gained an appreciation of knowing I can thrive resourcefully while living with Post-Traumatic Stress Disorder, PTSD.

Earlier this year, the Squadron Commander order directed a once strong-minded Master Sergeant into the Strong Hope Program at Salt Lake Behavioral Health. There came the official diagnosis of PTSD, anxiety, attention disorder, depression, and panic disorder. Therapists and Doctors informed me that my sleeping behavior was normal for a military service member living with combat-related PTSD. In the program I learned I was not weak nor was I unstable; however, they decided I was unable to stay in the military for retirement.

I struggled with the idea of going from a Section Supervisor managing a busy cargo port to essentially a nobody overnight because of untreated PTSD. I learned about psychology, and its many different aspects and that cognitive therapy helped the most. Living with PTSD, anxiety, clinical depression, attention-deficit/hyperactivity disorder, and a sleeping disorder is why the topics for this signature assignment were chosen.

Post-Traumatic Stress Disorder, PTSD

In 1980, the American Psychiatric Association (APA) added PTSD to DSM III. Updated in 2013, the DSM-5 had a new criterion for diagnosing PTSD. The new criteria included reoccurring intrusive thoughts, flashbacks, or persistent nightmares regarding the traumatic event. These Traumatic events could be a serious injury, sexual violence, or threatened or actual death to an individual. Symptoms could include the inability to recall specific details regarding the trauma, exaggerating negative thoughts, blaming oneself or others, decreased interest in once enjoyed activities and feeling isolated. Per the DSM-5, exposure to the distressing event could range anywhere from personally witnessing it, having a close family member or friend involved, or

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for someone to experience repeated exposure such as a therapist, counselor, or first responder.

Individuals who suffer from PTSD have difficulty expressing emotions and tend to avoid people, places, and things that bring up memories or thoughts of the traumatic event. With the increase of hypervigilance comes the difficulty of sleeping, concentration issues, intense irritability, exaggerated aggression, or other dissociative type reactions. Symptoms for most trauma survivors could take several months or years to emerge. Another sign of distress is if the individual is reckless or engages in a self-harming, self-destructive behavior which is not their norm.

As mentioned earlier, I was diagnosed with Combat-related PTSD. The symptoms started six months after returning home. In 2005, the idea of PTSD was fairly new, and the military saw it as an excuse to get out of deployments or even the military. Now looking back, one could absolutely see PTSD symptoms in all of us. Some chose to self-medicate with alcohol vs. asking for help. Unfortunately, out of the 51 members deployed to Iraq, nine have killed themselves, and 39 have left the military. One has to think if PTSD was more accepted and openly treated in 2005, how many would not have killed themselves and still be in the military today?

Anxiety Related Disorders

30% of the population experiences anxiety symptoms at one point in their life. Anxiety is having an uncontrolled fear that interrupts or overtakes one's livelihood. The DSM-5 recognizes 12 separate anxiety disorders, and out of those 12-anxiety disorders, I was diagnosed with two, anxiety and panic

disorder. Generalized anxiety disorder is anxiety that lingers for at least six months or longer. Individuals are more likely to suffer from anxiety disorders when they have unrealistic high standards, persistent negative thoughts when stressed, and had parents who were overly strict, too critical, or abusive. Parents play a large role in causing childhood anxiety disorders. Studies have shown females are more likely than males to be diagnosed with panic disorders. Genetic predisposition, neurotransmitter GABA level deficiencies, and respiratory system abnormalities are all biological issues affected by anxiety disorders.

Panic disorder is described as having a sudden onset of intense fear and not knowing why, nor having any warnings beforehand. Others have described a feeling as if they are out of control and sense impending doom. While having a panic attack, the body could experience any of the following reactions; severe palpitations, extreme shortness of breath, chest pains, trembling, sweating, dizziness, and feeling of helplessness. The onset of a panic disorder usually occurs in the late teens to early adulthood.

As with generalized anxiety, females are more likely to be diagnosed with a panic disorder than males. Researchers have studied the connections between neurotransmitters and panic disorders, claiming there is a genetic predisposition between the two. Studies have shown there are chemical reactions when individuals suffer from panic disorders. Lactate levels have known to increase as well as has norepinephrine and serotonin levels.

I never realized growing up I suffered from anxiety and panic attacks. I thought racing thoughts and spinning rooms were a normal part of life. In

researching information for this assignment, I learned unrealistic standards was a huge factor in having panic attacks. I hated making mistakes since they made one vulnerable and completely exposed to the world. Since learning about panic disorders, I realized how my own body reacts. When having an attack or anxiety, my blood sugar drops to extremely low levels, my heart feels like it is going a million beats per second, and body tremors are unreal. I am learning, the more I educate myself about the diagnosis, the easier it is to accept the diagnosis.

Major Depressive Disorders.

Depression is commonly felt by most people. People have experienced unhappiness at some point in their lives. A researcher concluded 30% of individuals, 13 and older, have experienced a depressive episode in any given year (Kessler & others, 2012). The distinctive elements of depression are the absence of joy, low energy, and a high level of sadness. Chemical imbalance is tied to depression and it ranges from lower levels of neurotransmitters such as Acetylcholine, Dopamine, GABA, Norepinephrine, and Serotonin. Increased cortisol stress hormone levels have also shown to increase levels of depression.

What makes that unhappiness a major depressive disorder (MDD) is when it turns in apathy, hopelessness, feeling worthless, recurring suicidal thoughts, sleep problems, and poor concentration which last longer than two weeks. The biological factors related to MDD are genes, the brain, and neurotransmitters. The prefrontal cortex is shown to have lower activity levels which can lead to low pleasure receptors and self-generated rewards. Higher levels of stress can lead to MDD because of the increasing negative

self-talk. When treating depression, stress is often looked at for cognitive misrepresentations of self-worth.

I have lived with some form of depression for most of my life. When I was younger, I was able to run to lessen my depressive tendencies. However, the injuries I received in the military have made running in itself more stressful feeding my depression. While learning more cognitive techniques and having a new interest in psychology, I have become more fascinated with all the different diagnoses.

I live in a black and white world, meaning things happen for a reason. This idea of a gray area is hard to fathom and even harder to live with. The more I study and read into the causes of depression, anxiety, and insomnia the more I am understanding this gray area, which has allowed me to accept depression. Even though I have major depression, I take every minute I feel worth something as a win and step farther away from the reoccurring thoughts in my head. I may only be one minute a day, but with major depression I take it.

When looking at depression, the biggest issues is perception. If someone has suicidal thoughts, it is their thoughts. If someone looks happy on the outside, one would not think to look on the inside and see that suicidal. It is a major issue in communities and social groups. Society does not want to hear about depression. The statements of get over it and just deal with it, is what causes the thoughts to stay within and the appearance of happiness to show.

Society needs to be acceptant and sincere with individual suffering from mental health issues. Once I had people willing to listen, I was able to accept

the fact I was diagnosed with major mental health issues and was more willing to live it.

Attention-deficit Hyperactive Disorder.

In 2016, the CDC estimated 5.7 million children, ages 6 - 17, were diagnosed with attention deficit hyperactivity disorder, ADHD. Approximately two-thirds of these children will continue to have symptoms as an adult.

ADHD is a disorder where individuals may struggle to pay attention, control impulsive behaviors, and are excessively overactive. The behavior in of itself is normal. However, individuals are diagnosed when the behavior is not outgrown. A child or adult with ADHD will show the following traits; daydreaming, forgetful, fidgety, talkative, makes careless mistakes or takes unnecessary risks, impulsive, impatient, and has difficulty getting along with others.

After receiving the diagnosis of PTSD, the psychiatrist was asked to help figure out why I was having issues with staying focused, fidgety all the time, and had impulsivity issues. Getting through the classes or finishing the homework assignments was not happening. To leave the program the classes and homework was a requirement. During the day, I would daydream, have day terrors, or just completely zone out. Work was the same way, I made careless mistakes, was super talkative but did not make any sense, was impatient and would interrupt others because I could not wait for them to finish. I was all over the place, starting projects but not focused enough to finish them. Before struggling with PTSD, I was spot on and had everything organized. Even after completing the program at Strong Hope

and being on medication, I catch myself doing the same thing and struggling to focus.

After telling my mom I was diagnosed with ADHD, she broke down crying and told me she was diagnosed with the same disorder. We have the same issues with learning and staying focused on tasks. She told me about the skills she learned in order to succeed to the level she was at before retiring. When I was younger, we would laugh at the lists my mom had all over the house. The lists were to help her stay on task, and now I do the same thing, making lists to stay on task.

Sleep Disorder.

At night, our body cycles through the different sleeping stages to help restore the body. REM sleep improves memory and mood. Light sleep promotes mental and physical restoration. Deep sleep helps with physical recovery and other aspects related to memory and learning. Lack of sleep causes undue stress and has a negative impact on our bodies and brain functions. The symptoms of sleep deprivation somewhat mirror the symptoms of ADHD, with the lack of focus to stay on task, fidgety, impulsivity, and irritability.

When discussing the different stages of sleep with respect to PTSD, REM sleep is seen to be shorter and is encountered earlier within the sleep pattern.

Insomnia is the inability to sleep, which has been associated with PTSD. Insomnia is diagnosed when individuals have a prolonged problem not being able to either fall asleep, stay asleep, waking up without the ability to fall

back to sleep, or generalized tiredness during the day. A major difference between PTSD sufferers, normal sleepers, and insomniacs is sleep avoidance versus sleep deprivation. Patients suffering from PTSD and sleep disorders have found success using cognitive-behavioral treatments, CBT, or Imagery Rehearsal Therapy, IRT. IRT decreases undesirable memories within the nightmares and replaces the negative with pleasant thoughts.

With the number of war zone deployments, I have completed, I struggle with insomnia. While talking with counselors and psychiatrist, we worked on both CBT and IRT techniques to increase the amount of sleep I get each night. We have explored different ways to improve my REM sleep. When exploring REM sleep and its association with PTSD, REM has a shorter duration and is encountered earlier within the sleep pattern. The ways I have attempted to improve my sleep is trying to use consistency and relaxation techniques, such as muscle tension and 7-4-8 breathing technique.

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