

# Post traumatic stress disorder assignment



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Post Traumatic Stress Disorder Post traumatic stress disorder (PTSD) is an emotional illness that is classified as an anxiety disorder and usually develops as a result of a frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid people, places, or other things that remind them of the event, and are extremely sensitive to normal life experiences.

Virtually any trauma may cause PTSD. Such events often include either experiencing or witnessing a severe accident or physical injury, receiving a life-threatening medical diagnosis, being the victim of kidnapping or torture, exposure to war combat or to a natural disaster, exposure to a terrorist attack, being the victim of rape, mugging, robbery, or assault, enduring physical, sexual, emotional, or other forms of abuse.

Although the diagnosis of PTSD currently requires that the sufferer has a history of experiencing a traumatic event as defined here, people may develop PTSD in reaction to events that may not qualify as traumatic but can be devastating life events like divorce or unemployment. Although this condition has likely existed since human beings have endured trauma, PTSD has only been recognized as a formal diagnosis since 1980.

However, it was called by different names as early as the American Civil War, when combat veterans were referred to as suffering from "soldier's heart." In World War I, symptoms that were generally consistent with this syndrome were referred to as "combat fatigue." Soldiers who developed such symptoms in World War II were said to be suffering from "gross stress

reaction,” and many troops in Vietnam who had symptoms of what is now called PTSD were assessed as having “ post-Vietnam syndrome. ” PTSD has also been called “ battle fatigue” and “ shell shock”.

Statistics regarding this illness indicate that approximately 7%-8% of people in the United States will likely develop PTSD in their lifetime, with the lifetime occurrence in combat veterans and rape victims ranging from 10% to as high as 30%. Somewhat higher rates of this disorder have been found to occur in African Americans, Hispanics, and Native Americans compared to Caucasians in the United States. Some of that difference is thought to be due to a tendency for individuals from minority ethnic groups to blame themselves, have less social support, as well as differences between how ethnic groups may express distress. Other important facts about PTSD include the estimate of 5 million people who suffer from PTSD at any one time in the United States and the fact that women are twice as likely as men to develop PTSD. As evidenced by the occurrence of stress in many individuals in the United States in the days following the 2001 terrorist attacks, not being physically present at a traumatic event does not guarantee that one cannot suffer from traumatic stress that can lead to the development of PTSD.

PTSD statistics in children and teens reveal that up to 40% have endured at least one traumatic event, resulting in the development of PTSD in up to 15% of girls and 6% of boys. Up to 100% of children who have seen a parent killed or endured sexual assault or abuse tend to develop PTSD, and more than one-third of youths who are exposed to community violence will suffer from the disorder. Although not all individuals who have been traumatized

develop PTSD, there can be significant physical consequences of being traumatized.

For example, research indicates that people who have been exposed to an extreme stressor sometimes have a smaller hippocampus than people who have not been exposed to trauma. This is significant in understanding the effects of trauma in general and the impact of PTSD, specifically since the hippocampus is the part of the brain that is thought to have an important role in developing new memories about life events. Also, whether or not a traumatized person goes on to develop post traumatic stress disorder; they seem to be at higher risk for use of cigarettes, alcohol, and marijuana.

Untreated PTSD can have devastating consequences for sufferers' functioning and relationships, their families, and for society. Symptoms in women with PTSD who are pregnant include having other emotional problems, poor health behaviors, and memory problems. Women who were sexually abused at earlier ages are more likely to develop PTSD. Babies who are born to mothers who suffer from this illness during pregnancy are more likely to experience a change in at least one chemical in their body that makes it more likely that the baby will develop PTSD later in life.

Individuals who suffer from this illness are at risk of having more medical problems. Emotionally, in children and teens, PTSD can have significantly negative effects on their social and emotional development, as well as on their ability to learn. Diagnosing PTSD can present a challenge for professionals since sufferers often come for evaluation of something that

seems to be unrelated to that illness at first. Those symptoms tend to be physical complaints, depression, or substance abuse.

Also, PTSD often co-occurs with other anxiety disorders, manic depression, or with eating disorders. Treatments for PTSD usually include psychological and medical interventions. Providing information about the illness, helping the individual manage the trauma by talking about it directly, and teaching the person ways to manage symptoms of PTSD are the usual techniques used in psychotherapy for this illness. Teaching people with PTSD practical approaches to coping with what can be very intense and disturbing symptoms has been found to be another useful way to treat the illness.

Specifically, helping sufferers learn how to manage their anger and anxiety, improve their communication skills, and use breathing and other relaxation techniques can help individuals with PTSD gain a sense of mastery over their emotional and physical symptoms. Medications that are usually used to help PTSD sufferers include serotonergic antidepressants (SSRIs), like fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil). Individuals with PTSD are much less likely to experience a relapse of their illness if antidepressant treatment is continued for at least a year.

SSRIs are the first group of medications that have received approval by the U. S. Food and Drug Administration for the treatment of PTSD. Treatment guidelines provided by the American Psychiatric Association describe these medicines as being particularly helpful for people whose PTSD is the result of trauma that is not combat-related. The main reason that I decided to choose

post traumatic stress disorder for this assignment is due to the fact that my husband is suffering from PTSD.

He works for a major milk company and drives a delivery truck. One morning in March of this year, he was loading his truck at about 4: 15 AM and getting ready to begin delivering milk. He was robbed and was assaulted by two men with knives. He suffered many knife wounds, broken ribs, head trauma, and many bruises. Luckily he was okay. All of the physical wounds healed. He was left with a 25% hearing loss in his right ear. On June 20th, he lost the sight in his right eye. This is almost three months after the robbery.

To date, we have seen many, many eye specialists, had an MRI and CT scan, gone through neurological testing, and the doctors can't seem to find anything medically wrong with his eye. This brings the doctors to the conclusion that the vision loss could be caused by post traumatic stress disorder. It is amazing to me the ways that the brain can react to a traumatic event. We have not begun treatment for this yet, but after researching PTSD, I think that it is very possible that my husband is suffering from it. In all of the research that I have done, I haven't found anything that says that PTSD can cause vision loss.

I have, however, read that the brain can react to traumatic events in many different ways. I guess it is possible that this is just the way that his brain has chosen to deal with the trauma that he suffered. I assume that this diagnosis is good news because if there is no medical reason for the vision loss, then there is no reason to think that his vision won't return at some point. All of

the eye specialists seem to think that his vision will return, but there is also a good chance if it does return, he will lose it again if it is stress related.

I am anxious to see what a psychologist thinks about this diagnosis.

Hopefully there will be treatments that will help with the stress that he is dealing with as a result of the robbery, as well as the vision loss. He is completely opposed to the idea of treating with medication. But, if that is what is decided to be best, then we will have to investigate this option further. I learned many helpful facts while writing this paper and also gained a much better understanding and sympathy for the people that suffer from this illness.