

Is there a link between post traumatic stress syndrome and genetics

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Post-Traumatic Stress Disorder or commonly known as PTSD by clinicians is classified as an anxiety disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR). As the name suggests, the disorder is a prolonged stress response following a highly traumatic incident that shatters an individual's sense of security, which further poses a threat of injury or death such as rape, natural calamity, war, prison stay, domestic abuse or assault.

The symptoms of PTSD can occur at any age however, there may be a huge distinction in the severity of the symptoms experienced by an individual and there have been copious amounts of research in order to explain this aspect of the disorder in various psychological paradigms. Researchers have also hypothesized that there may be a genetic diathesis involved in determining an individual's susceptibility to developing PTSD. A twin study conducted on Vietnam veteran further shows a significant genetic contribution but the evidence cannot be deemed as completely reliable. (Segman & Shalev, 2003)

In order to substantiate the claims, the individual needs to exhibit PTSD symptoms that can only occur following the individual's exposure to a traumatic incident. However, researchers still managed to gather important data by observing similar brain activities and hormonal levels amongst family members that can still be used to form a hypothesis that genetic make-up does play a huge role in regulating the Serotonin levels that controls the severity of the symptoms experiences by the individual, as a result genetics also act as a barometer to predict the risk and resilience in

the individual. (Segman & Shalev, 2003)

In modern nursing, it is important for the health care providers to understand the exact nature of the disorder and since, genetics is an extraneous variable that regulates the severity of the disorder it will further enable the clinicians to understand the exact situation of the client and establish mutual feelings of equanimity and empathy to make the client understand that their situation is not their fault and it can be overcome with strict adherence to the treatment regimen (Watson, 2008). The explanations provided by the researchers are merely hypotheses as of now but the subject is still undergoing intensive research. This will further enhance the understanding of genetic pathways and enable clinicians and psychological professionals to discover tangible evidence that elaborates upon the role of gene in the development and prognosis for PTSD.

Reference

Segman, R. H. & Shalev, A. Y. (2003). Genetics of Post-Traumatic Stress Disorder. US National Institute of Health. Web. <http://www.ncbi.nlm.nih.gov/pubmed/15079143>

Watson, J. (2008). Nursing: The philosophy and science of caring. University Press of Colorado.