



Stress disorder can affect all aspects of health

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Post-Traumatic Stress Disorder (PTSD) is becoming more and more common in our community as Veterans return from wars in Iraq and Afghanistan, as recognition by mental health practitioners increases, and as victims of abuse and rape come forward to report their traumatic experiences. PTSD has been diagnosed in those ranging from very young to older seniors.

How PTSD affects our lives, as patients and loved ones, may be obvious or hidden, and short or longstanding. However, help is available in our area although there is no cure for PTSD.

Post-traumatic stress disorder is a chronic anxiety condition resulting from life-threatening trauma with experiences of horror, fear and feelings of helplessness. Abuse (physical, sexual), neglect, war and natural disasters are frequently the sorts of trauma associated with PTSD.

While not all who are exposed to these go on to develop PTSD, upwards of 15% of Veterans now returning from the wars in the Middle East are reported to suffer with the symptoms.

For civilians and Veterans, repeated experiences of trauma increase the chances that one may suffer with PTSD.

Only after the war in Vietnam did PTSD become recognized as an anxiety disorder. Nevertheless, countless people for millennia likely have suffered with the problems once termed shell shock, stress response syndrome, or situational disorders, among others.

According to DSM-IV TR, the current, psychiatric-classification standard, beyond the avoidance of situations or tasks which may trigger memories of the trauma, re-experiencing the trauma through nightmares, sensations of reliving

the trauma, and uncomfortable thoughts are some features of PTSD.

Persons suffering with this disorder often are very irritable or have dramatic mood changes, experience poor sleep, are easily distracted, get easily startled, and are on the lookout for further trauma to occur with some expecting not to live a full life, get married, or raise a family. Many persons complain of memory problems, too.

It is not obvious to a person that he may be suffering with Post-traumatic stress disorder in the same way that experiencing fatigue may be (but is not necessarily) due to a physical disease.

One may feel as if something is not right but believe that the symptoms are normal for what was experienced. Or, that problems should be handled without help from others or that complaining about the difficulties represents a flaw in his character or a lack of strength. Important to note is that of the various symptoms, avoiding discussing the trauma itself may prevent practitioners from identifying the anxiety experienced by girls, boys, women, and men.

While not everyone who had experienced trauma develops PTSD, those who do likely will experience life-long difficulties. Not only does the anxiety seem to impair relationships with co-workers, friends, family and spouses/significant others, but isolation from people in general, avoidance of shopping, going to doctor visits, and socializing all impair health and well-being beyond the immediate anxiety of PTSD.

Diseases such as high blood pressure, high cholesterol, diabetes, or alcohol and drug abuse or dependence may go untreated. Drugs and alcohol may be used in attempts to self-treat PTSD. Diets may

be very unhealthy. Further, studies also suggest that PTSD may well predispose people to the development to Alzheimer's Dementia through a physical effect on the brain.

Once recognized, discussion of trauma and anxiety with a family doctor, nurse, internist, counselor, or psychiatrist becomes important and could result in treatment for PTSD. Generally, the appropriate treatment may reduce or eliminate some symptoms and improve one's ability to work, relate to others, and move forward with living. PTSD treatment usually involves counseling, medication, or a combination of both, with the best approach to be determined by the patient talking with treating practitioners.

Treatment is available in our area for both civilians and Veterans. Cognitive behavioral therapy and antidepressant medications are thought to be the first-line approaches, depending on some other factors and preference of the individual. The addition of group therapy or Eye-Movement Desensitization and Reprocessing may be helpful. Other sorts of medications also may help alleviate remaining nightmares, flashbacks, hallucinations, trouble sleeping, moodiness, and concentration/memory problems.

The bottom line: taking the first step to talk about having experienced or witnessed life-threatening events may begin a process of feeling much better.

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