

Scientia Research Library

ISSN 2348-0416 USA CODEN: JASRHB

Journal of Applied Science And Research, 2022, 10 (4):8-11

(http://www.scientiaresearchlibrary.com/arhcive.php)

POST TRAUMATIC STRESS DISORDER Ms Prof. Josephine Cynthia.P.

Professor, T. John college of Nursing, Bangalore.

ABSTRACT

Definition: It's an anxiety disorder with flashbacks of the trauma. Some people after a trauma experience this disorder. Types: There are three types of PTSD, acute, chronic and delayed. Symptoms: Re-experiencing the traumatic event, hyper vigilance, and numbness Treatment: psychopharmacology and psychotherapies.

KeyWords:PTSD,Flashbacks,Hypervigilance.

INTRODUCTION

Post Traumatic Stress Disorder is an anxiety disorder described by the DSM – IV as the development of characteristic symptoms following exposure to extreme traumatic stressor involving a personal threat to personal integrity or to the physical integrity of others. It is also referred as battle fatigue syndrome. Most people who have a traumatic event will experience shock, anger, fear and even guilt. All these reactions are common for most people and it go away over time. But for a person with PTSD, all these symptoms continue and even increase over time. This disorder can occur at any age. About 6 out of every 100 people will have PTSD at some time. 1 – 14% develop PTSD from a few weeks to months. But rarely exceeds 6 months. In India, the prevalence varies from a lesser percentage to as high as 70%.

Definition:

PTSD is a set of reactions to an extreme stressor such as intense fear, helplessness, or horror that leads individuals to relieve the trauma.

Traumatic events such as natural disasters, war, rape, assault, terrorist attacks, sudden death of loved ones can cause this disorder.

MATERIALS AND METHOD

Classification:

- Acute: Symptoms less than 3 months
- Chronic: Symptoms 3 months or more
- Delayed: Onset of symptoms at least 6 moths after the trauma

Diagnostic criteria: (ICD 10 F 43.1)

Evidence of trauma, Onset within six months of trauma, repetitive recollection of the event, numbing of feeling, daytime imagery, avoidance of stimuli that might arouse recollection of trauma, emotional detachment, Nightmares.

Predisposing Factors:

- The traumatic experience: Severity and duration of the stressor, Exposure to death, Numbers affected by life threat, location where the trauma was experienced.
- The Individual: Degree of ego strength, effectiveness of coping resources, presence of preexisting psychopathology, temperament etc
- The recovery environment: Availability of social support, cultural influences, the attitudes of society etc
- Negative reinforcement
- The cognitive appraisal of an event.

Symptoms:

- Re-experiencing the traumatic event
- A sustained high level of anxiety
- A general numbing of responsiveness
- Hyper vigilance
- Flashbacks
- Nightmares of the event
- Intense distress when reminded of the event
- Physical reactions such as pounding of heart, muscle tension, rapid breathing, sweating
- Inability to remember certain aspects of the trauma
- Depression
- Painful guilt feelings or self blame
- Substance abuse
- Insomnia
- Outbursts of anger
- Restricted range of affect
- Exaggerated startle response
- Difficulty concentrating

Symptoms in children:

- Sleep disturbance and nightmares
- Losing previously acquired skills
- Repetitive play related to the trauma
- Fear of being separated from parents

RESULT AND DISCUSSION

Treatment modalities:

- 1. Psychopharmacology:
- Anti depressants: Tricyclic antidepressants, Monoamine oxidase inhibitors, Selective serotonin reuptake inhibitors for depression.
- Anxiolytics: Benzodiazepines such as Alprazolam, clonazepam to reduce anxiety and startle response.
- Mood stabilizers: Lithium carbonate, Valporic acid to reduce numbing behaviours, intrusive symptoms and aggression.
- Anti hypertensive: The beta blockers propranolol reduces nightmares, insomnia, anger bursts.
- 2. Individual psychotherapy
- 3. Cognitive therapy
- 4. Behaviour therapy
- 5. Group therapy
- 6. Family therapy

CONCLUSION

It is an anxiety disorder, which is highly disabling. The past is always present in the person's mind. This causes impairment in social, occupational or other areas of functioning. Medication with other psychotherapies will enable the person to overcome this disorder.

REFERENCE

- [1] Mary C Townsend, "Psychiatric Mental Health Nursing", 5th edition, **2007**, Jaypee Brothers Medical Publication, 544 -550.
- [2] Dr. K. Lalitha, "Mental Health And Psychiatric Nursing", 1st edition, **2010**, V.M.J book house, 380-386.
- [3] Wiscarz Stuart Gail, "Principle and practice of psychiatric nursing", 8th edition, **2005**, Mosby publication, 430-431.
- [4] Fontaine Karen Lee, "Mental Health Nursing", 5th edition, **2009**, Pearson Education, 290-291.
- [5] Magruder KM, Frueh BC, Knapp RG, et al. Prevalence of posttraumatic stress disorder in Veterans Affairs primary care clinics. Gen Hosp Psychiatry. **2005**; 27(3):169–79.

[6] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington, DC: **1994**.