

# Post Traumatic Stress Disorder

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The recent plight of the trapped Chilean miners raised public and professional awareness of the potential psychological effects of trauma. Traumatic events are so shocking to us because they undermine our sense that life makes sense and is safe. Therefore even apparently minor traumatic events can precipitate PTSD if the individual perceives the threat to their own life or the lives of others to be significant enough.

Responses to trauma can occur when an individual experiences the stress and anxiety of severe pain, fear and threat of physical and psychological injury. Importantly, this can be either as the victim or the witness.

Possible sources of trauma include events and experiences such as rape, road traffic accidents, assault, military conflicts, emotional, physical or sexual abuse, bullying, medical procedures or even receiving extremely bad news.

It is worth remembering that there are 3 broad types of response to trauma and PTSD sits within this picture.

## Acute Stress Reaction (first 2-3 days)

Following a traumatic event an individual may experience an Acute Stress Reaction in which they initially, usually within minutes, experience disorientation, confusion and detachment followed by either dissociation into a trance like state or acute anxiety and panic. This can last for 2-3 days.

## Acute Stress Disorder (first 4 weeks)

In form this is like a brief period of PTSD and sufferers usually experience severe anxiety, dissociation, depression and amnesia and may relive the trauma through flashbacks or in nightmares. Symptoms can last for 2 days to 4 weeks and occur within the first 4 weeks of the trigger event.

## Acute Post Traumatic Stress Disorder (after 4 weeks)

PTSD is a form of severe anxiety disorder and occurs after the first 4 weeks following exposure to a traumatic event. PTSD is less common than acute stress reactions or disorder, occurring in about 8-10% of individuals exposed to traumatic events.

Its features are:

- Symptoms develop after 4 weeks and within 1 year following exposure to a traumatic event as victim or witness
- Symptoms last for more than 1 month
- Symptoms involve a re-experiencing of aspects of the trauma through flashbacks, nightmares etc.
- Avoidance of any possible reminders of the trauma and a sense of emotional numbing
- Signs of increased arousal such as anxiety, anger, hypervigilance etc
- Signs of significant impairment of social or occupational or normal functioning

Other sub forms of PTSD include Chronic PTSD (symptoms last longer than a year) and Delayed Onset PTSD (onset of symptoms commences after 1 year).

## Treatment

Treatment is available now for these responses to traumatic stress. They include general emotional support from family friends or professionals, counselling, specific psychological therapies such as cognitive behavioural therapy and specific medications such as beta-blockers, tranquillizers and antidepressants. EMDR, a form of rapid eye movement desensitisation and reprocessing treatment, is believed by many to assist in the re-programming and re-organization of traumatic memories.

## Case Vignette 1

Sally was travelling by train across the Australian outback when it collided with a road truck and derailed. She remembers looking out of the window after the impact and seeing crumpled train and rail truck carriages and the bodies of the injured scattered around the debris.

She suffered from both an acute stress disorder and then PTSD with symptoms of anxiety, nightmares, depression, hypervigilance and flashbacks. She was successfully treated with antidepressant medication, cognitive behaviour therapy and counselling.

## Case Vignette 2

James was driving his young son to school when he witnessed two cars collide in front of him at a roundabout. At the time of impact one of the vehicles slewed across the road heading straight for James' car. Luckily it stopped short. Neither James nor his son was injured, their car was untouched and they were able to continue their journey.

Five weeks later James began to develop symptoms of generalised anxiety along with hypervigilance. He began to experience flashbacks and panic attacks when driving. He developed avoidant behaviour and started alternative road routes in order to avoid crossroads.

He was treated with antidepressants, cognitive behaviour therapy, anxiety management and EMDR. He made a full recovery. Of note is the fact that James was only a witness to an accident, but he perceived there to be a severe threat to his safety and his son's life at the time. □



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He strongly believes in the vital importance of communicating psychological knowledge and principles in everyday terms and regularly leads seminars on building self-confidence and self-esteem, emotional health and maximising our personal potential for educational and corporate organisations at home and abroad.

He is frequently sought after by the media for expert comment on a wide range of psychological issues and participates regularly in radio and television programmes and documentaries. He is also the resident psychiatric expert on STV's Hour Show programme.

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