POST-TRAUMATIC STRESS DISORDER (PTSD)

NIH National Institute of Mental Health

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WHAT IS POST-TRAUMATIC STRESS DISORDER, OR PTSD?

PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are no longer in danger.

WHO DEVELOPS PTSD?

Anyone can develop PTSD at any age. This includes war veterans as well as survivors of physical and sexual assault, abuse, car accidents, disasters, terror attacks, or other serious events. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden or unexpected death of a loved one, can also cause PTSD.

According to the National Center for PTSD, about seven or eight of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men. Some traumas may put an individual at a higher risk and biological factors like genes may make some people more likely to develop PTSD than others.

WHAT ARE THE SYMPTOMS OF PTSD?

Symptoms usually begin within 3 months of the traumatic incident, but sometimes they begin later. For symptoms to be considered PTSD, they must last more than a month and be severe enough to interfere with functioning in relationships or work. The course of the illness varies from person to person. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic (ongoing).

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one ***re-experiencing symptom***
- At least one ***avoidance symptom***
- At least two ***arousal and reactivity symptoms***
- At least two ***cognition and mood symptoms***

RE-EXPERIENCING SYMPTOMS:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. They can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

AVOIDANCE SYMPTOMS:

- Staying away from places, events, or objects that are reminders of the experience
- Avoiding thoughts or feelings related to the traumatic event

Things or situations that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

AROUSAL AND REACTIVITY SYMPTOMS:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping, and/or having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by something that brings back memories of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

COGNITION AND MOOD SYMPTOMS:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event. These symptoms can make the person feel alienated or detached from friends or family members.

After a dangerous event, it's natural to have some of the symptoms mentioned on previous pages. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect a person's ability to function and are not due to substance use, medical illness, or anything except the event itself, the person might be experiencing PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more anxiety disorders.

DO CHILDREN REACT DIFFERENTLY THAN ADULTS?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For more information, see the NIMH booklet series, "Helping Children and Adolescents Cope with Violence and Disasters." These are available on the NIMH website, **www.nimh.nih.gov**.

WHY DO SOME PEOPLE DEVELOP PTSD AND OTHER PEOPLE DO NOT?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most will recover quickly without intervention.

Many factors play a part in whether a person will develop PTSD. Some of these are risk factors that make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of developing the disorder. Some of these risk and resilience factors are present before the trauma and others become important during and after a traumatic event.

RISK FACTORS for PTSD include:

- Living through dangerous events and traumas
- Getting hurt
- Seeing people hurt or killed
- Childhood trauma
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

RESILIENCE FACTORS that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one's own actions in the face of danger
- Having a coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of various risk and resilience factors including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

HOW IS PTSD TREATED?

It is important for anyone with PTSD to be treated by a mental health professional who is experienced with PTSD. The main treatments are psychotherapy ("talk" therapy), medications, or both. Everyone is different, and PTSD affects people differently, so a treatment that works for one person may not work for another. People with PTSD need to work with a mental health professional to find the best treatment for their symptoms.

If someone with PTSD is living through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal. Research shows that support from family and friends can be an important part of recovery.

PSYCHOTHERAPY

Psychotherapy is "talk" therapy. There are many types of psychotherapy but all of them involve talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group and usually lasts 6 to 12 weeks, but can take more time.

Many types of psychotherapy can help people with PTSD. Some types target PTSD symptoms while others focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person's needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One type of psychotherapy is called cognitive behavioral therapy, or CBT. CBT can include:

Exposure therapy. This therapy helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses mental imagery, writing, or visits to the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.

Cognitive restructuring. This therapy helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about what is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

Other talk therapies teach people helpful ways to react to frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms.

MEDICATIONS

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA-approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website **(http://www.fda.gov/)** for the latest information on patient medication guides, warnings, or newly approved medications.

HOW CAN I HELP A FRIEND OR RELATIVE WHO HAS PTSD?

If you know someone who may be experiencing PTSD, the first and most important thing you can do is to help him or her get the right diagnosis and treatment. You may need to help the person make an appointment and then visit the doctor together. Encourage the person to stay in treatment, or to seek different treatment if symptoms don't get better after 6 to 8 weeks.

TO HELP A FRIEND OR RELATIVE, YOU CAN:

- Offer emotional support, understanding, patience, and encouragement.
- Learn about PTSD so you can understand what your friend is experiencing.
- Listen carefully. Pay attention to your relative's feelings and the situations that may trigger PTSD symptoms.
- Share positive distractions such as walks, outings, and other activities.
- Remind your friend or relative that, with time and treatment, he or she can get better.

Never ignore comments about death or wanting to die. Contact your friend's or relative's therapist or doctor for help or call the National Suicide Prevention Lifeline (1–800–273–8255) or 911 in an emergency.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with their mental health professional. Treatment should provide people with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

HOW CAN I HELP MYSELF?

It may be very hard to take that first step to help yourself. It is important to realize that although it may take some time, with treatment, you can get better.

TO HELP YOURSELF:

- Talk with your doctor about treatment options.
- Engage in mild physical activity or exercise to help reduce stress.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities, and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative.
- Tell others about things that may trigger symptoms.
- Expect your symptoms to improve gradually, not immediately.
- Identify and seek out comforting situations, places, and people.

WHERE CAN I GO FOR HELP?

If you are unsure of where to go for help, ask your family doctor, visit NIMH's Help for Mental Illnesses page **(www.nimh.nih.gov/findhelp),** or contact someone from one of the groups listed below:

- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Mental health programs at universities or medical schools
- State hospital outpatient clinics
- Family services, social agencies, or clergy
- Peer support groups
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

WHAT IF I OR SOMEONE I KNOW IS IN CRISIS?

If you are thinking about harming yourself, or know someone who is, get help immediately:

- In a crisis, an emergency room doctor can provide temporary help and can tell you where and how to get further support.
- Call 911 or go to a hospital emergency room or ask a friend or family member to help you do these things.
- Call the toll-free, 24-hour National Suicide Prevention Lifeline at 1–800–273–TALK (1-800-273-8255); TTY: 1–800–799–4TTY (4889) to talk to a trained counselor.
- Call your doctor.
- Do not leave the suicidal person alone.

NEXT STEPS FOR PTSD RESEARCH

In the last decade, researchers have focused on understanding the mental and biological foundations of PTSD. They have also been looking at why people experience a range of reactions to trauma. NIMH-funded researchers are working:

- With data from trauma patients in urgent care settings to better understand the changes that occur in individuals who do not recover compared to those whose symptoms improve naturally
- To understand how fear memories are affected by learning, changes in the body, or even sleep
- On preventing the development of PTSD soon after trauma exposure
- To identify what factors determine whether someone with PTSD will respond well to one type of intervention or another, aiming to develop more personalized, effective, and efficient treatments

As gene research and brain imaging technologies continue to improve, reseachers are more likely to be able to pinpoint when and where in the brain PTSD begins. This understanding may then lead to better targeted treatments to suit each person's own needs or even prevent the disorder before it causes harm.

For more information on PTSD research, please see the PTSD Clinical Trials website **(http://www.nimh.nih.gov/health/trials/post-traumatic-stress-disorder-ptsd.shtml).**

FOR MORE INFORMATION ON PTSD

- Visit the National Library of Medicine's: MedlinePlus **https://www.nlm.nih.gov/medlineplus/**
- Learn about joining a research study at **www.nimh.nih.gov/health/trials/index.shtml**
- Search for information on clinical trials for PTSD at **https://clinicaltrials.gov** (search PTSD)
- Find additional information from NIMH online or receive paper brochures through the mail. You can order free NIMH publications online at **www.nimh.nih.gov**
- For the most up-to-date information on this topic, please check the NIMH website, **www.nimh.nih.gov**

If you do not have Internet access and would like more information on PTSD, please contact the NIMH Information Center at 1–866–615–6464

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FOR MORE INFORMATION

For more information on conditions that affect mental health, resources, and research, go to MentalHealth.gov at www.mentalhealth.gov, or the NIMH website at www.nimh.nih.gov. In addition, the National Library of Medicine's MedlinePlus service **(www.nlm.nih.gov/medlineplus/)** has information on a wide variety of health topics, including conditions that affect mental health.

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