

# Post Traumatic Stress Disorder

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## Key points:

- Introduction
- Epidemiology
- Etiology
- Clinical presentation
- Diagnostic criteria
- Treatment modalities

Posttraumatic Stress Disorder (PTSD) is a psychiatric condition that manifests in individuals who have been exposed to or witnessed traumatic events that can be combat, natural disasters, or interpersonal violence, encompassing a wide array of circumstances perceived as emotionally or physically injurious or life-threatening. Such events may exert profound impacts on mental, physical, social, and spiritual well-being. Examples of traumatic experiences include but are not limited to natural disasters, severe accidents, acts of terrorism, combat situations, instances of sexual violence, historical traumas, domestic abuse, and instances of bullying. Throughout history, PTSD has been referred to by various names, such as "shell shock" during World War I and "combat fatigue" following World War II. However, it is important to recognize that PTSD is not exclusive to combat veterans; it can affect individuals of any ethnicity, nationality, culture, or age group.<sup>1</sup>

This review aims to provide a comprehensive detail of PTSD, including its epidemiology, etiology, clinical presentation, neurobiology, and treatment. PTSD is a prevalent psychiatric disorder, with lifetime prevalence estimates ranging from 6.8% to 9.7% in the general population. However, prevalence rates vary depending on factors such as the type and severity of trauma, demographic characteristics, and comorbidities. PTSD is more common among certain populations, including military personnel, veterans, refugees, and survivors of interpersonal violence.

Women are also more likely than men to develop PTSD, although this difference may be partly attributed to differential exposure to trauma types.<sup>2</sup>

Post-traumatic stress disorder (PTSD) is a condition characterized by a multifaceted etiology, involving a combination of factors. Once established, PTSD often exhibits a chronic and persistent trajectory, leading to increased comorbidity, both physical and mental impairment, and heightened risk of suicidal ideations, even among individuals with only partial symptomatology. Those afflicted with PTSD also demonstrate elevated incidences of violence and substance abuse, particularly alcohol dependence, compared to the general populace. Notably, individuals with PTSD, including military personnel, trauma-exposed civilians, and emergency responders, are more frequently entangled with the criminal justice system. Moreover, pre-existing psychological disturbances or psychiatric disorders significantly heighten the susceptibility to PTSD following traumatic exposure, accentuating the risk of suicidal behaviour. Additionally, familial psychopathology appears to amplify the likelihood of developing PTSD after traumatic events. Consequently, careful consideration is warranted in the selection of individuals for frontline roles, with particular attention to excluding those with pre-existing psychological conditions due to their heightened vulnerability to PTSD.<sup>3</sup>

Individuals with PTSD experience severe symptoms, including flashbacks, anxiety, avoidance behaviours,

and emotional detachment, triggered by reminders of traumatic events. Intrusive memories and avoidance tactics disrupt daily life. PTSD can stem from various traumas, leading to negative mood changes and altered worldviews. Symptoms like irritability, aggression, and reckless behaviour may also manifest. While all PTSD patients share common symptoms, subtypes like externalizing and internalizing traits have been proposed but lack validation in clinical settings. Patients with PTSD may initially present with symptoms such as irritability, aggressive behaviours, recklessness, or self-destructive tendencies, alongside heightened arousal, startle response, concentration difficulties, and sleep disturbances. It is imperative to recognize that these symptoms emerge subsequent to the traumatic event for accurate diagnosis.<sup>4</sup>

The diagnostic criteria for PTSD are outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). To meet the criteria for PTSD, an individual must have been exposed to a traumatic event and experience a specified number of symptoms from each of the four symptom clusters: intrusion, avoidance, negative alterations in mood and cognition, and alterations in arousal and reactivity. Symptoms must persist for more than one month and cause clinically significant distress or impairment in functioning.<sup>5</sup>

Various treatment modalities are available for PTSD, including psychotherapy, pharmacotherapy, and complementary and alternative approaches. Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the first-line pharmacological treatments for PTSD. Evidence-based psychotherapies for PTSD include cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and prolonged exposure therapy (PE). Additionally, complementary and alternative approaches, such as mindfulness-based interventions, yoga, and acupuncture, may complement traditional treatments and improve outcomes.<sup>6</sup>

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