

**Posttraumatic Stress Disorder (PTSD)**

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**PTSD: Learning Objectives**

- What is PTSD, including prevalence, causes, etc.?
- Signs/symptoms of PTSD across the lifespan
- Behavioral and pharmaceutical treatment for PTSD
- Role of the primary care clinician in PTSD management

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**PTSD: Definition**

– PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

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### PTSD: Prevalence (Across the Lifespan)

- PTSD in Children and Adolescents
  - 5% of adolescents have met criteria for PTSD in their lifetime.
  - Prevalence is higher for girls than boys (8.0% vs. 2.3%) and increase with age .
  - Current rates (in the past month) are 3.9% overall .
  - There are no definitive studies on prevalence rates of PTSD in younger children in the general population.
- Risk Factors for PTSD
  - Intensity of exposure (directly witnessing event vs peripheral exposure)
  - Female gender
  - Previous trauma exposure
  - Pre-existing psychiatric disorders
  - Parental psychopathology
  - Low social support

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### PTSD: Prevalence (Across the Lifespan)

- Trauma Exposure in Older Adults
  - In the general population, approximately 70% to 90% of adults aged 65 and up have been exposed to at least one potentially traumatic event during their lifetime .
  - Based on a community sample of older adults, about 70% of older men reported lifetime exposure to trauma; older women reported a lower rate, around 41% .
  - Research attributed the gender differential to combat exposure .
  - The prevalence of current PTSD in adults over 60 ranges from 1.5% to 4%, as reported in several community studies .
  - The lifetime prevalence of PTSD in the general adult population is about 8% (6), with point estimates ranging from 2% to 17% among US military samples .
  - Although many older adults do not meet full criteria for a PTSD diagnosis, they may still exhibit some symptoms. The percentage of older adults with sub-clinical levels of PTSD symptoms ranges from 7% to 15% (8-10).

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### Women and PTSD

- Women are slightly less likely to experience trauma than men, but following a trauma, women are 2x more likely to develop PTSD than men. (10 % vs 4% )
- 22.0% of female OEF/OIF/OND Veterans evaluated at a VA health care facility had a diagnosis of PTSD
- Women are more likely to blame themselves for the trauma experiences than men.
- Women's symptoms are different than men's:
  - Women are more likely to be jumpy and have trouble with emotional regulation, while men feel angry and have trouble controlling their anger.

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## Veterans and PTSD

- 2<sup>nd</sup> most common health problem amongst the veteran population is mental disorders (40%)\*
  - 59,000 with PTSD
  - 39,000 with depressive disorder
  - 9,000 with alcohol dependence
  - 48,000 with drug abuse
  - 4,000 with drug dependence

\*(Veterans Health Administration, Office of Public Health and Environmental Hazards, 2006)

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## PTSD: Signs & Symptoms

- **Reliving the event (also called re-experiencing symptoms).** You may have bad memories or nightmares. You even may feel like you're going through the event again. This is called a flashback.
- **Avoiding situations that remind you of the event.** You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.
- **Having more negative beliefs and feelings.** The way you think about yourself and others may change because of the trauma. You may feel guilt or shame. Or, you may not be interested in activities you used to enjoy. You may feel that the world is dangerous and you can't trust anyone. You might be numb, or find it hard to feel happy.
- **Feeling keyed up (also called hyperarousal).** You may be jittery, or always alert and on the lookout for danger. Or, you may have trouble concentrating or sleeping. You might suddenly get angry or irritable, startle easily, or act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly).

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## PTSD: Common Reactions to Trauma

### *"Normal response to abnormal events"*

- Fear and anxiety easily triggered
- Re-experiencing the trauma via memories, flashbacks, nightmares
- Anger and irritability
- Trouble with attention and concentration
- Hyperarousal/Hypervigilance/Startle Response
- Avoidance (physical, cognitive, emotional)
- Depression/Loss of Interest
- Loss of control
- Guilt/Shame
- Negative Thoughts about self
- Disrupted relationships
- Decreased interest in sex

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## PTSD: Treatment Options

### Psychological/Behavioral

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE) Therapy
- Seeking Safety (Najavits, 2002)

### Psychiatric/Medication

- SSRIs
  - Bupropion
  - Sertraline
  - Paroxetine
- Prazosin

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## PTSD: Cognitive Processing Therapy

- After a trauma, people can struggle with memories and thoughts about their traumatic event.
  - CPT helps patients learn how to handle their distressing thoughts and gain insight and understanding about their trauma and its impact on them.

Four Components of CPT: 4 Components of CPT:

1. Learn about PTSD symptoms
2. Become aware of ones thoughts ("Stuck Points") and feelings
3. Learn skills to challenge and question ones thoughts
4. Understand and evaluate ones beliefs before and after the trauma

[http://www.ptsd.va.gov/public/videos/CPT/cpt\\_dvd.aspx](http://www.ptsd.va.gov/public/videos/CPT/cpt_dvd.aspx)

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## PTSD: Prolonged Exposure Therapy

- Prolonged Exposure Therapy (PE)
  - After a trauma, people can experience distress and anxiety when confronted with memories, thoughts, feelings, and situations that relate to their trauma.
  - PE helps patients decrease their distress/anxiety about their trauma by systematically approaching (repeated exposure) ones trauma-related thoughts, feelings, and situations that they have been avoiding.

Four Components of PE: 4 Components of PE:

1. Education about Common Trauma Reactions and PTSD symptoms
2. In Vivo Exposure - approach real-world situations
3. Imaginal Exposure - talking through ones trauma memory

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## PTSD: Role of Primary Care Provider

- Assist in the **IDENTIFICATION** of potential PTSD
- Help **REDUCE STIGMA** associated with mental health
- Work collaboratively with behavioral health consultants to **INCREASE PATIENT MOTIVATION/INCREASE BUY-IN**
- Provide appropriate **REFERRALS**
- Assist with prescribing psychotropic **MEDICATION** for management of mild to moderate affective symptoms (e.g., sleep disturbance, depression, anxiety) as appropriate
- **FOLLOW-UP** on associated health concerns (e.g., risky behaviors, problematic drinking, deferring medical care, etc.)

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