



# Post-Traumatic Stress Disorder (PTSD)

**Niamh**

*Mental Wellbeing*





# Niamh

*Mental Wellbeing*



Post traumatic stress disorder is a condition where you have recurring distressing memories, ‘flashbacks’, and other symptoms after suffering a traumatic event. Treatment options include antidepressant medication and non-drug treatments such as cognitive behaviour therapy.

## What is post-traumatic stress disorder?

PTSD is a condition which develops after you have been involved in, or witnessed, a serious trauma such as a life-threatening assault. During the trauma you feel intense fear, helplessness or horror. In some people PTSD develops soon after the trauma. However, in some cases the symptoms first develop several months, or even years, after the trauma.

## Who gets post-traumatic stress disorder?

The strict definition of PTSD is that the trauma you had or witnessed must be severe. For example: a severe accident, rape, a life-threatening assault, torture, seeing someone killed, etc. However, symptoms similar to PTSD develop in some people after less severe traumatic events.

It is estimated that up to 1 in 10 people may develop PTSD at some stage in life. It is much more common in certain groups of people. For example, some studies have found that PTSD develops in about:

- 1 in 5 fire-fighters.
- 1 in 3 teenager survivors of car crashes.
- 1 in 2 female rape victims.
- 2 in 3 prisoners of war.

## What are the symptoms of post-traumatic stress disorder?

- Recurring thoughts, memories, images, dreams, or 'flashbacks' of the trauma which are distressing.
- You try to avoid thoughts, conversations, places, people, activities or anything which may trigger memories of the trauma as these make you distressed or anxious.
- Feeling emotionally 'numb' and feeling 'detached' from others. You may find it difficult to have loving feelings.
- Your outlook for the future is often pessimistic. You may lose interest in activities which you used to enjoy and find it difficult to plan for the future.

- Increased 'arousal' which you did not have before the trauma. This may include:
  - difficulty in getting off to sleep or staying asleep.
  - being irritable which may include outbursts of anger.
  - difficulty concentrating.
  - increased vigilance.
  - you may be 'startled' more easily than before.

Note: it is normal to feel upset straight after a traumatic event. But for many people the distress gradually eases. If you have PTSD the distressing feelings and symptoms persist. In some cases the symptoms last just a few months, and then ease or go. However, in many cases the symptoms persist long-term.

Up to 4 in 5 people with PTSD also have other mental health problems. For example, depression, persistent anxiety, panic attacks, phobias, drug or alcohol abuse. Having a mental health disorder before the trauma seems to increase your chance of developing PTSD. But also, having PTSD seems to increase your risk of developing other mental health disorders.

## **What is the treatment for post-traumatic stress disorder?**

Treatment can help to ease symptoms and help you to adjust following a trauma. However, no treatment will 'wipe the slate clean' and erase all memories of the event. (Note: some non-drug treatments mentioned below may not be available on the NHS in every area.)

Talking treatments and other non-drug treatments

- Cognitive behaviour therapy  
Cognitive behaviour therapy (CBT) may be advised. Briefly, CBT is based on the idea that certain ways of thinking can trigger, or 'fuel', certain mental health problems such as PTSD. The therapist helps you to understand your current thought patterns. In particular, to identify any harmful, unhelpful, and 'false' ideas or thoughts. The aim is then to change your ways of thinking to avoid these ideas. Also, to help your thought patterns to be more realistic and helpful. It may help especially to counter recurring distressing thoughts, and 'avoidance' behaviour. Therapy is usually done in weekly sessions of about 50 minutes each, for several weeks. You have to take an active part, and are given 'homework' between sessions.

- **Eye Movement Desensitization and Reprocessing**

Eye Movement Desensitization and Reprocessing (EMDR) is a treatment that seems to work quite well for PTSD. Briefly, during this treatment a therapist asks you to think of aspects of the traumatic event. Whilst you are thinking about this you follow the movement of the therapists moving fingers with your eyes. It is not clear how this works. It seems to 'desensitise' your thought patterns about the traumatic event. After a few sessions of therapy, you may find that the memories of the event do not upset you as much as before.

- **Other forms of talking treatments**

Other forms of talking treatments such as anxiety management, counselling, group therapy, and learning to relax may be advised.

- **Self help.**

Joining a group where members have similar symptoms can be useful. This does not appeal to everyone, but books and leaflets on understanding PTSD and how to combat it may help. A longer leaflet in this series called 'Post Traumatic Stress Disorder - a Self Help Guide' is a good start. See also the groups listed below.

## **Medication**

- **Antidepressant medicines**

Antidepressant medicines are often prescribed. These are commonly used to treat depression, but have been found to help reduce the main symptoms of PTSD even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters) such as serotonin which may be involved in causing symptoms. Antidepressants take 2-4 weeks before their effect builds up, and can take up to three months. A common problem is that some people

stop the medicine after a week or so as they feel that it is doing no good. You need to give an antidepressant time to work. If one does help, it is usual to stay on the medication for 6-12 months, sometimes longer.

There are several types of antidepressants. However, SSRI antidepressants (selective serotonin reuptake inhibitors) are the ones most commonly used for PTSD. There are various types and brands of SSRI.

- **Benzodiazepines such as diazepam**

Benzodiazepines such as diazepam are sometimes prescribed for a short time to ease symptoms of anxiety, poor sleep, and irritability. The problem is, they are addictive and can lose their effect if you take them for more than a few weeks. They may also make you drowsy. Therefore, they are not used long-term. A short course of up to 2-3 weeks may be prescribed 'now and then' if you have a particularly bad spell of anxiety symptoms.

- **Other medicines**

Other medicines such as beta-blockers, mood stabilisers, and anticonvulsants are being studied. These are normally used to treat other conditions but there is some evidence that they may help some people with PTSD. Further research is needed to clarify their role.

A combination of treatments such as cognitive behaviour therapy and an SSRI antidepressant may work better in some cases than either treatment alone.

## **Can post-traumatic stress disorder be prevented?**

- **Debriefing**

'Debriefing' is now offered more and more to military personnel after a conflict, to people affected by natural disasters, etc. It involves discussing the event, expressing emotions, and examining your reactions to the event soon after it is over. Further research is needed as it is not clear whether debriefing reduces your chance of developing long-term PTSD. Some people even feel that one session of 'debriefing' may do more harm than good.

- **Therapy soon after the traumatic event**

Some evidence suggests that a type of cognitive therapy started within 14 days of the trauma can reduce the chance of long-term symptoms of PTSD developing.

- **Short course of medication**

A short course of medication such as diazepam (a benzodiazepine) or a betablocker taken immediately after a traumatic event may possibly help to prevent long-term symptoms of PTSD from developing. Further research is needed to clarify if any medicines help.

## **Further help and information Support Groups**

### **National Phobics Society**

Zion Community Resource Centre  
339 Stretford Road, Hulme  
Manchester M15 4ZY  
Telephone 0870 122 2325  
[www.phobics-society.org.uk](http://www.phobics-society.org.uk)

A leading UK charity for anxiety disorders such as PTSD.

### **ASSIST (Assistance Support & Self-Help In Surviving Trauma)**

11 Albert Street, Rugby  
Warwickshire CV21 2RX  
Helpline 01788 560800  
[www.traumatic-stress.freemove.co.uk](http://www.traumatic-stress.freemove.co.uk)

A support organisation for people suffering from PTSD.

**Ex-Services Mental Welfare  
Society (Combat Stress)**

Tyrwhitt House, Oaklawn Road,  
Leatherhead, Surrey KT22 OBX  
Telephone 01372 841 600  
[www.combatstress.org.uk](http://www.combatstress.org.uk)

Specialising in the welfare of ex-Service men and women from all ranks of HM Forces and the Merchant Navy who suffer from psychiatric disabilities, including PTSD.

**Specialist Referral Centres**

Traumatic Stress Clinic  
[www.traumaclicin.org.uk](http://www.traumaclicin.org.uk)

**Traumatic Stress Centre**

[www.trauma999.co.uk](http://www.trauma999.co.uk)



# Niamh

*Mental Wellbeing*

Northern Ireland  
Association for Mental Health  
80 University Street  
Belfast BT7 1HE

Telephone 028 9032 8474  
Fax 028 9023 4940  
info@niamhwellbeing.org  
niamhwellbeing.org

*Niamh is a company limited by guarantee*  
Charity Reference Number XN47885  
Company Number NI 25428