



# 10 ELEMENTS OF PTSD

## POST TRAUMATIC STRESS DISORDER

by Steve Stahl

**1** **What is PTSD?** This term or diagnosis was coined after the Viet Nam war and made its way into psychiatric jargon in the 1980s. Its precise definition has changed a bit over the past 35 years but is basically defined as a long lasting reaction to experiencing or witnessing trauma. The term 'trauma' generally means exposure to actual or threatened death, serious injury or sexual violence.

- PTSD symptoms include 'intrusive' symptoms such as distressing memories, dreams or flashbacks of the event

- 'Avoidance' symptoms such as attempting to avoid external reminders of the event

- 'Negative thoughts and mood' such as feelings of detachment, inability to experience positive emotions, and distorted memories

- 'Arousal' symptoms such as angry outbursts and jumpiness

**2** **What is the difference between post traumatic stress and PTSD?**

An acute form of stress reaction—sometimes called 'post traumatic stress' by the military but not by psychiatrists—deletes the potentially stigmatizing word 'disorder.' Psychiatrists say acute stress disorder starts right after the traumatic event, and persists for at least 3 days. If the stress reaction lasts more than a month, it is called PTSD.

**3** **What is the relationship of mild TBI (mild traumatic brain injury) to PTSD?**

Warriors often experience both mild TBI and PTSD, and the symptoms can greatly overlap. Someone with mild TBI has been dazed or has lost consciousness and this can often occur at the same time as experiencing a traumatic event. Both PTSD and mild TBI can have symptoms including emotional changes, irritability, problems concentrating, hyperarousal and avoidance symptoms, making these conditions sometimes difficult to tell apart.

**4** **How common is PTSD?**

About 3.5% of people have PTSD in any given year. The lifetime risk for PTSD in the general population is about 9%. However, among soldiers who have experienced combat, the estimates are as high as 20%.

**5** **Does PTSD occur with other conditions?**

PTSD often does not fly solo, and common associated conditions in addition to mild TBI include major depression, anxiety disorders, alcohol and substance abuse, insomnia and sleep disorders, and even suicide. Twenty two veterans kill themselves every day in the US.



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**6 What are the best psychological treatments?** Exposure therapy where patients are asked to re-experience their trauma in order to desensitize them to it. It can work in some cases. For more info, see [“After PTSD, More Trauma.”](#) an Op Ed piece in *The New York Times*.

Other cognitive behavioral therapies such as cognitive processing therapy can be effective in other patients.

**7 What are the best medications?** Medications can treat associated conditions such as major depressive episodes, suicidal thoughts, anxiety disorders and other conditions. For the core symptoms of PTSD themselves, certain antidepressants can take the edge off but are not often able to profoundly reduce symptoms. Prazosin can help nightmares.

**8 What is the history of PTSD?** PTSD has been around as long as there have been traumatic events and wars, which is as long as there have been human beings.

*•The first warrior with PTSD might have been Achilles, a hero in ancient Greece who appeared in the Iliad written by the poet Homer.*

- PTSD was called ‘nostalgia’ in the American Civil War
- Called ‘shell shock’ and later ‘hysteria’ or ‘neuresthenia’ in World War One
- Called ‘battle fatigue’ in World War Two
- Called ‘operational exhaustion’ in the Korean conflict
- Called PTSD starting in Viet Nam

**9 Can a hero get PTSD?** Heroes can and often do get PTSD. Unfortunately, sometimes those with psychological reactions to warfare have been accused of cowardice. In World War One, soldiers with shell shock were executed by their own armies. It is a fundamental part of human nature to react psychologically to traumatic events and warfare.

**10 What hope is there for the future?** Although chronic PTSD can be quite difficult to treat today, there is hope that new medications and psychotherapy may bring relief in the future. It is the author’s belief that the US military is in the best position to develop new ways to prevent or treat PTSD by applying the same attention to this condition that was applied to the treatment of physical trauma and blast wounds in past years. Those efforts resulted in modern trauma care, the best in the world.



Dr. Stephen Stahl is an internationally renowned psychiatrist and expert on Post Traumatic Stress Disorder (PTSD). He serves on the faculty at the University of California, San Diego, and is the bestselling author of several textbooks on psychiatry, as well as the coauthor of hundreds of academic papers. He wrote, *Shell Shock*, his first novel, to raise awareness of PTSD’s dark history and to encourage appropriate care for today’s wounded warriors.

