

Post-traumatic Stress Disorder

What is PTSD?

Most of us have experienced some kind of traumatic event. Usually with time, the emotion related to the event decreases. However, there are a number of individuals who fail to escape the experience of a traumatic event, and remain anxious and severely distressed for extended periods of time. These people might have what is known as post-traumatic stress disorder (PTSD). PTSD is a serious and often debilitating condition that can occur in persons who have experienced, witnessed or heard of a traumatic event involving themselves or a significant other. Traumatic events can include, but are not limited to, the following:

- human violence (e.g. rape, physical assault, domestic violence, kidnapping, or violence associated with military combat)
- natural disasters (e.g. floods, earthquakes, tornadoes or hurricanes)
- accidents involving injury or death
- sudden, unexpected death of a family member or friend
- diagnosis of a life threatening illness

The **core symptoms** of PTSD are:

- **Re-experiencing** the traumatic event through intrusive memories or recurrent dreams of the traumatic event, and experiences feelings and behaviours as intensely as if they were recurring (flashbacks; nightmares).
- **Avoidant symptoms** include an emotional numbness towards others and events, and ways in which the person tries to avoid anything associated to the traumatic event.
- **Hyperarousal symptoms** include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance (being on the watch for danger), and an exaggerated startle response.

When is PTSD diagnosed?

PTSD is diagnosed if the abovementioned symptoms persist a month or longer after the traumatic event has occurred. It is common that before seeking help, someone suffering from PTSD would have experienced a multitude of symptoms that would ultimately lead to a formal diagnosis. Often, however, symptoms do not



present until several months or years after the trauma. This is known as delayed onset PTSD. In cases where symptoms have lasted 3 months or more, the PTSD is termed “chronic”.

Who gets PTSD?

PTSD is a medical condition that potentially affects people of all ages and from all social and economical backgrounds. Due to the high rates of violent crimes (physical and sexual assault, hi-jacking, domestic violence) in South Africa, a diagnosis of PTSD is relatively common amongst the population. Importantly, not everyone who is exposed to trauma will develop PTSD. In data obtained from youth and patients attending clinics, rates of PTSD as high as 20% have been reported. Women are almost twice as likely as men to develop PTSD.

How does PTSD affect daily functioning?

For someone with PTSD, mentally re-living an event can be as traumatic as the actual event. Physical and psychological symptoms that go hand in hand with such experiences are worsened by feelings of embarrassment, confusion and frustration. Despite being a disorder characterized by very specific symptoms, it can be misdiagnosed.

Living with untreated PTSD can place significant strain on relationships, as persons with PTSD will withdraw from normal social and interpersonal activities. PTSD often co-occurs with depression, substance abuse or other anxiety disorders.

Treatment of PTSD

Antidepressants are commonly prescribed for PTSD. Medication is most effective in combination with psychotherapy. Medication will act to relieve symptoms of PTSD, thus making the person more susceptible to techniques used in psychotherapy.

Cognitive behavioural therapy (CBT) is widely used as a form of psychotherapy for persons with PTSD and has shown to be effective in helping persons with PTSD return to normal functioning.

The therapeutic environment (whether group or individual treatment) provides a safe place for persons with PTSD to discuss traumatic events, and express the fears and reactions associated with it. Most persons who seek treatment ultimately enjoy a better quality of life. However, it is important to remember that treatment response varies and what may work for one person may not necessarily work for the next.

Preventing PTSD



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There is some preliminary evidence to suggest that starting with treatment (medications and/or psychotherapy) within a short period of time after a traumatic event may prevent the onset of PTSD, but further work in this area is still needed.

Other management strategies

- If you have experienced trauma, educate yourself on common reactions to trauma and PTSD.
- Do not isolate yourself, but take time to converse with others; especially those who are likely to offer you help and support.
- Do things that you enjoy and that help you to relax, e.g. listening to music, going for walks.
- Find a clinician that is experienced in treating PTSD. Be honest and open and remember that you are entitled to a second opinion.
- Try to maintain a healthy lifestyle.
- Find a support group for people with PTSD.

Resources in South Africa

- Bathuthuzele Youth Stress Clinic (021) 938 9162/9374
- SA Depression and Anxiety Group (011) 783 1474/6
- Survivors of Violence (031) 305 5500
- Trauma Centre (021) 465 73 73

MRC Unit on Anxiety and Stress Disorders

The Research Unit on Anxiety and Stress Disorders, to which the MHIC is affiliated, was established by the Medical Research Council (MRC) in 1997. The Unit is located at the Department of Psychiatry at the University of Stellenbosch and investigates the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and related conditions), panic disorder, posttraumatic stress disorder, and social anxiety disorder. For more information about research trials, please visit the website below or contact the MHIC.

www.mrc.ac.za/anxiety/anxiety.htm



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