

Posttraumatic stress disorder (PTSD)

In general

- w>m (4:1)
- the reaction is subjective
- External stressor -> long-lasting stress reaction (acute stress disorder becomes PTSD)

What are possible stressors?

- Actual death, threatened death, combat, raped, abused, neglect
- Exposure: it can affect yourself or someone else (e.g. you can get PTSD if your child died) → Experienced, witnessed, learned, repeated aftermath (responders)

Clinical picture

- **Intrusion:** intrusive thoughts: flashbacks, intrusive thoughts (recollection of psychotraumatic events)
- **Negative effect** on mood and cognition: distorted memories, negative thoughts or expectations, constant negative emotions
- **Dissociation**
- **avoidance:** e.g. not talking about it, not going to the place
- **arousal:** irritability (not anxiety, angry outbursts), hypervigilance, sleep disturbance

Diagnosis

- is made clinical with the emphasis on ruling people in

Classification

- **Acute stress disorder:** > 3 D but < 1 month
- PTSD > 1 month
- Adjustment disorder

Therapy

- Psychotherapy (e.g. psychodynamic analysis, group therapy): the goal is here really to re-experience the trauma in a controlled manner and work through it
- Eye movement desensitization and reprocessing (bilobal activation? desensitization?)
- Pharmacotherapy
 - Prazosin: helps tremendously with insomnia and nightmares
 - SSRI, SNRI (usually reserved for people, who have either very severe symptoms or don't want to do psychotherapy)
 - if panic disorders occur: benzos

Complications

- they can self-medicate (substance abuse) and develop mood disorders
- can evolve into F62.0 enduring personality change
- Suicide