Severe stress response and adjustment disorders

Acute stress response

This disorder arises as a reaction to exceptionally strong **physical or psychological stress** . It develops even in patients who have never suffered from any mental disorder in the past. The course is mostly **of a short-term nature** , usually disappearing after a few hours or days at the most.

The triggering factor is usually **a strong experience** that is associated with **a threat to the affected** person or someone close to them (fire, car accident, rape) or **a change in social relations** (divorce, job loss). The primary vulnerability varies among those affected, and this results in a different response to a stressful event. A greater risk occurs in persons weakened by long-term illness or physical or mental strain.

In the first stage, the patient enters **a state of stupor** , which is accompanied by a narrowed consciousness, impaired attention and mild disorientation. Another stage follows, when the affected person becomes **emotionally numb** or, in the opposite case, **the so-called "escape reaction"** , manifested by tachycardia , sweating and tremors. Symptoms usually disappear after a short time. As first aid to the disabled, we provide crisis intervention or **calming psychotherapy** . A single dose of benzodiazepines (eg 10 mg benzodiazepam) may also be effective .

Post-traumatic stress disorder

Posttraumatic stress neurosis (PTSD - Posttraumatic Stress Disorder) is a delayed reaction to an extremely stressful event. The first description of this disorder was based on war traumatic neurosis. The development occurs after a longer period of time than in the case of an acute stress reaction, and can **last several months** . The sufferer relives the stressful event, returning to it in thoughts or dreams, although the memories may be disturbed. Lifetime course is estimated in 1-9% of patients. Obsessive compulsive disorder , agoraphobia , panic disorder or depressive states may also develop at the same time .

Course and prognosis

Post-traumatic stress neurosis develops **several weeks to months** after the stressful event.

It takes place in 3 stages:

1. **non-specific reaction** accompanied by anxiety;
2. **after 4 to 6 weeks** feelings of helplessness come, the sufferer loses control over himself, behaves evasively, may feel angry;
3. **chronic PTSD** associated with demoralization and invalidation of the sufferer, transformation of life values.

According to statistics, in one third of patients the symptoms disappear over time, approximately 40% continue with mild problems and 10% have severe problems. The triggering factor is usually **a stressful event** (up to 30% are victims of natural disasters), but **genetic disposition** also plays an important role . It is reported to contribute up to 13-34% to the development of the disorder. People who have previously been exposed **to strong stressful situations** are more likely to develop PTSD .

The noradrenaline neurotransmitter system is responsible for the increased response to stressful stimuli . It causes tachycardia, hypertension, an increased level of adrenaline and noradrenaline metabolites is found in the urine . **Negative symptomatology** is controlled by the endogenous opiate system, causing the patient to lose affectivity, a tendency to isolation, and abulia. Serotoninergic dysfunction causes **positive symptomatology** , manifested by irritability and fits of rage.

Diagnostics

Above all, it is necessary to rule out **an organic mental illness** , such as an organic personality disorder, delirium or anamnestic syndrome. Similar symptoms can also arise as a result of **physical injury** , e.g. after head injuries. **A depressive episode** usually develops at the same time and the symptoms may overlap to a large extent, in which case it is advisable to diagnose and **treat both at the same time** . Affected people may even develop a phobic relationship to a given place or situation and may react with **a panic attack** when confronted with these stimuli .

Treatment

As part of the treatment, the most appropriate combination of psychotherapeutic procedures and administration of the following psychotropic drugs:

- **antidepressants** : TCA (imipramine, amitriptyline), MAOI, RIMA, SSRI - with longer-term use (at least 2 months) reduce the irritability of those affected, maintenance treatment should then continue for at least 1 year;
- **antimanic drugs** : lithium, carbamazepine, valproate – affect the impulsivity of the sufferer;
- **beta blockers** : clonidine, propranolol – suppress vegetative symptoms.

Benzodiazepines are unsuitable for long-term use and their prescription is not recommended, neuroleptics (haloperidol, pimozide) can be used instead . Very important is **early crisis intervention** and **supportive psychotherapy** , which can mitigate the course from the very beginning. Specific procedures have also been developed within brief dynamic and cognitive behavioral therapy .

Customization failure

Adjustment disorder also arises as a result of some life event to which the patient reacts **with disproportionate intensity and duration** . Difficulties become apparent after approximately 1 month and can lead to incapacity for work. Symptoms can vary:

- **depressive** – tends to be short-term (up to 1 month) and prolonged (up to 2 years);
- **anxious** – anxious and depressive reactions are mixed, disorders of other emotions also occur (lasting for several months);
- **behavioral disorders** – accompanied by aggression and antisocial behavior.

The most important thing to manage this disorder is psychotherapeutic action, especially the ability to empathize and a human approach.

Links

Related Articles

- Depression
- Anxiety disorders
- Phobic anxiety states
- Panic disorder

References

- RABOCH, Jiří and Petr ZVOLSKÝ, et al. *Psychiatry.* 1st edition. Prague: Galén, 2001. 622 pp. ISBN 80-7262-140-8 .

Category :Psychiatry