

Diving into Posttraumatic Stress Disorder

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Abstract

Posttraumatic stress disorder (PTSD) may often be a severely disabling condition that seriously impairs a person's quality of life. Traditionally associated with military battles, the same disorder may be caused by many other forms of trauma. Biological vulnerabilities, biochemical imbalances, psychological factors, and sociological factors combine to cause PTSD. Moreover, the expression of PTSD varies with age groups: children, adolescents, and adults. Currently, medical treatment often involves drugs such as SSRIs and SNRIs, which must be supplemented by psychotherapy such as CBT. However, recent studies indicate that studying the use of psychedelics may also be helpful treatment methods.

Diving Into the Causes of Posttraumatic Stress Disorder and Treatments Available

When soldiers that have served in the military come back home, some may seem withdrawn from their families, depressed, or may experience flashbacks of the trauma they endured. While typically associated with military combat, posttraumatic stress disorder (PTSD) may also develop as a result of personal assaults, major accidents, a natural disaster, or some other traumatic event. Because PTSD affects the quality of life of many people and largely goes undiagnosed, it is important to improve our understanding of the factors that cause it and what treatment options are available.

Discussion

Causes and Risk Factors

Although the onset of posttraumatic stress disorder (PTSD) requires a traumatic event to occur, not all people that experience traumatic events develop PTSD. Some of the reasons for this inconsistency can be attributed to a combination of genetics, biological, psychological, and social factors. PTSD is mostly brought on by a person's brain response to stress. Genes that regulate neurotransmitters like serotonin and dopamine, for instance, can affect stress tolerance and emotional control. Additionally, the structure of the brain plays a factor in how susceptible someone is to PTSD. Bremner et al. (2006) states that in addition to the neurotransmitter's cortisol and norepinephrine, the hippocampus, amygdala, and medial prefrontal cortex all have a significant involvement in PTSD. This is probably due to the fact that the medial prefrontal cortex is involved in decision-making, social behavior, and the regulation of emotional responses; the hippocampus is essential for the formation and retrieval of memories; and the amygdala processes emotions such as fear and danger (Wood et al., 2017). Extreme flashbacks, recollections, or dreams of past trauma are common in people with posttraumatic stress disorder.

They may also suffer strong feelings of fear or danger in addition to losing their sense of safety, reality, and trust.

Symptoms and Diagnosis

While the disorder may not always be attributed to one single event, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) lists eight different diagnostic criteria to ensure PTSD is not misidentified as another mental disorder such as bipolar disorder. The criteria for diagnosing posttraumatic stress disorder are summarized as follows: a traumatic event(s), intrusive symptoms, avoidance of stimuli associated with traumatic events, negative alterations in cognition or mood, alterations in arousal and reactivity, and the disturbance impairing daily functions. If the symptoms last for longer than a month, the individual is diagnosed with PTSD (American Psychiatric Association, 2013). Because of the various overlap of symptoms with other disorders such as bipolar disorder or Acute Stress Disorder, it is important for individuals to seek a professional evaluation for accurate diagnosis and appropriate treatment.

Impact on Individuals and Society

Individuals with posttraumatic stress disorder often have feelings of shame, guilt, doubt, fear, etc. which leads to denial and apprehensiveness towards getting help. Many people with PTSD often think that a diagnosis could lead to losing a job, an increase in occurrence or intensity of intrusive symptoms, or judgement. According to Van Zyl et al. (2008), the diagnosis of PTSD was missed 90% of the time by clinicians. This underdiagnosis has large implications in the quality of life of many people. Individuals with PTSD may suffer from an increase in suicide thoughts, depression, unemployment, substance abuse, and relationship problems. People often turn to substance abuse to suppress the feelings of anxiety or constantly being on edge and to

make themselves feel numb. They may also appear more withdrawn both socially and mentally because they have not processed the trauma that lies subconsciously. All these effects lead to a negative cycle where symptoms just worsen each other.

Because of the stigma associated with mental health illnesses. Individuals might feel misjudged or misunderstood, which makes them less likely to obtain the care they need and exacerbating their symptoms while diminishing their overall wellness. This can lead to physical and mental health issues such as compromised psychoneuroimmunological function, ongoing pain, cardiovascular problems, problems with memory and attention, and may impair day-to-day functioning as well as job performance. The disparity mentioned by Van Zyl shows the importance in de-stigmatizing getting treatment as well as the need for better training programs for physicians to identify PTSD.

Treatment and Management

The best treatment for PTSD involves both therapy and medication. Medications are usually suggested for individuals with more intense symptoms. The main medications to treat PTSD are antidepressants such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs). These medicines increase the amount of each neurotransmitter in the brain which help with mood, anxiety, and alleviates depression symptoms. Some medications are Fluoxetine, Paroxetine, Sertraline, and Venlafaxine and may also be taken with Prazosin to help nightmares and sleep.

For non-medicinal treatment, Cognitive Behavioral Therapy (CBT) is one of the most effective treatments for PTSD. It helps people identify the root of their trauma and change the negative thoughts and behaviors associated with it. Techniques of CBT such as prolonged exposure therapy and cognitive processing therapy may also help. Prolonged exposure therapy is

when individuals are repeatedly imagining details of the trauma in an effort to reduce their fear. Cognitive processing therapy teaches you to evaluate and change your thoughts related to the trauma.

There is also insufficient evidence for other treatment methods such as Vagal Nerve Stimulation, Electroconvulsive Therapy Repetitive Transcranial Magnetic Stimulation, Hyperbaric Oxygen Therapy, and Stellate Ganglion Block (Schrader et al., 2021). However, other treatment methods specifically with psychedelics such as methylenedioxymethamphetamine (MDMA), cannabinoids, and ketamine are being looked at. Psychedelics have been found to promote fear extinction, promote certain neurochemical pathways and signaling, and help with extinction learning, all of which can aid in helping intrusive symptoms and processing trauma for those with PTSD (Krediet et al., 2020).

Overall, the combination of medication and therapy helps people manage the physiological and psychological issues of PTSD.

Conclusion

In conclusion, posttraumatic stress disorder affects many people worldwide regardless of age, gender, background, etc. and is often misdiagnosed or just underdiagnosed. Because of the many daily stressors that we all face, it can be hard to identify any specific source attributing to the onset of PTSD. The stigma associated with mental disorders also does not help people feel supported in seeking a diagnosis or help with their symptoms. Today, we have a much better and standard method of diagnosing, treating, and helping those with PTSD. Recognizing the underdiagnosing that is occurring is driving the pursuit of promising new research that will hopefully continue to aid those suffering from PTSD, thus improving quality of life for those that have faced trauma.

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