

Trauma and Stressor Related Disorders

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- **Post-Traumatic Stress Disorder (PTSD).**
- **Acute Stress Disorder.**
- **Adjustment disorder.**

Post-Traumatic Stress Disorder (PTSD)

- **Prevalence**: The lifetime prevalence rate is 10% in women and 4% in men.
- **Age**: Although PTSD can appear at any age, it is most prevalent in young adults, because they tend to be more exposed to precipitating situations. Children can also have the disorder.

Diagnostic criteria

A. Exposure to traumatic event: Actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event.
2. Witnessing, in person, the event as it occurred to others.
3. Learning that the traumatic event occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event must have been violent or accidental.

B. Avoidance:

- ❑ avoids distressing memories, thoughts, or feelings about or closely associated with the traumatic event.
- ❑ avoids external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

C. Re-experience:

- distressing memories.
- Distressing dreams.
- Flash backs.
- Intense or prolonged psychological distress or physiological symptoms at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

D. Marked alterations in arousal and reactivity:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

E. Duration of the disturbance is *more than 1 month*.

F. The disturbance causes clinically significant *distress or impairment* in social, occupational, or other important areas of functioning.

G. The disturbance is not attributable to the physiological effects of *a substance* (e.g., medication, alcohol) or another *medical condition*.

- **Treatment:**

1. **Pharmacological treatment:**

- SSRI
- Tricyclic antidepressants
- Trazodone
- Propranolol

2. **Psychotherapy:**

- ✓ CBT
- ✓ Supportive psychotherapy

Acute stress disorder

- Same as PTSD except duration...3 days to 1 month.

Adjustment disorder

- The prevalence of the disorder is estimated to be from 2 to 8% of the general population.
- Adjustment disorders are one of the most common psychiatric diagnoses for disorders of patients hospitalized for medical and surgical problems.

- **Stressors:**

- Loss

- Change

- Interpersonal

- Intrapsychic

Diagnostic criteria

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:

1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
2. Significant impairment in social, occupational, or other important areas of functioning.

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.

D. The symptoms do not represent normal bereavement.

E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.

- **Types:**
 - **With depressed mood:** Low mood, tearfulness, or feelings of hopelessness are predominant.
 - **With anxiety:** Nervousness, worry, jitteriness, or separation anxiety is predominant.
 - **With mixed anxiety and depressed mood:** A combination of depression and anxiety is predominant.
 - **With disturbance of conduct:** Disturbance of conduct is predominant.
 - **With mixed disturbance of emotions and conduct:** Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.

- **Treatment**

1. Pharmacological treatment:

SSRI

Anxiolytics

2. Psychotherapy:

CBT

Supportive psychotherapy