Post-traumatic stress disorder

Module 4 13.6.1 anxiety disorders

Diagnosis of post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder is, as its name implies, conceived of as a pathological response to extreme stress. The existence of severe and long-lasting emotional disorders following traumatic events has been noted for some time, particularly in connection with the stress suffered by combat soldiers (e.g. the 'shell shock' diagnosis developed by Myers and others during World War I). However, although combat veterans do run an inflated risk of PTSD, the disorder may follow all sorts of traumatic event including physical assault, car accidents and natural disasters.

Diagnostic Criteria (DSM-IV)

A. The person has been exposed to a traumatic event where:
- They witness or were confronted with actual or threatened injury or death, their own or others'.
- They experienced intense fear, helplessness or horror.

B. The traumatic event is re-experienced in one or more of the following ways:
- Recurrent and intrusive recollections of the event.
- Recurrent, distressing dreams of the event.
- Acting or feeling as if the event were recurring.
- Psychological distress and physiological reactivity when exposed to internal or external trauma cues.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness which may include:
- Efforts to avoid trauma cues in thinking and action.
- Inability to recall a significant aspect of the trauma.
- Diminished interest in activities.
- Feelings of detachment from others; restricted range of emotional experiences.

D. Persistent symptoms of increased arousal following the trauma:
- Difficulty sleeping or concentrating.
- Irritability or angry outbursts; hypervigilance.

Diagnosis of PTSD can only be made of the symptoms have persisted for more than one month. Where there is a severe stress reaction immediately following a traumatic event, acute stress disorder may be diagnosed instead. This shares many features with PTSD but with an emphasis on dissociative symptoms like amnesia and emotional numbing. Given that diagnosis of PTSD depends on a person having been exposed to a traumatic event it makes little sense to talk about its prevalence in the general population. However, it is worth noting that amongst trauma survivors it is relatively rare. Many people experience short term fear during traumatic events, but most do not develop pathological symptoms (Rachman, 1991). One mediating factor may people people's perceptions of the threat to their own wellbeing. This might explain why pathological reactions amongst survivors of the London Blitz were rare (Rachman, 1991) whereas the prevalence of emotional symptoms amongst adult female survivors of sexual assault may run as high as 44% (Kilpatrick et al, 1985) although not all of these may meet the full diagnostic criteria for PTSD.