

PTSD in intensive care patients - Where do we go from here?

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Post-traumatic stress disorder (PTSD) can have a significant long-term impact on patients' lives leading to long term chronic health difficulties and problems in regard to their quality of life such as increased social isolation, marital problems, unemployment and chronic health difficulties.

Intensive care due to the very nature of the events that have lead to admission and the process that patients have been through whilst on the intensive care unit e.g. central line insertion, intubation and other invasive procedures can lead to significant symptoms consistent with a diagnosis of PTSD upon discharge from intensive care. There is a growing body of evidence that PTSD is a common occurrence following a stay longer than 48 hours on an intensive care unit (Griffiths et al. 2007). Consequently it is important to address the best management options to help deal with these patients who develop PTSD post intensive care. There are currently a range of different psychological therapies that have been shown to have good evidence of treating PTSD namely Eye Movement Desensitization and Reprocessing and trauma focused Cognitive Behavioural Therapy.

The implementation of these psychological therapies has important implications for both anaesthetic and surgical practice in order to adopt a holistic approach to practice. The paper looks at ways forward in light of the research to date and potential for further research.

Biography

Peter Indoe is a Medical Doctor currently working at Chelsea and Westminster Hospital in London. He has spent time with the Helicopter Medical Emergency Service and has experience in dealing with complex trauma cases. He has published in the Journal of anaesthesia looking specifically at group and save blood samples for elective operations in order to improve patient safe and care. He has an interest in the complex psychological correlates between anaesthesia, intensive care and sequelae.

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