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Commentary

Brief Note on Symptoms and its Medical State of Post-Traumatic Stress Disorder

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DESCRIPTION

Post-Traumatic Stress Disorder (PTSD) is a mental and behavioral condition that can develop as a result of exposure to a traumatic event, such as sexual assault, warfare, child abuse, domestic violence, traffic collisions or other life risks. Disturbing thoughts, or dreams about the events, mental or physical distress in response to trauma-related signals, attempts to avoid trauma-related cues, changes in one's thinking and feelings, and an increase in the fight-or-flight response are all possible symptoms. These symptoms can continue for up to a month following the occurrence. Young children are less likely to express distress, preferring instead to play out their memories. We can find few more symptoms like suicide and intentional self-harm are more likely in those with PTSD.

The majority of people who have been through stressful circumstances do not get PTSD. People who have been subjected to interpersonal violence such as rape, other sexual assaults, kidnapping, stalking, physical abuse by an intimate partner, and incest or other forms of childhood sexual abuse are more likely to develop PTSD than those who have been subjected to non-assault based trauma such as accidents or natural disasters. Long-term trauma, such as enslavement, concentration camps, or chronic spousal abuse, can lead to Complicated Post-Traumatic Stress Disorder (C-PTSD). C-PTSD is comparable to PTSD, but it affects a person's emotional regulation and core identity in a different way.

Prevention may be achievable when counseling is directed to those with early symptoms, but it is ineffective when it is given to all trauma-exposed people, regardless of whether or not symptoms are present. Counseling (psychotherapy) and medication are the most common therapies for patients with PTSD. Selective Serotonin Reuptake Inhibitor (SSRI) or Serotonin–Norepinephrine Reuptake Inhibitor (SNRI) antidepressants are the first-line drugs for PTSD, and they are fairly effective in roughly half of the cases. The advantages of medication are fewer than those of counseling. It is unknown whether combining drugs and counseling is more beneficial than either strategy alone. Medications, with the exception of some SSRIs and SNRIs, lack sufficient evidence to justify their usage, and benzodiazepines, in particular, may worsen outcomes.

Symptoms

PTSD symptoms usually appear within three months of the triggering traumatic experience, but they can appear years later. In most cases, a person with PTSD avoids trauma-related thoughts and emotions, as well as discussing the traumatic incident, and may even have amnesia about the occurrence. However, intrusive, recurrent recollections, dissociative experiences of reliving the trauma (flashbacks), and nightmares are all common ways for people to relive the trauma (50 to 70 percent). While symptoms following any traumatic incident are prevalent, they must continue to a sufficient degree (i.e., creating life dysfunction or clinical degrees of distress) for more than one month to be classed as PTSD (clinically significant dysfunction or distress for less than one month after the trauma may be acute stress disorder). After a terrible occurrence, some people experience post-traumatic growth.

Medical conditions

In addition to PTSD, trauma survivors frequently suffer despair, anxiety disorders, and mood disorders. Substance use disorders, such as alcoholism, frequently coexist with PTSD. When drug use problems coexist with Post-Traumatic Stress Disorder (PTSD) or other anxiety disorders, recovery may be hampered or the illness aggravated. The improvement of a person's mental health and anxiety levels can be achieved by resolving these issues.

Independent of age, gender, or type of trauma, there is a substantial link between emotional regulation difficulties (e.g. mood swings, angry outbursts, temper tantrums) and post-traumatic stress symptoms in children and adolescents. Injuries to the soul moral distress, such as feelings of shame or remorse after committing a moral offence, are linked to PTSD but distinct from it. Moral harm is linked to feelings of shame and guilt, whereas PTSD is linked to feelings of dread and terror.

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