Diagnosis: Posttraumatic Stress Disorder

Criteria:
- Trauma personally witnessed to self or others, where the person’s response involved intense fear, helplessness or horror
- Reexperienced
  - Flashbacks
  - Nightmares
  - Abreaction
  - Trigger events
- Avoidance
  - Thoughts
  - Places or activities
  - Inability to recall
  - Diminished interest
  - Feelings of detachment
  - Restricted range of affect
- Hyperarousal (persistent)
  - Difficulty sleeping
  - Irritability
  - Decreased concentration
  - Hypervigilance
  - Startle
- Duration of symptoms 1 month or greater

Epidemiology:
- 1-3% lifetime prevalence
- More likely in single, divorced, widowed, lower socioeconomic
- Primarily a disease of young adults

Etiology:
  Biological:
  - Risk factors
    - Childhood trauma
    - Recent alcohol intake
  Psychological:
  - Personality disorders
  - Recent stressful event

Differential Diagnosis:
  Medical:
  - TBI during the trauma
  - Seizures

Psychiatric:
• Depression
• Dissociative d/o
• Borderline PD
• Factitious
• Malingering
• Substance abuse (intoxication and withdrawal)
• Anxiety disorders
• Somatoform d/o

Treatment:

Bio:
• Symptomatically driven
• Antidepressants
  (note unique effectiveness of trazodone/nafazodone with nightmares)
• Benzodiazepines
• Neuroleptics
• Mood stabilizers

Psycho:
• Earlier the better-debriefing, psychoeducation and coping mechanisms
• CBT
• Group
• Psychodynamic

Social:
• Self help groups
• Religious groups

Prognosis:
• Delay of symptoms can be 1 week or 30 years
• 30% recover completely
• 40% continue to have mild symptoms
• 20% continue to have moderate symptoms
• 10% continue to worsen
• generally very young and old have more trouble with trauma
• good prognosis
  high premormid functioning
  no substance abuse
  social support
  no Axis I or II