Posttraumatic Stress Disorder

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Roadmap/Outline for Today's Talk

- PTSD incidence, symptoms, etiology
- Prevalence, risk factors and medical considerations in patients with PTSD
- Risk factors and patterns of comorbidity relevant when caring for patients with PTSD
- Recognizing and understanding PTSD symptoms and the possible effect of surgery on the severity of PTSD symptoms
- Clinical Guidelines for working with this population
- PTSD Treatment

PTSD Symptom Overview: DSM5(2013)

- Trauma Exposure
- Re-experiencing Symptom(s)
- Avoidance Symptom(s)
- Negative Cognitions/Mood Symptoms
- Hyperarousal Symptoms
- Duration of more than one month
- Significant distress or functional impairment
- Not due to substance(s) or a medical condition

FIGHT, FLIGHT, FREEZE

Trauma

- Actual or threatened death, serious injury, or sexual violence
  - Natural Disasters
  - Accidents
  - Abuse/Assault (e.g., physical, sexual)
  - Combat
- Trauma exposure is fairly common over the course of a lifetime.
  - However, the lifetime risk of developing PTSD is 8.7% (DSM5, 2013).
  - Prevalence rate of 3.5% within a 12-month period (DSM5, 2013).
- In short, trauma exposure, while necessary, is certainly not sufficient for a diagnosis of PTSD.

Prevalence

PTSD in Surgical Patients

- Association with chronic pain, 23% (Page, Kleiman, Asmundson & Katz, 2009).
- Major non-cardiac surgery, 8-15% (Brzezinski et al., 2009).
- Cardiac surgery, 15-35%. Varies by geographic location, previous trauma exposure(Dao, Chu, Springer et al., 2010).

Medical Correlates with PTSD

- Link between trauma exposure and poorer health outcomes (Schnurr, 1996)
- Connections between PTSD and cardiovascular, gastrointestinal, and musculoskeletal disorders (Jankowski, National Center for PTSD website)
- Specifically: hypertension, diabetes, and hypercholesterolemia (Brzezinski et al., 2009)
- Substantial overlap between PTSD and chronic pain (DeCarvalho, National Center for PTSD website)
- Greater prevalence of depression and substance abuse as well, including nicotine, alcohol, and other drug (Brzezinski et al., 2009).

Natural Recovery after Trauma

- It is common for individuals who have experienced trauma to evidence symptoms, such as intrusive thoughts/nightmares, intense feelings of fear, anger, or guilt, in the immediate aftermath of the event.
- These reactions to trauma are natural and healthy.
- They prompt the survivor to recall the event, put it into context (order), and process the emotions.
- As survivor makes sense of the event, the emotions and acute reactions from the trauma become less intense.
- Symptoms only become problematic from a diagnostic perspective when they persist and cause significant interference.

The Avoidance Trap

- Negative reinforcement paradigm:
  - Avoidance provides immediate relief from distress
  - That immediate relief is reinforcing, which makes it more likely that avoidance will be used in the future to deal with distress
- In the long-term, however, avoidance interferes:
  - Keeps trauma survivors from emotionally processing their experiences
  - Feeds unhelpful beliefs about self, others, and the world (i.e., doesn't allow for corrective experiences)
- In sum, avoidance acts as the engine that drives PTSD. It maintains/exacerbates the problem!

PTSD may manifest as…

- Irritability/Anger
  - Result of heightened nervous system reactivity
  - Tolerance to stimulation is lowered, patience is taxed
  - Exacerbated in novel, stressful situations
- Panic/Anxiety Symptoms
  - Oversensitivity to signs of danger/distress
  - Overactive "Red Alert" System
  - May appear paranoid
- Hostility
  - For some, the response to anxiety/irritability might be aggressive.
    - Acting out behaviorally
    - Verbal/Physical aggression

PTSD may manifest as…

- Controlling behaviors/rigidity
  - Efforts to feel safe might include a strong need for routine
  - Individuals might be less able to tolerate changes
  - Trying to be in control may manifest as bossiness/domineering behavior
- Detachment/Dissociative Episodes/Re-experiencing
  - Individuals may appear "spacey," emotionally disengaged, or affectively flat
  - Flashbacks

PTSD Treatment: The Basics

- What does not work: Avoidance
  - Avoidance of the traumatic material (thoughts, images, trauma reminders – people, places, things) is not helpful.
- Trauma-focused treatment, therefore, involves the opposite:
  - Systematically approaching the traumatic material in a carefully-paced fashion
  - In-vivo and imaginal exposure techniques
- Providers work collaboratively with individuals to make sure that they are prepared to engage in trauma-focused treatment.
  - Basic skills for healthy coping / emotion regulation
  - Not demonstrating serious SI/HI
  - Not actively psychotic

Treatment Modalities

- Individual Therapy
  - May be the first step in treatment, the most comfortable, safest initially. Evidence Based Treatments (Prolonged Exposure, Cognitive Processing Therapy, EMDR and others).
- Group Therapy
  - Beneficial to help universalize the common themes of PTSD, helps develop trusting relationships
- Family Focused Interventions
  - May be first priority of treatment for some, assisting in educating family, bringing family together, important in recovery process
- Psychiatric Medications
  - Help to manage symptoms (sleep, depression, anxiety, irritability), but does not directly treat PTSD
    - Use of benzodiazepines is not recommended (National Center for PTSD website)
    - Use of SSRI's is preferable and has FDA approval (Jeffreys, National Center for PTSD website)
  - Please f/u with psychiatry re: implications of psychotropic meds and anesthesia

Clinical Implications: Guidelines for Working with this Population

- General Recommendations for Postoperative Anxiety (Rankin & Borah, 1997)
  - Pre-surgical assessment
  - Identification of triggers (and problem-solving)
  - Time spent with patient
  - Individualized education
  - Identification/Use of social support and reassurance
  - Relaxation techniques

Clinical Implications: Guidelines for Working with this Population

- Additional Recommendations:
- Grounding Strategies (Najavits, 2001)
  - Mental Grounding
  - Physical Grounding
  - Soothing Grounding
- Self-awareness (tone, demeanor, personal emotional reactions, expectations)
- Awareness of the layout of the physical space, activity level, and use of physical touch

Role Play Demonstration

Questions?

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