

Post-Traumatic Stress Disorder

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Post-traumatic stress disorder has made headlines in recent years, but is not new. The disorder has been known to exist as far back as ancient Greece, but has had different names throughout history. In the American Civil War, it was called soldier's heart. In the First World War it was called shell shock and in the Second World War it was known as war neurosis. In the Vietnam War, the symptoms were described as combat stress reaction.

Now, more Canadian soldiers than ever are coming forward to make claims for psychiatric disabilities, such as post-traumatic stress disorder. More than 8,500 pensions have been awarded, a 2,100 jump since 2001. Veterans Affairs says 30 per cent of these go to veterans from World War II and the Korean War. But, Canada's mission in Afghanistan is also boosting the numbers. The rate of post-traumatic stress among Canada's peacekeepers is as high as 20 per cent, according to the military ombudsman's office in Canada.

But the condition doesn't just affect soldiers. Paramedics, front-line nurses and victims of abuse, violent crimes or accidents have been known to develop symptoms. One in 10 people have post-traumatic stress disorder, according to the Canadian Mental Health Association. Often with time and support, people can get past a traumatic event. But some people experience such severe psychological stress that it affects them long after. They have flashbacks and nightmares or tune out for periods of time, making it hard to live a normal life. If these symptoms persist for more than a month, it could be post-traumatic stress disorder.

What is post-traumatic stress disorder? What causes it?

Post-traumatic stress disorder, or PTSD, is one of several anxiety disorders, conditions where people feel intense, prolonged feelings of fright and distress for no clear reason. As the name suggests, PTSD is caused by a traumatic event involving threatened death or serious injury to oneself. Stressors such as seeing someone else threatened with death or serious injury, or killed, can also cause it.

Some examples of stressors known to cause PTSD include:

- Violent personal assaults, such as rape or mugging.
- Car or plane accidents.
- Military combat.
- Industrial accidents.
- Natural disasters, such as hurricanes or tornadoes.

In life-threatening circumstances, the body goes into a "fight or flight" response. But when a person continually relives the traumatic event, this response is reactivated and it becomes a problem.

What are the symptoms?

Symptoms usually start to appear three months after the traumatic event. But they can also appear many years later.

They fall into three categories:

- **Reliving the traumatic event:** This is the disorder's main characteristic. Most often, the person has powerful, recurrent memories of the stressor. It can happen in the form of flashbacks or nightmares. Reminders of the event, such as certain images, sounds and

- smells, often trigger these. They may become distressed, sweat excessively, and their heart rate increases.
- **Emotional numbing and avoidance:** The person may withdraw from friends and family. They avoid situations that remind them of their trauma. They don't enjoy life as usual, and have a hard time feeling emotions or maintaining intimacy. They often feel extreme guilt. In rare cases, they can go through disassociative states where they believe they are reliving the episode, and act as if it is happening again. These can last anywhere from five minutes to several days.
 - **Changes in sleeping patterns and alertness:** Insomnia is common, and people with PTSD may have a hard time concentrating and finishing tasks. This can also lead to more aggression.

PTSD can also lead to other illnesses, such as depression or dependence on drugs or alcohol. Some physical symptoms, such as dizziness, chest pain, gastrointestinal and immune-system problems can also be linked to the disorder.

How is it treated?

The depression and anxiety can be treated with medication. Therapy with mental health professionals can help, such as:

- Group therapy.
- Exposure therapy, in which the person works through the trauma by reliving the experience under controlled conditions.
- Cognitive-behavioural therapy, which focuses on the way a person interprets and reacts to experience.

Some people fully recover within six months, but it can take much longer. Cognitive-behavioural therapy appears to be the most effective treatment, according to research. But PTSD research continues to determine which treatments work best.

How many people does it affect? Who does it affect?

About one in 10 people have PTSD, according to the Canadian Mental Health Association. It can affect anyone who has a traumatic experience. Children and adults alike can suffer PTSD, which is among the most common mental health problems.

But, some people can experience symptoms without developing PTSD. About five to 10 per cent of people may have some symptoms without developing the full-blown disorder, according to the B.C. Ministry of Health Guide. Women are twice as likely as men to develop the full-blown disorder.

In 2002, the Canadian Forces was surveyed by Statistics Canada to determine the prevalence of PTSD and other conditions. The survey found that in the year before the study, 2.8 per cent of the regular force and 1.2 per cent of the reservists had symptoms of PTSD. The more missions soldiers had embarked on, the more likely they were to develop the disorder or PTSD-like symptoms.

But, the rate might be much higher, says Dr. Greg Passey, a Vancouver psychiatrist who specializes in trauma and works with Canadian Forces patients. In the mid-1990s, Passey studied two battalions who had served in the former Yugoslavia and found a 12- to 13- per-cent rate of PTSD.

Because our military is so small, he told CBC News, the front-end combat people have to go on more than one tour. And, he added, the more traumatic situations a person is exposed to, the greater risk of developing an operational stress injury such as PTSD.

Maj. Rakesh Jetly, a psychiatrist who worked at the international base hospital for two months, agrees. He said about half the patients he saw each week were suffering from acute stress. "We're

definitely seeing some of those cases," he says. "Acute stress puts people at risk for later on of developing PTSD."

The Canadian Forces now screen soldiers three to six months after they return from a mission. The "enhanced post-deployment screening process" involves a set of standard health questionnaires and an in-depth interview with a mental health professional.

If I have symptoms of post-traumatic stress disorder, what can I do to cope?

Veterans Canada recommends a few common sense tips.

- Live a healthy lifestyle, eating healthy meals, exercising regularly and getting enough rest.
- Set aside time to reflect on the trauma, rather than allow a constant stream of worrying thoughts throughout the day.
- Join or develop support groups.
- Educate yourself and your family about reactions to trauma. Understanding the condition is helpful in coming to terms with the trauma and dealing with its associated problems.