

Top tips in two minutes for Post Traumatic Stress Disorder

Why	<p>Post-traumatic Stress Disorder is a delayed and/or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause extreme distress in almost anyone.</p> <p>The lifetime prevalence rate of PTSD is between 5% to 10%.</p> <p>The onset of symptoms is usually in the first month after the traumatic event, but in a minority (less than 15%; McNally, 2003) there may be a delay of months or years before symptoms start to appear</p>
How	<p>Typical symptoms include</p> <ul style="list-style-type: none"> • Re-experiencing the trauma through intrusive thoughts and nightmares, • Intense distress when confronted with triggers; • Avoidance of stimuli associated with the trauma; • Signs of heightened irritability such as sleep disturbance, • Hyper-arousal, loss of impulse control • Emotional numbing and amnesia for significant parts of the event • Feelings of panic and fear • Depression • Anger • Unexplained physical symptoms: muscle aches, diarrhoea, palpitations, headaches <p>Symptoms are worse if</p> <ul style="list-style-type: none"> • It happens at an early age – the earlier the age, the worse the trauma • It is caused by a parent or other care giver • The trauma is severe • The trauma goes on for a long time • If the person is isolated • If the person is still in touch with the abuser and/or threats to their safety. <p>Sufferers may also develop further, secondary psychological disorders as complications of the PTSD such as</p> <ul style="list-style-type: none"> • Substance misuse disorders, • Depression including the risk of suicide, • Anxiety disorders including panic attacks <p>Scoring questionnaire: Impact of Events Scale - Revised (IES-R) Scoring: Mean scores are calculated for the whole scale and for each subscale. IAPT suggests a cut-off score of 33 or above. http://www.iapt.nhs.uk/silo/files/iapt-data-handbook-appendices-v2.pdf Appendix D10 page 36</p>
What next?	<p>Mild symptoms which have been present for less than 4 weeks - watchful waiting with follow up within a month</p> <p>NICE guidelines http://www.nice.org.uk/CG26 suggest that trauma-focussed psychological therapies (CBT or EMDR ,Eye Movement Desensitisation and Reprocessing) should be offered before medication (SSRIs), wherever possible. However, the level of impairment, does correlate well with depression, and therefore would be indicated if this is associated</p> <p>There is a morbid PTSD form that resembles Borderline Personality Disorder and may well be linked to early abuse but can be triggered by later trauma (it is sometimes called Complex PTSD). The condition also has links with ME/CFS and patients often end up on a number of medications and extensive therapy and are at high risk for iatrogenic issues.</p>
Web-links	<p>Self help patient information leaflets:</p> <p>Royal College of Psychiatrists http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx</p> <p>MIND http://www.mind.org.uk/help/diagnoses_and_conditions/post-traumatic_stress_disorder</p>
Who are you?	<p>Dr Caroline Lea-Cox CCG Clinical Lead for Mental Health and Learning Disability GP Mental Health and Learning Disability Network CCG NHS Cambridgeshire and Peterborough Dr Chess Denman Medical Director CPFT, Mr Martin Liebenberg Counselling Psychologist CPFT</p>
Date	August 2012

impact of event scale - revised

your name:

today's date:

on _____ you experienced _____ (date) (life event) below is a list of difficulties people sometimes have after stressful life events. please read each item and then indicate how distressing each difficulty has been for you <i>during the past 7 days or other agreed time:</i>		<i>how distressing?</i>				
		<i>not at all</i>	<i>a little bit</i>	<i>moder- ately</i>	<i>quite a bit</i>	<i>extre- mely</i>
		<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>a.</i>	any reminder brought back feelings about it					
<i>b.</i>	I had trouble staying asleep					
<i>c.</i>	other things kept making me think about it					
<i>d.</i>	I felt irritable and angry					
<i>e.</i>	I avoided letting myself get upset when I thought about it or was reminded of it					
<i>f.</i>	I thought about it when I didn't mean to					
<i>g.</i>	I felt as if it hadn't happened or it wasn't real					
<i>h.</i>	I stayed away from reminders about it					
<i>i.</i>	pictures about it popped into my mind					
<i>j.</i>	I was jumpy and easily startled					
<i>k.</i>	I tried not to think about it					
<i>l.</i>	I was aware that I still had a lot of feel- ings about it, but I didn't deal with them					
<i>m.</i>	my feelings about it were kind of numb					
<i>n.</i>	I found myself acting or feeling like I was back at that time					
<i>o.</i>	I had trouble falling asleep					
<i>p.</i>	I had waves of strong feelings about it					
<i>q.</i>	I tried to remove it from my memory					
<i>r.</i>	I had trouble concentrating					
<i>s.</i>	reminders of it caused me to have phys- ical reactions, such as sweating, trouble breathing, nausea. or a pounding heart					
<i>t.</i>	I had dreams about it					
<i>u.</i>	I felt watchful and on-guard					
<i>v.</i>	I tried not to talk about it					

avoidance subscale (total of e, g, h, k, l, m, q, v divided by 8) =

intrusion subscale (total of a, b, c, f, i, n, p, t divided by 8) =

hyperarousal subscale (total of d, j, o, r, s, u divided by 6) =