

## POST-TRAUMATIC STRESS DISORDER



PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. According to the National Center for PTSD, about 7 or 8 out of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men, and genes may make some people more likely to develop PTSD than others.

### Signs and Symptoms

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.



A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

#### Re-experiencing symptoms include:

Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating, Bad dreams, Frightening thoughts

#### Avoidance symptoms include:

Staying away from places, events, or objects that are reminders of the traumatic experience Avoiding thoughts or feelings related to the traumatic event

#### Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that

remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

#### Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one’s ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don’t show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age),

these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

#### Risk Factors

Not everyone with PTSD has been through a dangerous event. Some people develop PTSD after a friend or family member experiences danger or harm. The sudden, unexpected death of a loved one can also lead to PTSD.

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most people will not develop the disorder. Some resilience factors that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one’s own actions in the face of danger
- Having a positive coping strategy, or a way of getting through the bad event and learning from it.
- Being able to act and respond effectively despite feeling fear

### Treatments and Therapies

The main treatments for people with PTSD are medications, psychotherapy (“talk” therapy), or both. Everyone is different, and PTSD affects people differently so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health provider who is experienced with PTSD. Some people with PTSD need to try different treatments to find what works for their symptoms.

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Psychotherapy (sometimes called “talk therapy”) involves talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group. Talk therapy treatment for PTSD usually lasts 6 to 12 weeks, but it can last longer.

Research shows that support from family and friends can be an important part of recovery. Effective psychotherapies tend to emphasize a few key components,

including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One helpful form of therapy is called cognitive behavioral therapy, or CBT. CBT can include:

**Exposure therapy.** This helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses imagining, writing, or visiting the place

where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.

**Cognitive restructuring.** This helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about something that is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.



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## WARM WELCOME




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Dr. Mazen Hamoudi obtained his medical doctorate (MD) from the University of Baghdad in 2000. He is an American Board Certified Psychiatrist in the USA, having completed his psychiatry training at Maine General Medical Center in a program affiliated with Tufts University. [Read more](#)



**Hala Abu Taha**  
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Ms. Abu Taha graduated in 2004 from Hashemite University in Zarqa, Jordan, with a Bachelor’s degree (BSc) in Clinical Nutrition & Dietetics. She then went on to train in post-obesity surgery in Leeds, United Kingdom. In 2006, Ms. Abu Taha attended a training program for Diabetes Education Specialists in Amman, Jordan. Hala joined American Center for Psychiatry and Neurology and now seeing patients in Abu Dhabi Branch. [Read more](#)



**Bana Okasheh**  
Occupational Therapist  
Bana Okasheh received a Bachelor’s of Science (BSc) in Occupational Therapy from Jordan University of Science and Technology in Irbid, Jordan, in 2008. Additionally, in 2012 Ms. Okasheh received a Certification of Sensory Integration from the American Occupational Therapy Association. [Read more](#)



**Haneen Omar**  
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Haneen Omar is a Speech-Language Pathologist with a Master’s degree (MSc) in Speech-Language Pathology from the University of Jordan, in Amman, completed in 2002. Mrs. Haneen has a practical health license from The Ministry of Health of Jordan and equivalent qualifications from other Gulf countries in which she has previously worked, including Kuwait and Saudi Arabia. [Read more](#)