



Post -traumatic stress disorder(PTSD) in soldiers

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Intended learning outcomes:

- Define PTSD.
- Discuss the diagnostic criteria of soldiers with PTSD
- Discuss the impact of PTSD on physical health.
- Outline the psychological complications of PTSD.
- Discuss the treatment of PTSD.



Introduction:

What are the consequences of trauma?

Post traumatic stress disorder PTSD:

Posttraumatic stress disorder (PTSD) is characterized by the development of multiple symptoms after exposure to one or more traumatic events:

- 1-Traumatic events: intrusive symptoms (e.g., nightmares, flashbacks).
- 2-Avoidance.
- 3-Negative alterations in thoughts and mood.

Other mental disorders associated with PTSD

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MDD (Major depressive disorder) :

marked by episodes of depressed mood associated with loss of interest in daily activities. 02

Bipolar disorder:

1-BIPOLAR I DISORDER : Involves episodes of mania and of major depression.

2- BIPOLAR II DISORDER : recurrent major depressive episodes with hypomania.

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Anxiety disorder:

characterized by excessive or inappropriate fear or anxiety.

Impact of PTSD on physical health:



According to study used questionnaire data from a cross-sectional study that sampled Veterans engaged in a UK national Veteran's mental health charity (*N*= 403).

Data was collected between January 1 and July 31, 2016.

The result was:



Diagnosis and DSM-5 Criteria

- 1- Exposure to actual or threatened death, serious injury by directly experiencing the trauma.
- 2- Recurrent intrusions of re-experiencing the event via memories, night- mares.
- 3- At least two of the following negative cognitions/mood: dissociative amnesia, negative feelings of self/others/world, self-blame, negative emotions.
- 4- Symptoms result in significant impairment in social or occupational functioning.
- 5- At least two of the following symptoms of increased arousal/reactivity: hypervigilance, exaggerated startle response, irritability/angry outbursts, impaired concentration, insomnia.



Treatment of PTSD

Pharmacological

- First-line antidepressants: SSRIs (e.g., sertraline, citalopram) or SNRIs (e.g., venlafaxine).
- Prazosin, a1-receptor antagonist, targets nightmares and hypervigilance.
- May augment with atypical (secondgeneration) antipsychotics in sever cases.

Psychotherapy

- Specialized forms of CBT (e.g., exposure therapy, cognitive processing therapy).
- Supportive and psychodynamic therapy.
- Couples/family therapy.

PTSD in Libya!

Libya suffered from war for many years, the result was destruction and devastation, but the the most important thing is what happened to the people who are still alive after the war.

Many of these people suffer from PTSD, without attention, awareness, or treatment.

In conclusion:

PTSD is having intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people.

References:

1. GANTI L. FIRST AID FOR THE PSYCHIATRY CLERKSHIP, FIFTH EDITION. 5th ed. NEW YORK: MCGRAW-HILL EDUCATION; 2018.

2. Sharp M, Busuttil W, Murphy D. Examining physical health conditions and associations of pain, obesity, and function of UK Veterans diagnosed with PTSD and other mental health conditions. Journal of Military, Veteran and Family Health. 2019;5(2):75–87.

