

Post-Traumatic Stress Disorder (PTSD): Comprehensive Overview

Introduction

Post-Traumatic Stress Disorder (PTSD) is a psychiatric condition that can occur in people who have experienced or witnessed a traumatic event, such as natural disasters, combat, sexual assault, serious accidents, or interpersonal violence. PTSD affects children, adolescents, and adults, and is characterized by persistent, intrusive symptoms related to the traumatic event, avoidance behaviors, negative alterations in mood and cognition, and hyperarousal.

DSM-5-TR Diagnostic Criteria for PTSD

According to the DSM-5-TR, PTSD requires exposure to actual or threatened death, serious injury, or sexual violence. The diagnostic criteria include the following clusters:

- Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence.
- Criterion B: Presence of one or more intrusion symptoms (e.g., intrusive memories, flashbacks, nightmares).
- Criterion C: Persistent avoidance of stimuli associated with the trauma.
- Criterion D: Negative alterations in cognitions and mood associated with the trauma (e.g., persistent negative beliefs, blame, anhedonia).
- Criterion E: Marked alterations in arousal and reactivity (e.g., hypervigilance, exaggerated startle response, irritability, sleep disturbance).
- Criterion F: Duration of disturbance is more than one month.
- Criterion G: Disturbance causes clinically significant distress or impairment.
- Criterion H: Symptoms are not attributable to the physiological effects of a substance or medical condition.

Causes and Risk Factors

PTSD is multifactorial in etiology, influenced by biological, psychological, and environmental factors. Key risk factors include:

- Direct exposure to severe trauma or repeated trauma.
- History of childhood abuse, neglect, or adverse childhood experiences (ACEs).
- Genetic vulnerability and family history of mental illness.
- Pre-existing anxiety, depression, or other psychiatric disorders.
- Neurobiological dysregulation of the HPA axis and amygdala hyperactivity.
- Limited social support and post-trauma stressors (e.g., financial, relational).

Symptoms Across the Lifespan

PTSD presents differently across developmental stages:

Children

- Repetitive play reflecting trauma themes
- Nightmares without recognizable trauma content
- Regressive behaviors (e.g., bedwetting, separation anxiety)
- Irritability, tantrums, and hypervigilance

Adolescents

- Intrusive thoughts and flashbacks
- Emotional numbing and detachment
- Risk-taking and self-destructive behaviors
- Academic difficulties, irritability, and aggression

Adults

- Recurrent intrusive memories, nightmares, and flashbacks
- Avoidance of trauma-related stimuli
- Negative cognitions (guilt, shame, distorted blame)
- Hyperarousal (insomnia, hypervigilance, startle response)
- Co-occurring depression, anxiety, or substance use disorders

Treatment Approaches

Psychotherapy

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Group therapy and family-based interventions

Pharmacological Treatments

- First-line: SSRIs (sertraline, paroxetine, fluoxetine) and SNRIs (venlafaxine)
- Adjunctive: Prazosin for trauma-related nightmares
- Limited evidence for atypical antipsychotics as augmentation

Integrative and Holistic Approaches

- Mindfulness-based stress reduction (MBSR)
- Yoga and somatic experiencing
- Spiritual practices and faith-based interventions
- Social support and community engagement

Prognosis

With timely intervention, many individuals experience significant improvement. However, PTSD can become chronic if untreated, leading to impaired functioning and comorbidities such as depression, substance use, and increased suicide risk. Resilience factors, including strong social support, healthy coping strategies, and access to evidence-based treatment, improve prognosis.

References

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