



News Release

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PTSD Affects People from All Walks of Life

Understanding, Therapy Can Benefit Those Battling Disorder

Approximately one in 11 people will be diagnosed with posttraumatic stress disorder (PTSD) during their lifetime according to estimates from the American Psychiatric Association. The condition annually affects approximately 3.5 percent of U.S. adults every year, and women are twice as likely as men to develop PTSD.

Sarah Mallard Wakefield, M.D., chair of the Department of Psychiatry at the Texas Tech University Health Sciences Center School of Medicine, said PTSD develops in the sympathetic nervous system, a part of the body's autonomic, or automatic nervous system.

The sympathetic nervous system is in charge of what we commonly call the fight-or-flight response. The other component of the autonomic nervous system, the parasympathetic, is known as the rest and digest system because it is most active when we are calm. The sympathetic nervous system can help prepare and react during dangerous situations or when we are participating in sports or other strenuous activities and need more oxygen to our muscles. At its core, Wakefield said, PTSD is an over-activation of the sympathetic nervous system triggered by a past trauma, sending the body into a fight-or-flight response when it is not needed.

Unlike generalized anxiety, which tends to be related more to a person's genetics or epigenetics, Wakefield said PTSD is a response to a situation during which the person thought their life was or bodily integrity was in peril.

"PTSD sends your body a signal that you need to be on alert, that [the threat] may be happening at any time," Wakefield added. "But it's a new state; you're not born into PTSD."

Though it is not yet known why PTSD affects some people and not others, approximately one in three persons exposed to a major traumatic event will end up with PTSD. Many of those affected come from law enforcement and the military, but Wakefield said health care workers, victims of sexual assaults, natural disaster survivors and children exposed to trauma also are among those most impacted by PTSD.

Wakefield said there's also investigations into whether or not the surprise of the trauma increases the rate of PTSD. For example, if a person were going into a combat situation for which they had been trained, do they have the same likelihood of developing PTSD as does someone in the military who encounters the same combat situation, but hasn't received the same training?

When exposed to traumas, more women develop PTSD than do men. Wakefield said this could be because sexual assault is a significant trigger for PTSD, and women experience a much higher rate of sexual assault. It also could be related to hormones or other biological differences in the trauma experience and response typically encountered by men and women.

Children, too, are vulnerable to developing PTSD. In fact, Wakefield said, the younger a person is, the more likely it is that feelings of hopelessness, loss of control or extreme fear will become a trigger for PTSD. A repetitive trauma such as abuse also can be a trigger, especially for younger people who experience traumas as their neurological systems are developing.

“For children especially, witnessing or being concerned that their parent might die could be a trigger,” Wakefield said. “There's also some discussion about witnessing things such as repetitive deaths on television; does that stimulates a fear in the child that they also are in danger and could die?”

Wakefield said there are three primary symptoms that can indicate whether or not someone who has experienced a situation generally considered to be traumatic is at risk of developing PTSD, including:

- Hyperarousal – a response from the sympathetic nervous system that elevates the heart and breathing rates, increases skin conductance and sweating and can lead to dissociation, a situation where the sympathetic nervous system takes over and almost shuts down any other thinking.
- Re-experiencing – flashbacks, nightmares or other intrusive thoughts that may cause a person to recall a past trauma.
- Avoidance – evading or fleeing from any trigger that recalls a past trauma, such as getting into a car again following a major accident. Considered to be the most functionally impairing symptom of PTSD, avoidance can functionally impair how one moves through their world.

Though there are ways to treat PTSD, Wakefield said the neurologic system also can repair itself, especially if the person is not experiencing triggers that make them think that trauma will happen again and if that person did not have previous insult to their sympathetic nervous system. Exposure therapy and cognitive restructuring also are effective treatments for PTSD, but they do require effort.

Exposure therapy involves confronting the trigger gradually with the help of a therapist. The process often includes having the person think and then write about the trauma before finally entering a location or circumstance where the trigger might be. Cognitive restructuring is a therapeutic technique that helps people identify and then work toward changing or eliminating the negative thought patterns caused by PTSD. In both cases, people learn warning signs and how to regain control of their sympathetic nervous system when it has been hijacked by PTSD.

There are very few medications prescribed specifically to treat PTSD, though there are medicines that can help address some symptoms such as nightmares, loss of sleep and anxiety. Wakefield said these medications aren't intended to cure or erase PTSD, but rather to lower the symptom load so the patient can engage in the therapies necessary to move past PTSD.

There are many strategies to support a loved one or a patient with PTSD. Recognize that it exists, support with calming words and ask what they need because they may not know. One can help them take deep breaths, focusing on lengthening the duration of their exhale, or give them a glass of water. These simple interventions can actually short-circuit the fight-or-flight response. It is important for clinicians and educators to be educated in a trauma-informed approach.

“The idea of trauma-informed care is being aware of how many people experience traumas, how that affects our brain over time, [and then] assimilating that into our diagnosis, assessment and treatment structure,” Wakefield said. “[When] people can understand what's happened to their body and brain, they can regain control of it and move through their life in a healthier way.”