



**ACUTE STRESS DISORDER (ASD)  
AND  
POST TRAUMATIC STRESS DISORDER  
(PTSD)**

**Information for Patients and Families  
Covenant Health**

**Mental Health Program**

**Grey Nuns Community Hospital & Misericordia Community Hospital**

This pamphlet will give you detailed information about Acute Stress Disorder and Post Traumatic Stress Disorder.

Stress is a part of everyday life. Everyone has to deal with the problems and activities of daily living. At times, everyone has to deal with extraordinary stress such as a personal illness, illness or death of a loved one, problems such as bankruptcy, a move to a new location, sudden unemployment, the car breaking down and so on. Even though it feels at the time that we cannot get through this, nonetheless, our bodies and central nervous system are well designed to deal with normal stress. It is a matter of survival and our body's response is a biological process that is the result of evolution.

Some of us have the misfortune to be exposed to stressful situations of a greater magnitude. We may experience, witness, or be confronted with an event or series of events that threaten serious injury or death. This may be a threat to our physical integrity or that of others, particularly ones that are very close to us.

Such catastrophic stressful events can be a major car accident, fire in our home, being held hostage, being robbed by someone with a dangerous weapon, an earthquake or flood, a civil riot, or even war. Our physical and personal integrity may be severely threatened by witnessing others being injured, or a horrific situation such as the aftermath of war. The possible situations are endless. It has been estimated that most individuals will have experienced one or more traumatic events of this type over their lifetime.

### **What Causes PTSD?**

PTSD is the result of a major 'fight or flight' reaction of the central nervous system in response to danger. The difference is that because of the nature of the traumatic experience, no fight or flight is possible or is very difficult.

Evolution has created a mechanism in our bodies that gears us up to respond to danger. If we perceive danger, all the systems in the body conducive to defense gear up and all the unnecessary systems gear down. This is controlled by our emotional or protective brain. The response is automatic. We do not think about it and we are unable to control the response through thinking or using the reasoning part of the brain. The response is protective and if we could reason it away, it would no longer be effective.

This protective or defensive reaction involves a specific part of the brain, which, when triggered, sends signals to the rest of the brain and body. This results in the following:

- Vigilance and startle response increases
- The feeling of fear is produced

- Heart rate increases
- Blood flow to the muscles increases
- Breathing increases
- Cortisol is released from the adrenal glands

The brain shuts down various organ systems that are unnecessary at the time.

- Concentration is impaired (we don't need to think but to react)
- Emotions are numbed (it would be detrimental to become overwhelmed with emotion) in an emergency situation
- The gastrointestinal system and urinary system shuts down
- The bladder and bowels may empty reflexly (this reduces unnecessary weight)
- Pain perception decreases (if we experience pain it may immobilize us)

### Why do some individuals develop PTSD and others do not?

Not everyone develops PTSD. It has been estimated that about 9-13% of individuals who have experienced a life threatening or similar event will actually develop the full syndrome of PTSD.

There are many factors that increase the likelihood of someone developing PTSD. These factors include:

- A genetic predisposition
- Previous milder traumas, particularly in childhood that may have sensitized the individual
- The nature of the trauma
  - The degree of horror
  - The degree of feelings of being helpless
  - The length of time the person was exposed to the trauma
- How vulnerable the person may have been at the time
- Personal characteristics
  - Past experience, training may lessen the impact
  - Extremes of age, the young and the old
  - Poor physical health which may enhance the sense of vulnerability
- Life situation at the time
  - Any factors that make an individual more vulnerable such as recent divorce, unemployment
  - Whether the trauma was experienced alone or with other individuals.

However, everyone can potentially develop PTSD. There is no way to predict who will and who will not. Individuals who may seem to be very resistant or 'strong' may develop the syndrome as much as individuals who seem vulnerable and anxious much of the time.

It is very important to know that developing ASD and PTSD is not a sign of weakness or poor psychological health. What is more concerning are those individuals who appear to be totally untouched or unmoved by a horrible traumatic event.

<b>Acute Stress Disorder (ASD)</b>	<b>Post Traumatic Stress Disorder (PTSD)</b>
A time limited reaction to the experience of, witness to, or being confronted by an event or events that involved actual or threatened death or serious	Response triggered by the experience of a life threatening experience, witnessing such an event or experiencing a threat to the physical integrity of self or

injury, or a threat to the physical integrity of self or others. The individual's response involves intense fear, helplessness, or horror.	others. The individual's response involves intense fear, helplessness, or horror.
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<p><b>Duration (ASD)</b> A minimum of two days and a maximum of four weeks. Symptoms occur within 4 weeks of the traumatic event.</p>	<p><b>Duration (PTSD)</b> Prolonged and may last months to years. It can also be delayed in onset, occurring many months or even years after the traumatic event.</p>
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<p><b>Symptoms (ASD)</b></p> <ul style="list-style-type: none"> <li>• Sense of numbness, detachment, or absence of emotions.</li> <li>• Feeling of unreality</li> <li>• Unable to recall all the events of the traumatic event.</li> <li>• Recurrent images, thoughts, dreams, flashbacks, or a sense of reliving the experience.</li> <li>• Avoidance of reminders of the traumatic event.</li> <li>• Anxious feeling, increased startle response, restlessness, poor concentration.</li> <li>• Difficulty sleeping,</li> <li>• Impaired functioning.</li> <li>• May go on to develop PTSD.</li> </ul>	<p><b>Symptoms (PTSD)</b></p> <ul style="list-style-type: none"> <li>• Recurrent and intrusive memories of the event.</li> <li>• Recurrent and distressing dreams of the event.</li> <li>• Acting and feeling as if the traumatic event was recurring such as having vivid memories, flashbacks, hallucinations to do with the event.</li> <li>• Intense distress in response to reminders of the event.</li> <li>• Persistent avoidance of any stimuli associated with the trauma. There are efforts to avoid thoughts, feelings or conversations about the event.</li> <li>• Efforts to avoid activities, places or people that cause recollections of the event:</li> <li>• An inability to remember important aspects of the trauma,</li> <li>• A feeling of being detached,</li> <li>• A sense of foreboding about the future.</li> <li>• Significant psychiatric symptoms such as generalized anxiety, panic attacks, irritability, anger outbursts and sleep disturbance with disturbing and recurrent nightmares.</li> <li>• Physical symptoms such as problems with sleep, irritability and anger outbursts, difficulty concentrating, increased vigilance and worry, exaggerated startle response.</li> </ul>
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<b>Treatment (ASD)</b>	<b>Treatment (PTSD)</b>
<ul style="list-style-type: none"> <li>• Talk about the experience with someone you trust</li> <li>• Medications such as lorazepam (Ativan), clonazepam(Rivotril), oxazepam(Serax), and alprazolam (Xanax) may help with symptoms of anxiety, tension, worry, or sleep disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• Antidepressants are useful for the depression, irritability and anger outbursts as well as the generalized anxiety</li> <li>• The benzodiazepine antianxiety agents may be helpful for generalized anxiety and panic attacks</li> <li>• The antihistamine drug called cyproheptadine (Periactin) and the antihypertensive medication called Prazosin(Minipress) can be helpful to decrease the intensity of recurrent nightmares. It is important to reaffirm the individual's pain and suffering. Emotions, such as anger and blaming others for what happened, survivor guilt if the traumatic event involved the death of others, or continuing to be in the role of a victim may be very destructive. Through what is known as cognitive therapy, destructive or negative ways of thinking can be refocused into a positive way of thinking.</li> <li>• Psychotherapy or talk therapy is essential. Individuals with PTSD are encouraged to talk about experiences but only if they wish to do so. For many, the protective mental mechanism called repression may have walled off painful memories. This would only serve to have the individual re-experience the traumatic event. Talk therapy also focuses on adjustment problems and relationship problems that may be the result of PTSD.</li> </ul>

In the situation of a near death or perceived near death experience, all of the brain circuitry that has to do with fear and flight or fight, is very intensely involved. Evolution has made us so that we do not readily forget the experience so as not to repeat it. This explains why in both ASD and PTSD there is increased startle response, increased vigilance, a continuation of emotional numbing, intrusive reminders of the experience, over reaction to reminders of the experience, recurrent nightmares, and so on. Having almost died once (according to our emotional brain experience), our brain is saying this is not going to happen again and gives us constant reminders to try and protect us.

For reasons that are totally unclear, but may be due to genetic vulnerability or other factors, some individuals end up with enduring symptoms that may be with them for the rest of their lives.

The majority of individuals who have PTSD recover from most of their symptoms and the disability associated with this. However, as the result of a life threatening experience, the physiology of the central nervous system can be permanently altered in many individuals. As a result, they may always have an increased startle response,

avoidance of reminders of the traumatic event, or intrusive recollections of the event from time to time. This may be with them for the rest of their lives.

It needs to be understood by family and friends of an individual with PTSD that these symptoms are beyond their control.

It is important for individuals who have PTSD to seek professional help.

**WHERE CAN YOU GET MORE INFORMATION?**

- ask your doctor or nurse or Call Health Link 708-408-5465

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