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Posttraumatic Stress Disorder: A Growing Epidemic

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ABSTRACT

Posttraumatic Stress Disorder is considered as a disorder of emotional memory that involves abnormalities in brain function. Mostly children and women are easily by traumatic exposure leading to PTSD. PTSD is viewed as the fourth most common psychiatric diagnosis, affecting 10% of all men and 18% of all women.

Posttraumatic Stress Disorder is considered as a disorder of emotional memory that involves abnormalities in brain function, when a person is exposed to one or more traumatic events, such as major stress, sexual assault, terrorism, or other threats on a person's life. Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness.

Hurricane results in disaster-related displacement, relocation, injury, and personal and financial loss. This post-event traumatic exposure results in posttraumatic stress disorder. Hurricane Sandy leaves individuals in grave danger, destroyed homes and neighborhoods, and for many, who lived in flooded areas, resulted in months of being displaced or living in homes requiring extensive repairs. There will be a psychological impact on the people exposed to this disaster ^[1,2].

Mostly children and women are easily by traumatic exposure leading to PTSD ^[3]. Since children form a significant population worldwide, recognition of psychiatric problems in children is important. Approximately, 20 percent of individuals exposed to a significant traumatic event will develop PTSD and children may be at an even higher risk ^[4].

Female Victims of Domestic Violence are mostly identified with PTSD. The lifetime prevalence rate for women of victimization from intimate partner violence is between 15% and 71%, and approximately 31% to 84% of women who are the victims of intimate partner violence have PTSD ^[5].

Emotional consequences resulting from traffic accidents are believed to be considerable, and expected to occur in victims of road traffic accidents ^[6]. Either by direct experience of a traumatic event or by seeing this event in person, this exposure can leads to a Post-traumatic-Stress-Disorder (PTSD).

Evidence shows that Posttraumatic Stress Disorder (PTSD) patients have low basal cortisol levels and Glucocorticoid-Receptor (GR) super sensitivity following a pharmacological challenge ^[7]. There has been extensive debate in the literature regarding whether mild traumatic brain injury (mTBI) has a strong effect on the development of PTSD in civilian populations. In a recent study, it was identified that the overall incidence of PTSD is 14% in mTBI patients and 9% in general trauma patients among the 2690 civilian populations ^[8]. The results indicate that mTBI patients are more prone to develop PTSD than general trauma patients without mTBI in civilian settings.

PTSD is viewed as the fourth most common psychiatric diagnosis, affecting 10% of all men and 18% of all women. The lifetime prevalence of PTSD is 6.8%, and the 12-month prevalence is 3.5% among general adults in the United States. Posttraumatic stress disorder (PTSD) is a complex anxiety disorder associated with Genetic factors. Recently a variant rs4790904 in the protein kinase C alpha (PRKCA) gene has been shown to be associated with

PTSD risk [9]. Cognitive complaints included intermittent difficulties with word finding, decreased short-term memory and forgetfulness, and spelling and numbering errors [10].

Moreover, patients with PTSD have high rates of comorbid psychiatric disorders such as depressive disorders, anxiety disorders, substance use disorders, and personality disorders, etc. Posttraumatic stress disorder (PTSD) syndrome is accompanied by the changes in autonomic nervous system, and heart rate variability (HRV) parameters assess the balance of sympathetic and parasympathetic influences on heart rate. HRV is a promising psychophysiological marker of PTSD [11].

The primary treatment methods for PTSD are psychotherapy and medication. Psychotherapy is often used to treat emotional problems and mental health conditions. For the treatment to be effective, an integrative approach by consolidating pharmacotherapy and psychotherapy has also been applied in PTSD treatment [12].

Person experienced a traumatic stress may develop dissociative symptoms are considered "intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred. With Comprehensive Resource Model therapy, traumatic memories are accessed through either eye position or body activation and process through the hippocampus, releasing the disturbing aspects of the traumatic memory until it is no longer bothersome and can integrate into autobiographical memory. The Comprehensive Resource Model, particularly the Resource Energy Grid, gave a safe, viable approach to treat some extremely difficult manifestations [13].

Social interactions contribute significantly to emotional regulation and, hence, foster resilience for psychopathological states and diseases. Specifically, social support is supposed to buffer the development and distress in Posttraumatic Stress Disorder (PTSD) [14].

Veterans experience the man-made disaster and are likely to suffer from mental disorders when affected with Mild Traumatic Brain Injury [15]. Veterans experience traumas like Natural disaster, Fire/explosion, Motor vehicle accident, Other serious accident, Exposure to toxic substance, Physical assault, Assault with weapon, Sexual assault, Other unwanted sexual, experience, Combat, Captivity, Life-threatening injury/illness, Severe human suffering, Witness violent death, Sudden, unexpected death of loved one, Caused serious injury/death of another, Other very stressful event etc [16]. Returning Veterans (RVs) face heterogeneous challenges including posttraumatic stress disorder, traumatic brain injuries, and substance dependence [17].

If left untreated, PTSD can last for years and lead to a range of problems, including substance abuse, job loss, and suicide. There is evidence indicating that PTSD is under-diagnosed both in primary care and psychiatric outpatient settings. It can often be misdiagnosed as Posttraumatic Stress Disorder (PTSD) as the symptoms can be similar or not diagnosed at all [18]. The reason for the low recognition rate might be due to the overlapping of PTSD symptoms with many other psychiatric diagnoses, patients' attitudes towards trauma, including avoidance of discussing PTSD-related trauma, and repression of traumatic experiences. Furthermore, people with PTSD are more prone to have high co-morbidity with other mental health conditions, poor physical health, high levels of somatic symptoms, and increased use of primary health care services [19].

Pets are also credited with improving both the mental and physical health of their owners by offering emotional benefits of companionship, affection, and unconditional love. This can also be a better way of treating a person with PTSD. Psycho-education promotes self-management in conditions such as PTSD. The Traumatic Life Events Questionnaire (TLEQ) and PTSD Checklist for Civilians Questionnaire (PCL-C), both developed by the National PTSD Center are easy to use and available to the public for free [20].

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