

Learn about...

Post-Traumatic Stress Disorder

You're driving down the highway, the road is wet and cars keep racing past you, splashing water on to your windshield. Suddenly you lose control of the car and feel the car plummeting down an embankment. You hear glass breaking, metal screeching and feel searing pain all over your body. You open your eyes and realize that you're sitting in your cubicle at work on a sunny Tuesday. You've just relived the car accident you were in two months ago for the hundredth time since it happened.

People are strong, but when faced with this kind of trauma sometimes it's too much to bear. Often after a traumatic event like a car accident or being a victim of crime, people continue to relive the experience through flashbacks and it starts to impact their lives in a big way. This is called post-traumatic distress disorder, and it's a form of mental illness.

What is it?

Post-traumatic stress disorder (PTSD for short) is a type of anxiety disorder that can appear after a traumatic event. Traumatic events can include:

- **Natural disasters**, such as:
 - › hurricane
 - › earthquake
- **Crime**
 - › rape or physical assault (including childhood abuse and relationship violence)
 - › burglary, mugging or hold-up
- **War**
 - › military combat or peacekeeping
 - › war crimes
 - › torture
 - › a civilian in a war zone
- **Major accidents**
 - › workplace
 - › automobile
 - › airplane
- **Being a witness to any of the above**



Symptoms of post-traumatic stress disorder usually appear about three months after the event but can show up even years later. Sometimes a life event such as the death of someone you know, another traumatic event or the birth of a baby can trigger the onset of PTSD well after the original trauma occurred. Often depression, drug or alcohol use problems can show up along with post-traumatic stress disorder.

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Could I have post-traumatic stress disorder?

It's normal to feel stressed, anxious, shocked and overwhelmed immediately after a traumatic event. It's also normal to feel different things or not much of anything at all—people respond differently to different situations. Most people who experience trauma won't develop post-traumatic stress disorder. But if you feel as though you've lost control of your life, that the memory of the event is controlling you, or have several of the following symptoms for more than a month, you should talk to your doctor.

- Recurring thoughts, 'flashbacks' or nightmares about the event (Each person's experience with flashbacks is unique. Some people have "complete" flashbacks like the example in the opening paragraph of this fact sheet while others may re-experience a feeling, smell, sight or sound from the event without losing touch with the present.)
- Changes in sleep patterns or appetite
- Anxiety and fear, especially when confronted with events or situations that remind you of the trauma
- Feeling "on edge," being easily startled or becoming overly alert
- Crying for no reason, feeling despair and hopelessness or other symptoms of depression
- Memory problems including finding it difficult to remember parts of the trauma
- Feeling scattered and unable to focus on work or daily activities
- Difficulty making decisions
- Irritability or agitation
- Anger or resentment
- Guilt
- Emotional numbness or withdrawal
- Sudden overprotectiveness and fear for the safety of loved ones
- Avoidance of activities, places or even people that remind you of the event
- Other physical health problems like dizziness, stomach upset or less ability to fight off sickness or infection

Who does it affect?

While many people will experience a traumatic event at some point in their lives, only 8% people will experience post-traumatic stress disorder in their lifetime. There are some groups that are at higher risk of post-traumatic stress disorder than others:

- **People in certain occupations** — are at higher risk. A study out of the University of British Columbia found that emergency personnel such as doctors, nurses, paramedics and firefighters experience post-traumatic stress at twice the rate of the average population. In Canada, it is estimated that up to 10% of war zone veterans — including war service veterans and peacekeeping forces — will go on to experience post-traumatic stress disorder.
- **Women** — are twice as likely as men to be diagnosed with post-traumatic stress disorder. The reasons for this are unclear.
- **Refugees** — are at higher risk for post-traumatic stress disorder as a result of the stressful events that forced them to flee their homeland and the difficulties involved in moving to a new country.
- **Aboriginal people** — who attended residential schools* have reported experiencing post-traumatic stress disorder as a result of the abuse that took place. A small percentage of residential school survivors have reported this phenomenon now called Residential School Syndrome.

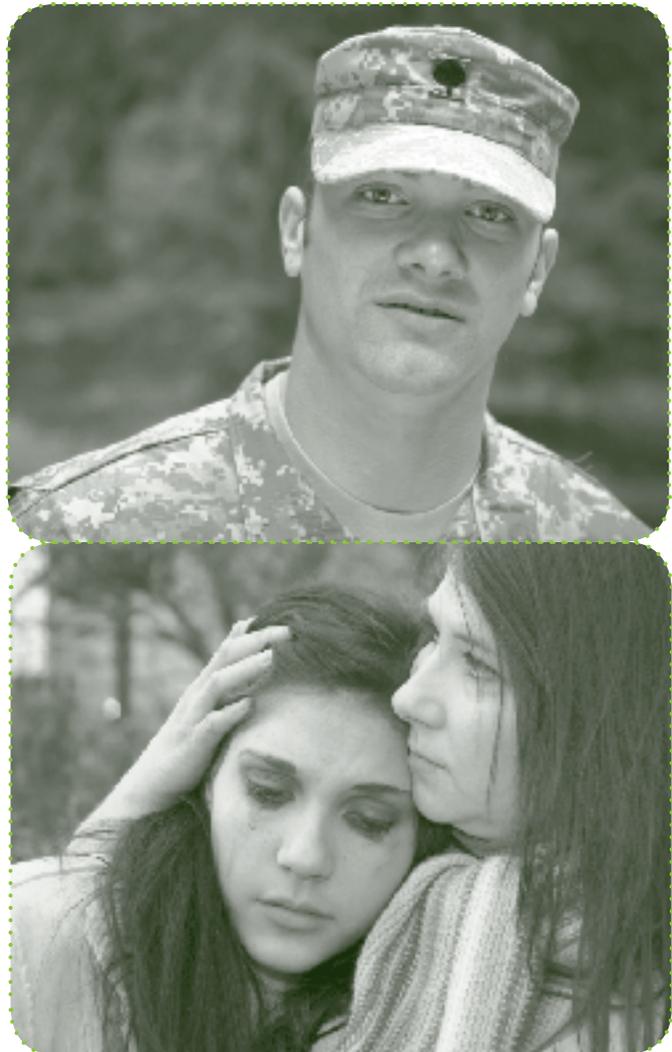
**Residential schools were Church-run, government-funded schools for native children, set up during the early 1900's. The schools were supposed to prepare aboriginal children for life in white society. Some children who attended the schools were subjected to physical, sexual and emotional abuse. The last residential school didn't close until 1996.*

What can I do about it?

There are many different treatments for post-traumatic stress disorder including:

- **Cognitive-behavioural therapy (CBT):** A therapist can help teach you better ways to cope with your anxiety and work with you to help you change your harmful thoughts, feelings and behaviours. CBT can be done one on one or in a group.
 - › Exposure therapy is often part of CBT therapy. In exposure, you are guided to gradually and carefully re-live parts of the experience to work through the trauma and face your fears and responses head-on.
- **Support groups:** Many people with post-traumatic stress disorder find anxiety support groups helpful. They can help you realize that you're not alone and what you are going through is very understandable.
- **Medications:** Certain types of anti-depressants or anti-anxiety medications can be helpful in managing some of the symptoms of post-traumatic stress disorder or helping prevent relapses.

Eventually, with treatment, most people are able to feel comfortable in their own skin again and move on to the point where they can remember the traumatic event without reliving it.



Why do some people develop PTSD and others don't, even after the same traumatic event?

Human beings are incredibly resilient; they can bounce back and recover from stresses well. But sometimes our unique makeups can make an event too much for us to bear. Of all the people who will experience a traumatic event, only about 15% will have a lasting and harmful impact after it. Not all of these responses would be post-traumatic stress disorder. Why some people develop the disorder and others don't is complex and has to do with many factors that are as unique and difficult to figure out as people are. Factors may include how we've faced other challenging or dangerous events in the past, our lifetime of learning how to react to these kinds of events, and our emotional styles which include genetic factors—plus some of the issues raised in this fact sheet.

Where do I go from here?

If you think you or someone you care about has post-traumatic stress disorder the best thing to do is talk to your doctor. Together you can decide which of the above treatments, if any, would be best for you. In addition to talking to your family doctor, check out the resources below for more PTSD information.

Other helpful resources are:

BC Mental Health Information Line

Call 1-800-661-2121 (toll-free in BC) or 604-669-7600 (in Greater Vancouver) for information, community resources, or publications.

AnxietyBC

Visit www.anxietybc.com or call 604-525-7566 for information and community resources on anxiety.

BC Partners for Mental Health and Addictions Information

Visit www.heretohelp.bc.ca for our Anxiety Disorders Toolkit, message board, more fact sheets, and personal stories and articles about post-traumatic stress disorder. The Toolkit is full of information, tips and self-tests to help you understand your anxiety disorder.

Resources available in many languages:

*For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

VictimLink

If your trauma is a result of crimes like rape or relationship violence, assault or burglary, call 1-800-563-0808 (toll-free in BC and Yukon) 24 hours a day.

BC NurseLine

Call 1-866-215-4700 (toll-free in BC), 604-215-4700 (in Greater Vancouver) or 1-866-889-4700 (if you are deaf or hard of hearing). BC NurseLine provides confidential health information and advice. If English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available. Anywhere in the province, call BC NurseLine to speak to a registered nurse 24-hours or a pharmacist from 5 pm to 9 am every day. Have your CareCard number ready. If you do not have a CareCard or don't want to give your CareCard number, you can still get service.

