

# Frequently Asked Questions

## *Posttraumatic Stress Disorder*

### **Q: What is Posttraumatic Stress Disorder?**

**A:** Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following experiencing or witnessing of a terrifying event or ordeal in which grave physical harm occurred or was threatened. Examples of such events include military combat, natural disasters, terrorist incidents, serious accidents, abuse (sexual, physical, emotional, ritual), and violent personal assaults, like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, avoid reminders of the traumatic event, and feel detached or estranged. Individuals can also have difficulty sleeping and concentrating, feel irritable and constantly on guard, and may be easily startled. Symptoms can be severe and last long enough to significantly impair an individual's daily life. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, alcohol or other substance abuse. The disorder is also associated with impairment of an individual's ability to function in social or family settings, including job instability, marital, and family problems.

### **Q: How common is PTSD?**

**A:** An estimated 5.2 million American adults (3.6 %) have PTSD in a given year (1). About 30 percent of Vietnam veterans developed PTSD at some point following the war (2). The disorder has been detected among veterans of the Persian Gulf War, with some estimates running as high as 8 percent (3). A recent survey found that 15.6 to 17.1% of service members met screening criteria for Posttraumatic Stress Disorder after duty in Iraq (3).

### **Q: What treatments are helpful for PTSD?**

**A:** In general, exposure therapy and cognitive restructuring are among the most effective treatments for PTSD (4). Some researchers suggest that Eye Movement Desensitization and Reprocessing (EMDR) also appears to be effective; however this technique is highly controversial and the therapeutic benefit for the rapid eye movement component of this therapy has not been consistently demonstrated. Psychological debriefing is not recommended for use with individuals exposed to trauma and there is insufficient evidence to recommend for or against conducting structured group debriefing (5). Antidepressant medication can be beneficial in the treatment of PTSD, and anti-anxiety medications can help reduce anxiety symptoms and improve sleep. Individual body

chemistries are unique. One antidepressant medication does not fit all. One class of antidepressant may be more effective over another. Therefore, an individual may need to test a couple of different medications before finding the one that works best. While anti-anxiety medications can help reduce anxiety symptoms and improve sleep, be aware that benzodiazepine (a type of anti-anxiety medication) can lead to dependence problems, so it is important to work closely with your provider to make sure that a medication and dosage is right for you.

**Q: How do I locate specialists or support groups for PTSD?**

**A:** If you are a veteran you can contact your local VA Hospital, call the VA Health Benefits Service Center toll free at 1-877-222-VETS, or visit [Specialized PTSD Treatment Programs](#) in the U.S. Department of Veterans Affairs online. Web links and telephone numbers for the following organizations with referral capabilities include: [Association for the Advancement of Behavior Therapy](#), 212-647-1890; [Anxiety Disorders Association of America](#), 240-485-1001; and [American Psychological Association](#), 1-800-964-2000.

[Find a TRICARE Provider](#) or call 1-888-TRIWEST.

[Resources for U.S. Service Members Returning from Deployment](#)

**Q: Do I have to see a specialist in order to get help?**

**A:** Your primary care doctor may be able to prescribe medications for PTSD symptoms. You can discuss drug therapies with your physician during your general medical appointment. An excellent resource is available to help lead a discussion with your physician entitled [Discussing Trauma and PTSD with Your Doctor](#).

There are also a number of steps you can take on your own to address your PTSD symptoms. Check out the self help tools offered on this site. Finally, not all help needs to be provided by a medical professional. Sometimes family, friends, or clergy can be excellent sources of support.

**References:**

This was modified from the National Center for PTSD FAQ and the National Institute of Mental Health, [Reliving Trauma: Posttraumatic Stress Disorder](#).

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5 Veterans Health Administration, Department of Defense. VA/DoD clinical practice guideline for the management of post-traumatic stress. Version 1.0. Washington ( DC ): Veterans Health Administration, Department of Defense; 2004 Jan.

6 American Psychiatric Association. Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder. Arlington (VA): American Psychiatric Association; 2004 Nov.