

Patient information from the BMJ Group

Post traumatic stress disorder

Post-traumatic stress disorder (PTSD) can affect people who've been involved in a frightening or dangerous event. But it doesn't just affect people who are directly involved. You can also get it if you've witnessed a traumatic event, or been involved in another way, perhaps as a member of the emergency services.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What is PTSD?

It's normal to feel frightened or anxious after something traumatic happens to you. Although these feelings are upsetting, they usually go away after a few weeks. If these feelings last for longer than a month, or stop you getting on with your life, then you may have PTSD.

Most people have symptoms of PTSD straight after they've been through a traumatic event. But for some people, the symptoms don't start until months or years later.

People often think that you only get PTSD if you've survived something terrifying, like a rape or a war. But lots of other things can cause it too. For example, you can get PTSD if someone close to you dies suddenly, if you've been assaulted, or if you've been involved in a traffic accident.

What are the symptoms?

If you have PTSD, you may have strong memories of a traumatic event. You may have flashbacks, where you feel you're living through the event again. Or you may have nightmares about it. Some people try not to talk or think about what happened, and avoid people or places that remind them about it.

PTSD can also make you feel alert, tense or nervous. Or you may be irritable and angry. This can put a strain on your relationships with family or friends.

Some people also have physical symptoms. You may feel dizzy, feel sick, or have headaches, or feel as if your heart is beating very fast or hard.

A lot of these feelings are normal. It's always hard to recover after a frightening event. But if you have PTSD, your symptoms don't fade with time. And they may start to interfere with your life.

PTSD can be difficult for doctors to spot. You may not like talking about the traumatic event you went through. But it's important to tell your doctor about it. Doctors may mistake PTSD for other illnesses, such as depression, if they don't know about the traumatic experience that the person went through.

What treatments work?

Drugs and talking treatments are both used to treat PTSD. Guidelines for doctors say you should be offered a talking treatment first. But you can talk to your doctor about the kind of treatment you'd prefer.

Talking treatments

A talking treatment called **cognitive behaviour therapy** can help people who have PTSD. This kind of therapy is a short, practical treatment. It focuses on helping you understand your thoughts and feelings, and find practical ways of coping with them. You'll probably be offered around 10 sessions lasting an hour or so, with more sessions if you need them.

There's good research to show that cognitive behaviour therapy can help you feel less anxious, have fewer symptoms of PTSD or even recover completely. There aren't really any side effects. But it can be hard to talk about traumatic events. People sometimes drop out of therapy because of this.

There's also research to show that cognitive behaviour therapy may help **prevent** PTSD. It has been used for people who had symptoms within a month of going through a frightening event. Therapy made it less likely that they would go on to get full-blown PTSD. However, it's important to have several sessions of therapy. In studies where people only had one session of counselling just after a traumatic event, they actually felt worse.

There's been research on another talking treatment for PTSD. It's called **eye movement desensitisation**. Your therapist asks you to remember something about the event that you lived through. While you're doing this, your therapist makes movements in the air with his or her finger. You follow the movements with your eyes. Some doctors think that remembering an event while you're distracted helps you to reorganise your memories and make them less upsetting. This treatment seems to work about as well as cognitive behaviour therapy. But it's not available everywhere.

Drug treatments

There's research to show that some antidepressant drugs may help people with PTSD. In the UK, guidelines recommend paroxetine (brand name Seroxat), mirtazapine (Zispin SolTab), amitriptyline, and phenelzine (Nardil) for people with PTSD. However, these drugs have side effects. So, they may not be the first treatment your doctor suggests. You may be offered drug treatment if a talking therapy doesn't work for you, or if you don't like the idea of talking treatments. You may also be offered drugs if talking therapy isn't available.

Antidepressants aim to help people feel less depressed and anxious. There's some research to suggest that these drugs may help reduce the symptoms of PTSD. But in some of the studies, people taking antidepressants said they didn't feel any better, even though their doctors thought they'd improved.

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Antidepressants start to work quite slowly. You'll need to take your treatment regularly for several months. If you have side effects, ask your doctor before you stop taking your treatment. If you stop taking one of these drugs suddenly, you may get unpleasant withdrawal symptoms. If one antidepressant doesn't work for you, tell your doctor. You may be able to try a different drug.

Side effects of some common antidepressants include feeling sick, having a dry mouth, getting diarrhoea, or feeling tired. Some men find it harder to have an orgasm. When you stop taking antidepressants, your doctor may suggest you cut down slowly. This is to avoid unpleasant withdrawal symptoms.

Some antidepressants have been linked to a higher risk of suicide when they're taken by children, teenagers, or young people. The risk is biggest for anyone under 18, but there's a risk up to the age of 24. Your doctor will keep a regular check on you while you're taking your treatment. The research doesn't seem to show a risk for anyone over 24, but your doctor will still keep a check on you. If you're taking an antidepressant and are worried about any thoughts or feelings you have, **see your doctor straight away**.

If your PTSD means you have problems sleeping, your doctor may suggest a **medicine to help you sleep**. These are usually used for a short time, as they can have side effects if you take them for too long.

What will happen to me?

The hardest part of having PTSD can be asking for help. But it's very important. Getting treatment can help you feel better and get on with your life. And it's never too late to start treatment.

Many people recover completely within a year of going through a frightening event. But sometimes PTSD can be a life-long condition. You may find that your symptoms come and go. You may feel better at times, and then feel worse if you come across something that reminds you of what you've been through. If this is the case, having treatment can help you cope.

Where can I get help?

Your doctor is the best person to talk to. He or she may refer you to a specialist in PTSD, such as a psychologist.

PTSD can make it harder to cope with life in general. You may feel you need some practical support, or someone to talk to. Friends and family members may be able to help. And your doctor will be able to tell you about practical help you can get, or about support groups in your area.

The National Institute for Health and Clinical Excellence (NICE) has issued guidelines for doctors about treating people with PTSD. To read more, visit their website (<http://guidance.nice.org.uk/CG26>).

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