

## Connections: Mind/Body/Spirit Fall 2010

*A regular column designed to help you better understand your patients' needs and promote self healing during rehabilitation and beyond*

**Question:** I have been reading about Post Traumatic Stress Disorder (PTSD) in the news lately and also have had several patients who had difficulty undergoing medical testing, procedures, and rehabilitation due to symptoms of PTSD. Are there any mind-body interventions that may be helpful for use with PTSD?

**Answer:** While the disorder PTSD (or Post Traumatic Stress Disorder) has been around as long as humans have been traumatized, it has only recently become acknowledged, recognized and treated in our society. In fact, PTSD was first recognized as a distinct diagnosis in 1980<sup>1</sup>. Recently the military has become much more aware of the condition and has begun to create initiatives to address PTSD both pre and post deployment of our troops. But PTSD is not solely a manifestation of wartime combat, exposure to traumatic, life altering events may trigger PTSD to develop in anyone: men, women, children, teens, adults and seniors. Health care professionals, first responders, and disaster relief workers may also be diagnosed with the disorder at some point in their lives.

Post Traumatic Stress Disorder (PTSD) develops as a result of witnessing or experiencing a very frightening, life threatening, emotionally or physically traumatic event (s). The symptoms of PTSD manifest themselves as avoidance, anxiety, hyperarousal, hypervigilance or dissociation to normal life experiences. Statistics regarding this illness indicate that approximately 7%-8% of people in the United States will likely develop PTSD in their lifetime. Approximately 7.7 million American adults 18 years or older suffer with PTSD each year.<sup>2 3</sup> Prevalence of PTSD in combat veterans and abuse victims range from 10%-30% with higher rates among African-Americans than in Caucasians, and women suffering from PTSD twice as frequently as men<sup>4</sup>. What is very important to recognize is that not everyone exposed to traumatic events will develop PTSD – it is not clear what mechanism triggers Post Traumatic Stress Disorder in some individuals and not others exposed to the same trauma.

Frequently PTSD manifests itself with several of the following symptoms:

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<sup>1</sup> [http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/article.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/article.htm)

<sup>2</sup> Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

<sup>3</sup> U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005. <http://www.census.gov/popest/national/asrh/>

<sup>4</sup> [http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/article.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/article.htm)

- Recurrent re-experiencing of a trauma or dissociative re-living of the trauma
- Avoidance to the point of phobia, places, people, experiences that may remind the individual of the trauma
- Chronic physical signs of hyper arousal, sleep problems, increased startle response, hyper vigilance, poor concentration, irritability, anger, anxiety

Treatment for PTSD should be multidisciplinary and is often focused on teaching or relearning practical coping tools along with cognitive behavioral strategies, as well as the use of medication in some cases. Coping tools include mind/body skills such as relaxation techniques, mindfulness, increasing communication skills, reframing techniques, and educating the individual about connection of thoughts and feelings with physical symptoms. Some preliminary studies using a technique called Eye Movement Desensitization and Reprocessing or EMDR has shown positive results in a several small studies, but it is inconclusive whether this technique is more effective than other cognitive approaches.<sup>5</sup> Acupuncture has also been used as an adjunctive treatment with PTSD with benefit to some individuals. The military has undertaken several studies<sup>6</sup> to evaluate the effectiveness of mindfulness based approaches (specifically Mindfulness Based Stress Reduction or MBSR) for Post Traumatic Stress Disorder and the preliminary results are promising.

As a health care practitioner what can you do to facilitate safe and comfortable care to an individual with a symptoms or a diagnosis of PTSD in your department or facility? Here are some suggestions:

- Acknowledge and recognize that PTSD occurs in many people, all ages and all genders. Often people with PTSD have not been properly diagnosed and may benefit from a referral for a consultation. Educate your patients and families that this is not only a condition of combat veterans and treatment is often very effective. Have educational resources and referral information available – including trusted websites (remember, currently most individuals seek out health information on the Internet)
  - Some websites to consider:
    - <http://www.ptsd.va.gov/>
    - <http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>
    - [http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/article.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/article.htm)
    - <http://psychcentral.com/disorders/ptsd/>
    - <http://www.mayoclinic.com/health/post-traumatic-stress-disorder/DS00246>

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<sup>5</sup> Hogberg, G., Pagani, M., Sundin, O., Soares, J. J. F., Averg-Wistedt, A., & Tarnell, B. (2008). Treatment with eye movement desensitization and reprocessing of chronic post-traumatic stress disorder in public transportation workers: Outcome is stable in 35-month follow-up. *Psychiatric Research*, 159, 101-108.

<sup>6</sup> <http://clinicaltrials.gov/ct2/show/NCT00880152>

- Inform and explain in detail what to expect during a treatment, exam, or medical testing. Include a description of any sounds or sensations that may occur. Allow time for questions and be flexible whenever possible with modifications to allow a patient a sense of control in a situation that is unknown or potentially a stress trigger.
- Modify the treatment environment to decrease stimulation and increase control by the individual. An example may be to dim florescent lighting, to facilitate positioning of patient in exam room to face a doorway.
- Encourage distraction and relaxation activities during periods of waiting, isolation or preparation. Do you have handheld games or puzzles available for patients? How about CDs or MP3 players with music, guided relaxation exercises or recorded books? Decreased concentration is an issue for many with PTSD, so short, focused activities are most effective.
- Proactively teach quick relaxation tools such as focused breathing (diaphragmatic breathing) or gentle chair yoga stretches to mitigate an over-activated stress response. Reinforce this teaching in subsequent visits.
- Incorporate tools of mindfulness into rehabilitation plans.

Acknowledging, recognizing and responding to manifestations of PTSD in your patients by incorporating mind/body interventions will assure a more successful rehabilitation and quality of life for your patient and their family.

As always, I love to hear comment and feedback from readers. What topics of mind/body/spirit would you be interested in exploring in future columns? Let me know at [pressler@StressResources.com](mailto:pressler@StressResources.com)

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