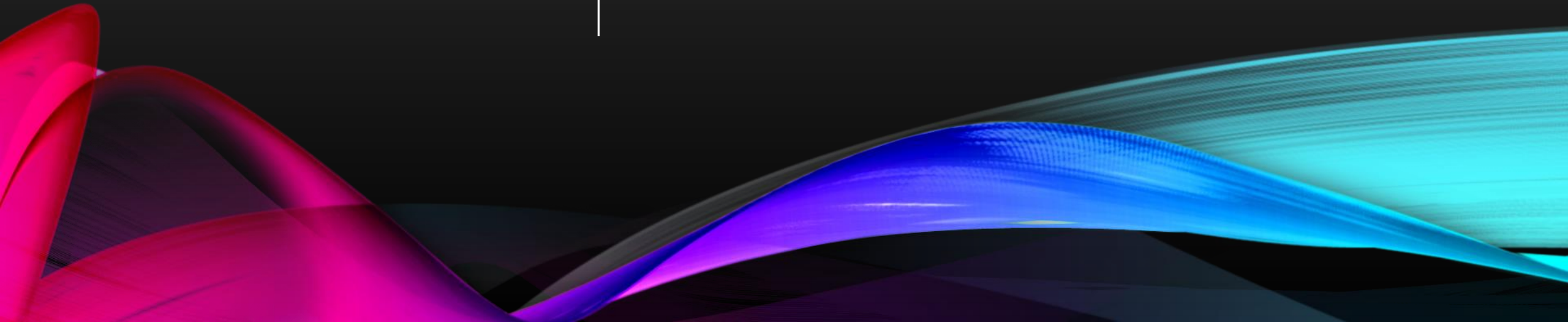


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November 2019

POST TRAUMATIC STRESS



AIMS



To provide you with some insight into the manifestations and causes of PTSD



To discuss the history around PTSD




To create discussion around how patients and visitors may be affected by a critical care admission



To provide you with a personal perspective on living with PTSD

HISTORY: NOT JUST FOR SOLDIERS

Previous terms for what we now call PTSD have included 'shell shock' during WWI, 'war neurosis' during WWII; and 'combat stress reaction' during the Vietnam War. It was in the 1980s that the term Post Traumatic Stress Disorder (PTSD) was introduced – the term we most commonly use today.



The first documented case of psychological distress was reported in 1900 BCE, by an Egyptian physician who described a hysterical reaction to trauma.

PTSD AFTER CRITICAL ILLNESS

Largely unrecognised and untreated.

Can present with differences to those who have experienced traumas from combat

2 main areas – avoidance and re-experiencing (Jackson et al., 2016)

During their critical care stay patients experience: reduced autonomy, fear, helplessness, extreme dependence, difficulty communication, and delirium.

Those with frightening psychotic episodes have a higher rate of PTSD

Can become preoccupied with living with the threat of another critical illness – some evidence to show that some patients wait 2.5 times longer to seek emergency help than those without PTSD (Newman et al., 2011)

Not only the patient – consider the visitors too, what have they felt, seen, and experienced?

COMMON COMPLAINTS RELATING TO PTSD IN THOSE WHO HAVE HAD A CRITICAL ILLNESS

Everyday “Expressions” of Symptoms

- Avoidance of medical clinics, hospitals, and participation in medical procedures
- Intense, future-oriented concerns about the re-emergence of illness
- Hypervigilant preoccupation with somatic symptoms – large or small
- Preoccupation with thoughts of “delusional memories” from ICU hospitalization
- Confusion over which memories were of critical illness and intensive care were “real”
- Social disengagement and isolation related to fear of “germs” or “getting sick”
- Claustrophobia, related to memories of being restrained or held down in the ICU
- Refusal to watch medically oriented news or television shows that dramatize hospital life – e.g., *ER* or *Grey's Anatomy*
- Reactivity related to noises similar to those occurring in an ICU – e.g., “beeping” sounds

(Jackson et al., 2016)

BUT WE HAVE AN OUTREACH CLINIC...

“It’s worth pointing out that the majority of people exposed to traumatic events experience some short-term distress which resolves without the need for professional intervention although unfortunately the small proportion who do develop the disorder are unlikely to seek help.

Instead most battle on despite their symptoms and their quality of life is likely to be substantially reduced; evidence suggests that around 70% of people who suffer with PTSD in the UK do not receive any professional help at all. The disorder also impacts upon loved ones, work colleagues and more widely too.”

<https://www.ptsduk.org/what-is-ptsd/>

MY STORY



In 2008 I was injured at work – this wasn't violent or life changing at the very moment it happened



The condition didn't "go into hiding" until 2011



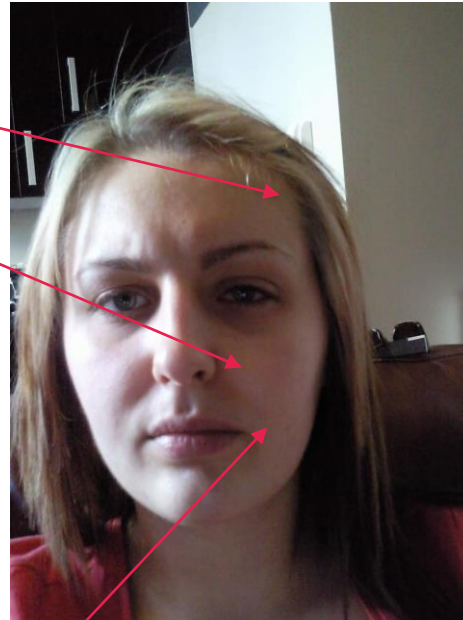
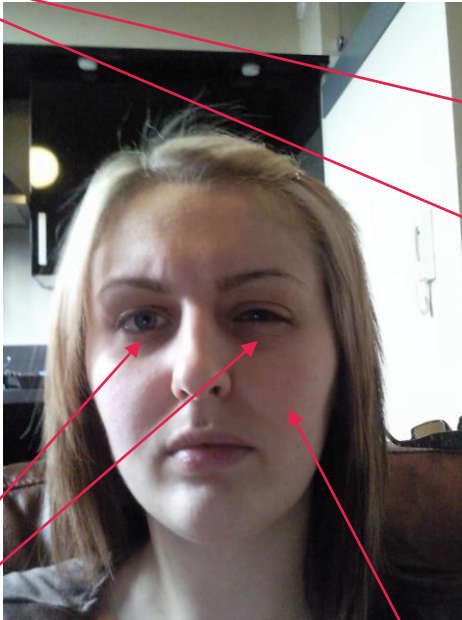
It will always be there – fear of reoccurrence



I was left with PTSD as well as the physical symptoms

I ONLY KEPT THESE PICTURES, I DELETED THE REST...

Nerve pain in my face, head and
scalp



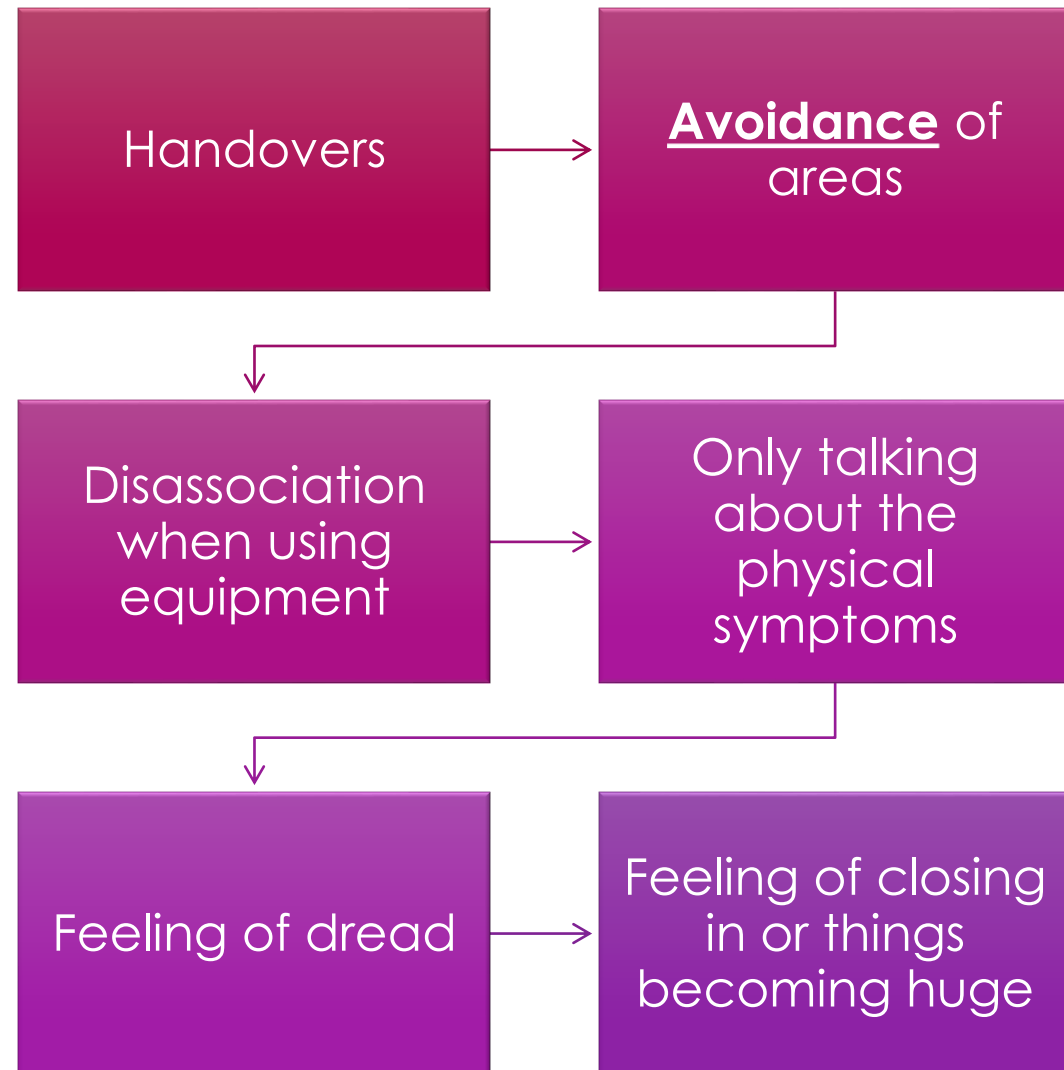
Severe eye pain even
when eyes appeared
clear

Swollen facial tissue

Permanent
damage to vision,
scarring to cornea

SO HOW DID
THE PTSD
MANIFEST?

You probably
wouldn't have
known...





A TIME YOU WOULD HAVE DEFINITELY KNOWN...

- 2018 – ten years later
- Research shows that PTSD isn't just a psychological problem with a start, middle, and end, like many kinds of depression. Depression usually lasts around eight months (NIH, 2008).
- PTSD symptoms often worsen over time and are associated with adverse changes in the structure and function of the brain (Vasterling and Brewin 2005).
- One handover and I ended up off work for almost a month.
- What people said to me made a huge difference in my reaction – be kind

The background features a light gray field filled with numerous 3D question marks of varying sizes and orientations. Overlaid on this are several vibrant, flowing ribbons in shades of magenta, red, and blue, which create a sense of dynamic movement across the frame.

ANY QUESTIONS?

REFERENCES/USEFUL LINKS

- <https://www.ptsduk.org/what-is-ptsd/>
- JACKSON, J.C., JUTTE, J.E., HUNTER, C.H., CICCOCLELLA, N., WARRINGTON, H., SEVIN, C. and BIENVENU, O.J., 2016. Posttraumatic stress disorder (PTSD) after critical illness: A conceptual review of distinct clinical issues and their implications. *Rehabilitation Psychology*, **61**(2), pp. 132-140.
- Newman, J. D., Muntner, P., Shimbo, D., Davidson, K. W., Shaffer, J. A., & Edmondson, D. (2011). Post-traumatic stress disorder (PTSD) symptoms predict delay to hospital in patients with acute coronary syndrome. *PLoS ONE*, 6(11), e27640. <http://dx.doi.org/10.1371/journal.pone.0027640>