

Post-Traumatic Stress Disorder and Older Adults

Posttraumatic stress disorder (PTSD) is a response to an overwhelming traumatic events, especially if the event threatens life. It is an increasingly recognized issue in older adults, related either to recent or past traumas such as assault, car accidents or war-related combat exposure. Many times, chronic PTSD symptoms may increase in later life in response to medical problems, physical frailty or disability, worsening cognitive function, grief and loss of social supports. PTSD is frequently accompanied by other physical, emotional and social problems. Depression, alcohol abuse and panic disorder commonly go hand in hand with PTSD in older adults. Marital conflict and family problems are frequent. Physical disability due to medical problems may be worsened by the presence of PTSD in older Americans. The worsening of symptoms as one grows older may result in the need for treatment for the first time many years after the traumatic event.

The Symptoms of PTSD

INTRUSIVE SYMPTOMS

- ▶ Distressing memories, dreams, nightmares of the event.
- ▶ Acting or feeling as if the traumatic event were happening again.
- ▶ Strong emotional distress and bodily reaction when reminded of the event.

AVOIDANCE AND NUMBING SYMPTOMS

- ▶ Efforts to avoid thoughts, feelings or conversations linked to the trauma.
- ▶ Efforts to avoid activities, places or people which bring memories of the trauma.
- ▶ Inability to remember an important part of the trauma.
- ▶ Greatly decreased interest or participation in significant activities
- ▶ Feelings of detachment from others.
- ▶ Smaller range of affect and emotional responsiveness.

HYPERAROUSAL

- ▶ Difficulty with sleep.
- ▶ Irritability and/or sudden outbursts of excessive anger
- ▶ Difficulty concentrating, which may cause complaints of poor memory.
- ▶ Hypervigilance and exaggerated startle response.

Assessment and Diagnosis: Thorough assessment is the key to diagnosing PTSD and to gauge personal, social, occupational and family functioning. This includes a full psychiatric history, mental status and physical examination which is important in older adults who often suffer one or more physical problems which need treatment. Difficulties may arise due to:

- ▶ Reluctance to talk about unpleasant events and sensations;
- ▶ Embarrassment at admitting symptoms exist;
- ▶ Overlapping depression, anxiety and/or alcohol abuse;
- ▶ Cognitive impairment; and/or,
- ▶ Failure of clinicians to acknowledge traumatic stress or ask the right questions.

Treatments

Medication Intervention: Antidepressants are commonly prescribed, especially newer ones with fewer side effects. Few medications are tested on older adults. So, there is no medication that is a preferred first-line treatment. When prescribing any medication for older adults, dosage, side-effects and drug interactions are important factors to consider. Medications should be given for many months at a therapeutic dose to determine the potential benefits on PTSD.

Psychological Intervention: Education and its impact can destigmatize PTSD. Stress management methods (exercise, distraction techniques, deep muscle relaxation and breathing retraining) provide symptom relief. Enhanced coping strategies improve quality of life. Trauma-focus work, confronting the memories in a safe and supportive environment, greatly improve symptoms even many years after the trauma.

Social Intervention: Supporting, bolstering and developing social supports are a vital aspect of treating PTSD in older adults. Treatment should always involve partners and other family members. In some cases, formal marital or family therapy may be indicated.

For services in your area, contact: