CONDITION

Post-traumatic stress disorder

Post-traumatic stress disorder is a lasting response to trauma that affects memories, emotions, sleep, and daily life.

WHAT IT IS
Lasting mental health response to a traumatic event

BODY SYSTEM
Nervous system and mental health

MAIN SYMPTOMS
Flashbacks, nightmares, avoidance, feeling constantly on guard

WHAT CAUSES IT
Trauma combined with psychological, biological, and social factors

HOW IT IS DIAGNOSED
Clinical assessment of symptoms, duration, trauma, and daily impact

MAIN TREATMENT
Trauma-focused psychotherapy, sometimes with medication

CAN IT BE CURED?
Sometimes - symptoms may fully resolve with effective treatment

IS IT AN EMERGENCY?
Sometimes - immediate danger or suicidal thoughts

LONG-TERM OUTLOOK
Many improve, but some have recurring or persistent symptoms

Overview

Post-traumatic stress disorder, or PTSD, is a mental health condition that can develop after experiencing or witnessing trauma. Trauma involves actual or threatened death, serious injury, or sexual violence. Examples include assault, abuse, combat, serious accidents, disasters, or traumatic medical experiences.

PTSD can also follow learning that a traumatic event happened to someone close to you. People repeatedly exposed to traumatic details through their work, such as emergency workers, may also develop it.

It is normal to feel distressed, have poor sleep, or replay events in your mind after trauma. For many people, these reactions gradually ease. With PTSD, symptoms last longer than one month, cause significant distress, or interfere with relationships, work, education, or other

parts of life.

Not everyone who experiences trauma develops PTSD. Developing it is not a sign of weakness or an inability to cope. PTSD reflects how the brain and body have responded to overwhelming threat.

Symptoms

PTSD symptoms can begin soon after trauma or emerge later. Their intensity may change over time, especially during stress, anniversaries, or reminders of what happened.

Symptoms fall into four main groups:

A flashback can feel as though the event is happening again. Some people remain aware of where they are, while others temporarily lose that sense of the present.

Children may show PTSD differently. They might act out the event during play, have frightening dreams without clear content, become unusually clingy, lose previously learned skills, or have new behaviour problems. Teenagers may have symptoms more like those seen in adults.

PTSD may occur with panic, depression, substance use, or physical symptoms such as headaches and ongoing muscle tension. These problems can also have other causes, so an assessment is important.

- Reliving the trauma: unwanted memories, nightmares, flashbacks, or strong emotional and physical reactions to reminders
- Avoidance: staying away from people, places, activities, thoughts, or conversations connected with the trauma
- Changes in thoughts and mood: guilt, shame, fear, emotional numbness, loss of interest, poor memory of parts of the event, or feeling detached from others
- Feeling on guard: irritability, poor sleep, difficulty concentrating, being easily startled, watching constantly for danger, or behaving recklessly

Causes and risk factors

PTSD is caused by exposure to trauma, but there is no single explanation for why one person develops it and another does not. The response is shaped by the type of event, the person's nervous system, previous experiences, available support, and what happens afterward.

Factors linked with a higher chance of PTSD include severe, repeated, or prolonged trauma;

sexual violence; childhood abuse; serious injury; and believing that your life was in immediate danger. Continued threats, displacement, financial problems, pain, or lack of support after the event may add to the strain.

A previous mental health condition or earlier trauma can increase vulnerability. Family and biological factors may also play a part. None of these factors means that PTSD is inevitable.

People can develop PTSD at any age. A traumatic event does not need to seem unusual to others. What matters is the nature of the threat and how the person's brain and body responded to it.

Bereavement, divorce, job loss, and other painful experiences do not by themselves meet the clinical definition of trauma unless they involve qualifying exposure to death, serious injury, or sexual violence. However, distress after any major life event can still be real and may need support.

Diagnosis

There is no blood test or brain scan that confirms PTSD. A qualified mental health professional or other trained healthcare professional diagnoses it through a detailed assessment.

They will ask about symptoms, how long they have been present, and how they affect daily life. They may use a structured interview or questionnaire. You should not be expected to describe every detail of the trauma before you are ready.

For a PTSD diagnosis, symptoms must meet defined criteria, continue for more than one month, and cause significant distress or difficulty functioning. Similar symptoms lasting from three days to one month after trauma may be diagnosed as acute stress disorder.

The assessment may also look for depression, anxiety, substance use, head injury, sleep disorders, medication effects, and physical conditions that could contribute to the symptoms. More than one condition can be present.

Treatment and management

PTSD is treatable, including when symptoms have been present for years. Treatment is chosen according to your symptoms, preferences, age, safety, other health conditions, and access to care.

Trauma-focused psychotherapy is a main treatment. These therapies help you process the trauma and change patterns that keep fear, guilt, or avoidance going. Evidence-based

approaches include:

These treatments are structured and should move at a planned, manageable pace. Temporary distress during trauma work can occur, but therapy should include ways to remain grounded and safe.

Antidepressant medicines can reduce PTSD symptoms for some people, particularly when depression or anxiety is also present. They often take several weeks to have an effect. A prescriber can explain expected benefits, side effects, interactions, and how medicines should be started or stopped. Medication may be used alone when psychotherapy is not possible or preferred, although trauma-focused therapy directly addresses the condition.

Treatment may also cover sleep, pain, alcohol or drug use, relationship difficulties, and other mental health conditions. Children and teenagers usually receive age-appropriate therapy, often with support from a parent or caregiver when it is safe to involve them.

Regular movement, predictable routines, supportive relationships, and reducing alcohol or non-prescribed drug use may support recovery. They do not replace PTSD treatment when symptoms are persistent or disabling.

- Trauma-focused cognitive behavioural therapy: examines thoughts, emotions, and behaviours related to the trauma
- Cognitive processing therapy: works on beliefs about blame, safety, trust, control, and self-worth
- Prolonged exposure therapy: gradually approaches safe memories and situations that have been avoided
- Eye movement desensitisation and reprocessing: recalls parts of the trauma while using guided side-to-side eye movements or other alternating stimulation

Complications

PTSD can affect education, employment, finances, relationships, physical health, and the ability to feel safe. Avoidance may gradually limit where you go and what you do.

Depression, anxiety disorders, sleep problems, harmful alcohol or drug use, and thoughts of self-harm can occur alongside PTSD. Some people experience anger, risky behaviour, social isolation, or difficulty trusting others.

These complications are not unavoidable. Recognising and treating them as part of the overall care plan can improve daily functioning and quality of life.

Prevention

There is no certain way to prevent PTSD after trauma. Most people exposed to trauma will not develop the condition, and it is not possible to predict the response with complete accuracy.

Immediate priorities are physical safety, medical care, practical help, rest, and contact with trusted people. Clear information about common early reactions and how to access support can also help.

People should not be pressured into a single, detailed retelling of the event as a way to prevent PTSD. Routine one-session psychological debriefing has not been shown to prevent the condition.

Seeking assessment when symptoms persist, worsen, or disrupt daily life may allow treatment to begin earlier. This is early care rather than a guarantee of prevention.

Living with it and what to expect

The course of PTSD differs from person to person. Some people improve within months, especially with support and treatment. Others have symptoms for years or experience periods of improvement followed by flare-ups.

Triggers may include sounds, smells, news reports, medical procedures, conflict, anniversaries, or places linked with the trauma. Learning to recognise triggers can help you plan for them without allowing avoidance to take over your life.

Recovery does not require forgetting what happened. It often means that memories become less overwhelming, reminders feel more manageable, sleep and concentration improve, and daily life is no longer organised around avoiding danger.

Many people with PTSD work, study, maintain relationships, and take part in activities they value. Some need adjustments or periods of additional support. Further treatment can help if symptoms return during stress or after another traumatic experience.

Progress is not always steady. A difficult week does not mean that treatment has failed or that earlier gains have been lost.

When to get medical help

Arrange a routine appointment if trauma-related symptoms have lasted more than a few weeks, are not improving, or are affecting sleep, relationships, work, education, or daily

activities. You can also seek help sooner if the symptoms feel hard to manage.

Ask for prompt professional help if you are increasingly using alcohol or drugs to cope, cannot care for yourself, are taking serious risks, or feel that your mental health is rapidly worsening.

Seek emergency help now if you:

Call your local emergency number or go to the nearest emergency department. If possible, stay with a trusted person and move away from weapons, large amounts of medication, or other means of harm. A local crisis service or suicide prevention line can also provide immediate support.

- may harm yourself or someone else
- have attempted suicide or made an immediate plan
- cannot stay safe because of severe distress, intoxication, or confusion
- are still in danger from violence or abuse

Common questions

Can PTSD go away on its own?

Some people's trauma symptoms improve without formal treatment. When symptoms persist, PTSD may continue or return during stressful periods. Effective treatment can lead to major improvement, and some people eventually no longer meet the criteria for PTSD.

How long after trauma can PTSD start?

Symptoms may begin immediately, within the following weeks, or months later. In some cases, the full pattern does not appear until much later, although earlier symptoms may have been present. A delayed start does not make the experience less valid.

Does having flashbacks mean I have PTSD?

Not necessarily. Flashbacks can occur in PTSD, but diagnosis requires a wider pattern of symptoms lasting more than one month and affecting daily life. Other mental health, sleep, substance-related, or neurological conditions can sometimes cause similar experiences.

What is a PTSD trigger?

A trigger is something that reminds the brain or body of the trauma. It might be a sound, smell, person, sensation, date, place, or situation. The connection is not always obvious. A trigger can cause fear, physical tension, memories, or a sense of being back in danger.

What is the difference between PTSD and complex PTSD?

Complex PTSD includes the core features of PTSD plus persistent difficulties managing

emotions, maintaining relationships, and feeling positively about yourself. It is often associated with prolonged or repeated trauma. The World Health Organization recognises it as a separate diagnosis, while the main US diagnostic manual does not.

Do I have to talk about every detail in therapy?

No. Trauma-focused treatment does involve working with traumatic memories, but it should be planned collaboratively and approached at a manageable pace. You can discuss concerns about privacy, safety, memory gaps, or feeling overwhelmed with the therapist.

Sources

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