

Sarah Mallard Wakefield, M.D.

What is PTSD?

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PTSD is an over activation of part of our nervous system. There are two major components of our nervous system, the part that we tell our body to do our voluntary system, and then our autonomic system or automatic nervous system, and within our automatic nervous system, there are, rest and digest our parasympathetic nervous system, where we're calmer the things that happen when we're calm. And after we eat a big turkey dinner or something like that. And then there's our sympathetic nervous system, which is our fight or flight nervous system, it is what kicks in when we tell our body to go, whether that's because we're playing sports and running around and trying to get the ball or when we're afraid or in danger. And we need to activate our muscles very quickly, increasing our rate of breathing, increase our heart rate, that all happens with the sympathetic nervous system, and our stress response system. So PTSD is over activation of that system in response to a traumatic trigger.

What are some symptoms of PTSD?

01:17

Some symptoms you may see when a person is experiencing a PTSD symptom is it can be varied, they can look very different depending on how that nervous system is processing the trigger and the symptoms. But one common one is it looks like a panic attack, heart beating faster, breathing faster, feeling like you need to get away, get away from a crowd or get away from a stressor, get in a place where you feel like you have more control. So that is one thing that you can see, people also with over activation of the sympathetic nervous system can get to a point where even their thinking kind of shuts down. And the system is only functioning on that automatic part. And really perceiving that there is an extreme danger that can look like what we call a dissociative episode, people will say, I blacked out, and I don't remember.

Are certain people more likely to have PTSD?

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So there are many, many people who can get PTSD. And it really doesn't matter what kind of job you have or how old you are, if you're a man or a woman. But there are some things that increase the likelihood that you will get PTSD. So to get PTSD, you have to have had what we call a qualifying trauma, something where you thought your life or the life of somebody that you love very dearly, or your bodily integrity was in jeopardy, that you might die, or your child might die or your parents might die in a traumatic fashion. It's really the experience of extreme fear and helplessness and loss of control. That's unexpected. So anyone who's experienced that can get the symptoms of PTSD. Not everyone who has experiences those feelings gets PTSD. It looks like about one in three people who experience a trauma qualifying trauma will subsequently have PTSD symptoms. And there are three categories of PTSD symptoms. One is that hyper arousal, that feeling that something bad is going to happen, being on edge, looking out around your surroundings and thinking what are the dangers here. Maybe your heart beating faster noticing that your breathing is quickening, sweating, just feeling hyper vigilant, and hyper aroused at a danger that could be there may not be there, but your system thinks a danger is there. The second category is re experiencing symptoms. And sometimes people often people report nightmares or will say Oh, and think of PTSD has to have nightmares. Well, nightmares are one re experiencing symptoms. They might also have flashbacks or have symptoms where they just have

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intrusive memories of a traumatic event happening that happened in the past. And then the third category is avoidance. And avoidance seems to be one of the most functionally impairing categories of symptoms of PTSD. So it really changes the way you move through life. If you, for instance, had a car accident and had trouble getting back in a car, that's an avoidance symptom, you're avoiding that trigger to avoid that feeling of hyper arousal. But it's that avoidance that makes you really change the way you live. And it's at that point where you're changing the way you live to and not engaging in things that you previously enjoyed. Maybe not leaving the house even for some people that we consider a real need for treatment.

How is PTSD treated?

05:07

So there are many different treatments for PTSD. And to be honest, not all people who have who experienced those PTSD symptoms will need treatment with a professional. So sometimes life itself can just be a treatment for PTSD. If someone is not re experiencing triggers and not having hyper arousal, and can manage their avoidance and move through life, there are, but you have to be safe to do that. F people who are exposed to triggers that remind them of the trauma and have repeated experiences of that hyper arousal and find themselves avoiding things in their life, then treatment can be really helpful, organized treatment with a professional. One of the things is, the most evidence for treatment with PTSD is in various therapies. One that has some evidence is called graduated exposure therapy, where you think about what that trigger that trauma was, and first think about it, then maybe write about it, then maybe place yourself close to the situation or the environment in which it happened, all while learning how to control that sympathetic response, that hyper arousal in graduated increments. So you learn how to do that. And then you expose yourself more to something that's closer to the trigger, and then learn how to control that sympathetic response there. A second type of therapy is called cognitive restructuring. And that is a component in many different types of therapies. But it's really looking at a lot of education about what happened to your brain, when you experienced that trauma, why you're having the symptoms that you're having now, how you can think differently about what is happening, and that loss of control that you felt and the loss of control, you continue to feel and those avoidance and hyper arousal symptoms, and help your mind and help your body calm down during those sympathetic arousals. But also help your mind think, am I still in a state of fear? Am I still in a state of helplessness? Or do I just think I am, you know, what can I do to understand the safety of my surroundings right now.

What can we do if someone around us is having an episode?

07:33

When someone that you know, is in the middle of a PTSD episode, it is very important not to increase their arousal. So not yelling, not increasing noise around them trying to decrease those stimuli, any kind of triggering stimuli in the environment. The other thing is to tell them, You're safe. I don't see anything here. That is dangerous. Right now, I know you're feeling like there, this is a dangerous situation, but you're safe. This is a safe place. I'm here with you. You can help them through some breathing. I know, you know, you see in movies, often someone handing someone a paper bag when they're in the middle of a panic attack. And that breathing, modulating your breathing, really can reset the oxygenation levels in your body to calm down that traumatic response, that stress response that your body is having. So

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thinking, I usually tell people to concentrate on that exhale. So how long are you that can really slow down your breathing, instead of saying, oh, take deep breaths, you can take deep breaths very quickly. And that's not going to help but concentrate on how long you're exhaling. And in the middle of a panic attack or a PTSD response. Sometimes it's one or two seconds that you're exhaling before you take another big breath. And what we want people to do is really calm that sympathetic nervous system and get to three and then four, and then five, or six or seven on that exhale. What that is doing is it's giving your brain and your body time to metabolize that adrenaline, that stress response that hyper vigilance, hyper arousal, those chemicals that are telling your brain there's something dangerous here. And if you can calm your brain breathing down and not feed that feedback loop, you can regain control over those symptoms and of your thinking.

Has there been an increase in PTSD among children during the pandemic?

09:38

One of the things that the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry have been very, very concerned about our children at home during the pandemic, in situations of abuse and trauma. And it probably was the most dangerous thing or the the thing that we were most worried about when we sent children home from schools, that they were within homes, often with people who school kept them safe from. So we do think that children and adolescents and families in general experienced more domestic violence and abuse over the course of the pandemic.

What are the main reasons for the increase in abuse?

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And I think there are two reasons that two primary reasons that we think about increased rates of abuse and domestic violence within homes over the course of the pandemic. One is that people were at home together more or less able to leave their homes, less able to go to school, or work or places that might have been safe places from known abuse. The other is the increased in rate of alcohol and substance use as a coping mechanism. And use of alcohol and substances is a risk factor for violence in the home.

Has there also been an increase in PTSD among healthcare workers during the pandemic?

11:00

Over the last couple of years, healthcare workers have found themselves more times than they had previously feeling a sense of fear, and extreme helplessness and loss of control. At the beginning of the pandemic, it was very much not knowing the course of what was going to happen, not having the appropriate resources, whether that was PPE or the number of ventilators that were needed, especially in the major early surge, places, places of surge. And it really has been a time of feeling a loss of that control within the healthcare community. And for some people, they have seen extreme death, repetitive deaths more, even if they have worked in an ICU setting in the past, you know, more death over the last two years than they have seen previously. And when you're in the middle of a code, or trying to resuscitate someone intubating them to try to prolong their life, and you lose that person, you are experiencing that extreme sense of helplessness and loss of control. And when that happens over

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and over and over in a short amount of time, it can definitely contribute to a triggering of that sympathetic nervous system. And I think that many health care workers in many different jobs and positions on the healthcare team have experienced that at a level that they previously had not, at least in the typical healthcare setting in the United States.

Anything else you would like to add?

12:40

We've heard many stories from colleagues and also over social media in the last couple of years, physicians and nurses and health care team members crying on the way to work, not wanting to go to work, having trouble about walking into the hospital, knowing you know, really having that keen sense that strong sense of avoidance, but also feeling compelled to go and help both patients who are suffering and also work with their team members. And it is a time that we need to support our health care workers and to support their treatment, if they need treatment, but also support them that this is a very normal physiologic response to a very abnormal situation. And that this is this is not because something is wrong with them. It is because they have been put in a very difficult situation over the last two years. And anything we can do to support healthcare workers in the immense, amazing job that they have done for our country and for our patients and for each other over the last couple of years. We need to do that to support them.