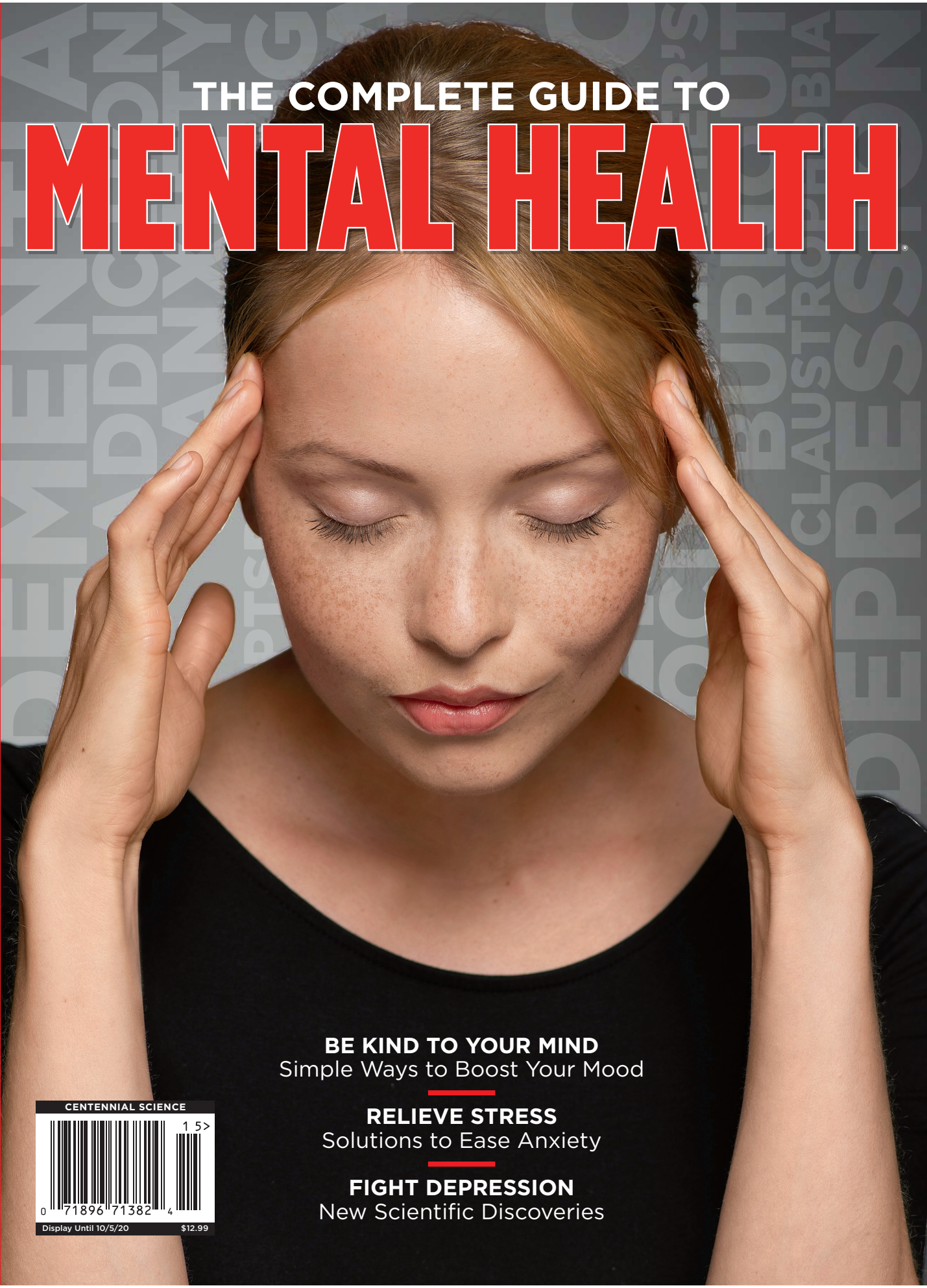


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The Many Faces of PTSD

MORE PEOPLE SUFFER FROM POST-TRAUMATIC STRESS DISORDER THAN YOU MIGHT THINK. DISCOVER WHAT CAUSES IT—FROM COMBAT TO CORONAVIRUS—AND THE LATEST TREATMENTS.

» BY DIANA KELLY LEVEY

The coronavirus pandemic hasn't just taken a physical toll; the strain of dealing with the disease has brought with it a host of mental health repercussions due to stress, fear and multiple unknowns. That's especially true for patients who were afflicted with the virus, as well as those providing care, whether in hospitals, in public spaces or at home. And recovering or treating the disease may just be the beginning: Health experts say many individuals may also develop post-traumatic stress disorder (PTSD) as a result of the disease.

According to the National Center for PTSD, about eight of every 100 people will experience PTSD at some point in their lives. This group of symptoms happens after a traumatic event, says Elspeth Cameron Ritchie, MD, MPH, retired military psychiatrist in the Washington, D.C., area. And while many people associate this disorder

with veterans who've seen combat, PTSD can occur after a stressful situation like a hospitalization during the pandemic, a natural disaster, a sexual assault, a fire, or after witnessing an event like a car accident, mass shooting or terrorist attack.

A study published in *The Lancet* that looked at the psychiatric outcomes of patients who were infected with SARS, MERS and COVID-19 predicted that if COVID-19 follows a similar course to the other diseases, mental health clinicians should be aware of depression, anxiety and PTSD in those who were admitted to a hospital. "Hospitalizations are stressful and traumatic to begin with, and I think there was an added complication of fear from what people were hearing about during hospitalizations in major cities in March

and April," says Annie Miller, LCSW, a psychotherapist specializing in PTSD. "When the trauma is prolonged, say [with] a long hospitalization, and the fear is really intense about what happened, it takes longer for the brain's fight-or-flight mode to go back to normal," she adds.

● Recognizing the Problem

PTSD itself isn't new, although it's only been relatively recently that it has gotten more recognition. "When I first started in psychiatry, PTSD didn't exist [in our language]," says Spencer Eth, MD, associate chief of staff for mental health at the Miami VA Healthcare System. "There was PTSD—there just wasn't a name for it, or it had many different names depending on the trigger." There was brain trauma syndrome, shell shock (after World War I), battle fatigue (after World War II) and combat neurosis. There were also stress conditions following natural disasters. It wasn't until 1980 that they were all collected under a common condition that was named post-traumatic stress disorder, or PTSD, says Eth.

Eth, who was in practice in New York at the time of the 9/11 attacks, says that was when PTSD achieved greater acceptance. "Now the public knew this mental health issue wasn't only about veterans or victims of sexual assault; it could affect anyone," he notes. "I think 9/11 made it more socially acceptable to talk about this condition. There was a campaign in New York that said, 'Even heroes need to talk.'"

Though it's a less extreme example, even job loss can trigger PTSD, says Miller. "If you have a prolonged exposure to a very stressful set of circumstances—like losing your job—and on a daily basis you're incredibly worried about how you're going to move forward, how your family is going to handle expenses, that

8 million
Americans are affected by PTSD; about 37 percent have severe symptoms.





Up to 20 percent of veterans who served in Iraq have PTSD in a given year, according to the Department of Veterans Affairs.

impacts your brain because you're constantly worrying about it." PTSD is based on an exposure to stress.

● **The Disorder, Defined**

Although it's normal to have upsetting memories, feel on edge or have trouble sleeping after a distressing event, if symptoms last more than a month or two and are severe enough to interfere with one's personal life or work, it may be PTSD.

These can include nightmares, intrusive thoughts, flashbacks, problems sleeping, and problems with irritability and anger, as well as avoidance of external reminders

(including people and places) that can bring up those memories, says Ritchie. Some people may have chronic PTSD, which is ongoing, while others have acute, short-term PTSD that can last a few months. Symptoms can develop about three months after the incident, or even a year later.

"People really get stuck in trauma with these symptoms and it's hard to move out of them," says Miller. "I think sleep is one of the biggest symptoms with PTSD. What's happening is your nervous system is activated, heightened, and that fight-or-flight system is 'on' much more of the time than it should be. Parts of your brain

are over-firing and it gets kind of stuck in that mode more than it should be, which can lead to having symptoms that don't let up."

"For me, PTSD was a helpless feeling," says retired Army veteran Jacinto-Temilotzin Sanchez, who developed PTSD after serving two tours in Iraq. "I shut down sometimes. I wasn't very engaged with people anymore. I struggled to engage with my children, even though I wanted to have fun with them."

Social isolation can take a toll on those who suffer from PTSD. While some people like alone time—Sanchez, for one, said he doesn't like crowds or strangers getting too close—others feel a need for social connection. "These circumstances are particularly hard for people who are in the hospital and can't have visitors," says Miller.

And when we are inundated with bad news, that can get our anxious brains going, says therapist Ron Frederick, PhD. Anxiety and emotions in general are contagious. "When someone else is anxious, we pick up on that and, if we're not mindful, we can get swept up in the anxious current without knowing it," Frederick says.

● **Getting Help**

"I lump treatment into three buckets: medication, talk therapy and everything else," says Ritchie. "This includes things like yoga, meditation, exercise and newer treatments." And it doesn't have to be one or the other. "One advantage of doing a combination of both psychotherapy and medication and exercise or yoga is that you help learn coping strategies," she adds. This may include deep breathing, calling a friend or finding other techniques that can help you calm down.

Being able to ground yourself and feel firmly anchored in the here and now can also be easier to do when there are people around and we have reasons to engage in the present moment, notes Frederick. "The here-and-now stimuli can be grounding. When we're isolated, without



Group therapy may be an effective treatment for those struggling with PTSD.

EMERGING THERAPIES

Nontraditional treatments may also play a part in reducing PTSD symptoms.

While these alternative therapies don't have much research backing up their efficacy for use with PTSD patients, they may be worth exploring (especially if other treatments haven't worked), says psychiatrist Elspeth Cameron Ritchie, MD.

☀️ Acupuncture

This age-old treatment is traditionally used for pain management, but researchers are finding it can help people with PTSD symptoms, particularly if they aren't open to exposure therapy and don't want to take

medication. The therapeutic effect of acupuncture on symptoms like anxiety and depression was similar to CBT therapy in one study published in *Evidence-Based Complementary and Alternative Medicine*.

☀️ Cannabidiol (CBD)

This cannabis derivative is cropping up in a wide array of consumer products as a way to cure a variety of health problems, from pain to anxiety and everything in between. Not all CBD products contain THC, the psychoactive compound found in cannabis. Research is exploring how CBD can impact neuropsychological functions and the emotional response, but there are

some promising studies that show it can help with anxiety, sleep and reducing the negative memories that plague patients, according to a 2018 article in *Frontiers in Neuroscience*.

☀️ Ketamine

This drug has been used as a rapid-acting depression medication, and now practitioners are recommending it for PTSD. Although it isn't FDA-approved, ketamine infusions have been shown to rapidly elevate a depressed mood, as well as decrease anxiety, in patients with severe depression. It's also being examined for its ability to target emotional memories and extinguish them.

☀️ Virtual and Augmented Reality

One way patients can alleviate symptoms is by working through past traumas with exposure therapy using a virtual-reality (VR) simulation. A VR experience can consist of visual stimuli, along with sounds, vibrations and smells. This method—usually used in conjunction with talk therapy—can help someone with PTSD experience a virtual world similar to the one their trauma occurred in, but under safe conditions, according to research from the USC Institute for Creative Technologies in California.

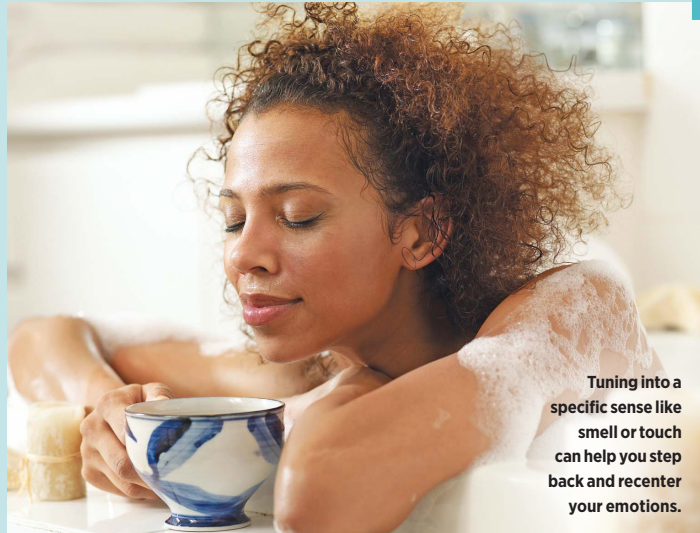
distraction, we're more susceptible to getting lost in worries and anxiety."

Medications commonly include antidepressants, as PTSD and depression share many similarities, says Ritchie. These medications can help treat the anxiety and hypervigilance symptoms that plague someone with PTSD. The blood pressure medication Prazosin may also help with nightmares.

Cognitive behavior therapy (CBT) and exposure therapy have been proven to work in many people with PTSD, says Ritchie. "They can be hard to get through, because the patient is verbally repeating the trauma again, and some people may not want to go back through the experience." During exposure therapy, the patient discusses trauma-related feelings, memories and situations. CBT can be done through virtual therapy sessions, says Miller.

Eye movement desensitization and reprocessing (EMDR) is trauma-based therapy that helps people heal from emotional distress caused by disturbing experiences. Prior to the pandemic, Miller never used EMDR therapy in a virtual session. "I realized there was going to be a need, so I did research and learned I could do it online," she says. "It's been very effective. There's a piece of it where you have to do this eye movement and figuring out how to do that part virtually was tricky, but I was able to do the therapy by sharing my screen and showing patients how to do the eye movements' bilateral stimulation [as part of the process]."

If you find one form of therapy not helping, it pays to look around for other options. "There are effective medications and psychotherapies, and the combination is often even more effective," says Eth. "But, unlike an infectious disease where you take an antibiotic and are cured, in mental health, it's rarely a complete cure because the traumatic memories never go away. They're just not as toxic as they were before treatment." ●



Tuning into a specific sense like smell or touch can help you step back and recenter your emotions.

FINDING PRESENCE DURING A PTSD TRIGGER

Whether a news story, a social media post or a neighbor who came too close sent you spiraling, here are some tools Ron Frederick, PhD, suggests you try in an effort to calm down.

"What was once [front and center], our emotional upset, can step back and be a part of a larger picture," he says. "We can then better disentangle ourselves from echoes of the past that are intruding on our present life."

The first step to taming internal activation is to recognizing what's happening—that you're getting triggered, he says. "By stopping—recognizing and naming when you're triggered—you slow the process down. When you're activated, in the fight-or-flight mode, and overcome by distress, that's all you can see."

But if you can find ways to anchor to the present moment, your perspective becomes more balanced and realistic, he says. Try these techniques:

Shift your focus away from whatever is bothering you and take a moment

to notice what you're experiencing through any or all of your senses.

Take note of what you see, hear, touch, smell or taste, he suggests. "For instance, notice how the chair you're sitting in feels against your body. Listen to the sounds of your environment and note what you hear. Look around the room and notice what you see. Notice what you smell in the air. Take a sip of a beverage and notice how it tastes."

As you do these things, describe to yourself what you're observing. Let the experiences fully register. Feel yourself connect with them. Notice and appreciate what happens for you.

Focusing on your breath, a common practice in meditation, can also be calming. "In particular, when we breathe in a slow, measured way, the vagus nerve, the main channel of the parasympathetic nervous system, gets activated, and the nervous system as a whole comes into balance." Try a five- to 10-minute relaxing breathing meditation to help calm your nerves.