INTRODUCTION

Post-traumatic stress disorder (PTSD) is an mental illness that can develop after a person is exposed to one or more traumatic events, such as sexual assault, warfare, traffic collisions, terrorism or other threats on a person's life. Symptoms include disturbing recurring flashbacks, avoidance or numbing of memories of the event, and hyper arousal, continue for more than a month after the occurrence of a traumatic event.

PTSD is a set of reaction to an extreme stressor such as intense fear, helplessness, or horror that lead the individual to relieve the trauma.

Case study

Fifty-year-old female, presented with the history of losing his only son after the flood in Chennai on December 2015. She detached herself from others, unresponsiveness to the surrounding and finally diagnosed as post traumatic stress disorder and was treated for it.

Incidence

1–4% develops PTSD from few weeks to months. Both sexes are equally affected.

REGIONS OF THE BRAIN ASSOCIATED WITH STRESS AND POSTTRAUMATIC STRESS DISORDER

Aetiology

- Stressor
- The presence of childhood trauma
- Borderline, paranoid, anti-social traits
- Inadequate support system
- Genetic illness

KEYWORDS post-traumatic stress disorder, trauma, neurotic disorder, emotional experience
Psychodynamic factor
Biological factor

Pre-disposing factors
- Personality traits
- History of neurotic illness, childhood abuse

Symptoms of PTSD
- Flash back occurring
- Detachment from other people
- Unresponsiveness to surrounding
- Loss of interest
- Fear and anxiety

Diagnostic evaluation
- History collection
- Mental status exam
- Neurological exam
- Process recording

Treatment
- Individual supportive therapy
- Group therapy
- Family therapy
- Milieu therapy

Medical management
- Anti-depressants
- Fluoxetine
- Mood stabilizers
- Anti hypertensives
- Anxiolytics

Nursing interventions
- Use consistent supportive approach to develop trust and to reduce fear
- Avoid excessive probing into details of trauma
- Promote independence and clients higher level of functioning
- Reconnect the individual with the existing support system
- Teach anxiety management strategies like relaxation, breathing techniques, group therapies to reduce isolation
- Consistent empathetic approach help the client to tolerate the intense memories and emotional pains

CONCLUSION
Post-traumatic stress disorders are psychiatric illness with substantial psychosocial and biological consequences. These disorders can cause significant emotional and physical turmoil. The nurses should include family members in providing an effective care to the patient and to develop support and consistent empathetic approach to help the client to tolerate the intense memories and emotional pains.

REFERENCES