

Brain Injury Psychiatry Workshop

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Post-Traumatic Stress Disorder (PTSD)



PTSD

- Encompasses emotional, behavioural and cognitive symptoms that arise following exposure to significant threat to life or serious physical injury
- Intrusion symptoms (nightmares, intrusive thoughts, dissociative reactions), behavioural and cognitive avoidance of trauma reminders, negative cognition or mood (anhedonia, negative expectations) and heightened arousal (sleep disturbance, impaired concentration)

PTSD

- Once believed alterations of consciousness with TBI precluded formation of a trauma memory
- Now recognised that PTSD can develop following TBI
 - unconscious encoding of affective and sensory experiences (sights and smells) associated with traumatic event
 - conscious encoding of some aspects of the event, reconstruction of the trauma memory from secondary sources and memory of circumstances surrounding the event that also may be psychologically traumatic (e.g. sights at the scene of accident after consciousness regained)

PTSD

- TBI may impede recovery from psychological trauma, and PTSD may impede recovery from TBI
- Mechanisms not fully understood, thought that the cumulative burden of each condition on neural and associated neurocognitive function may contribute to impediments in recovery

PTSD

- Guided by PTSD treatment in non-TBI population. CBT interventions, including those with exposure components, have been successfully implemented within a broad range of TBI severities
- General consensus in prescribing to patients with PTSD and a TBI history is to start with low dosages and titrate slowly, be cognizant of possible drug interactions, and use caution when potential medication side effects might increase risk of TBI-associated problems such as cognitive deficits, sensory and balance issues, and seizures

Scott JC, Harb G, Brownlow JA, et al: Verbal memory functioning moderates psychotherapy treatment response for PTSD-Related nightmares. *Behav Res Ther* 91:24–32, 2017