

Posttraumatic Stress Disorder (PTSD) and COVID-19

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What is considered to be a traumatic event?

- Mental Health Community Definition: We are still learning about how various events impact and change people. What constitutes trauma is incredibly subjective and individualized. Many, perhaps even most, people have had some level of exposure to potentially traumatic events in their lives. People can become traumatized by a single, powerful event or a gradual accumulation of more seemingly minor stressors.
- ICD 10 Definition: Exposure to a stressful event or situation, either short or long lasting, of exceptionally threatening or catastrophic nature which is likely to cause pervasive distress in almost anyone.
- DSM 5 Definition: Exposure to actual or threatened death, serious injury, or sexual violence in one of the following ways:
 - Experiencing, witnessing, learning about, repeated or extreme exposure to aversive details.

Who is potentially traumatized by a global pandemic?

- Health care workers who directly witness the effects of the pandemic.
- Anyone who has lost a loved one suddenly.
- Anyone who has experienced a loved one being near death for a prolonged period of time.
- Anyone who has contracted the virus and reasonably felt that they may die.
- Anyone whose life has been dramatically altered, directly or indirectly, by the social repercussions of the pandemic (loss of job, loss of home, divorce, extreme social isolation, etc.)
- In other words, just about anyone.

How does exposure to traumatic events modify brain functioning?

- Chronic hyperactivity in the amygdala.
 - “Security system” of the brain.
 - Frequent activation of fight/flight response.
 - “False alarms.”
- Associated decrease in prefrontal cortex functioning, particularly in response to triggers.
 - Impairments in orientation to person, place, and time.
 - Reduced capacity for critical thinking and deeper social engagement.
 - Increase in impulsive behaviors, irritability/anger, and “unhealthy” self-regulatory strategies.
- Triggers may include: healthcare facilities, healthcare workers, medical procedures.

How does exposure to traumatic events modify nervous system functioning?

- Parasympathetic Nervous System
 - “Rest and digest” mode.
 - Inhibits stress response.
 - Maintains homeostasis.
- Sympathetic Nervous System
 - “Fight or flight” mode.
 - Heart rate increases.
 - Breathing becomes rapid and shallow.
 - Digestion slows.
 - Muscle tension increases, particularly in extremities.
 - Senses may heighten.
- Exposure to trauma tends to chronically increase activation of the sympathetic nervous system.

How can I identify residual trauma symptoms in my patients?

- Re-Experiencing
 - Flashbacks, nightmares, intrusive memories, etc.
- Avoidance
 - Both internal and external stimuli,
- Alterations in Mood
 - Mimics depression (anhedonia, self-loathing, isolation, irritability, etc.)
- Alterations in Reactivity
 - Mimics anxiety (restlessness, agitation, nervousness, fear, etc.)
- Hyperarousal (fight/flight)
 - Angry, agitated, defensive.
 - Highly restless and fidgety.
 - Reactive, defensive.
 - Diminished critical thinking capacity.
 - Impulsivity.
- Hypoarousal (freeze/submit)
 - Rigid, frozen posture (“statuesque.”)
 - Minimal restless movements.
 - Short, curt answers.
 - No eye contact or intense, uncomfortable eye contact.
 - Flat affect.

Signs of trauma that are easily missed

- Significant increase in drug and/or alcohol use.
- Increase in self-harm and/or suicidal ideation.
- Disordered eating (binge eating, restricting, purging).
- Impulsive shopping or gambling.
- Risky sexual behavior.
- Sudden onset of ADHD-like symptoms, particularly disruptions in short-term memory, organization, time management, and attention span.
- Extreme withdrawal from relationships.
- Hypervigilance.
- Exaggerated startle response.

Area resources for patients who may have PTSD

- Diagnostic Assessment
 - Ideally with a psychologist or therapist specializing in trauma.
- Individual psychotherapy
 - EMDR (eye movement desensitization reprocessing).
 - Trauma-focused CBT (cognitive-behavioral therapy).
 - Traditional exposure therapies.
- Group psychotherapy
 - Trauma skills group at Mercy Family Counseling.
- Psychotropic Medications
 - Depression and anxiety medications, particularly SSRIs, may be beneficial for some patients.