

## *What is it?*

Post Traumatic Stress Disorder is an anxiety condition brought on as the result of a traumatic event which is outside the normal human experience.

### *Do only combat veterans suffer from this disorder?*

No. While the disorder is frequently experienced by combat veterans, anyone can suffer from it if they have experienced a traumatic event. Combat experiences can indeed be traumatic, but others can have equally traumatic experiences which could result in PTSD. Some examples are; fire, explosions, auto accidents, sexual assault, etc.

### *My experiences happened 30 years ago. Why would I have PTSD now?*

It is not uncommon for the symptoms of PTSD to surface many years following a traumatic event. In many cases, the person has submerged his or her feelings about the event and reaches a point where they become intrusive and they can longer control them.

### *How do I know if I suffer from Post Traumatic Stress Disorder?*

A diagnosis of PTSD can only be made by qualified medical practitioners. However, if you have sleep disturbances, nightmares, "flashbacks" to traumatic events, exaggerated startle responses to things that remind you of the event, or difficulties with relationships, it's possible you may need professional help to decide what the problem is.

### *Where can I get help?*

Help may be available in your area from local community counseling, or you can seek assistance from the nearest VA Medical Center, Outpatient Clinic or Vet Center. Guidance in seeking professional assistance can be obtained from your local County Veterans Service or Veterans Service Commission Office, listed in the white pages under County Offices.

## **POST-TRAUMATIC STRESS DISORDER, CHRONIC OR DELAYED**

*THE ESSENTIAL FEATURE IS THE DEVELOPMENT OF CHARACTERISTIC SYMPTOMS FOLLOWING A PSYCHOLOGICALLY TRAUMATIC EVENT THAT IS GENERALLY OUTSIDE THE RANGE OF USUAL HUMAN EXPERIENCE.*

The characteristic symptoms involve re-experiencing the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms.

The stressor producing this syndrome would evoke significant symptoms of distress in most people, and is generally outside the range of common experience. The trauma may be experienced alone (rape or assault) or in the company of groups of people (military combat). Stressors producing this disorder include natural disasters (floods, earthquakes), accidental man-made disasters (car accidents with serious physical injury, airplane crashes, large fires), or deliberate man-made disasters (bombing, torture, death camps). Some stressors frequently produce the disorder (e.g. torture) and others produce it only occasionally (e.g. car accident). Frequently there is a concomitant physical component to the trauma which may even involve direct damage to the central nervous system (e.g. malnutrition, head trauma). The disorder is apparently more severe and longer lasting when the stressor is of human design.

The traumatic event can be re-experienced in a variety of ways. Commonly the individual has recurrent painful, intrusive recollections of the event, or recurrent dreams or nightmares during which the event is re-experienced. In rare instances there are dissociative like states, lasting from a few minutes to several hours or even days, during which components of the event are relived and the individual behaves as though experiencing the event at that moment. Such states have been reported in combat veterans. Diminished responsiveness to the external world, referred to as "psychic numbing" or "emotional anesthesia", usually begins soon after the traumatic event. A person may complain of feeling detached or estranged from other people, that he or she has lost the ability to become interested in previously enjoyed significant activities, or that the ability to feel emotions of any type especially those associated with intimacy, tenderness, and sexuality, is decreased.

After experiencing the stressor, the individual may develop symptoms of excessive autonomic arousal, such as hyper alertness, exaggerated startle response, and difficulty falling asleep. Recurrent nightmares during which the traumatic event is relived and which are sometimes accompanied by middle or terminal sleep disturbance may be present. Some complain of impaired memory or difficulty in concentration or completing tasks. In the case of a life-threatening trauma shared with others, survivors often describe painful guilt feelings about surviving when many did not, or about the things they had to do in order to survive. Activities or situations that may arouse recollections of the traumatic event are often avoided. Symptoms characteristic of Post-Traumatic Stress Disorder are often intensified when the individual is exposed to situations or activities that resemble or symbolize the original trauma (e.g. cold snowy weather, uniformed guards, death camp survivors, or hot and humid weather for veterans of the South Pacific or Southeast Asia).

Symptoms of depression and anxiety as an Anxiety or Depressive Disorder. Increased irritability may be associated with sporadic or unpredictable explosions of aggressive behavior, with even minimal or no provocation. The latter symptom has been reported to be particularly characteristic of war veterans with this disorder. Impulsive behavior can occur, such as sudden trips, unexplained absences, or changes in life-style or residence. Survivors of death camps sometimes have symptoms of an Organic Mental Disorder, such as failing memory, difficulty in concentrating, emotional lability, autonomic lability, headache, and vertigo.

Symptoms may begin immediately or soon after the trauma. It is not unusual, however, for the symptoms to emerge after a latency period of months or years following the trauma. When the symptoms begin within six months of the trauma and have not lasted more than six months, the acute subtype is diagnosed, and the prognosis for remission is good. If the symptoms, either develop more than six months after the trauma or last six months or more, the chronic or delayed subtype is diagnosed.

Impairment may either be mild or affect nearly every aspect of life. Phobic avoidance of situations or activities resembling or symbolizing the original trauma may result in occupational or recreational impairment. "Psychic numbing" may interfere with interpersonal relationships, such as marriage or family life. Emotional lability, depression and guilt may result in self-defeating behavior or suicidal actions. Substance Use Disorders may develop.

In Adjustment Disorder, the stressor is usually less severe and within the range of common experience, and the characteristic symptoms of Post-Traumatic Stress Disorder, such as re-experiencing the trauma, are absent. The veteran should be aware that he or she may have a claim. However, the Department of Veterans Affairs is going to assure itself that the problem is service-connected. As usual the veteran will be best represented by the well trained Service Officer. Those who attempt to represent themselves will find the obstacles overwhelming.

**NOTE: This pamphlet is meant for informational purposes only to help you understand PTSD. A diagnosis of PTSD should be made by competent medical practitioners.**

**DEPARTMENT OF VETERANS  
AFFAIRS FACILITIES IN OHIO**

Brecksville VA Medical Center  
10000 Brecksville Rd., Brecksville, Ohio 44141  
440-526-3030

Chillicothe VA Medical Center  
17273 State Route 104, Chillicothe, Ohio 45601  
740-773-1141

Cincinnati VA Medical Center  
3200 Vine St., Cincinnati, Ohio 45220  
513-861-3100

Cleveland VA Medical Center  
10701 East Blvd., Cleveland, Ohio 44106  
216-791-3800

Dayton VA Medical Center  
4100 W. Third St., Dayton, Ohio 45428  
937-268-6511

Canton VA Outpatient Clinic  
221 Third St., S.E., Canton, Ohio 44702  
330-489-4600

Columbus VA Outpatient Clinic  
543 Taylor Ave., Columbus, Ohio 43203  
614-257-5200

Toledo VA Outpatient Clinic  
3333 Glendale Ave., Toledo, Ohio 43614  
419-259-2000

Youngstown VA Outpatient Clinic  
2031 Belmont, Youngstown, Ohio 44505  
330-740-9200

Cleveland VA Regional Office  
1240 E. Ninth St., Cleveland, Ohio 44199  
1-800-827-1000 (TDD 1-800-829-4833)

Dayton VA National Cemetery  
4100 W. Third St., Dayton, OH 45428  
937-262-2115

**Vet Centers**

Cincinnati (30 E. Hollister St., 513-569-7140)  
Cleveland (11511 Lorain Ave., 216-671-8530)  
Cleveland Heights (2134 Lee Rd., 216-932-8471)  
Columbus (30 W. Spruce St., 614-253-3500)  
Dayton (6 S. Patterson Blvd., 937-461-9150)

**Who To Call**

Life Insurance - 1-800-669-8477  
Radiation Helpline - 1-800-827-1000  
Persian Gulf War Veterans Helpline - 1-800-749-8387  
Debt Management - 1-800-827-0648  
Education Loans - 1-800-326-8267  
CHAMPUS Claims - 1-800-842-4333  
CHAMPUS Health Benefits Advisor (WPAFB, Dayton) - 1-800-258-3699  
CHAMPVA - 1-800-733-8387  
Headstone and Marker Program - 1-800-697-6947

Produced and distributed by:  
Ohio State Association of County Veterans Service Officers  
OSACVSO-6 (REV 3/2003 - Previous Editions Obsolete)  
*PROVIDED FOR INFORMATION PURPOSES ONLY*  
*NOT INTENDED TO BE REGULATORY IN ANY MANNER*

Please report errors and omissions to:  
R. A. Gobrecht, Crawford County Veterans Service Office  
Courthouse, Lower Level, Suite 95, 112 E. Mansfield St., Bucyrus, OH 44820

**Greene County Veteran Service Office**  
**571 Ledbetter Road, Xenia, Ohio 45385**  
**(937) 562-6020**

**POST  
TRAUMATIC  
STRESS  
DISORDER  
(PTSD)**



**YOU'RE  
NOT ALONE!**

