

PTSD

▶ **Definition.** Post-traumatic stress disorder (PTSD) is a psychiatric illness that can occur following a traumatic event in which there was threat of injury or death to you or someone else.

▶ **Causes, incidence, and risk factors.** (PTSD) may occur soon after a major trauma, or can be delayed for more than six months after the event. When it occurs soon after the trauma it usually resolves after three months, but some people experience a longer-term form of the condition, which can last for many years.

PTSD can occur at any age and can follow a natural disaster such as flood or fire, or events such as war or imprisonment, assault, domestic abuse, or rape. The terrorist attacks of Sept. 11, 2001, in the U.S. may have caused PTSD in some people who were involved, in people who witnessed the disaster, and in people who lost relatives and friends. These kinds of events produce stress in anyone, but not everyone develops PTSD.

We do not know what causes PTSD, but psychological, genetic, physical, and social factors are involved. PTSD alters the body's response to stress by affecting stress hormones and neurotransmitters (chemicals that transmit information between our nerves). Previous exposure to trauma may increase the risk, which suggests that this kind of a reaction may be a learned response.

Having good social support helps to protect against developing PTSD. In studies of Vietnam veterans, those with strong support systems were less likely to develop PTSD than those without social support.

People with PTSD re-experience the event again and again in at least one of several ways. They may have recurrent distressing dreams and recollections of the event, a sense of reliving the experience (referred to as flashbacks), and/or become very distressed around the time of events that symbolize the event (such as anniversaries).

▶ **Symptoms.** Symptoms of PTSD fall into three general categories:

1. Repeated "reliving" of the event, which disturbs day-to-day activity
 - Recurrent distressing memories of the event

- Recurrent dreams of the event
- Flashback episodes, where the event seems to be recurring
- Bodily reactions to situations that remind them of the traumatic event

2. Avoidance

- Inability to remember important aspects of the trauma
- Lack of interest in normal activities
- Feelings of detachment
- Sense of having no future
- Emotional "numbing", or feeling as though they don't care about anything
- Reduced expression of moods
- Staying away from places, people, or objects that remind them of the event

3. Arousal

- Irritability or outbursts of anger
- Sleeping difficulties
- Difficulty concentrating
- Exaggerated response to things that startle them
- Hypervigilance

Other [symptoms](#) that may be associated with this disease include a sense of guilt about the event (including "survivor guilt"), and the following symptoms, which are typical of anxiety, stress, and tension:

- Paleness
- Feeling your heart beat in your chest, called palpitations
- Headache
- Fever
- Fainting
- Dizziness
- Agitation, or excitability

▶ **Signs and tests.** There are no tests that can be done to make the [diagnosis](#) of PTSD. The diagnosis is made based on a certain set of symptoms that persist after a history of extreme trauma. Your doctor will do psychiatric and physical examinations to rule out other [illnesses](#).

▶ **Treatment.** The aim of treatment is to reduce symptoms by encouraging the affected person to recall the event, to express feelings, and to gain some

sense of mastery over the experience. In some cases, expressing grief helps to complete the necessary mourning process. Support groups provide a setting where people who have had similar experiences can share feelings, and are very helpful. Depression, alcohol or substance abuse (which commonly occur with PTSD), or associated medical conditions, may need to be treated before symptoms of PTSD can be effectively addressed. Behavioral therapy, a type of talking therapy, may be used to treat avoidance symptoms. This can include graded exposure and flooding, which means that the person is frequently exposed to the object that triggers symptoms, until he/she becomes accustomed to it, and no longer avoids it. Medicines that act on the nervous system may be used to reduce anxiety and other associated symptoms. Anti-depressants, including selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) have been found to be effective in treating PTSD, although a doctor must monitor their use as they can have side effects. Sedatives can help with sleep disturbance. Anti-anxiety medicines may be useful, but some types, such as benzodiazepines, can be addictive.

▶ **Expectations (prognosis).** The best prognosis, or outcome, depends on how soon the symptoms develop after the trauma, and on early diagnosis and treatment.

▶ **Complications.**

- Depression, anxiety, and phobia, or fear of things that are not usually frightening to other people, may accompany this disorder
- Alcohol abuse and/or drug abuse

▶ **Calling your health care provider.** While traumatic events like the September 11 tragedy can cause distress, not all feelings of distress are symptoms of PTSD. You should talk about your feelings with friends and relatives. If your symptoms persist longer, or are worse, than those of your friends, you should contact your doctor.

You should seek help immediately by going to the emergency room or calling the local emergency number (such as 911) if you are feeling overwhelmed by guilt, if you are impulsive, thinking of hurting yourself, unable to contain your behavior, or if you are experiencing other very distressing symptoms of PTSD.

You can also contact your doctor for help with ongoing problems such as recurrent thoughts, irritability, and problems with sleep.

▶ **Prevention.** Counseling and crisis intervention soon after the event are important for people who have experienced extremely stressful situations. They could help prevent longer-term forms of PTSD and should be part of public health responses to groups at risk, such as disaster victims.

Source: www.healthline.com/adamcontent/post-traumatic-stress-disorder

Organizations, Contacts and other Resources

▶ **The Blackdog Foundation is a 501(c)3 non-profit group designed to help assist in the recovery of Post Traumatic Stress Disorder (PTSD) for returning veterans, their families, friends, and community.** Blackdog's philosophy serves many in a community: * Veterans (from all eras) needing assistance with re-integration into their communities; * Veterans suffering from PTSD (Post Traumatic Stress Disorder) and their families; * Children or young adults in conflict with peers or family members; * Those experiencing violence in need of protection, mediation or counseling; * Those struggling with meth addiction. Contact info: Blackdog Foundation, 2722 Aztec Dr. NW, Olympia WA 98502 * (360) 866-1041 * URL: BlackDogFoundation.org

▶ **Support Groups. Additional information about post-traumatic stress disorder and coping with a national tragedy is available from the American Psychiatric Association.** The American Psychiatric Association is a medical specialty society recognized world-wide. Its over 38,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorder, including mental retardation and substance-related disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. Contact info: 1000 Wilson Boulevard, Suite 1825, Arlington, VA, 22209 * URL: www.psych.org * Questions? Contact APA Answer Center * Call Toll-Free: 1-888-35-PSYCH or 1-888-35-77924 * From outside the U.S. and Canada call: 1-703-907-7300

▶ **California Cannabis Research Medical Group (CCRMG).** * (ORG, inf) Winter/Spring 2005 - O'Shaughnessy's; Journal of the California Cannabis Research Medical Group. Letter from a Soldier - "Is Cannabis Recommended for PTSD?" - "Hello Dr. Mikuriya, I have recently returned home from Iraq. This was my second tour. I only had about 4 months between the two tours. I ... am at a high state of alertness and I startle at certain noises. My tolerance is also very low, I get angry very easily. Not violent, I still have control but very agitated. I also have trouble sleeping and sometimes I have to take a sleeping pill or Nyquil to go to sleep. I went to my doctors and they sent me to a place on base that helps with PTSD." ... Cannabis would indeed be useful in managing symptoms of PTSD. This has been known for over a century in the medical profession but forgotten because of its ... visit: www.ccrm.org/journal/05spr/opinion.html

▶ **Veterans For Medical Marijuana (VFMM).** * (ORG, inf) The Fourth National Clinical Conference on Cannabis Therapeutics ... Clinical Implications of the Endocannabinoid System: PTSD, ADD and Beyond; David Bearman, MD. PTSD Panel; Erin Hildebrandt, Allan Byrne, Christopher Largen, on cannabis, medical marijuana, industrial hemp and pot ... visit: http://vfmm.hempusflag.com/cms/index.php?option=com_content&task=view&id=14&Itemid=1

▶ **Patients Out of Time.** (ORG, action {event}) * more on The Fourth National Clinical Conference on Cannabis Therapeutics - While various aspects of clinical use will be covered, the core of the forum will involve both physical cannabis treatment and the use of cannabis for PTSD, ADD, depression and other emotional or psychological problems. Visit: www.medicalcannabis.com

▶ **Medical Marijuana ProCon.org | Individual Bio - Al Byrne, Patients Out of Time** ... "Should marijuana be a medical option?" ... International Academy of Cannabis Medicine (IACM), Veteran Outreach -- Cannabis for PTSD affected veterans. Visit: www.medicalmarijuanaprocon.org/BiosInd/Byrne.htm

FORUMs Section

▶ Viable Forums, chat rooms and other such online resources will be listed here as we learn about them.

NEWS Section

▶ **California Cannabis Research Medical Group (CCRMG) | (ORG, Articles) O'Shaughnessy's - Spring 2006 - Journal of the California Cannabis Research Medical Group ... PTSD and Cannabis: A Clinician Ponders Mechanism of Action,** By David Bearman, MD. "One often intractable problem for which cannabis provides relief is post-traumatic stress disorder (PTSD). I have more than 100 patients with PTSD. Among those reporting that cannabis alleviates their PTSD symptoms are veterans of the war in Vietnam, the first Gulf War, and the current occupation of Iraq. Similar benefit is reported by victims of family violence, rape and other traumatic events, and children raised in dysfunctional families." Visit: www.ccrm.org/journal/06spr/perspective2.html

▶ **Web Log of Dr. Tom O'Connell** (Articles, inf) * That evidence, in the form of the aggregated medical histories of applicants ... PTSD follow-up ? Is PTSD an anxiety syndrome best treated by cannabis? ... In that connection, an NPR report on PTSD among recent Iraq returnees that I happened to hear while driving home on Monday evening might also be described as shocking, but not especially surprising. I have personally encountered the same blame the victim attitude among die-hard retired military who still think we should have 'won' the Viet Nam war and look upon ex-comrades who have been tormented by PTSD for decades as shirkers and 'sad sacks of s__t.' ... visit: www.doctortom.org/archives/2006/12/more_on_ptsd_1.html

▶ **MedicalMJ.org - Medical Marijuana News and Facts** * "PTSD Rates for Current Wars May Top Vietnam," Cox News Service / Journal Sentinel (Milwaukee, WI), Nov. 27, 2006, and more. Visit: www.medicalmj.org

▶ **The Razor Wire, Vol. 8, No. 3: In The News** * Cannabis for PTSD - To help treat returning Iraqi combat soldiers, California's Dr. Tod Mikuriya gave this online advice to a returning Iraq War vet for coping with Post Traumatic Stress Syndrome or PTSD:

"Medically, cannabis is the treatment of choice for PTSD but definitely would spell the end of your military career. If you elect not to medicate with cannabis, the regular exercise regimen - avoidance of drugs and alcohol and a specialized debriefing - is the least worst response to this chronic psychiatric disorder." Visit: www.november.org/razorwire/2005-02/InTheNews.html

▶ **Power and Control: Montana Marijuana** (BLOG) * It [Montana] voted for medical marijuana by 62 to 38. Which is what I keep telling my Republican ... Pain and the War on Drugs ? PTSD Pot Alcohol & Substance Abuse ... Cultural Issues; PTSD Combat : Winning the War Within ... visit: powerandcontrol.blogspot.com/2004/11/montana-marijuana.html

▶ **MAPS in the Media: Recent and Archival** * Doblin speculates on the possibility of conducting MDMA / PTSD research with tsunami victims ... The press release mentioned MAPS-sponsored research evaluating MDMA-assisted therapy as a treatment for posttraumatic stress disorder (PTSD) ... visit: www.maps.org/media/

Cannabis as Medicine

▶ **RxMarijuana.com | Marijuana: The Forbidden Medicine.** (ORG, inf, Book) Featured Medical Marijuana Patient Accounts * to share website visitors' medical marijuana histories to provide insight into uses for this medicine which are not widely known. ... If you wish to send us a personal account of your medical marijuana experiences, ... Cannabis and PTSD by Michael McKenna ... visit: www.rxmarijuana.com/shared.htm

▶ **Medical-101.com** (web-ring / link-list) * Your starting point for the best medical info. Free Medical Cannabis info Find what you're looking for! Visit: www.medical-101.com/s/medical_cannabis

This document was researched, prepared and presented as public service by
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