Posttraumatic Stress Disorder in Older Adults

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"The mind is its own place, and in itself can make heaven of hell, a hell of heaven."

- John Milton, *Paradise Lost*

HPI

- 78 year old female
- cc: chronic pain, fatigue, difficulty sleeping, worsening over past 5-6 weeks
- No history of behavioral health treatment, no previous complaints, but . . .
- Admits to history of chronic low-grade depression and anxiety

Additional Information

- No children; was married for a few years in her thirties but divorced – "intimacy was a problem"
- Remote history of alcohol abuse, eventually stopped with AA and fear of losing job
- CBC, thyroid, hormone levels normal

Further information

- Reports frequent nightmares, to the extent that she has considered using alcohol again to avoid them
- Younger sister called her upset1 ½ months ago to discuss childhood abuse at the hands of a male babysitter
- She tearfully relates being sexually assaulted by babysitter numerous times between ages of 10 and 12
- Parents were skeptical but fired babysitter anyway

Criterion A: *Trauma*

- 1) Exposure to actual or threatened death, serious injury, or sexual violence by direct experience, witnessing, learning of trauma happening to family member or close friend, or repeated exposure to aversive details
  - Combat, physical abuse, sexual assault/abuse, severe accidents, violent crimes, first responders
  - Not: Loss of job, divorce, etc.

Criterion B: *Re-experiencing*

(at least one)

- Recurrent and intrusive distressing recollections
- Recurrent distressing dreams of the event
- Acting or feeling as if event were recurring (may include delusions, hallucinations, or flashbacks)
- Intense psychological distress at exposure to internal or external cues
- Physiological reactivity on exposure to internal or external cues

Criterion C: *Avoidance*

(One or both)

- Thoughts, feelings, or conversations of the trauma
- Activities, places, or people that arouse distressing memories

Criterion D: *Numbing*

(2 or more)

- Memory impairment
- Persistent and exaggerated negative beliefs
- Persistent, distorted cognitions about the cause or consequences of the trauma (i.e. survivor guilt)
- Persistent negative emotional state
- Diminished interest in significant activities
- Detachment/estrangement
- Inability to experience positive emotions

Criterion E: *Hyperarousal*

(at least two)

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response
- Reckless or self-destructive behavior

Criterion F: *Duration*

- At least one month
  - Contrast with Acute Stress Reaction (3 days – 1 month)

Criterion G

- Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

PTSD versus:

- Acute Stress Disorder
  - Precursor to PTSD
  - Similar symptoms
- Adjustment Disorder
  - Does not require traumatic experience
  - Symptoms resolve within 6 months of stressor resolving

Theory of Mechanism

- Dysfunction in communication between:
  - Amygdala (fear)
  - Hippocampus (memory)

Why it's important

- Increased rates of suicide
- Effects of secondary symptoms
  - Increased substance use
  - Negative effects on relationships
  - Fear/avoidance of socialization in future
- Decrease in functioning parallels duration of untreated symptoms
- It can get better!

Barriers to Treatment in Older Adults

- "Pull yourself up by your bootstraps" mentality
- Shame
- Fear of re-experiencing
- Recollection/discussion of trauma causes worsening of anxiety
- Lack of awareness of 'abnormal' behavior / treatment options

Comorbidities in Older Adults

- Depression
  - Erickson: Integrity vs. Despair
- Cultural / societal / family / religious norms
  - May feel obligated to stay with abuser
  - "We don't talk about those things"
- Medical comorbidities may limit treatment options

Current Treatment Guidelines

- SSRI
- CBT
- CPT
- Prazosin for nightmares
- Antipsychotics for hallucinations and/or flashbacks
- EMDR
- Graded exposure therapy

What To Watch For

- Depression
  - Asking about suicidality is not suggestive
- Anxiety
- Insomnia
- Vague/evasive/minimizing about history
  - May need to ask privately

Summary

- More likely to manifest as retirement, kids out of house, etc. results in more time to ruminate
- Social supports weaken (death, kids move away, etc.)
- Just because they've dealt with it for this long doesn't mean it has to continue
- It can get better!

Questions?