UNDERSTANDING YOUR DIAGNOSIS

PTSD

Also called Posttraumatic Stress Disorder

After something terrifying, your mind and body stay on high alert, and that alarm has not switched off.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 6 in 100 US adults	Within 3 months of trauma	Yes - therapy works well	About 13 million US adults

What this is

- PTSD is a normal alarm system stuck in the on position after something terrifying happened to you.
- It is not weakness and not a character flaw. Strong people get PTSD, including soldiers and nurses.
- You can get it from something that happened to you, that you saw, or that happened to someone you love.
- Symptoms that last past **one month** and get in the way of your daily life are what make it PTSD.

What it can look and feel like

- Memories crash in without warning - images, sounds, or smells that feel like it is happening right now.
- Nightmares wake you up, sleep never feels like real rest, and you start to dread going to bed at all.
- You steer around anything that reminds you of it: places, people, conversations, or the news.
- You feel numb, cut off from people you love, or like you are watching your own life from outside.
- You blame yourself, or you believe the world is dangerous and that you are permanently damaged.
- You are jumpy, startle easily, get angry fast, and keep scanning for whatever might go wrong next.
- You take risks you would not have taken before, or you use alcohol or drugs to get through the night.

What is happening in your brain and body

- Your amygdala, the brain's alarm bell, stays overactive while the part that calms it down works less well.
- That is why a reminder can set off a full body reaction - racing heart, sweating - before you can think.
- The hippocampus, which tags memories with a time and place, works less well, so the past feels present.
- Stress hormones and the adrenaline system stay revved up, which drives the startle and the nightmares.
- Untreated PTSD is hard on the body over years - heart, sleep, and pain all suffer - so treating it protects you.

What can make it more likely

- Trauma is required, but most people who go through one do not get PTSD. Both of those facts are true.
- Feeling detached or unreal during the event raises the chance that PTSD develops in the weeks after.
- Support afterward matters enormously. Being alone or disbelieved raises risk more than the event's size.
- Earlier trauma, especially in childhood, and a family history of anxiety both raise the chance as well.

What to expect

- About half of people recover within a year, and treatment makes recovery both more likely and faster.
- Trauma-focused therapy usually runs **8 to 16 sessions**. Many people feel real change within weeks.
- Therapy can feel harder before it feels better. That dip is expected, it is planned for, and it passes.
- Recovery does not mean forgetting what happened. It means the memory stops running your whole day.

What helps

Treatment works. Most people get better.

Talking therapies

- **Trauma-focused therapy** is the first choice and works better than medicine alone for most people.
- **Prolonged exposure** has you approach memories and places you avoid, gradually, until they lose their grip.
- **Cognitive processing therapy** works on stuck beliefs like self-blame, guilt, and nowhere being safe.
- **EMDR** pairs recalling the memory with guided eye movements or taps, over about 8 to 12 sessions.
- **Written exposure therapy** is only five sessions of structured writing and works about as well.

Medicines

- **Sertraline** and **paroxetine** are FDA-approved for PTSD, and venlafaxine works about as well.
- These are antidepressants that act on serotonin, a brain chemical that helps steady mood and fear.
- Give them **8 to 12 weeks** at a full dose. Your prescriber works out that dose together with you.
- **Prazosin** taken at bedtime can cut trauma nightmares. It lowers blood pressure, so it is raised slowly.
- **Benzodiazepines** such as alprazolam tend to make PTSD worse over time and are best avoided here.

Everyday things that help

- Sleep comes first. Treating insomnia and nightmares directly makes every other treatment work better.
- Regular exercise burns off the extra adrenaline and lowers how jumpy you feel from day to day.
- Alcohol and cannabis quiet things for a night and leave the symptoms worse the following day.
- Stay connected with a few safe people, even briefly. Isolation is what keeps PTSD strong.
- Cut back on replaying news or video of the event, because it keeps your alarm system switched on.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the nearest emergency room if you cannot keep yourself or someone else safe right now.
- Veterans can press 1 after dialing **988**, or text 838255, for the Veterans Crisis Line.

Questions to ask your care team

- *Which trauma-focused therapy do you offer, and how many sessions does it take?*
- *Do I have to describe what happened in detail in order to get better?*
- *What can I do about the nightmares while we are getting started?*
- *How will we know whether this medicine is actually working for me?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.