



Stress and Illness

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Psychological Stress-Related Disorders

The two major stress-related disorders include the Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD), both referring to an illness resulting from intrusive recollections of the stressful experience. However, ASD has been experienced by the patient for a matter of two days to four weeks, whereas PTSD has been suffered for more than one month.

There are more than a hundred illnesses and disorders that are found to have connections to stress, links where in stress is most often identified as a contributory factor to these conditions. On the other hand, there are two recognized disorders directly relating to stress: Acute Stress Disorder and Posttraumatic Stress Disorder. Let's find out what these two conditions are all about, and learn how they are managed through various interventions.

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Acute Stress Disorder

Overview

Defined as a short period of intrusive recollections affecting the person within four weeks of experiencing (or even by mere witnessing) of a devastating traumatic occurrence, acute stress disorder

[1](ASD) is similar to posttraumatic disorder, but its symptoms last for two days to four weeks only. The most common identified symptom that point to acute stress disorder is dissociation, wherein a person detaches himself from his surroundings or even from himself.

Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders recommends diagnosing patients who are potentially experiencing acute stress disorder based on criteria under the anxiety disorders category. The health care provider that will assess the patient will ask several questions regarding the experience or witnessing of an overwhelming traumatic event, the response of the patient to the event (e.g. helplessness, intense fear, horror), whether the patient constantly relive the traumatic event, and the experience of more than three of the dissociative symptoms, which include:

- Feeling detached from others
- Emotional unresponsiveness
- Feeling “numb”, or “unreal”
- Feeling in a daze
- Less aware of what occurs in his surroundings
- Depersonalization, or feeling detached from self
- Derealization, or feeling that the outside world is unreal or strange
- Dissociative amnesia, or the inability to recall important parts of the traumatic event
- Avoidance of objects, people, places or thoughts related to the event

The patient will also be observed for symptoms of escalating anxiety, such as irritability, difficulty of sleeping, restlessness, inability to concentrate, hypervigilance, and increased tendency to startle. And to confirm the diagnosis, the timeframe of the onset and duration of symptoms will also have to be identified to be no less than two days but no more than four weeks.

Treatment

Pharmacological interventions for acute stress disorder are kept at minimum, most of which are given to relieve anxiety or sleep problems. Nonpharmacologic interventions such Critical Incident Stress Debriefing (CISD) help patients process the traumatic event and reflect on the effects of the event to them. Supportive measures such as showing empathy and empathic interviewing are also performed.

Posttraumatic Stress Disorder

Overview

Just like acute stress disorder, posttraumatic stress disorder (PTSD) includes intrusive recollections of a traumatic event that the person views as overwhelming or devastating. However, in this disorder, the recollections are recurring for a longer period of time, typically more than four weeks. Events such as sexual assault, disasters, combat, war, and chaos are some common root causes of this disorder.

Diagnosis

The differences between PTSD and ASD include the timeframe of the onset and duration of the symptoms, as well as the symptoms are far worse in PTSD than ASD. If these symptoms last for more than three months, the disorder is then classified as chronic.

The criteria for diagnosis of PTSD are the same with that of ASD, but these symptoms are additionally assessed:

- Experience of recurrent memories that are disturbing
- Experience of recurrent nightmares
- Hallucinations, flashbacks
- Feeling of intense distress (whether psychological or physiologic) when the event is being reminded

Treatment

Psychotherapy or exposure therapy are common non-pharmacologic interventions provided to PTSD patients. In terms of pharmacologic interventions, Selective Serotonin Reuptake Inhibitors or SSRI drugs as well as mood stabilizers and anti-anxiety agents are found to be effective.

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Links

[1] <http://psychcentral.com/disorders/sx44.htm>