Posttraumatic Stress in Older Adults

When Medical Diagnoses or Treatments Cause Traumatic Stress

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KEYWORDS

• Posttraumatic stress disorder (PTSD) • Geriatric • Cardiac • Cancer

KEY POINTS

- Most older patients adapt after catastrophic medical diagnoses and treatments, but a significant number may develop posttraumatic stress disorder (PTSD) symptoms.
- PTSD symptoms create added burden for the individual, family, and health care system for the patient's recovery.
- Medical-related PTSD may be underdiagnosed by providers who may be unaware that these health problems can lead to PTSD symptoms.
- Treatment research is lacking, but pharmacologic and nonpharmacologic approaches to treatment may be extrapolated and adjusted from the literature focusing on younger adults.
- Additional study is needed.

INTRODUCTION

The Condition

The most familiar form of posttraumatic stress disorder (PTSD) occurs in veterans exposed to combat, and it can recur or worsen in the setting of other stressors in late life, including medical illness. This article draws attention to a different and underappreciated problem of posttraumatic stress symptoms (PTSSs) and PTSD arising from catastrophic medical illness.

In the latest edition of the *Diagnostic and Statistical Manual*,[1] PTSD has 6 components (**Table 1**).

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Table 1
Diagnostic criteria for PTSD

Criterion	Description
(A) Exposure	Event with actual or threatened death, serious injury, or sexual violation by: Directly experiencing the traumatic event Witnessing in person the traumatic event as it occurred to others Learning that the traumatic event occurred to a close family member/friend Experiencing first-hand repeated or extreme exposure to aversive details of the traumatic event
(B) Reexperiencing	Spontaneous memories of the traumatic event, recurrent distressing dreams, dissociative reactions, intense or prolonged psychological distress or physiologic reaction to cues
(C) Avoidance	Avoidance of distressing memories, thoughts, feelings, or external reminders of the event
(D) Negative cognitions and mood	Persistent and distorted negative beliefs about oneself, others, the world, or causes/consequences of traumatic event; persistent negative emotional state, diminished interest, detachment/estrangement from others; persistent inability to feel positive emotions; inability to remember key aspects of the event
(E) Arousal	Irritable/angry, reckless or self-destructive behavior, hypervigilance, exaggerated startle, problems with concentration or sleep
(F) Duration	More than 1 mo
(G) Functional impairment	Clinically significant distress or impairment in social, occupational, or other important areas of functioning

Risk Factors

Although studies vary as to whether age[2–4] increases risk for medically induced PTSD, several other factors are consistently associated with increased risk (**Box 1**).[2,4–6]

Scope of the Problem

Medically induced PTSD affects the individual, the family, and the health care system. Individuals with PTSD with comorbid depression experience more severe depression,[7] particularly intrusion symptoms, and all-cause mortality.[8] Family and professional caregivers may experience emotional distancing, irritability, and aggression from patients with PTSS,[9] and may also experience increased psychological distress themselves.[10] Older adults with PTSD may have more frequent primary care visits but not receive indicated mental health treatment.[11]

Box 1
Risk factors for medically induced PTSD

- Previous trauma or negative life stressors
- Preexisting psychiatric disorder
- Higher exposure to trauma (eg, longer intensive care unit [ICU] stay; longer duration of cancer treatment)
- Loss of physical functioning as a result of the medical condition
- Pain