Post Traumatic Stress Disorder and Medically Unexplained Symptoms

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Trauma and Functional Somatic Syndromes

- Systematic review and meta-analysis
- 71 Studies included
  - Largely cross-sectional
- Variable quality
  - Better methodology, lower association
- Individuals exposed to trauma 2.7 (2.27 – 3.10) increased rate of FSS

Afari et al (2014), Psychosomatic Medicine
Trauma and FSS

Afari et al (2014), Psychosomatic Medicine
FSS and Trauma

Afari et al (2014), Psychosomatic Medicine
Multiply Traumatised

• Population versus diagnosis
  – E.g. adult survivors of CSA and other abuse, asylum seekers, refugees, IDPs, military veterans, domestic violence

• Many presentations
  – Often complex
  – Often different

• Physical, mental health and social issues
Complex PTSD

- No such diagnosis
- PTSD plus X
- Multiple Trauma
- Traumatised under age of 26
- Developmental impact
- Attachments impact
DESNOS Dimensions

• Affect and impulses
  – Lability, anger/aggression, self mutilation

• Attention and concentration
  – Dissociation, amnesia, depersonalization

• Self-Perception
  – Helplessness, guilt, shame

• Perception of perpetrator
  – Idealization, vengeance

Van der Kolk et al, 1994
DESNOS Dimensions

• Relationships with others
  – Isolation, mistrust, victim, victimization of others

• Somatisation
  – Unexplained physical symptoms

• Systems of meaning
  – Despair, hopelessness, unfair world

Van der Kolk et al, 1994
Diagnosing PTSD

• DSM-IV (2000) replaced by DSM-5 in 2013
• ICD-10 (1992) to be replaced by ICD-11 in 2017
• Definition challenged by heterogeneity of presentation and absence of diagnostic tests
DSM-5 PTSD

- Trauma and Stressor Related Disorder
- Exposure to traumatic event
- Re-experiencing
- Avoidance
- Negative alterations in cognitions and mood
- Alterations in arousal and reactivity
DSM5 Complex PTSD

• Not a diagnosis
• PTSD with dissociative symptoms
  – Depersonalisation
  – Derealisation
• NB negative alterations in cognitions and mood
  • Dissociative amnesia
  • Shame/guilt
  • Detachment/estrangement
  • Inability to experience positive emotions
ICD-11 PTSD Proposal

- 2 Re-experiencing
  - Flashbacks/powerful images & nightmares
- 2 Avoidance
  - Thoughts & feelings
  - Places, people, activities
- 2 Hyperarousal
  - Startle & hypervigilance
ICD-11 Complex PTSD Proposal

• Emotion Regulation
  – Hyperactivation, de-activation

• Negative Self-Concept
  – feeling diminished, defeated, worthless, shame, guilt, despair

• Disturbed Relationships
  – difficulties in feeling close, little interest in relationships or social engagement
PTSD Registry

- Adults with suspected PTSD – first 173
- 54% female, mean age 42.6 (14.4)
- 17.7 (13.9) years since various traumas
- Structured clinical interview
- Questionnaires
Prevalence of PTSD

- DSM5
- ICD11
- Complex

% PTSD
Traumatic Exposure

- Fire or Explosion
- Transport Accident
- Childhood Physical Abuse
- Physical Assault
- Child Sexual Abuse
- Sexual Assault
- Combat
- Life Threatening Illness
- Unexpected Death

Percentage
FSS and PTSD

Chronic Pain Syndrome  |  CFS  |  Whiplash  |  Fibromyalgia  |  IBS  |  Non-ep seizures  |  TMJ Dysfunction
---|---|---|---|---|---|---
DSM5  |  ICD11  |  Complex
Possible Treatments of Complex PTSD

• Dialectical Behaviour Therapy
• Art and Body Therapies
• Schema Focused Therapy
• EMDR, TFCBT, CBT
• Psychodynamic Therapy
• Phased Treatments
  – E.g. Skills Training in Affective and Interpersonal Regulation and Modified Exposure Therapy (STAIR-MPE)
• Pharmacotherapy
Management

- Full biopsychosocial assessment
- Multiagency, multidisciplinary
- Agreed management plan
- Phased approach
  - Usually social, psychological and pharmacological elements
  - Need debated
Phased Approach

• Phase one
  – Physical difficulties, accommodation, food, clothes, money
  – Emotional stabilisation
    • Social support
    • Psychological input – stress management, skills training
    • Pharmacological treatment

• Phase two
  – Trauma focused therapy

• Phase three
  – Integration to new situation
STAIR-MPE

- A Phase-Based Treatment for the Multiply Traumatized
- Designed for women with PTSD related to childhood sexual abuse
- Randomised controlled trial evidence of effect

Cloitre et al, 2002
TFCBT vs Waitlist/Usual Care for PTSD

<table>
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<tr>
<th>Study or Subgroup</th>
<th>Trauma Focused CBT</th>
<th>Mean</th>
<th>SD</th>
<th>Total</th>
<th>Waitlist/Usual Care</th>
<th>Mean</th>
<th>SD</th>
<th>Total</th>
<th>Weight</th>
<th>Std. Mean Difference</th>
<th>IV, Random, 95% CI</th>
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<td>-0.56</td>
<td>[-1.30, 0.17]</td>
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</tbody>
</table>

Subtotal (95% CI): 650

Heterogeneity: Tau² = 1.01; Chi² = 208.59, df = 24 (P < 0.00001); I² = 88%
Test for overall effect: Z = 7.23 (P < 0.00001)

Bisson et al, 2013
STAIR-MPE

• Phase I: Skills Training in Affective and Interpersonal Regulation (STAIR)
• Phase II: Modified Prolonged Exposure (MPE)
• 8 x one hour of each with handouts & homework

Cloitre et al, 2002
Cardiff University Traumatic Stress Research Group

- Jon Bisson
- Hannah Colley
- Sarah Cosgrove
- Tony Downes
- Rebecca Holland
- Mat Hoskins
- Sandra Jumbe
- Neil Kitchiner
- Catrin Lewis
- Alice Piekarski
- Neil Roberts
- Ben Sessa