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Short Communication

Research Progress of Post-Traumatic Stress Disorder (PTSD) in Children and Adolescents

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Abstract

Post-Traumatic Stress Disorder (PTSD) in Children and teenagers is a disease that seriously affects children's physical and mental health. in this paper, the etiology, clinical manifestation, diagnosis and treatment methods and especially the clinical medication, cognitive, psychological treatment and prevention were summarized, hope to have promote role for diagnosis and treatment and children's health.

Introduction

Post-Traumatic Stress Disorder (PTSD) is defined as the result of a child or adolescent experiencing, witnessing, or experiencing one or more actual deaths, threats of death, serious injuries, or threats to physical integrity involving themselves or others. The individual's delayed appearance and persistence of mental disorders. The incidence of PTSD has been reported variously, with women more likely to develop PTSD than men. Shortly after the inclusion of POST-Traumatic Stress Disorder (PTSD) in the DIAGNOSTIC and Statistical Manual of Mental Disorders (DSM-DSM-III), researchers at Terr conducted one of the first such studies in children, and numerous subsequent studies have shown that exposure to a range of stress factors can lead to severe PTSD in children and adolescents. Child mental health workers are also becoming increasingly aware of the serious consequences of child exposure to traumatic events, including not only acute stress disorder, but also serious, long-term psychiatric sequelae.

Pathogen

PTSD in children and adolescents is associated with a number of factors, these factors mainly divide into the family and social psychological factors (such as gender, age, race, marital status, family, environmental conditions, education level, stressful life events, personality, defense style, childhood trauma, family violence, war, social support, etc.) and biological factors, such as genetic factors, neuroendocrine factors, nerve and biochemical factors, etc.). Major traumatic event is the basic condition of PTSD, which has great unpredictability.

Clinical Picture

There are three core symptoms of PTSD that are common in adults: traumatic reexperience symptoms, avoidance and numbness symptoms, and increased alertness. The symptoms of PTSD in children differ from those in adults.

1. Traumatic reexperience symptoms

It is mainly manifested as that the patients' thinking, memory or dream repeatedly and involuntarily emerge with the situation or content related to trauma, and there may also be a serious scene reaction, and even the traumatic event seems to happen again.

2. Symptoms of avoidance and numbness

It is mainly manifested in patients' long-term or persistent efforts to avoid events or situations related to traumatic experience, refusal to participate in relevant activities, avoidance of traumatic locations or people or things related to trauma, and some patients even appear selective amnesia, unable to recall the details of events related to trauma.

3. Increased alertness symptoms

The main manifestations are excessive vigilance and the enhancement of jump response, accompanied by inattention, increased irritability and anxiety.

4. Other symptoms

Some patients can also show the abuse of addictive substances, aggressive behavior, self-injury or suicide behavior, etc., these behaviors are often the manifestation of the patient's psychological behavior coping style. Depressive symptoms are also common in many PTSD patients.

5. Symptoms and characteristics of children with PTSD

Traumatic reexperience symptoms of children can be shown as nightmares, replaying traumatic events repeatedly, playing trauma-related theme games, emotional excitement or sadness when faced with relevant prompts, etc. Avoidance symptoms in children are often manifested as separation anxiety, clinginess, and unwillingness to leave their parents. Hypervigilance symptoms in children are often shown as excessive startles,

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high vigilance, attention disorders, irritability or rage, difficulty in sleeping, etc. And PTSD may manifest differently in children of different ages.

Typically, as children mature, they show more and more adult-like symptoms of PTSD. So, adolescents with PTSD may meet the DSM iv criteria for repetitive experiences, avoidance, apathetic feelings, and hyperarousal. Adolescents with chronic PTSD who experience chronic or repetitive stressors may also exhibit severe dissociative traits, including derealization, depersonalization, self-harming behavior, substance abuse, and intermittent outbursts of anger or aggression. Children are more likely than adolescents to exhibit traumatic re-enactments in play, painting, or verbal expression. Sleep disturbances may be particularly common in pre-adolescent children.

Infants, toddlers, and preadolescents may exhibit generalized anxiety symptoms (fear of separation, stranger anxiety, and monster or animal fear), avoidance of scenes that may or may not have an obvious connection to the original trauma, sleep disturbances, and memorization of words or symbols that may or may not have an obvious connection to the traumatic event.

Diagnosis

According to DSM-iv -TR, the diagnostic criteria for PTSD are as follows:

1. The standard A

The individual has been exposed to both traumatic events: ① A1 the individual has experienced, witnessed, or experienced one or more actual deaths involving himself or others, or has been threatened with death, serious injury, or physical integrity has been threatened. ②A2 the person's reactions include intense fear, helplessness, or panic. Caution: In children, this may manifest as chaotic or provocative behavior.

2. Criteria B

Traumatic events are continually reexperienced in one (or more) of the following ways: ①B1 Repeated, intrusive, distressing memories of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play can present themes or aspects of traumatic events. ②B2 Repeated troubled dreams about the event. Note: In children, frightening dreams may occur but have no identifiable content. B3 appears or feels as if the traumatic event has recurred (including reexperiencing the traumatic experience, delusions, hallucinations, dissociative flashbacks, including those occurring during waking or poisoning). Note: Trauma-specific re-enactments may occur in young children. ④B4 Intense psychological distress when exposed to internal or internal cues that symbolize or resemble some aspect of the traumatic event. ⑤B5 Physiological response to exposure to internal or internal cues that symbolize or resemble some aspect of a traumatic event.

3. The standard C

Persistent avoidance of stimuli associated with the trauma, numbness in response to general things (which did not exist before the trauma), such as three or more of the following: ①C1 Avoidance of trauma-related thoughts, feelings, or dialogue efforts. (2) C2 avoidance triggers the recall of the traumatic activity, place, or person. C3 cannot recall important aspects of this trauma. ④C4's interest in or participation in important activities decreased significantly. ⑤C5 the feeling of alienation from others. ⑥C6 Emotional limitations (e.g., inability to feel love). ⑦ the feeling of a shortened future (e.g., not expecting to have a career, marriage, children or a normal life).

4. D

The symptoms of increased alertness (which did not exist before the trauma) are 2 or more of the following: ①D1 Difficulty falling asleep, or difficulty sleeping. D2 is irritable or irritable. D3 concentration difficulty. ④D4 hypervigilance. ⑤D5 excessive startle response.

5. Standard E

The above disorders (symptoms of B, C and D) lasted for more than 1 month.

6. Standard F

These disorders result in clinically significant distress or impaired functioning in social, professional or other important ways.

Treatment

Children and adolescents with PTSD can use either psychotherapy or physical therapy, or a combination of both. Available research data show that. Behavior therapy known good king other values of psychological treatment: the medication is not the best way to treatment effect, usually at the beginning of the all treatment should be carried out include patients with parents, psychological education, data also showed that individual therapy, family therapy and the effect of no significant difference between group therapy, but at present most of the more individualized treatment. In many cases, for abused children, individualized therapy may begin, with practice with parents slowly complementing the treatment process to enhance outcomes. For children and adolescents who experience other relatively common traumatic events, like hurricanes or school shootings, group therapy in schools is appropriate,

According to the current evidence-based medicine, psychotherapy is the most effective method for the radical treatment of PTSD. The psychotherapy commonly used for PTSD includes cognitive behavioral therapy, hypnosis therapy, eye movement desensitization and reprocessing, and psychoanalysis therapy. Drug therapy has a positive effect on alleviating patients' symptoms and strengthening psychological therapy, and the combination of the two should be the first choice. At present, SSRIs are the preferred treatment drugs, among which sertraline, paroxetine and fluoxetine have good efficacy.

Many remarkable findings indicate that many key psychobiological systems are maladjusted and disordered in PTSD patients. Evidence-based medical evidence suggests that adrenal energy and changes in the hypothalamic pituitary adrenal axis enhance physiological responses and disorders. Abnormalities associated with PTSD have also been shown to be associated with serotonin, opioids, dopamine, thyroxine, corticotropin-releasing factor, and glutamine. Finally, this extremely common disorder of comorbid pharmacological responses to PTSD (e.g., major depression, extreme anxiety) has made pharmacological treatment of PTSD an important therapeutic concept.

Despite the overwhelming scientific evidence. But medication for PTSD is still largely empirical, that is, specific

Drugs are often effective only for one particular symptom. In fact, of all current psychiatric disorders including PTSD.

There is little data linking disorders in the psychobiological system with specific drugs. In research including clinical practice, almost Each group of psychiatric drugs has been used to treat PTSD. The most studied effective medications for PTSD include antibiotics.

Suppressors: Selective 5-tryptamine Reuptake Inhibitors (SSRIs), Monoamine Oxidase Inhibitors (MAOIs), dichyclic antidepressants (TCAs), and other 5-hydroxytryptamine drugs (trazodone and nefazodone). Antiadrenergic drugs include A receptor agonists (Clonidine and guanfacine) and B receptor

antagonists (propranolol). Research into mood-soothing antiseizure drugs (carbamazepine and valproate) was initially based on their anti-epileptic properties. Other drugs being studied include diocins, anti-anxiety drugs and antipsychotics.

Psychological treatment

Cognitive behavioral therapy A

Eye movement desensitization and reconstruction of BC

Psychodynamic therapy D

Family therapy E

Group therapy E

Art Therapy E

Drug treatment

propranolol

Clonidine B

S - hydroxytryptamine and then extract preparation C

Tricyclic antidepressants D

Eurpirone D

Traditional antipsychotic E

1. Drug treatment, use drug therapy can effectively alleviate the patient, at the same time to strengthen the psychological treatment work, a combination of both can be as the preferred treatment, now the preferred treatment including SSRIs, patients can take paroxetine in accordance with the doctor's advice, sertraline and fluoxetine, all can have good curative effect, reduce the condition of patients with the disease.

2. Other treatment, combined with the current evidence-based medicine, the therapy is to effect a radical cure traumatic psychological stress disorder, this is a remarkable curative effect treatment, commonly used method is hypnosis therapy, cognitive behavior therapy and psychoanalysis, need to combine the patient's physical condition, adopt the method of appropriate treatment, help the recovery of illness, greatly reduce the harmfulness of disease. Most patients recover within a year, while individual patients remain unhealed for many years and develop persistent psychosis.

3. Nursing, for conscious patients, should ignore setbacks and mental pain, for traumatic events do not perceive, do not contact, not to recall. Patients can take a walk outdoors, exercise and listen to music and other ways, can effectively transfer the attention of the stress source, the patient's diet to keep light, should not eat stimulating food is too serious.

Treatment for traumatic psychological stress disorder is very important, early treatment can control the patient's illness, treatment of hope that the above measures, can alleviate the patient's condition, pay attention to more rest during treatment, patients with friends to keep a good state of mind, with the friend's treatment work, improve the quality of life in onset period, is helpful to the recovery of health, and can reduce the harmfulness of the disease.

The prevention

PTSD typically develops within a few days to six months after a traumatic event, and lasts at least a month, months or years, and in some cases decades. Acute PTSD occurred within 3 months, chronic PTSD occurred more than 3 months, and delayed PTSD occurred at least 6 months after the traumatic event. If some psychological assessment tools can be used to assess the mental health status of individuals after traumatic events, it will be helpful to screen out high-risk groups for PTSD, and thus provide effective intervention strategies for high-risk groups.