

Information about

PTSD IN ADULTS

The disorder, its treatment and prevention



CONTENTS

- 03 What is PTSD?
- 05 Why do some people suffer from PTSD?
- 07 What are the symptoms of PTSD?
- 11 What happens in the brain when someone has PTSD?
- 13 How is PTSD diagnosed?
- 15 What treatment is available for PTSD?
- 17 What can be done to prevent it?
- 19 What can you do yourself if you are suffering from PTSD?
- 20 What can your family do?
- 23 Where can you find more information?

Post Traumatic Stress Disorder (PTSD) is a psychiatric disorder that can occur after a traumatic, life-threatening event.

PTSD has long been recognised among refugees and soldiers returning from combat. Other people can develop PTSD, too, if exposed to violent or life-threatening incidents at work or in their leisure time.

When someone is suffering from PTSD, knowledge of the symptoms is important. The more the person knows, the better he or she will be able to cope with the disorder when it occurs. This brochure describes the illness as well as options for its treatment and prevention. It is mainly intended for individuals such as yourself being treated for PTSD by the psychiatric service in Region Midtjylland and your family. The regional psychiatric service has many years of experience and good results from specialist outpatient treatment of PTSD.

We hope this brochure will help you and your family learn more about the PTSD diagnosis.

Kind regards
The psychiatric service in Region Midtjylland
Tingvej 15, 8800 Viborg
Tel.: 7841 0000

WHAT IS PTSD?

PTSD stands for Post Traumatic Stress Disorder.

PTSD is a psychiatric disorder. It is a state of trauma that can affect anyone who has been exposed to or who has witnessed one or more violent incidents. Typical incidents that can lead to PTSD are acts of war, torture, rape, assault, kidnapping, car accidents, natural disasters, fire and robbery.

The nature of these incidents is so violent that the person perceives his or her life to be in danger. Some have in fact been in mortal danger, while others have felt that they were in mortal danger. What matters is not whether the danger was real or not, but how it felt, and how the brain reacted.

A significant characteristic of a person with PTSD is a constant fear of landing in a traumatic situation again. As a result they do everything in their power to avoid anything that reminds them of the trauma.

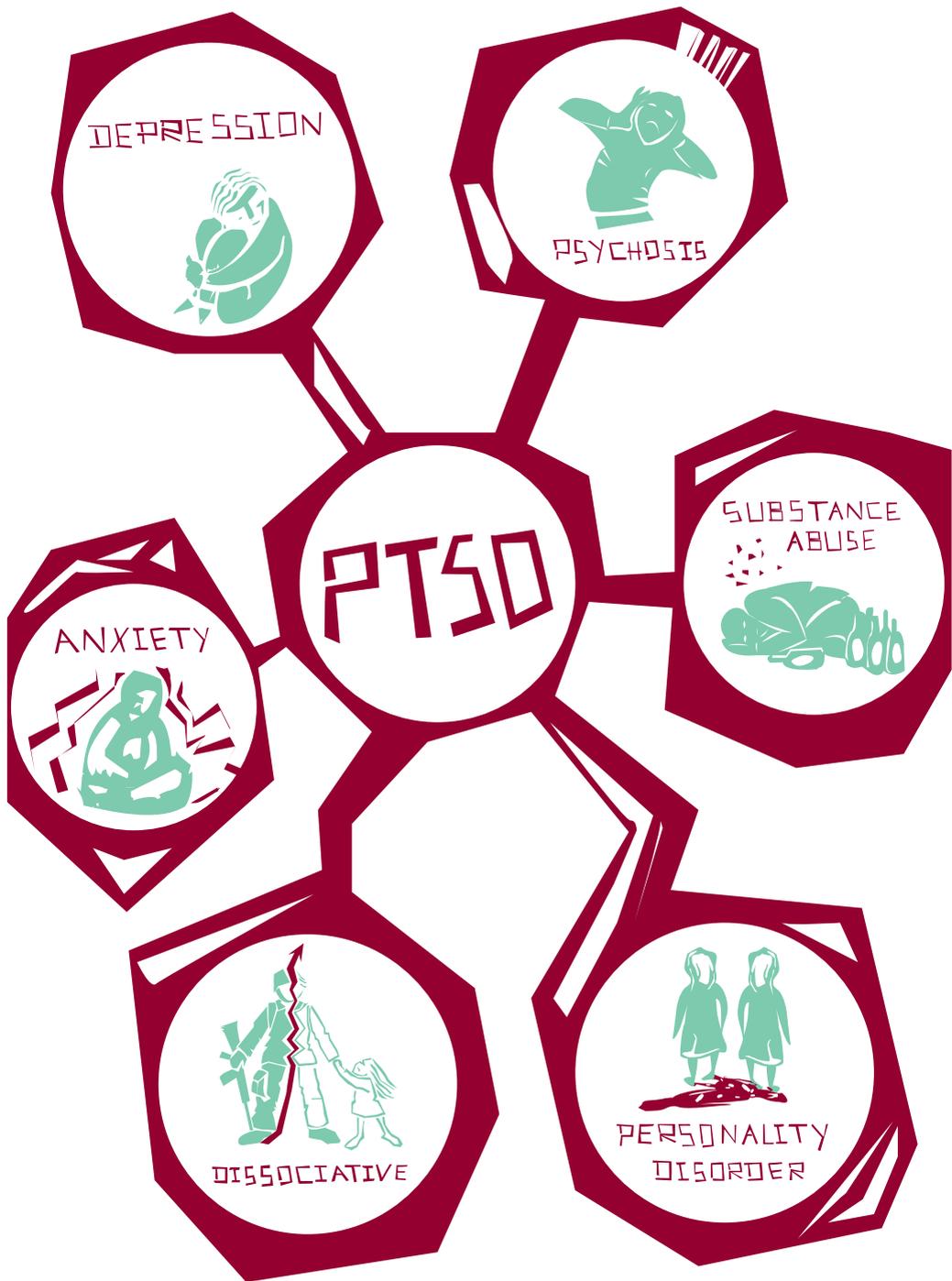
Another typical feature is that people affected by PTSD find their everyday life “interrupted” by reliving the trauma and a myriad of thoughts and feelings that cannot be controlled. They have a short fuse and are prone to exaggerated anxiety or anger. Other symptoms of the disorder may also

manifest, such as depression, memory problems and physical pain.

The overwhelming force of symptoms can make PTSD sufferers feel like they are no longer in control of themselves and are unable to recognise the person they used to be. Belief in their ability to function normally at work, in the family and in leisure activities vanishes, and they isolate themselves from society. This is why it is important to seek professional help – initially from your General Practitioner (GP). Professional help can limit the symptoms and prevent PTSD from developing into a chronic condition.

PEOPLE AT PARTICULAR RISK OF DEVELOPING PTSD ARE:

- Soldiers who have been deployed in armed conflicts.
- Victims of war, torture and terrorism.
- Victims of violent crime.
- Survivors of major accidents and disasters.
- Employees in exposed sectors such as rescue workers, prison staff, social workers, bank staff, etc.



WHY DO SOME PEOPLE SUFFER FROM PTSD?

Why does one person get PTSD while another who experienced the same disaster does not? And why are twice as many women as men affected?

There is no straightforward explanation of why some people get PTSD. It is a complex interplay of the nature of the violent incident, its scope and duration, and the individual's capacity to deal with the after-effects. Social, psychological and biological factors all play their part.

Depending on which country they live in, **20-50% of the population** will experience at least one very traumatic incident at some point in their lives. But nowhere near all of them will develop PTSD.

Danish soldiers who have participated in international military operations may develop PTSD. Approx. 8% of the men and 20% of the women in such service will suffer from this disorder.

Many refugees who come to Denmark are traumatised as a result of war, persecution, imprisonment, torture or other kinds of violence or assault.

Some sectors of the labour market are particularly vulnerable to experiencing violent or threatening incidents. Approx. 8% of employees in these sectors have symptoms of PTSD.

In people's personal lives, rape and domestic violence are the most common causes of PTSD.

What triggers PTSD?

The extent of PTSD depends on two fac-

tors: the nature, extent and duration of the trauma on the one hand and, on the other, the person's own interpretation, vulnerability and handling of the violent experience.

The risk of developing PTSD increases as follows:

- The more life-threatening the traumatic event is.
- The more strain and trauma the person is exposed to.
- The less prepared the person is for the event.
- The greater the person's perception of being unable to "escape".
- The more introverted one is as a person.
- The more susceptible the person is to trauma.
- The longer it takes before the person gets help to deal with the trauma.

“ **The little boy was run over in front of my very eyes.** Despite first aid, I was unable to save him! I was forced to attend the funeral. **It was the last straw.** I still have not got back to my old self and I never will – **now I am just a shadow of my former self...** ”

41-YEAR-OLD WOMAN WHO HAS EXPERIENCED SEVERAL TRAUMATIC INCIDENTS

Some people may be more predisposed to develop PTSD. The more susceptible you are, the less trauma it takes to trigger PTSD. Biological, psychological and social factors may increase vulnerability. Trauma, assault, bullying and devastating loss during childhood or adolescence can make a person more susceptible. In adult life, experiencing additional traumatic incidents can aggravate this susceptibility.

How does PTSD progress?

After a traumatic event, most people will have a reaction. Depending on how traumatised the person is, different degrees of psychological after-effects will be triggered. This could be feelings of numbness, anxiety, grief, crying, anger or other manifestations of emotions – a perfectly normal response to a harsh, traumatic situation.

If the symptoms do not recede within a month, PTSD may set in. This is why it is important for immediate family, friends and colleagues to be aware and watch out for any changed behaviour so that they can intervene and get professional help if necessary.

The first symptoms of PTSD usually manifest 1–6 months after the violent incident, but PTSD may not be triggered until several years after the person was exposed to the trauma. Generally speaking, though, there will have been symptoms of anxiety or similar feelings in the intervening period. In approx. one in three people who develop PTSD the condition will become chronic. The risk of developing chronic PTSD increases if effective professional therapy is not received.



WHAT ARE THE SYMPTOMS OF PTSD?

PTSD affects people's emotional wellbeing, their body, thinking, behaviour and motivation, but not everyone is affected in the same way. Some people find that PTSD affects them to a lesser extent and reduces their quality of life, while in others it can be very disabling and life threatening. Depending on the number, nature and degree of severity of the symptoms, PTSD is classed as mild, moderate or severe, and a distinction is made between simple and complex PTSD.

Simple PTSD

The symptoms of simple PTSD may include:

Intrusive memories and flashbacks

One of the most striking symptoms of PTSD is that you are involuntarily taken back to relive the traumatic event. It can happen suddenly, almost without warning. For example, a visual impression, smell or sound associated with the trauma can take your thoughts back to the violent event and bring back recollections to your mind's eye. The anxiety provoked by this condition can result in tension, palpitations, a feeling of suffocation and dizziness.

Awareness and avoidance

Heightened awareness of anything that could cause anxiety or mistrust. You

may have a tendency to flinch at the slightest noise, so your threshold for tolerating noise and sound is very low. You have a short fuse and are easily irritated. The uncontrollable outbursts of anxiety and anger make it difficult for you to be around other people, so you try to avoid social activities and other things that could provoke negative emotions. Unfortunately, this isolation can make the disorder worse, because opportunities for a meaningful life with a job and leisure activities are limited or cease altogether.

“ **I shunned everything** to do with life as a soldier and isolated myself. **I got angry easily** and often found it difficult to be around other people. **One day, I completely lost it**, smashed the car, the furniture and threatened my girlfriend. She managed to get away; the police came, and **I was arrested**. I don't remember a thing about it, but afterwards I could see all the damage I had done... ”

41-YEAR-OLD DANE, FORMER SOLDIER DEPLOYED THREE TIMES ON INTERNATIONAL MILITARY OPERATIONS

Sleep problems and nightmares

You may have difficulty falling asleep, or perhaps you wake up frequently or very early. Many wake up with their head full of churning thoughts. They also have nightmares – often several times a night. No matter how much they sleep, they are still tired and out of sorts.

Memory and concentration problems

Some find that their memory and concentration deteriorate, partly because all their energies are focused on “life, death and survival” rather than rational tasks. The exaggerated awareness of sounds and other things that could cause the trauma to return is utterly exhausting. They forget important everyday routines, cannot remember appointments, have difficulty planning and seem absent-minded and indecisive.

unprovoked and disproportionate, so it can be difficult for someone with PTSD to be around other people.

Reduced emotional wellbeing

Some also feel less able to show commitment, empathy, tenderness and love. They may lose the desire to do the things they used to enjoy doing. They are less interested in other people and in themselves, and are unable to enjoy things normally associated with enjoyment. A lack of libido is also common.

COMPLEX PTSD

Once PTSD has developed, some people’s symptoms can be complicated by a number of psychological and physical illnesses. This is known as complex PTSD. Patients referred to the regional psychiatric service for specialist treatment are usually suffering from complex PTSD. The symptoms may include:

Depression and feelings of guilt

Depression is often accompanied by feelings of guilt and self-reproach. Self-esteem is low and people think negatively about themselves. Many people with PTSD suffer from moderate depression, while others are affected severely. Depression may increase the tendency to isolation, making it even more difficult to battle the disease.

Thoughts of death or suicide

Suicidal thoughts can often be present, ranging from a feeling that it could be a relief not to wake up in the morning, to actually contemplating or even planning suicide. Many PTSD sufferers are



I remember it as if it were yesterday.

This episode has robbed me of so much – especially my faith in the good of humanity. It’s now three years since the attack. Therapy, hospitalisation and medication have got me back on the right track. Nevertheless, my emotional register is burnt out...

37-YEAR-OLD DANISH WOMAN,
RAPE VICTIM

Personality changes

Many experience personality changes after onset of the disorder. This can manifest in angry outbursts, irritation or anxiety that the person cannot control. To others, these outbursts can seem utterly

tormented by such thoughts, and some are at high risk of committing suicide.

Dissociative disturbances and hallucinations

Dissociative disturbances are an involuntary flight from reality. The body may feel unreal. Some even have an out-of-body experience. Others act in a trance, where they suddenly wake up in a strange place, not knowing how they got there. They may also experience hallucinations where they hear the voices of people who were involved in the traumatic event. The voices may speak reproachfully; they may be controlling and assertive. Severe psychotic symptoms are rare. Milder psychotic symptoms are more common and are often transitory.

Memory loss

Others experience partial or full memory loss in relation to the traumatic event. They have done all they can to repress the event and now they have lost the ability to recall it. However, even though they have temporarily “put a lid on it”, the anxiety still remains in the body.

Isolation and fundamental personality changes

Lack of confidence in others, greater distrust and hostility can also be some of the symptoms of complex PTSD. These can make people isolate themselves from social activities. They withdraw from friends and family, become devoid of initiative and lose interest in taking part in important activities. Thus, there is a complete change in personality.

Physical symptoms

Often, there are severe physical symptoms that can be difficult to diagnose, and accordingly lots of examinations by a GP and possibly specialists may follow. The traumatised condition and long-term tension are a strain on the body and may have far-reaching consequences. People are often bothered by palpitations, chest pains, difficulty swallowing, gastric problems and aches and pain in the locomotor system. There is also an increased risk of diabetes, high blood pressure and arthritic conditions.

Abuse problems

Abuse – notably of alcohol or anti-anxiety medicines – is relatively frequent and obstructs treatment because of diminished problem-solving skills. Abuse is also proven to be harmful to health.

“ **I always hear voices.** They belong to the uniformed men who abused me and raped me. I also hear the voice of my deceased husband. He’s calling to me.

That makes me leave my flat and follow his voice around the town. **I’m in a trance,** and often I am not properly dressed. ”

A FEMALE REFUGEE, AGED 52.
LIVING IN DENMARK FOR 13 YEARS

Anxiety and obsessive rituals

Many experience anxiety. The anxiety can range from easily aroused anxiousness and anxiety attacks to persistent, severe anxiety. Many develop a number of obsessive rituals to protect themselves from anxiety.



“ I often think, **Why wasn't I the one who was killed?** The memories and turmoil just about drive me mad. I **have difficulty trusting other people** and I feel cold and indifferent – even towards my family. **I often think about taking my own life.** But the thought of upsetting **my family keeps me from doing that!** ”

41-YEAR-OLD DANE, FORMER SOLDIER,
DEPLOYED IN BOSNIA

WHAT HAPPENS IN THE BRAIN when someone has PTSD?

To understand PTSD, it is necessary to know a little about the workings of the brain. The brain is the seat of our thinking (consciousness/intellect) and feelings (instincts/impulses). The fact that we have a consciousness capable of thinking and understanding things is unique to us humans compared to other animals, but we share the part of the brain that is the seat of our instincts and feelings – also known as the reptilian brain or brain stem – with animals. The reptilian brain ensures our survival and tells us when something is nice, and when something is unpleasant – or perhaps even threatening enough to require fight or flight.

What characterises a traumatic experience is that a person feels in mortal danger and that there is nothing they can do about it. Thus, the crucial part is not whether the person actually is in mortal danger, or whether they really can get away, but how they perceive the incident at the moment it occurs.

Threats to your life are a matter of survival, so the alarm sounds directly in our reptilian brain. There is no time for

rational considerations when someone only has a few seconds to act. The alarm releases large amounts of energy, including stress hormones. Stress hormones prepare the body to be able to run fast, if it needs to flee, or to hit hard if it needs to fight the enemy.

As humans, we were highly dependent on this activation of energy when our forefathers lived as hunters and had to hunt to ensure survival, or combat threats that could destroy us. Wild animals constantly live by these instincts. Animals usually expend this energy through fight or flight – i.e. through violent physical activity.

If there is no possibility of fight or flight, the nervous system has a third survival strategy: “playing dead” or “freezing the body”. The hunted animal goes into a kind of paralysis and becomes rigid. The internal driving force – hormone production – continues, but the brakes hold back the reaction. Not until the moment a way out is seen is the stored-up energy released from the nervous system, and the animal has extra strength to make its escape.

“ **I am constantly on the alert** and I never relax. When I come across a stairwell, I check it out very carefully before I proceed. **At night, I sleep under the coffee table.** I tell myself, ‘It’s peaceful here’, but that doesn’t help. **Once, a dear friend of mine wanted to give me a hug.** He came up behind me. **I turned round and knocked him out cold!** ”

45-YEAR-OLD DANE, FORMER SOLDIER
DEPLOYED FOUR TIMES ON INTERNATIONAL MILITARY OPERATIONS

A decisive factor in whether or not a person becomes traumatised after a violent experience is whether they are able to emerge from the state of alarm that is still activated in the brain. The more a person feels that the event was life threatening, the more difficult it can be to let go and emerge from the state of alarm, and the greater the risk of developing PTSD. The reptilian brain can thus keep a traumatised person in a “state of survival”, unable to recognise the signals from the rational part of the brain telling them that the dangerous situation has passed. The internal alarm button is activated more quickly, and stress hormones are pumped around the body. It may be a thought, an emotion or a memory of what happened that triggers the alarm.

This exaggerated alertness may be physically very draining and stressful. Mentally, it saps the energy from conscious functions such as attentiveness, concentration and memory. This is why dealing with otherwise ordinary tasks can be difficult, and sometimes almost

insurmountable. Things like writing shopping lists, participating in social get-togethers or concentrating on a film can feel overwhelming. It is as if the balancing mechanism has shifted so that it is more a matter of life, death and survival (the past) than ordinary, mundane, reason-based tasks (the present). Treating PTSD is therefore primarily about redressing the balance so that it becomes possible once again to learn to relate to the present non-threatening physical reality – and not be held prisoner by the past.

When PTSD sufferers are examined using a brain scan, changes can often be observed in the structures of the reptilian brain/brain stem that regulate instinctive feelings and memory. In addition, changes are seen in the structures of the frontal lobe, which regulate short-term memory, planning and quelling of anxiety. These changes may help to explain the symptoms of PTSD.

HOW IS PTSD diagnosed?

To be diagnosed with PTSD, a person has to fulfil the requirements of the WHO International Classification of Diseases, ICD-10. The psychological strain the person has been exposed to must be of a life-threatening, catastrophic nature.

“A condition that occurs as a delayed reaction to a traumatic event or situation (of short or long duration) of an exceptionally threatening or catastrophic nature that would have a significant effect on virtually anyone.”

(Extract from WHO's ICD-10)

PTSD can be difficult to diagnose. This is because many people with PTSD go to their GP to be treated for other symptoms such as depression, anxiety, incapacity for work, insomnia, palpitations, stomach aches and other physical symptoms.

The cause of these symptoms cannot be directly explained and is not directly linked to the traumatic events. This is especially so if the traumatic events happened many years ago.

Specialist diagnosis and treatment

Central Denmark Region has established two specialist clinics: the Clinic for Traumatized Refugees in Holstebro and the Clinic for PTSD and Transcultural Psychiatry, Aarhus. These clinics treat refugees with PTSD as well as Danes with work-related PTSD (military

personnel, police, emergency services personnel, healthcare workers, etc.)

The Aarhus clinic also has a highly specialised function and treats refugees, as well as Danes with work-related PTSD, affected by complex PTSD.

PTSD is so complicated that the person's emotional wellbeing, body, thinking and behaviour are all affected. To achieve the best possible treatment, it is therefore necessary for specialists from several different disciplines to contribute their knowledge. Thus, the specialist clinics offer examinations and counselling by specialist doctors, psychologists, physiotherapists, nurses, social workers, educators and cultural workers/interpreters.

The diagnosis of PTSD is based on in-depth conversations, special interviews and physical examinations, including blood tests, scans, etc. During the interview, the symptoms, their severity and duration are identified and assessed.

It also explores whether the person has had any previous physical or mental traumas, and whether the person has any other psychological disorders such as anxiety, depression, obsessions or compulsions. Immediate family or others who know the person well can often contribute valuable information in this connection.



WHAT TREATMENT IS AVAILABLE FOR PTSD?

Unfortunately, there is no easy solution, and there is no single special type of therapy that everyone can point to and say, “That’s what works”. Thorough diagnosis is therefore important in order to be able to implement the correct treatment.

The objectives of the treatment are:

- **To reduce the psychological and physical symptoms** and improve the prospects for quality of life.
- **To establish a good basis for future support** from the person’s GP, specialist doctor and social services.

A course of treatment at the Region’s specialist clinics typically starts with a preliminary consultation to assess whether the person referred belongs to the PTSD target group. The nature and severity of the symptoms are identified, and a course of treatment is prepared, tailored to the individual.

The course of treatment may be a combination of consultations, teaching, psychotherapy, medical treatment, physiotherapy, social work and educational guidance. When treating refugees and other people of a different ethnic background, cultural aspects that require special consideration are in focus.

A specialist course of treatment usually lasts 4–6 months with two sessions per week.

The course of treatment may comprise the following elements:

- **Psychoeducation** teaches the PTSD sufferer and his or her relatives how to deal with the symptoms.
- **Psychological consultations** help to process the traumatic experiences.
- **Physiotherapy** reduces tension, pain, etc., and helps to rehabilitate lost functions.
- **Psychiatric nursing** improves the ability to look after oneself and to deal with health problems.
- **Medical treatment** reduces psychological symptoms and supplements other treatment.
- **Social work** supports and maintains contact with social services.
- **Educational work** develops the individual’s skills and encourages contact with the outside world.
- **Cultural workers** assist the individual with practical integration.

EXAMPLES OF TREATMENT METHODS:

Psychoeducation

PTSD sufferers and their relatives are offered training in all relevant aspects to do with PTSD. It is important to know as much as possible in order to be able to relate to the symptoms, deal with them and, if possible, reduce the recurrence.

Psychotherapy

There are many types of psychotherapy, but cognitive therapy and exposure therapy have proved to be particularly effective in the treatment of PTSD. Cognitive therapy focuses on the PTSD sufferer's thoughts, feelings, behaviour and physical perceptions. The psychologist helps to identify which factors promote negative patterns of thinking and behaviour and tries systematically to challenge and modify them – for example, the PTSD sufferer may be given a small amount of homework to try out different ways of thinking and acting.

In exposure therapy, the PTSD sufferer learns to confront the traumatic memories under controlled conditions. Repeatedly confronting the feared situation, either in one's imagination or in reality, reduces the anxiety and the person gradually regains a sense of control. The PTSD sufferer gains a more realistic view of the trauma and adapts his or her reactions accordingly.

Physiotherapy

The physiotherapist adopts a physical approach to treating the PTSD sufferer's symptoms. A well-documented treat-

ment method for the relief of tension and pain is **Basic Body Awareness Therapy** (B-BAT). B-BAT seeks to create harmony and peace in body and soul to enable the PTSD sufferer to gain greater self-confidence and thus more ways of acting. Work is done on aspects such as breathing techniques, balance training, relaxation and massage. B-BAT exercises are done lying down, seated and standing and are adapted to the individual participant. By learning to recognise the body's signals, the PTSD sufferer becomes more adept at recognising his or her own limitations and needs and getting better at stopping, being in the present, noticing, letting go and thus reducing stress, anxiety and agitation.

Medicine

Medical treatment is often necessary for PTSD. Anti-depressants and sedatives act on some of the chemical processes that are out of kilter in the brain when PTSD is involved. One of the functions of the medicine is to normalise the level of the stress hormone cortisol and the brain's neurotransmitters serotonin and noradrenaline, which are significant for concentration, memory, anxiety and depression. A normal level of these substances is also important in normalising the daily rhythm and rhythm of sleep. It can take up to 4–6 weeks to establish whether the medicine is working. Sometimes the dose needs to be increased, or a new drug tried, if the desired effect is not achieved or if the person experiences unpleasant side-effects.

WHAT CAN BE DONE to prevent it?

There is a risk that symptoms of PTSD will return later in life. For that reason it is important to prevent relapses. Prevention is part of the professional treatment, but there are also some things you can do yourself to minimise the symptoms:

Be aware of pressures and early warning signs

It is important to talk through the traumatic experiences in depth in order to be able to put them behind you and so that you can learn from them. This may also enable you to avoid putting yourself into similar pressurised situations in future, or you could learn new ways of handling pressure.

If you are able to identify the symptoms that manifest themselves as the first signs, that will make it easier to seek help in time. Early signs of PTSD could be that you start to have panic attacks, exhibit avoidance behaviour, find it difficult to remember things, or you notice changes in your personality. You can get help to chart the early warning signs, trigger situations and appropriate strategies by talking with your doctor, a nurse or a psychologist.

Involve your family

Your family plays a key role in preventive work. They can participate in consulta-

tions while you are having treatment. They can also familiarise themselves with the illness, its course and treatment, as well as how best to relate to the various phases of its course.

Your family can contribute important information and are often the first to notice changes in behaviour or become aware of any pressure you may be under. If any new symptoms of PTSD start to surface, they can provide support by responding appropriately and helping to obtain professional help.

Medicine

Medical treatment can help reduce the risk of PTSD symptoms recurring. It is common to consider stopping taking the medicine once you feel better. However, it is important for you to follow the doctor's orders as regards the dose and duration of the treatment. If you experience any unpleasant side-effects, you must seek a solution in consultation with your GP.

It is generally advisable to continue with medical treatment for at least six months to a year after the symptoms have receded. Recommendations as to the duration of treatment depend especially on the severity of the condition. Some people require medical treatment for many years, and others need life-long medical treatment.



“

There were plenty of problems along the way! I couldn't go on a bus or train. I didn't feel safe anywhere. I got a job as an educator for young offenders, but one day I was attacked, and it all went completely wrong! That was the last straw. There was no way I could rally myself. Little by little, I became ready to seek help.

Many, many years after the symptoms began... ”

50-YEAR-OLD DANE, FORMER SOLDIER
DEPLOYED ON INTERNATIONAL MILITARY
OPERATIONS IN THE 1990s

WHAT CAN YOU DO YOURSELF if you are suffering from PTSD?

- Make use of your network. Seek support among the people you feel safe with. Don't be afraid to tell them what you need, whether it's practical help or a good listener.
- Tell them what happened, once you are ready to do so. It's not much fun carrying unpleasant thoughts and nightmares on your own. Don't worry about being a burden and don't avoid saying something in case it would upset other people.
- Don't keep it secret if you continue to feel unwell. The after-effects can become chronic in the worst case. Check back after a month: if you still feel uncomfortable, you must ask for help.
- Use the professional help available to you. A consultation with a psychologist, for example, can make sense of the many scattered thoughts, and many feel that they get better afterwards.
- Accept your reactions. You may feel that you have lost "control" of your life. Your feelings may be more overwhelming than any you have experienced before. Your body may react with pain, discomfort and turmoil.

“ I used to be cheerful and outgoing – and I had lots of friends. I loved going out and I was always the life and soul of the party. **Now I only have a few friends.** I pull down the blinds when I'm at home. **I am afraid, constantly on the alert and I never relax.** I get a lot of pain in my body from this... ”

45-YEAR-OLD DANE, FORMER
SOLDIER DEPLOYED FIVE TIMES
ON INTERNATIONAL MILITARY
OPERATIONS

- Get to know your illness. Your GP and your psychologist can help explain your symptoms and give you the tools to deal with them.
- Comply with medical treatment. Don't just stop of your own accord without discussing it with your GP.
- Avoid euphoric substances and large amounts of alcohol. This can stop your treatment working and increase the risk of more symptoms.

WHAT CAN your family do?

- Make sure you sleep well and eat healthily.
- Get some exercise and do other activities that interest you. This could help alleviate the sad thoughts and reduce stress and discomfort.
- Expect less of yourself and take it easy. You will have less energy for a while. Find places and experiences that can give you peace of mind. Make sure you include breaks and rest in your everyday routine.
- Problems with attention and memory should be addressed. Write notes, use your diary, tablet/iPad or mobile phone and tell other people about your difficulties.
- Allow yourself to fail. Everyone makes mistakes.
- Slowly return to your everyday routines. Managing small, practical tasks can give you a feeling that it is possible to get back to normal.
- Talk to other people who have, or have had, PTSD.

It can be a challenge to be a relative of someone who suffers from PTSD. They are often deeply affected by watching the suffering of a loved one. Sadness, uncertainty, irritation, frustration, helplessness and anxiety are common responses among relatives. They want to support the person who is ill, but at the same time they have to hold down a job or carry on with their education or other activities. They end up feeling tired and exhausted.

WHAT CAN YOU AS A RELATIVE DO FOR YOURSELF?

If you need to give long-term support to someone suffering from PTSD, you will also need to take care of your own needs and try to lead as normal a life as possible. You must accept that you will not always be able to provide help. No one can be present, positive and available all the time. You may need to take a short or longer break at times. It helps if you can share the responsibility with other relatives so that you do not have to bear the brunt of the responsibility alone. As well as liaising with therapists, you might benefit from attending patient-and-carer associations (see page 22).

If you personally feel you are becoming emotionally overburdened as time goes on and/or you are developing distinct symptoms of anxiety or depression your-

self, you should consult your own doctor to get help and support. In some cases, a referral to a practising psychologist will be possible with a subsidy from health insurance. Relatives of soldiers can seek help from the Danish Veteran Centre.

WHAT CAN YOU AS A RELATIVE DO TO HELP?

Relatives are important when people suffering the psychological consequences of traumatic experiences need help. Many PTSD sufferers do not have the energy to take the initiative to make contact and have a tendency to isolate themselves. Therefore, make sure you keep in touch regularly.

If you are in any doubt about how best to support someone, you can ask the person directly. There is a great deal of variation in what a person with PTSD needs or is able to cope with. While some people want to talk about how they feel, others prefer to be distracted, e.g. by talking about things entirely unrelated to the illness.

It can be difficult to help if the person who needs help does not personally recognise that they cannot deal with the problems on their own. Often, the PTSD sufferer is afraid to meet a GP, psychologist or social worker and tries to avoid their help. As a relative you can help by accompanying the person to the treatment centre and supporting him or her in this difficult situation. Be prepared for the PTSD sufferer to become anxious about things that you

do not consider dangerous, such as going shopping or catching a bus. Do not press the point with reasoned argument, but accept the anxiety as part of the after-effects, and support the PTSD sufferer in overcoming the anxiety one small step at a time.

“ Today once again I have **lashed out at the man who loves me more than life itself** and who **patiently comforts me night after night, who holds my hand when I am afraid, who always finds a solution** when everything gets too much for me. **When will he run out of patience?** ”

45-YEAR-OLD DANISH WOMAN,
ASSAULT VICTIM

The ability to be attentive, remember and keep track of things is often impaired. As a relative, you can help by organising the person's everyday routine and maintaining a stable rhythm. You might need to repeat important information and write it down. You can also help by organising specific tasks, e.g. housework, shopping, gardening and leisure activities. Remember, though, to include breaks so that the PTSD sufferer can rest and avoid stress.

If you are worried that the person with PTSD is contemplating suicide, you should try to talk to him or her about it. If you consider the suicidal thoughts to be serious, the person should not be left alone, and you could perhaps help by getting in touch with the person's GP,

DID YOU KNOW...?

As a patient or relative, you can call a psychiatric advice line if you are facing an acute psychiatric crisis. The lines are open 24/7:
78 470 470

an emergency doctor or a psychiatric emergency unit. If the person affected is already undergoing treatment and agrees to it, the treatment centre can be your first port of call.

If there are children in the family, their needs and reactions should be given special consideration. It is important to talk to the child about the parent's illness. It is possible to have family counselling at the treatment centre, and some municipalities have facilities for the child to participate in a children's group with other children whose parents suffer from PTSD.

HOW YOU CAN HELP

- Make it clear that you are available, and that the PTSD sufferer is not a burden or a nuisance.
- Be patient. At times, the person may be withdrawn and dismissive. That does not mean you are not needed.
- Do not force the PTSD sufferer to talk about the traumatic events if he/she does not want to.
- Make time to listen if there are any signs that he/she is ready to talk about what happened. Make sure you can talk without any interruptions.
- Keep listening. The PTSD sufferer may need to tell his/her story many times over the months ahead. It is all part of the healing process.
- Do not hold back because you are afraid the PTSD sufferer may start to cry. Crying is perfectly natural and serves as a release.
- Do not hide your feelings because you are supposed to be the strong one. It is OK to show that you are affected by the situation.
- Avoid saying things like "It will all work out" and "Well, life goes on". Respect the fact that the person is in crisis.
- Help the PTSD sufferer to remember important information and to organise his/her everyday life.
- Take care of everyday tasks. They can seem overwhelming and irrelevant to the PTSD sufferer.
- If there are children in the family, it will be a big help if you are able to take care of them.
- Offer to help by contacting a GP, psychologist and social services.
- Look for information about PTSD, learn about the illness, the key symptoms and treatment.

Our thanks to the authors

professor, senior consultant, dr. med. sci., Jørgen Aagaard,
psychologist, cand. psych., Bo Søndergaard Jensen and M.A., Bende Ingvorsen,
Clinic for PTSD and Transcultural Psychiatry, Aarhus University Hospital, Department Q, Risskov.

Our thanks to technical editor

professor, senior consultant, dr. med. sci., Poul Videbech, AUH Risskov.

Where can you find MORE INFORMATION ?

📄 Psykinfomidt.dk

Here you will also be able to find brochures on psychiatric
diagnoses in various languages

📄 ptsdidanmark.dk

National Association for PTSD in Denmark

📄 veteran.forsvaret.dk

Danish Veteran Centre

Traume.dk**📄 Sundhed.dk**

Scan the QR code to access more
knowledge about PTSD, useful links,
videos, books, etc. in Danish



