

# PTSD Prevention and Treatment Guidelines

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## (1) Introduction to Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after experiencing or witnessing a profoundly traumatic event. Such events may include war, natural disasters (e.g., earthquakes, floods), serious accidents (eg., car crashes, fires), physical or sexual assault, terrorist attacks, or other incidents that threaten life, cause serious injury, or evoke intense feelings of fear, helplessness, or horror.

The core of PTSD lies in the intrusive and involuntary re-experiencing of the traumatic event, as if it is happening again. This is not merely "remembering" an unpleasant experience, but a powerful sensation where both mind and body feel transported back to the moment the trauma occurred. This persistent distress and disturbance can severely impair a person's daily functioning, including sleep, mood, relationships, and work performance.

### Key Characteristics of PTSD:

- **Traumatic Event:** The individual must have experienced, witnessed, learned about a traumatic event happening to a close person, or been repeatedly exposed to the details of traumatic events (e.g., paramedics, police officers, and other professionals frequently exposed to trauma scenes). It is important to note that not everyone who experiences trauma will develop PTSD; this is influenced by various factors such as individual susceptibility, the nature of the trauma, and social support.
- **Symptom Clusters:** Symptoms typically fall into several categories: intrusive symptoms (e.g., flashbacks, nightmares), avoidance symptoms (evading trauma-related people, places, or things), negative alterations in cognitions and mood (e.g., negative beliefs, emotional numbing), and alterations in arousal and reactivity (e.g., irritability, exaggerated startle response). These symptoms must appear or worsen after the traumatic event.
- **Duration:** Symptoms must persist for more than one month. If symptoms appear within three days to one month after the trauma, the diagnosis is typically Acute Stress Disorder (ASD). If symptoms last longer and meet the diagnostic criteria, PTSD may develop. Early intervention is crucial to prevent ASD from progressing to PTSD.
- **Functional Impairment:** Symptoms must cause clinically significant distress or lead to impairment in social, occupational, or other important areas of functioning. This means that these symptoms significantly interfere with the individual's normal life and capabilities.

Not everyone who experiences trauma will develop PTSD. Many people exhibit brief stress reactions after trauma, such as shock, fear, sadness, or insomnia, but most recover naturally over time. However, for some, these reactions persist and worsen, eventually developing into PTSD. Early identification and intervention are crucial for preventing the chronicity of PTSD. From a neurobiological perspective, individuals with PTSD may experience changes in brain structure and function, such as an overactive amygdala (emotion processing centre), decreased prefrontal cortex function (rational thought and emotional regulation), and

impaired hippocampus (memory formation). These changes can contribute to abnormal processing of traumatic memories and difficulties in emotional regulation.

## **(2) All Symptoms of PTSD and Their Impact on Work, Life, Social, and Interpersonal Relationships**

PTSD symptoms are complex and varied, typically falling into four main categories. These symptoms not only cause immense suffering for the individual but also have profound impacts on their work, life, social interactions, and interpersonal relationships.

### **Main Symptoms of PTSD**

1. **Intrusion Symptoms:** Refer to the involuntary and intrusive re-experiencing of the traumatic event.
  - **Recurrent, involuntary, and intrusive distressing memories of the traumatic event:** Memories may appear as flashbacks, dreams, or thoughts, feeling as if the event is happening again. For example, even in a safe environment, one might suddenly "see" or "hear" scenes from the trauma, as if reliving the experience.
  - **Recurrent trauma-related nightmares:** Dream content may be directly related to the traumatic event or merely an extension of its themes or emotions (e.g., recurrent dreams of being chased or trapped). These nightmares are often accompanied by intense fear and waking up startled.
  - **Dissociative Reactions, such as flashbacks:** The individual feels or acts as if the traumatic event is reoccurring. In extreme cases, they may completely lose awareness of their surroundings, or even experience brief periods of derealisation or depersonalisation.
  - **Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event:** Seeing, hearing, smelling, or thinking about anything related to the trauma (e.g., siren sounds, specific odours, news reports) can trigger extreme discomfort, fear, or sadness.
  - **Marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event:** For example, rapid heart rate, sweating, shortness of breath, muscle tension, trembling. These physical reactions are disproportionate to the actual danger and represent an over-activation of the body's response to traumatic memories.
2. **Avoidance Symptoms:** Refer to deliberate or unintentional efforts to avoid trauma-related thoughts, feelings, or external reminders.
  - **Persistent avoidance of distressing memories, thoughts, or feelings about or closely associated with the traumatic event:** Individuals may deliberately try not to think or feel anything related to the trauma, and may even experience emotional numbing, losing the ability to feel pleasure or interest in things they once enjoyed.
  - **Persistent avoidance of external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event:** For example, a car accident survivor might refuse to travel by car, or a sexual assault survivor might avoid social gatherings.
3. **Negative Alterations in Cognitions and Mood:** Refer to persistent negative changes in thoughts and mood after the trauma, regarding oneself, others, and the world.

- **Inability to remember an important aspect of the traumatic event:** This is typically due to dissociative amnesia, not head injury, alcohol, or other substances. Individuals may have memory blanks regarding key details of the traumatic event.
  - **Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world:** For example, "I am a bad person," "No one can be trusted," "The world is completely dangerous," "I can never be happy again." These beliefs are often rigid and difficult to change.
  - **Persistent distorted cognitions about the cause or consequences of the traumatic event that lead the individual to blame himself/herself or others:** Even if facts contradict this, strong feelings of guilt or self-blame may arise, for example, believing one "could have done better" to prevent the trauma.
  - **Persistent negative emotional state:** Such as fear, anger, guilt, shame, sadness. These emotions may persist and be difficult to dissipate.
  - **Markedly diminished interest or participation in significant activities:** Things once enjoyed (e.g., hobbies, social activities) now seem meaningless, and motivation is lost.
  - **Feelings of detachment or estrangement from others:** Difficulty forming close bonds with others, feeling out of place in the world, as if separated by an invisible wall.
  - **Persistent inability to experience positive emotions:** Such as happiness, satisfaction, love, joy. Individuals may feel emotionally drained, and life may seem colourless.
  - **Sense of a foreshortened future:** Believing one will not live long, or will not have a normal life, career, or family.
4. **Alterations in Arousal and Reactivity:** Refer to a persistent state of heightened vigilance after trauma, accompanied by irritability and impulsive behaviour.
- **Irritable behaviour and angry outbursts:** Manifesting as verbal or physical aggression, often with little or no provocation, leading to loss of emotional control.
  - **Reckless or self-destructive behaviour:** Such as substance abuse (alcohol or drugs), dangerous driving, self-harm, impulsive spending, attempting to cope with inner pain or numb oneself through these behaviours.
  - **Hypervigilance:** A persistent state of "being on guard," excessively scanning the environment, and being highly sensitive to potential threats, unable to relax even in safe environments. For example, always looking for exits in public places, or being highly suspicious of strangers.
  - **Exaggerated startle response:** Overreacting to sudden noises or movements, such as a loud sound causing full-body trembling or screaming.
  - **Problems with concentration:** Difficulty focusing on tasks or conversations, thoughts easily drifting, affecting learning and work efficiency.
  - **Sleep disturbance:** Difficulty falling asleep, interrupted sleep, early waking, frequent nightmares, leading to chronic sleep deprivation and fatigue.

## **Impact of PTSD on Work, Life, Social, and Interpersonal Relationships**

These PTSD symptoms interact with each other, causing destructive impacts on all aspects of an individual's life:

### **1. Impact on Work:**

- **Difficulty concentrating and impaired memory:** Making it hard to complete complex tasks, leading to errors, and affecting work efficiency and quality. For example, a project manager might be unable to complete reports on time due to distraction.
- **Mood swings and irritability:** Leading to strained relationships with colleagues and superiors, potentially causing conflicts and affecting teamwork.
- **Avoidance of trauma-related stimuli:** May lead to inability to perform certain job duties or even attend certain workplaces (e.g., a firefighter who experienced a fire might develop extreme fear of fire alarms).
- **Sleep deprivation and fatigue:** Affecting work efficiency and energy, leading to daytime sluggishness.
- **Increased absenteeism:** Due to symptom exacerbation, medical appointments, low mood, or physical discomfort, resulting in frequent sick leave.
- **Impeded career progression:** Difficulty getting promotions or even job loss, affecting financial stability.

## 2. Impact on Life:

- **Impaired daily functioning:** Simple chores, shopping, self-care, or caring for children can become difficult, significantly reducing quality of life.
- **Health problems:** Chronic stress can lead to chronic physical illnesses such as high blood pressure, heart disease, digestive problems, chronic pain, and weakened immune system function.
- **Substance abuse:** Many individuals attempt to numb their pain, escape reality, or aid sleep through alcohol, drugs, or other addictive behaviours, which can lead to more severe health and social problems.
- **Increased suicide risk:** Severe distress, hopelessness, guilt, and isolation can lead to suicidal thoughts and behaviours, requiring close monitoring and intervention.
- **Significantly reduced quality of life:** Feeling that life has lost its joy and meaning, with a pessimistic outlook on the future.

## 3. Impact on Social Life:

- **Social avoidance:** Fear of interacting with people, avoiding public places, leading to a shrinking social circle, or even complete withdrawal. For example, someone who once enjoyed parties might become housebound.
- **Feeling out of place with others:** Believing that no one can understand their experiences and feelings, leading to profound loneliness.
- **Difficulty trusting others:** Traumatic experiences can erode trust in others and the world, leading to high vigilance and suspicion in new relationships.
- **Deterioration of social skills:** Prolonged isolation can lead to a decline in social abilities, making it difficult to maintain normal social interactions.

## 4. Impact on Interpersonal Relationships:

- **Strained intimate relationships:** Symptoms such as emotional numbing, irritability, avoidance of intimacy, and difficulty expressing emotions make relationships with partners, family, and friends extremely difficult. Partners may feel rejected or misunderstood.
- **Communication barriers:** Difficulty effectively communicating one's needs and feelings, and difficulty understanding others' emotions, leading to misunderstandings and conflicts.
- **Trust issues:** Trauma can lead to distrust of everyone, including the closest people, severely eroding the foundation of intimate relationships.

- **Family dysfunction:** Family members of individuals with PTSD may also be affected, experiencing vicarious trauma or relationship breakdowns, creating a tense family atmosphere.
- **Increased sense of isolation:** Ultimately leading to the individual feeling even more isolated and helpless, forming a vicious cycle.

In summary, PTSD is a holistic illness with widespread and profound impacts. It not only afflicts the individual but also affects those around them and the entire social support system. Therefore, early identification, seeking professional help, and effective intervention are crucial.

### **(3) All Prevention Methods for Post-Traumatic Stress Disorder (PTSD)**

While it is impossible to completely eliminate the occurrence of traumatic events, we can take a series of measures to reduce the risk of developing PTSD and promote recovery after trauma. Prevention methods can be divided into three stages: pre-trauma, during trauma, and post-trauma.

#### **Pre-Trauma Prevention (Primary Prevention)**

This primarily involves enhancing individual and community resilience and reducing the likelihood of exposure to trauma.

1. **Cultivating Psychological Resilience:** Aims to strengthen an individual's ability to cope with stress, enabling them to recover more quickly when facing adversity.
  - **Stress Management Techniques:** Learning and practising effective stress management methods, such as deep breathing exercises, mindfulness meditation, progressive muscle relaxation, yoga, or tai chi, to cope with daily stress and acute stressors.
  - **Emotional Regulation Skills:** Developing the ability to identify, understand, and effectively manage one's emotions, for example, through emotional journaling or cognitive restructuring to process negative emotions.
  - **Positive Coping Strategies:** Learning positive ways to cope, such as problem-solving, seeking social support, re-evaluating situations (looking at problems from different perspectives), and accepting what cannot be changed.
  - **Building a Healthy Social Support Network:** Having friends, family, and community resources available for confiding in, receiving emotional support, and practical help. Maintaining connections with others is a crucial protective factor.
  - **Cultivating Hobbies and a Sense of Purpose:** Maintaining a positive attitude towards life and goals, participating in meaningful activities, which helps to enhance well-being and self-worth.
  - **Self-Care:** Ensuring adequate sleep, a balanced diet, and moderate physical exercise are fundamental for maintaining physical and mental health.
2. **Safety Education and Risk Avoidance:** Aims to reduce an individual's risk of exposure to traumatic events.

- **Disaster Preparedness:** Learning knowledge and skills for coping with natural disasters, developing family emergency plans, including evacuation routes, meeting points, and emergency supply kits.
- **Personal Safety Awareness:** Increasing vigilance against potential dangers, learning self-protection techniques (e.g., self-defence, identifying danger signals), and avoiding high-risk areas.
- **Occupational Training:** For high-risk professions (e.g., military personnel, police officers, healthcare workers, firefighters, emergency responders), providing professional trauma response and psychological support training, including stress management, psychological resilience training, and recognition of post-traumatic stress reactions.
- **Reducing Exposure to Violence:** At the community level, efforts should be made to reduce crime and violence and provide safe environments for children to grow up in, for example, through community policing improvements, education, and poverty intervention.

## During Trauma Intervention

While direct psychological intervention is limited during a traumatic event, certain measures can mitigate immediate impact and lay the groundwork for subsequent recovery.

1. **Ensure Safety:** The primary task is to quickly escape the dangerous environment and ensure personal safety. This is a prerequisite for any psychological intervention.
2. **Provide Basic Support:** In a safe environment, provide basic necessities such as water, food, clothing, and shelter, along with simple comfort and support. Meeting physiological needs helps stabilise emotions.
3. **Maintain Calm and Focus:** As much as possible, remain calm and focus on the immediate task (e.g., escaping, first aid, helping others), avoiding excessive panic. For professional rescue personnel, strict adherence to operating procedures helps maintain focus.

## Post-Trauma Early Intervention (Secondary Prevention / Post-Trauma Early Intervention)

This is a critical stage in preventing the development of PTSD, aiming to stop acute stress reactions from becoming chronic PTSD.

1. **Psychological First Aid (PFA):**
  - Provided within hours to days after a traumatic event by trained non-professionals or professionals.
  - The core principle is "do no harm": do not force victims to recount details, do not over-intervene, and avoid "trauma debriefing" (forcibly asking victims to recall trauma details can be counterproductive).
  - The goal is to provide a supportive environment, helping victims feel safe, calm, connected, hopeful, and aware of self-help resources.
  - Key components include: **Listening** (actively listening, without interrupting or judging), **Providing Practical Help** (meeting basic needs, assisting with practical problems), **Connecting to Social Support** (helping victims connect with family and friends, or introducing community resources), **Providing Information** (offering accurate, concise, and

useful information, such as safety guidelines, available resources), **Ensuring Safety** (making sure the victim is in a safe environment).

## 2. **Early Psychosocial Support:**

- **Normalising Reactions:** Inform victims that reactions such as fear, sadness, anger, insomnia, and difficulty concentrating after trauma are normal, as these are natural physical and psychological responses to an abnormal event.
- **Promoting Social Support:** Encourage communication with family and friends, avoiding isolation. Social support is a crucial protective factor, providing emotional comfort and practical help.
- **Restoring Daily Routines:** Resume normal routines for sleep, eating, and activities as soon as possible, which helps to re-establish a sense of safety and control and reduce uncertainty. For example, eating and sleeping at regular times, and engaging in daily activities.
- **Avoiding Over-Stimulation:** Reduce exposure to trauma-related media reports (especially graphic or sensational details), avoid excessive discussion of trauma details, and allow oneself psychological breathing room.
- **Healthy Lifestyle:** Maintain a balanced diet, sufficient sleep (try to improve sleep hygiene), and moderate exercise (e.g., walking, yoga). Avoid tobacco, alcohol, and drug abuse, as these contribute to physical recovery and emotional stability.

## 3. **Early Screening and Monitoring:**

- Regular psychological assessments for high-risk individuals (e.g., those who have experienced severe trauma, especially children, the elderly, or those with a history of mental illness) to monitor the emergence and progression of PTSD symptoms.
- If symptoms persist or worsen, promptly refer to mental health professionals for assessment and intervention.

## 4. **Targeted Early Interventions (for high-risk individuals):**

- **Early Application of Cognitive Behavioural Therapy (CBT):** For individuals exhibiting severe symptoms during the Acute Stress Disorder (ASD) phase, early application of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) or Prolonged Exposure (PE) can effectively reduce the risk of developing PTSD. These therapies help individuals process traumatic memories and related negative cognitions.
- **Early Application of Eye Movement Desensitisation and Reprocessing (EMDR):** Research also suggests that EMDR has a preventive role in early intervention by facilitating the processing of traumatic memories to reduce symptoms.
- **Pharmacological Intervention:** In some cases, doctors may consider short-term use of certain medications (e.g., beta-blockers like propranolol, which may help reduce physiological stress responses if used immediately after trauma; or certain antidepressants) to alleviate early stress reactions, but this should be done under professional guidance and is not applicable in all situations.

## **Community and Policy-Level Prevention**

1. **Public Education:** Raise public awareness of PTSD, disseminate mental health knowledge, reduce the stigma associated with mental illness, and encourage those in need to seek help.
2. **Crisis Intervention Services:** Establish and improve community-level crisis intervention teams to respond quickly after major traumatic events, providing timely psychological support and referral services.

3. **Policy Support:** Develop policies that support trauma survivors, such as providing free or subsidised mental health services, financial aid, legal assistance, and employment support to help them rebuild their lives.
4. **Media Responsibility:** Encourage media to adhere to ethical guidelines when reporting traumatic events, avoiding excessive sensationalism, repeated broadcasting of victims' suffering, and reducing secondary harm and trauma to the public.

PTSD prevention is a multi-layered, multi-stage process requiring the concerted efforts of individuals, families, communities, and society. Early identification and timely intervention are the most crucial aspects.

## **(4) All Treatment Options for Post-Traumatic Stress Disorder (PTSD)**

PTSD treatment is a complex and individualised process, typically requiring guidance from mental health professionals (e.g., psychiatrists, psychotherapists). Currently, the most effective treatment methods include psychotherapy and pharmacotherapy, and sometimes a combination of both yields better results.

### **Psychotherapy**

Psychotherapy is the first-line treatment for PTSD, with Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) being particularly recommended.

1. **Trauma-Focused Cognitive Behavioural Therapy (TF-CBT):**
  - **Core Principle:** Helps individuals change negative thought patterns and behavioural responses related to the traumatic event. By systematically processing traumatic memories and related cognitions, it helps individuals regain a sense of control over their emotions and lives.
  - **Main Components:**
    - **Psychoeducation:** Understanding PTSD symptoms, causes, the brain's response to trauma, and the treatment process, helping individuals understand that their reactions are normal and building confidence in treatment.
    - **Relaxation Techniques:** Learning methods such as deep breathing, progressive muscle relaxation, and meditation to manage anxiety, tension, and stress responses, helping individuals stay calm while processing traumatic memories.
    - **Cognitive Restructuring:** Identifying and challenging distorted thoughts related to trauma (e.g., "It was my fault," "The world is completely dangerous," "I can never recover"), replacing them with more realistic, balanced, and adaptive perspectives. For example, helping individuals recognise that the trauma's occurrence was not their responsibility.
    - **Exposure Therapy:** Gradually facing and processing traumatic memories and related situations in a safe and controlled environment to reduce avoidance behaviours and overreactions to trauma cues. This can be done through:
      - **Imaginal Exposure:** Repeatedly recalling and recounting the details of the traumatic event until distress diminishes and the fear response to the memory gradually extinguishes (extinction learning).

- **In Vivo Exposure:** Gradually facing and entering real-life situations, places, or activities that are avoided due to trauma (e.g., riding public transport, going to crowded places) until anxiety decreases.
    - **Coping Skills Training:** Learning new coping strategies to manage emotions and stress, such as problem-solving, social skills, and anger management.
  - **Variants:**
    - **Prolonged Exposure (PE):** Emphasises systematically processing traumatic memories and avoidance behaviours through imaginal and in vivo exposure, with each session typically being longer.
    - **Cognitive Processing Therapy (CPT):** Focuses on identifying and changing negative beliefs related to trauma, especially beliefs about safety, trust, power, esteem, and intimacy, using written assignments and discussions to facilitate cognitive change.
2. **Eye Movement Desensitisation and Reprocessing (EMDR):**
- **Core Principle:** Posits that traumatic memories are not fully processed and integrated in the brain, leading to their persistent distress. EMDR facilitates the processing and integration of traumatic information by guiding the individual to recall traumatic memories while simultaneously engaging in bilateral stimulation (e.g., eye movements, tapping, auditory cues), helping to release them from a "frozen" state.
  - **Process:** The therapist guides the individual to recall images, thoughts, feelings, and body sensations related to the traumatic event, while simultaneously guiding their eye movements from side to side, or using other bilateral stimulation (e.g., auditory or tactile). This process helps reduce the intensity of distress associated with traumatic memories and promotes more positive cognitive restructuring, making the memories less vivid and destructive.
  - **Characteristics:** Compared to traditional exposure therapy, EMDR may be more acceptable to some individuals because it does not require them to recount trauma details extensively; instead, it focuses on memory processing.
3. **Other Effective Psychotherapies:**
- **Supportive Psychotherapy:** Provides a safe, accepting environment, helping individuals express emotions, enhance coping abilities, and build trust.
  - **Interpersonal Psychotherapy (IPT):** Focuses on the impact of trauma on interpersonal relationships, helping individuals improve communication and resolve interpersonal conflicts, as interpersonal problems are often complications of PTSD.
  - **Dialectical Behaviour Therapy (DBT):** Although primarily used for Borderline Personality Disorder, its skills in emotional regulation, distress tolerance, and interpersonal effectiveness are also very helpful for individuals with PTSD, especially those with severe emotional dysregulation, impulsive behaviours, or self-harm.
  - **Group Psychotherapy:** Individuals can share experiences in a supportive group, gain understanding and support, reduce feelings of isolation, and learn coping strategies from other members' experiences.
  - **Family Therapy:** When PTSD affects the family system, family therapy can help family members understand the impact of PTSD, improve communication, and jointly cope with challenges.
  - **Expressive Arts Therapy:** Such as art therapy, music therapy, drama therapy, can provide non-verbal means of expression for individuals, helping them process unspoken traumatic feelings.

## Pharmacotherapy

Medication is often used to alleviate specific PTSD symptoms, especially when psychotherapy is insufficient or symptoms are severe. Pharmacotherapy should be administered under the guidance of a psychiatrist.

### 1. Selective Serotonin Reuptake Inhibitors (SSRIs):

- **Mechanism of Action:** Increase serotonin levels in the brain. Serotonin is a neurotransmitter involved in mood, sleep, and appetite. SSRIs help improve mood and reduce anxiety and depression.
- **Common Medications:** Sertraline (Zoloft) and Paroxetine (Paxil) are medications approved by the U.S. Food and Drug Administration (FDA) for PTSD treatment. Other SSRIs like Fluoxetine (Prozac) and Citalopram (Celexa) are also commonly used for PTSD.
- **Effects:** Help reduce intrusive symptoms, avoidance symptoms, emotional numbing, and hypervigilance. It usually takes several weeks for effects to appear, and continuous use for a period (typically 6-12 months or longer) is often required to consolidate efficacy and prevent relapse.

### 2. Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):

- **Mechanism of Action:** Affect both serotonin and norepinephrine, two neurotransmitters involved in mood and stress response.
- **Common Medications:** Venlafaxine (Effexor), among others.
- **Effects:** Similar to SSRIs, and may be more effective for some individuals, especially those with severe depression or pain symptoms.

### 3. Other Medications:

- **Prazosin:** An alpha-1 adrenergic receptor blocker, primarily used to reduce PTSD-related nightmares and sleep disturbances. It works by blocking the action of norepinephrine in the brain, thereby reducing nocturnal awakenings and nightmares.
- **Antipsychotic Medications:** In some severe cases, such as those with psychotic symptoms (e.g., hallucinations, delusions) or severe agitation, doctors may short-term prescribe low doses of atypical antipsychotics (e.g., Risperidone, Olanzapine) as an adjunct treatment.
- **Benzodiazepines:** Such as Alprazolam and Lorazepam. **Not recommended for routine long-term PTSD treatment** because they can lead to dependence and tolerance, and long-term use may interfere with traumatic memory processing and even worsen PTSD symptoms. They are usually used short-term in acute phases to alleviate severe anxiety or insomnia, under strict medical supervision.
- **Mood Stabilisers:** Such as Lamotrigine and Valproate, may be used for individuals with symptoms of mood instability, impulsivity, or angry outbursts.
- **Hypnotics:** For intractable insomnia, doctors may short-term prescribe non-benzodiazepine hypnotics, but potential side effects and dependence should be noted.

## Integrated Treatment Plan

The optimal PTSD treatment plan is usually tailored to the individual's specific circumstances, considering symptom type, severity, comorbidities, personal preferences, and available resources.

- **Psychotherapy First-Line:** For most individuals with PTSD, psychotherapy (especially TF-CBT and EMDR) is the preferred first-line treatment as it directly addresses traumatic memories and related cognitions.
- **Combination of Psychotherapy and Medication:** For individuals with severe symptoms, insufficient response to single therapy, or co-occurring mental health conditions (e.g., major depressive disorder, anxiety disorders, substance abuse), a combination of psychotherapy and medication usually yields better results. Medication can help stabilise mood and alleviate core symptoms, enabling the individual to engage more effectively in psychotherapy.
- **Supportive Therapy and Adjunctive Interventions:** In addition to core treatments, individuals may also need other support, such as vocational counselling, family therapy, support groups, mindfulness practices, physical exercise, and nutritional support, to help them rebuild their lives and enhance coping abilities.
- **Long-Term Management and Relapse Prevention:** PTSD treatment can be a lengthy process, requiring patience and persistence. Even after symptom remission, ongoing maintenance therapy or regular follow-ups may be necessary to prevent relapse. Individuals should learn to recognise signs of relapse and develop a coping plan.
- **Individualised and Flexible:** Treatment plans should be adjusted based on the individual's progress and needs. Some individuals may respond better to one therapy, while others may need to try multiple approaches.

### Important Notes:

- **Seek Professional Help:** If you or someone you know is experiencing PTSD symptoms, it is crucial to seek help from mental health professionals (psychiatrists, psychotherapists, counsellors). Early intervention can significantly improve outcomes.
- **Individualised Treatment:** There is no "one-size-fits-all" treatment; the most effective treatment plan is tailored to individual needs and symptom severity and should be discussed with a professional.
- **Patience and Persistence:** Treatment requires time and effort, and there may be ups and downs, but with appropriate intervention, most individuals with PTSD can significantly improve their symptoms, enhance their quality of life, and ultimately achieve recovery.
- **Avoid Self-Diagnosis and Self-Treatment:** Please do not self-medicate or attempt unverified treatments, as this may lead to adverse outcomes or delay professional treatment.