International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Unravelling the Cause and Consequences of Post Traumatic Stress Disorder: A Comprehensive Review

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ABSTRACT

Post-traumatic stress disorder (PTSD) is a psychiatric disorder caused by experiencing or witnessing traumatic or potentially life-threatening events, that has grown in prevalence due to global conflicts, natural disasters, and domestic violence. When a victim experiences trauma such as death or serious injury, three dimensions of PTSD develop: re-experience the event, Symptoms of trauma may include distressing memories, dreams, flashbacks, and physical distress, as well as avoidance of triggers and increased arousal. Traumatic events cause stress, which leads to a variety of psychosocial and physiological outcomes. PTSD has significant psychobiological correlates that can impair a person's daily life and be life-threatening. Given current events (for example, extended combat, terrorism, and exposure to certain environmental toxins), a significant increase in PTSD diagnoses is expected over the next decade. PTSD is a serious public health concern, necessitating the development of new paradigms and theoretical models to gain a better understanding of the condition and develop new and improved treatment interventions. therefore, understanding the specific causes of PTSD and how it affects patients is critical for both clinical practice and scientific research. To treat PTSD, nonpharmacologic interventions such as cognitive behavioural therapy, antidepressants (selective serotonin reuptake inhibitors), antianxiety medications, mood stabilizers, and antipsychotics are recommended. This review of PTSD will help readers gain a better understanding of the PTSD condition and probable causes that contribute to PTSD disease and explore the influence on the patient himself after suffering from PTSD. It discusses the ways to improve the ability to recognize and treat it, appreciate the internist's role in managing it, and help to enhance the quality of life of people suffering from PTSD.

Keywords: Post-Traumatic Stress Disorder (PTSD), Trauma, Diagnosis, CBT, EMDR Depression, Life-Related Consequences, Treatment Of PTSD.

INTRODUCTION

Post-traumatic stress disorder (PTSD) has been extensively studied by researchers all over the world since the American Psychiatric Association first proposed the concept in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 (Yang et al, 2015). According to McFarlane (2010), Friedman (2016), Monson et al. (2009), and others, PTSD was previously thought to be a

psychiatric condition linked to veterans of military action and was known as "shell shock" or "battle fatigue". Currently, there has been a certain awareness and consolidation of both the structure and the causes and consequences of PTSD.

Post-Traumatic Stress Disorder (PTSD) is a mental health condition triggered by experiencing or witnessing a traumatic event, such as those that occur during a war, as a result of terrorism, during natural or man-made disasters, or during violent crimes such as rape, mugging, domestic abuse, or accidents (Prasad & Bondy, 2015). Traumatic events that trigger PTSD are perfect examples of such onerous demands that lead to the subject's conscious or unconscious perception of inability to cope (Chiappelli et al, 2004). Traumatic experiences are extremely distressing. Traumatic events cause stress, which leads to a variety of psychosocial and physiological effects. In its most severe form, this response is classified as a psychiatric condition caused by exposure to stressful experiences. Post-traumatic stress disorder (PTSD) is a psychiatric disorder caused by experiencing or witnessing traumatic or life-threatening events such as terrorist attacks, severe crime and abuse, military combat, natural disasters, serious accidents, or violent personal assault. Exposure to environmental toxins (e.g., Agent Orange, electromagnetic radiation) might cause immune symptoms similar to PTSD in many vulnerable patients (McKeown-Eyssen et al., 2004; Vojdani & Thrasher, 2004).

Subjects with PTSD frequently relive their experiences through nightmares and flashbacks. They report having trouble sleeping. Their behaviour gradually becomes estranged or alienated, and this is usually made worse by other illnesses like depression, drug addiction, and problems with memory and cognition. The illness quickly impairs one's capacity to operate in social or familial situations, which frequently leads to occupational instability, marital troubles and divorces, family discord, and parenting challenges. The disorder can be severe and persistent enough to interfere with a person's everyday life and, in the worst-case scenario, lead to suicidal tendencies (American Psychiatric Association, 2013). PTSD is characterized by evident physiologic changes, in addition to the psychological symptoms and is consequently worsened by a variety of additional medical and mental health problems.

PTSD not only has psychological effects but also physically alters the structure of the brain, which has a significant impact on general health (Kubzansky et al., 2014; Bremner et al., 2003, Rosen & Fields, 1988). In addition to these elements, a great deal of traumatic life experiences can also result in stress disorders of differing intensities. Over the past 20 years, there has been a global upsurge in the number of PTSD patients among those afflicted by frequent large-scale disasters (Kubzansky et al., 2014; Friedman, 2016). The severe harm this mental illness causes to people's health has resulted in a massive utilisation of social resources. As a result, governments and the scientific community are giving PTSD treatment increasing consideration (Yang et al, 2015).

Understanding PTSD is crucial because it can severely affect individuals' daily lives, impacting their ability to function in social, occupational, and other important areas. Research into PTSD aims to uncover the underlying mechanisms of the disorder, develop effective treatments, and provide support to those affected. Various treatment options are available, including psychotherapy (such as cognitive-behavioral therapy and eye movement desensitization and reprocessing), medication, and support from peers and professionals. Interventions designed specifically for PTSD patients have been proven to significantly reduce PTSD symptoms as well as related psychopathology, such as depression and anxiety (Wagner et al., 2006; Benight et al., 2008).

This paper aims to carry out an in-depth review of PTSD conditions and probable causes that contribute to PTSD disease and explore the consequences on the patient and also provide insight into the treatments

and intervention of PTSD.

HISTORICAL CONTEXT AND EVOLUTION

Historically, PTSD has been recognized in various forms throughout different periods, often referred to by terms such as “shell shock,” “combat fatigue,” or “war neurosis.” It was not until the Vietnam War and subsequent civil rights movements that PTSD gained significant recognition, leading to its inclusion in the DSM-III in 1980. The term "posttraumatic stress disorder" was introduced in the third edition (1980) of the Diagnostic and Statistical Manual of Mental Disorders as an anxiety disorder. This formal acknowledgment marked a turning point in understanding and addressing the psychological aftereffects of trauma.

CLINICAL FEATURES AND SYMPTOMS

A range of psychobiological symptoms seen in PTSD and might appear years after the traumatic incident that initially triggered them, but they usually do so during the first three months. Typically, a person suffering from post-traumatic stress disorder (PTSD) willfully avoids thinking about or feeling anything connected to the horrific event. They may even experience dissociative amnesia, which is the loss of memory for the event. According to the American Psychiatric Association (2013), the symptoms of PTSD fall into four main categories: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions.

1. Repeated reoccurrence of traumatic events.

The reappearance of a traumatic experience is defined as the repeated and intrusive reappearance of traumatic events in the patient's memory, often known as a flashback (Yang et al, 2015). The traumatic memory is driven into the individual's mind whenever they are awake or asleep, and the event scene at that time is recreated in the form of flashbacks or dreams. As a result, the individual repeatedly experiences the original sensations and sentiments, with a similar intensity. A multi-center cohort study found that most patients had accurate recollections of their time spent in the intensive care unit (ICU) and that they are therefore more likely to experience post-traumatic stress disorder (PTSD) as a result of the stress of a critical illness (Roberts et al., 2007).

2. Avoidance reaction

Avoiding responses involve such as avoiding people, places, activities, objects, and circumstances that serve as reminders of the traumatic incident. Attempting to forget or stop thinking about the painful experience Dissociative symptoms might arise from an excessive avoidance of unfavourable stimuli. Dissociation is a defense mechanism used by people to keep themselves safe from trauma. It occurs when the normal process of connecting an individual's consciousness and memory is severed, leaving them unconscious of painful events (Waltman et al., 2018; Yang et al, 2015)

3. Negative changes in thinking and mood

After stressful occurrences, many patients have negative changes in their mood and cognitive abilities. They become disinterested in everything, uncaring about love and caring for other people, and pessimistic about the future. when the symptoms are so bad that the person may even experience suicidal thoughts due to their extreme disillusionment (Yang et al., 2015; Chen, 2023)

4. Changes in arousal and reactivity

Arousal and reactive symptoms can include being irritated and having furious outbursts, behaving recklessly or in a self-destructive manner, being suspicious of one's surroundings, being easily startled, or

having difficulty concentrating or sleeping. Patients with the symptoms mentioned above often have physical symptoms such as palpitations, shortness of breath, and other comparable ones.

PTSD symptoms in children

PTSD in children manifests clinically differently than in adults. Research suggests that children exhibit all signs of adult post-traumatic stress disorder (Iglesias & Iglesias, 2005). Symptoms of post-traumatic stress disorder vary by individual experience (Bartels et al., 2019). Children will experience dissociative reappearance episodes, sleep disturbances, nightmares, anxiety and aggression, fear of particular objects, linguistic challenges, attention, and memory problems (Yule, 2009).

According to DeBellis and Thomas (2003), children who undergo a traumatic event and go on to develop post-traumatic stress disorder are experiencing "dysregulation of their biologic response systems." According to Perrin et al. (2000), children who have gone through a traumatic event typically suffer from reliving the event. However, as children become older, their reliving starts to resemble adult-like PTSD, which causes greater anguish in day-to-day living since the thoughts happen more frequently (Perrin et al., 2000). In particular, children between the ages of seven and eleven exhibit irritation and antagonistic behaviours towards their parents, siblings, and peers (Perrin et al., 2000). However, some symptoms (like intrusive, recurring thoughts) are difficult for parents or other carers to notice, so if they are not treated, the intensity of the symptoms could worsen.

According to Steine et al. (2019), children with post-traumatic stress disorder exhibit persistent hyper-arousal and hypersensitivity in addition to interpersonal irritability and problem behaviour, which may have an impact on their academic performance. Children who experience a traumatic event and acquire PTSD often exhibit symptoms in the classroom, such as trouble focusing or picking up new abilities (Perrin et al., 2000). Children who endure traumatic events and go on to acquire posttraumatic stress disorder are more likely to struggle academically or have a learning disability (Jones et al., 2004).

By observing a child's unusual behaviours, such as compulsive repetition (which can be determined by the child's nightmares), playing games with traumatic themes, repeatedly replaying traumatic events, and displaying emotional or depressive symptoms in response to relevant cues, adults can determine whether a child has post-traumatic stress disorder (PTSD). Children's separation anxiety, attachment, and reluctance to leave their parents might be seen as avoidance signs of post-traumatic stress disorder (PTSD). Children who have high vigilance, attention deficit disorder, irritability or fury, trouble falling asleep, etc., may also be suffering from PTSD. Additionally, the symptoms of PTSD in children of different ages can vary.

SIGNIFICANCE CAUSES OF PTSD

Post-traumatic stress disorder (PTSD) is caused by experiencing or witnessing a traumatic event. These events can vary widely and include combat exposure, where military personnel often develop PTSD after being involved in warfare. Grieger et al. (2006) and Macgregor et al. (2013) concluded in their investigations that PTSD resulting after military injury was directly related to the level of injury. Disaster victims and rescuers are frequently mentally injured because of the horrible scene triggered by the large number of persons injured or killed by disasters. The rate of PTSD symptoms in rescuers might reach 17.95% (Hui et al., 2001).

The illness can also be brought on by common natural disasters like hurricanes, earthquakes, or floods. Serious accidents, like car or plane crashes, and terrorist attacks can lead to PTSD as well. Physical injuries such as rape and violence, as well as craniocerebral injury, disfigurement, and disability (paralysis,

amputation, organ loss, loss of sexual and reproductive functions), can result in more significant biological mental problems. Up to 80% of victims of rape get PTSD (Green, 1994). According to Wilson (2006), rape is the most common offence associated with post-traumatic stress disorder (PTSD) in female survivors of sexual abuse. Childhood trauma, such as abuse, neglect, or severe emotional or physical trauma during formative years, is another critical factor.

Negative life events such as sudden death of a loved one, particularly if the death is violent or unexpected, can also cause PTSD. The conflict between husband and wife, financial hardship, grave illness in the family, death, loneliness, an excessive workload, pressure from the job or school, disagreements with coworkers or neighbors, interpersonal friction, etc. These reasons caused mental harm, 32% have to do with life experiences (Cu, 1989). Individuals suffering from post-traumatic stress disorder (PTSD) may experience psychological injury in the form of frame-ups, persecution, defamation, insults, deception, and violations of their "four rights" (name, portrait, honour, and reputation). In addition, variables that directly cause psychological trauma include abuse, neglect, and abandonment. Additionally, life-threatening illnesses that involve intense medical treatment or prolonged suffering can lead to the disorder. The development of PTSD is influenced by a combination of the severity and duration of the trauma, individual susceptibility, genetics, pre-existing mental health conditions, and the availability of a social support system.

Brain area

Researchers can gain a better understanding of the causes of post-traumatic stress disorder (PTSD) by examining brain regions associated with managing stress and fear. Stress alters some brain regions and neurochemical systems in both acute and chronic ways. These modifications have an impact on the brain "circuits" responsible for the stress response over the long term (Vermetten & Bremner, 2002). The prefrontal cortex, hippocampus, and amygdala are among the brain regions linked to the stress response. These brain regions may undergo long-term alterations as a result of traumatic stress. Higher cortisol and norepinephrine reactions to future stressors are linked to traumatic stress (Bremner, 2006). Two neurochemical systems that are essential to the stress response are cortisol and norepinephrine. The amygdala is one such brain region that is well-known for its functions in emotion, memory, and learning. The early phases of fear extinction, or learning not to dread, and fear acquisition, or learning to fear an event (such touching a hot stove), both seem to be triggered by activity in the amygdala (Suvak & Barrett, 2011). The prefrontal cortex (PFC), a region of the brain involved in judgement, problem-solving, and decision-making, appears to be involved in extinction memories storage and the reduction of the initial fear reaction. A few PFC regions have slightly distinct functions. For instance, the medial PFC regulates the stress response by suppressing the amygdala, an alarm center located deep in the brainstem, when it determines that the cause of stress is controllable (Wager et al., 2008; Adolphs, 2001). The size of the ventromedial PFC may have an impact on its capacity to maintain the long-term extinction of traumatic memories.

According to the study conducted by (Bremner, 2006) patients with post-traumatic stress disorder (PTSD) have been shown to exhibit reduced medial prefrontal/anterior cingulate function, lower hippocampus and anterior cingulate sizes, and higher amygdala function, based on findings from animal research. Additionally, while under stress, PTSD individuals exhibit higher cortisol and norepinephrine responses.

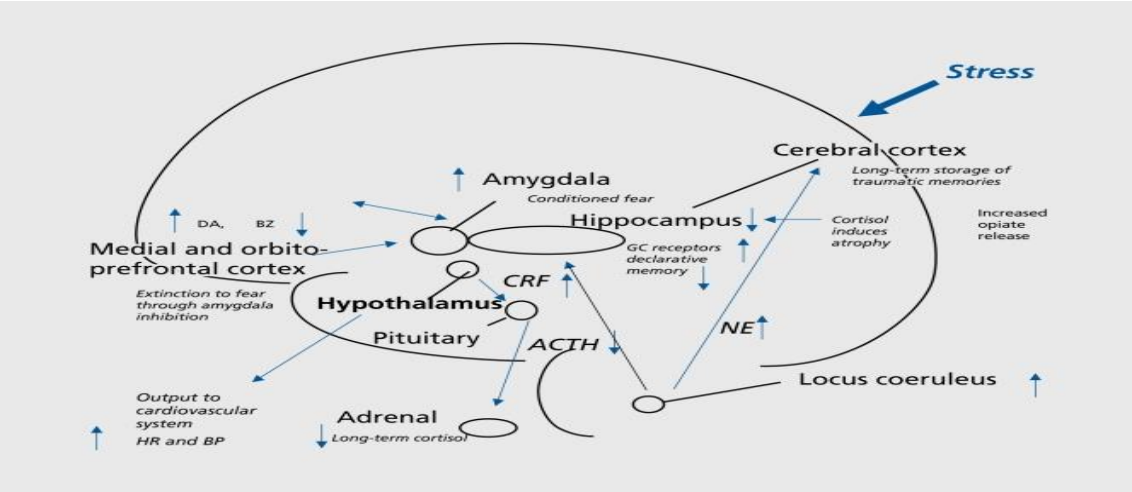

Fig. Dialogues Clin Neurosci. 2006

DIAGNOSIS OF PTSD

PTSD is difficult to diagnose because most of the diagnostic criteria are subjective in nature (although this is true for many mental diseases); PTSD may be a mitigating element in criminal sentencing, or there may be a risk of over-reporting when applying for disability benifits, for example (Boskovic & Merckelbach, 2018) the risk of underreporting due to factors like pride, stigma, or concern that a PTSD diagnosis may prohibit one from pursuing certain job prospects; symptoms shared by obsessive-compulsive disorder and generalized anxiety disorder, among other psychiatric illnesses.

DSM-5 criteria for diagnosing PTSD

According to the new feature of DSM-5 is that all these symptoms must have appeared or been considerably aggravated resulting from exposure to the stressful incident. According to the Department of Veterans Affairs Employee Education System and the National Center for PTSD (2015), these are the specified criteria for diagnosing post-traumatic stress disorder are:

Exposure to a traumatic event that caused or endangered death, harm, or physical integrity.

- The individual's reaction to the traumatic life event must have been profound fear, helplessness, or terror.
- Symptoms of PTSD include persistent re-experiencing of the incident, avoidance of trauma-related stimuli, and numbing of overall response.
- At least two persistent arousal symptoms.
- Symptoms must continue for at least a month and produce severe distress or reduced functioning.

MANAGEMENT AND TREATMENT OF PTSD

The most effective treatment for post-traumatic stress disorder (PTSD) is a combination of pharmaceutical and non-pharmacological therapy. PTSD is frequently a severe, persistent, and disabling disorder. Psychotherapy serves as the main form of treatment. Usually, the patient needs to take medications to manage their physiological symptoms, which makes it easier for them to accept and progress via psychotherapy. Traumatic situations can be tough to deal with, but addressing your emotions and obtaining professional support is frequently the only way to properly cure PTSD.

MEDICATIONS

Post-traumatic stress disorder can be treated with several drugs, such as antidepressants, antipsychotics, and anticonvulsants (Dyregov & Yule, 2006).

Antidepressants: These medications aid in lowering anxiety and depressive symptoms, which enhances focus and lessens problems with sleep. The Food and Drug Administration (FDA) has approved sertraline and paroxetine, two selective serotonin reuptake inhibitors (SSRIs), for the treatment of PTSD.

Prazosin

Veterans with PTSD have been treated with prazosin, an alpha-1 adrenergic antagonist, to lessen nightmares. Research indicates that there is variation in this population's symptom relief, suitable dosages, and effectiveness (Green, 2014). Although this medication is not expressly FDA-approved for the treatment of PTSD, it is beneficial in treating the symptoms of insomnia or repeated nightmares (Jeffreys et al., 2012)

Benzodiazepines

Benzodiazepines have the potential to lessen the efficacy of psychotherapy interventions, and there is even evidence that suggests they may be a factor in the onset and progression of post-traumatic stress disorder (PTSD). Benzodiazepines may exacerbate pre-existing PTSD in individuals by making psychotherapy less effective and by escalating aggressiveness, depression (including suicidality), and substance abuse (Guina et al., 2015).

According to The National Institute of Mental Health (2015), adults with PTSD may occasionally be treated with antidepressants such phenelzine, paroxetine, mirtazapine, or amitriptyline. The only one of these drugs that has a licence, particularly for treating PTSD is paroxetine. But it's also been shown that amitriptyline, phenelzine, and mirtazapine work effectively and are frequently advised (National health When children experience sexual assault and have post-traumatic stress disorder, the medicine propranolol helps to lessen their symptoms (Perrin, 2004). Sertraline has been reported to be beneficial in treating children with post-traumatic stress disorder (Cohen et al., 2004). Usually, the only purpose of medicine is support to therapeutic treatment (Perrin et al., 2000). However, the impact of medication on kids is disputed because the major negative consequences of medicine outweigh the positive aspects (Dyregov & Yule, 2006). The medication alone is not adequate to treat post-traumatic stress disorder different kinds of therapy are also essential for effective treatments (Perrin et. al., 2000).

Psychotherapy for treating PTSD

The first course of treatment for PTSD is typically recommended to be psychotherapy. Psychotherapy is a form of therapy that is frequently used to address mental health issues and emotional disorders, including anxiety, depression, PTSD, and obsessive-compulsive disorder. Trained mental health professionals provide the treatment; they will listen to clients and provide practical solutions for the difficulties people are experiencing. There are different types of psychotherapy used to treat people with PTSD.

Cognitive behaviour therapy (CBT)

It is considered first-line therapy and entails gradually exposing the patient to the thoughts, feelings, and situations that trigger the trauma. The therapy also assists in identifying uncomfortable thoughts about the traumatic experience (especially distorted and irrational thoughts) and replacing them with a more balanced perspective. According to the Department of Veterans Affairs (2016) individuals in CBT learn to identify and replace thoughts that cause them to feel fearful or disturbed. The goal is to figure out how specific thoughts about events trigger PTSD-related stress.

Eye Movement Desensitization and Reprocessing

EMDR is moving your eyes from side to side, usually following the movement of your therapist's finger, while recalling the traumatic event. It is unclear how EMDR works, but it may assist the dysfunctional part of the brain (the hippocampus) in processing upsetting memories and flashbacks so that their influence on your thinking is diminished.

Exposure therapy.

This sort of behavioural therapy assists patients in securely confronting perceived terrifying situations to teach them how to cope properly. This therapy may also include a "virtual reality" program that allows the patient to return to the situation in which the trauma occurred.

The most evidence-based methods include behavioral and cognitive-behavioral therapies such as prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing EMDR (Cahill & Foa, 2004). There is some evidence to support brief eclectic psychotherapy (BEP), narrative exposure treatment (NET), and written exposure therapy (Powers et al., 2010). Nijdam (2012), conducted a comparison of EMDR and brief eclectic psychotherapy, two trauma-focused CBT modalities. The results showed that while both are useful psychotherapeutic therapies, EMDR is a faster way to treat PTSD. The meta-analysis conducted by Lee & Cuijpers (2013), found that the people who receiving eye movement therapy for their PTSD symptoms showed more recovery than those receiving treatment without eye movements and they also discovered that research conducted in lab settings indicates that contemplating distressing recollections while concurrently engaging in an activity that promotes eye movement lessens the vividness and suffering connected to such recollections.

IMPACT OF PTSD ON THE PERSON'S LIFE

PTSD has a significant influence on both the individual and society. PTSD can impact various aspects of an individual's present life, affecting their mental & emotional, and physical well-being such as chronic pain, cardiovascular issues, and Constant hyperarousal, and sleep disturbances, such as insomnia and nightmares, which can lead to chronic fatigue. People who go through PTSD may engage in risky behaviors such as reckless driving, substance abuse, or self-harm to cope with their emotional pain. According to recent research, everyday routines are crucial to consider since the persistent challenges of trauma exposure typically prevent people from participating in crucial daily activities (Hobfoll et al., 2012; Parks et al., 2018). Research indicates that more disturbances to daily routines were predictive with worse cognitive adaptability, including meaning-making and self-efficacy (Tao, Li et al., 2023) as well as higher levels of PTSD symptoms. In a sample of 1336 Israeli secondary school pupils, those who were able to maintain greater daily routines, particularly leisure activities, despite the ongoing terrorism reported lower levels of PTSD symptoms and functional impairment (Pat Horenczyk, 2005).

People suffering from PTSD also experience interpersonal challenges, parenting difficulties, and decreased household income, as well as a variety of mental and physical health comorbidities (Sareen et al., 2011). People with PTSD, severe depressive illness, and sleep disturbance receiving Cognitive Behavioural Social Rhythm Therapy (CBSRT) showed an increase in lifestyle regularity, as measured by the Social Rhythm Metric (SRM) (Monk et al., 1991). There is accumulating evidence that, among anxiety disorders, PTSD is one of the most significantly related with suicide conduct, even after accounting for other axis I and II mental disorders (Nepon et al., 2010; Sareen et al., 2005).

In China, there was a study conducted to look at the connection between suicide ideation and symptoms of post-traumatic stress disorder (PTSD) in a sample of 2,298 children who had survived the Wenchuan

earthquake. Results showed that there was no doubt a correlation between suicidal thoughts and avoidance, intrusion, hyperarousal symptoms, and PTSD (Ying at al., 2015). People with PTSD found the various behavioral and social relations consequences such as avoiding places, people, and activities that remind them of the traumatic event, limiting their engagement in daily life and developing trust issues and relationship strain.

CONCLUSION

PTSD is a mental health disease caused by observing or experiencing stressful events like war, natural disasters, accidents, or violent assaults. The symptoms of the disease include intrusive memories (flashbacks and nightmares), avoidance of trauma-related stimuli, unfavourable changes in mood and cognition, and heightened arousal. This paper identifies the various causes of PTSD and its potential consequences which impact the life of an individual and society. The potential causes of PTSD include negative life events such as the sudden death of a loved one, natural and man-made disasters, serious accidents and bodily and psychological injury as well as lack of social and emotional. A person who suffering from post-traumatic stress disorder (PTSD) willfully avoids thinking about or feeling anything connected to the horrific event and may experience symptoms likes intrusive memories, avoidance, negative changes in thought and mood, as well as physical and emotional reactions

PTSD can lead to various consequences on an individual's present life and quality of life. Sufferers may experience intense emotional distress, have difficulties maintaining relationships, face challenges at work or school, and have an increased risk of developing other mental health issues such as depression, anxiety, and substance abuse. The disorder can also lead to physical health problems, such as chronic pain and cardiovascular disease, due to the prolonged stress response. One of the key techniques for reducing the prevalence of PTSD is to deploy suitable intervention measures for specific risk factors. Psychotherapy is the cornerstone of treatment, with Cognitive Behavioral Therapy (CBT) being particularly effective. Within CBT, trauma-focused therapies like Prolonged Exposure Therapy and Cognitive Processing Therapy help patients process traumatic memories and challenge dysfunctional beliefs related to the trauma. Eye Movement Desensitization and Reprocessing (EMDR) is another effective therapeutic approach that facilitates the processing of trauma. With different psychotherapy, medications can also play a crucial role in managing PTSD symptoms.

The successful intervention strategies to strengthen social support for those who are framed or persecuted, enhance and perfect pertinent laws, increase public awareness of safety and the law through publicity and education, and employ rules to impose behavioural restrictions on people. Additional supportive measures, such as group therapy, mindfulness practices, and lifestyle modifications (regular exercise, healthy diet, adequate sleep), can further aid in the recovery process. Family support and education are also vital, as they can help create a supportive environment for the individual with PTSD.

RECOMMENDATION

- Early intervention is crucial for better outcomes. If symptoms of post-traumatic stress disorder (PTSD) worsen everyday functioning or last longer than a month, see a mental health professional.
- Engage in Evidence-Based Therapies such as CBT, EMDR, and other proven psychotherapies.
- Adopt healthy lifestyle habits, such as eating a balanced diet, which promotes both mental and physical well-being. Create a peaceful sleeping environment, stick to a regular sleep schedule, and abstain from drugs and alcohol as they might aggravate the symptoms of PTSD.

- Raise public knowledge and awareness of PTSD to lessen stigma and motivate people who are impacted to get treatment.
- Incorporate self-help techniques such as meditation, yoga, mindfulness, and deep breathing exercises to handle stress. Regular exercise also helps to lessen symptoms of anxiety and depression and improves general well-being.
- Promote and fund research into novel PTSD interventions and treatments to enhance results and increase the range of possibilities.

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