



Beyond the Trauma: Diagnose and Treating Post-Traumatic Stress Disorder

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DESCRIPTION

Post-Traumatic Stress Disorder (PTSD) is a mental illness caused by witnessing or experiencing a terrifying event. Possible symptoms include nightmares, panic attacks, flashbacks, and irrational thoughts regarding the incident. Most people who have been through a traumatic event may have difficulty adjusting and coping at first, but they usually recover with good self-care. Post-traumatic stress disorder may occur when symptoms worsen and last for months or years, interfering with a person's daily life. Effective treatment after the onset of PTSD symptoms is critical for symptom reduction and improved function. Post-traumatic stress disorder symptoms may appear within a month of the traumatic event, but they may not appear for years. These symptoms cause significant issues in social and professional situations, as well as in relationships. It can also impair a person's ability to perform routine daily tasks.

Intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions are examples of these symptoms. Posttraumatic stress disorder impairs older adults ability to deal with subsequent life stress and successfully navigate the developmental stages of late life. Symptoms can be chronic or episodic, and disorders can be episodic or chronic. Post-traumatic stress disorder is predisposed to developing due to increasing trauma severity, premorbid psychiatric diseases, specific personality features, and adequate psychosocial support.

Post-traumatic stress disorder appears to be less common in older people than in younger ones, although signs of the disease, such as trauma reliving, avoidance, and hyperarousal, are the same across all age groups. The adrenergic system and the

hypothalamic-pituitary-adrenal system have been implicated in the neurobiology of post-traumatic stress disorder, and changes in these systems with ageing may contribute to the development of Post-traumatic stress disorder in the elderly.

Global demographics are changing, with an increasing proportion of older people in the population. Many seniors are content and comfortable in their later years, but some suffer from psychiatric and mental health issues. Another approach to investigating the various manifestations of PTSD is to consider how symptoms fit into underlying clusters or classes.

Those in the pervasive disturbance classes reported higher levels of comorbid depression, anxiety, and somatization as well as having experienced more traumatic events. Comorbidity is common in this population, highlighting the importance of assessing trauma history and treating symptoms. There are several reasons why symptoms of this disorder may worsen with age. Both are chronological. The experience of this disorder is influenced by age and the developmental processes of ageing.

Coping with memories of earlier trauma may be more difficult for the older adult due to role changes and functional losses. Retirement, increased health problems, decreased sensory abilities, decreased income, loss of loved ones, decreased social support, cognitive impairment, and other stressors and causes of functional decline are examples of such stressors.

Individuals in their early and mid-life may engage in avoidance-based coping strategies such as alcohol consumption or over-commitment to work to manage posttraumatic stress symptoms, which become less available or effective as they age. Lifetime adaptability and resilience can also offer a plentiful supply of coping mechanisms.

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