



## Post-Traumatic Stress Disorder in Old Age People

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### DESCRIPTION

Post-traumatic stress disorder is a mental illness caused by a terrifying event either by experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event. Most people who have experienced a traumatic event may temporarily have difficulty adjusting and coping, but they usually recover by good self-care. If symptoms get worse and last for months or years and interfere with a person's daily life, that person may have Post-traumatic stress disorder. Effective treatment after the onset of Post-traumatic stress disorder symptoms is essential to reduce symptoms and improved function. Symptoms of post-traumatic stress disorder may appear within a month of the traumatic event, but symptoms may not appear years after the event. These symptoms cause significant problems in social or professional situations and relationships. It can also affect a person's ability to carry out normal daily tasks.

Post-traumatic stress disorder symptoms are generally grouped into four types. They are Intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. Symptoms may vary over time or vary from person to person. Posttraumatic disorder in older adults impairs their ability to deal with subsequent life stress and to negotiate the developmental stages of late life successfully. Symptoms may be persistent or intermittent, and disorders may be episodic or chronic. Increasing severity of trauma and premorbid psychiatric disorders predispose to the development of post-traumatic stress disorder, certain personality traits and good psychosocial support against post-traumatic stress disorder.

Older people appear to be less prone to developing post-traumatic stress disorder than younger people, and symptoms of the disorder are similar in all age groups like trauma reliving, avoidance, and hyper arousal. Dysfunction of the adrenergic system and the hypothalamic-pituitary-adrenal system has been implicated in the neurobiology of post-traumatic stress disorder and the observed alterations in these systems with aging may contribute to the development of Post-traumatic stress disorder

in the elderly. Demographics are changing around the world, with an increasing proportion of older people in the population. Many seniors feel comfortable and content in later life, but some struggle with psychiatric and mental health problems. Another way to examine the multiple manifestations of Post-traumatic stress disorder is to consider how symptoms fit into underlying clusters or classes. Bottche in the year 2015 examined the symptoms of 164 treatment seeking older adults in Germany with a history of childhood war-related trauma experienced during or after World War II. Using latent profile analyses, three classes were identified: Pervasive disturbance-high avoidance, pervasive disturbance-low avoidance, and intermediate disturbance. Individuals in the pervasive disturbance classes had experienced more traumatic events and reported more comorbid depression, anxiety, and somatization. Frequent comorbidity is a reminder of the importance of assessing trauma history and providing treatment for the symptoms in this population. There are a number of reasons saying that symptoms of this disorder can increase with age. Both chronological age and developmental processes of aging impact the experience of this disorder. Role changes and functional losses may make coping with memories of earlier trauma more challenging for the older adult. Such stress include retirement, increased health problems, decreased sensory abilities, reduced income, loss of loved ones, and decreased social support, cognitive impairment, causes of functional decline.

To manage posttraumatic stress symptoms in early and mid-life, individuals may engage in avoidance-based coping strategies such as alcohol consumption or over-committing oneself to work, that are less available or effective as they get older. At the same time, adaptation and resilience developed over a lifetime can provide a rich reservoir of coping resources. In the general population, approximately 70% to 90% of adults aged 65 and have been exposed to at least one potentially traumatic event during their lifetime. Gender differences exist in regard to trauma exposure. Based on a community sample of older adults, about 70% of older men reported lifetime exposure to trauma; older women reported a lower rate, around 41%.

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