

# Addressing PTSD Among our Heroes

PRIMA Virtual Conference

Teresa Bartlett, MD

Senior Medical Officer

Sedgwick

# The world as we knew it





# The world as it is today



# Were we ready?





# Insurgence on government buildings



# Focus on inequality



# Every public service job is at risk of scrutiny





# Trauma Defined

*Trauma is often associated with something overtly violent, such as a car accident or a shooting.*

*Dutch philosopher Ciano Aydin describes a situation as traumatic when it **“violates” familiar expectations about someone’s life and world.***



# Post COVID Stress Disorder

- Many mental health problems
- Anxiety
- Depression
- PTSD
- Other stress related disorders

# PTSD Definition of Trauma

- Actual or threatened death or serious injury
- Intrusive symptoms
  - Dreams, memories, flashback, strong body reactions (racing heart)
- Avoidance of things that remind you of the event
- At least 2 of the following
  - Memory difficulty about the event
  - Negative evaluations of self
  - Self blame
  - Shame, anger or fear
  - Loss of interest in activities you once loved
  - Feeling detached
  - Inability to experience positive emotions



# PTSD groups in the pandemic

- Those who had serious case of COVID 19
- Family and health workers who have witnessed suffering and death
- Those who worried about a death or risk of death of a family member or friend
- Those that experienced extreme exposure
  - First responders
  - Medical examiners
  - Hospital personnel

# Moral injury

- A term borrowed from the military, occurs when a person does something that goes against his or her deeply held moral beliefs,
- Examples during COVID can be
  - providers ability to care for patients; for instance, if there are not enough ventilators for the number of COVID-19 patients who need them
  - Not having PPE
  - Triaging the value of life instead of saving all



# No safe place

- When you are worried about bringing the disaster home with you, no place is safe.
- People absorbing so much doom and gloom through news feeds, social media and the only topic of conversation.

# Health Care workers

- A survey of 1,257 physicians and nurses during the height of the COVID-19 pandemic in China found that:
  - 50 percent of respondents reported symptoms of depression
  - 44 percent reported symptoms of anxiety
  - 34 percent reported insomnia.





# Firefighters/Law Enforcement

- Wearing extra PPE
- Fear of contracting the virus
- Passing the virus to their families
- Financial concerns
- Higher severity cases
- Patients lies so they can obtain help
- Culture of not showing weakness
- Substance abuse



# Teachers

- Yale Center for Emotional Intelligence polled teachers:
  - Stressed, Anxious, Worried, Overwhelmed, Confused
- Students cut off from friends
- Positive adult interaction
- Get away from home stressors
- Dealing with death of loved ones
- Poverty, racism, home and food instability
- Importance of Social and Emotional Learning (SEL)



# PTSD symptoms among health and public service workers during COVID outbreak

## NORWAY

- Cross-sectional, survey-based study collected data from 1773 healthcare workers and public service providers
- Assess by using PCL-5, PHQ-9 and GAD-7
- A total of 28.9% of the sample had clinical or subclinical symptoms of PTSD
- Those working directly with COVID-19 patients had significantly higher PTSD symptoms
- Worries about job and economy, negative thinking, burnout, health anxiety and emotional support were significantly associated with PTSD symptoms
- Health workers and public service providers are experiencing high levels of PTSD symptoms, anxiety and depression during the COVID-19 pandemic.
- Health workers working directly with COVID-19 patients have significantly higher levels of PTSD symptoms and depression compared to those working indirectly.

# Post-Acute Sequelae of COVID 19 (PASC)

Review of 18,251 publications and studies that had at least 100 participants

(Not yet published or peer reviewed: <https://www.medrxiv.org/content/10.1101/2021.01.27.21250617v1.full.pdf>)

47,910 patients

Age of those studies 17 to 87

80% of patients that were infected with COVID (95% of those aged 65 to 92)  
developed one or more long term symptom

58% Fatigue

44% headache

27% attention disorder

27% hair loss

25% dyspnea

# 33% of COVID 19 Survivors Receive a Neurologic or Psychiatric Diagnosis within 6 months

- Paul Harrison, FRC Psych, of University of Oxford in England, and co-authors The Lancet Psychiatry publication 4-8-21
- Reported an Analysis of 236,000 electronic health records mostly in USA from 1/2020 and still alive December 13,2020
- Mean age of patients was 46, and 56% were women. Nearly one-third (30%) had hypertensive disease, 9% had ischemic heart disease, 18% had other forms of heart disease, 18% were overweight or obese, 16% had type 2 diabetes, 10% had asthma, 7% had chronic kidney disease, and 19% had neoplasms.
- 12.5% of these patients had never had a neuropsych diagnosis before
- Anxiety (17%)
- Mood disorders (14%)
- Neurologic diagnoses such as stroke and dementia were rarer
  - more likely to occur in people who had been seriously ill
  - 7% of patients admitted to intensive care had a stroke
  - nearly 2% were diagnosed with dementia



# Treatment options

- Pay for success: VA and other programs integrating mental health treatment with job placement
- Residential Programs usually 30 days
- Online therapy
- Group Therapy

# Medications

- The only FDA approved medications are Selective Serotonin Reuptake Inhibitors (SSRI)
  - Paxil
  - Zoloft
  - Minipress, clonidine, propranolol to suppress the physical symptoms

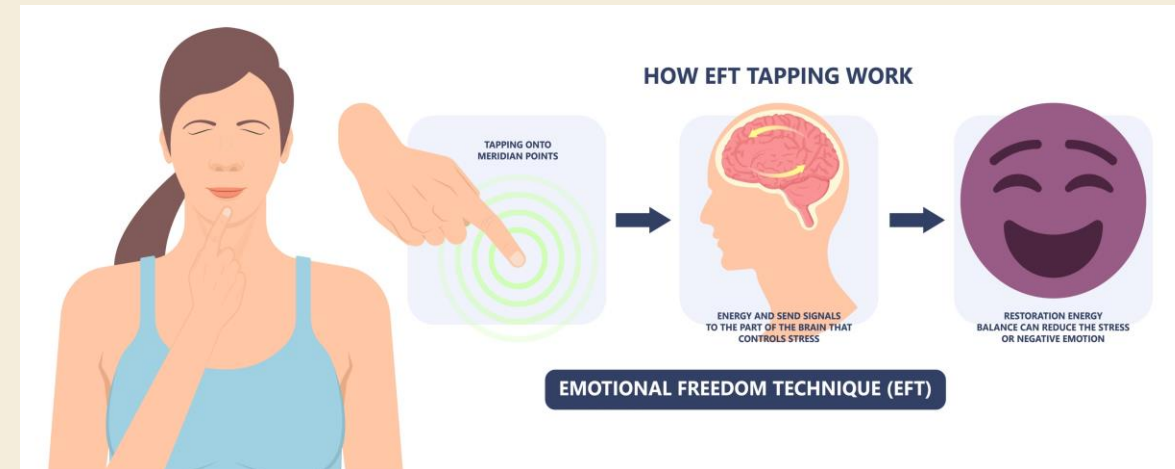
## What not to take

- Benzodiazepines: Valium, Xanax, Klopil and Ativan
- These medications have serious side effects
- Produce problems in memory which then can make mastering anxiety and moving forward more difficult



# Eye Movement Desensitization and Reprocessing

- The intersection of traumatic memory and more adaptive memories
  - Use of eye movement with discussion of past traumatic events
  - Recognition of current circumstances that trigger distress
  - Future framework for adapting
- This therapy can create the proper environment to help the brain re-sequence and allow movement to mental health



# Psychedelics

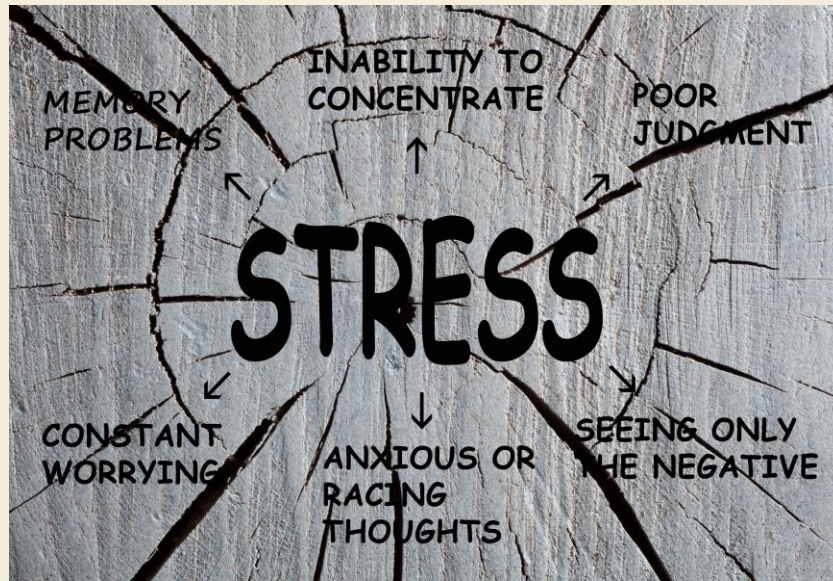
MDMA (street name Ecstasy or Molly)

- Used in conjunction with psychotherapy
- 97.6% of those in clinical trials reported benefits
- On 12-month follow-up
  - 92.2% reported that some to all benefits lasted
  - 53.2% indicating large benefits that lasted or continued to grow
- Phase 3 clinical trials in USA, Canada and Israel
- FDA has allowed expansion of programs outside the clinical trials to those that do not meet inclusion criteria
- By 2022 it may be legal for physicians to prescribe MDMA



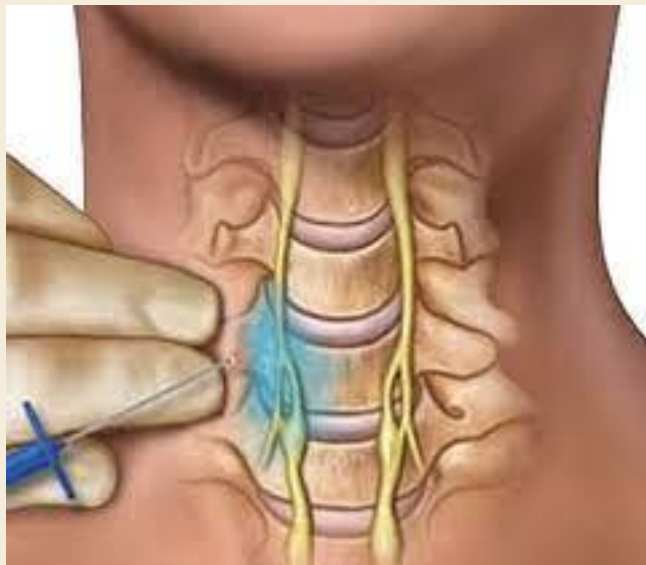
# Cognitive Processing Therapy (CPT)

- Usually 12 weekly sessions
- Helps an individual learn how to challenge and modify prior beliefs
- This is helpful for someone who is stuck on a certain theme



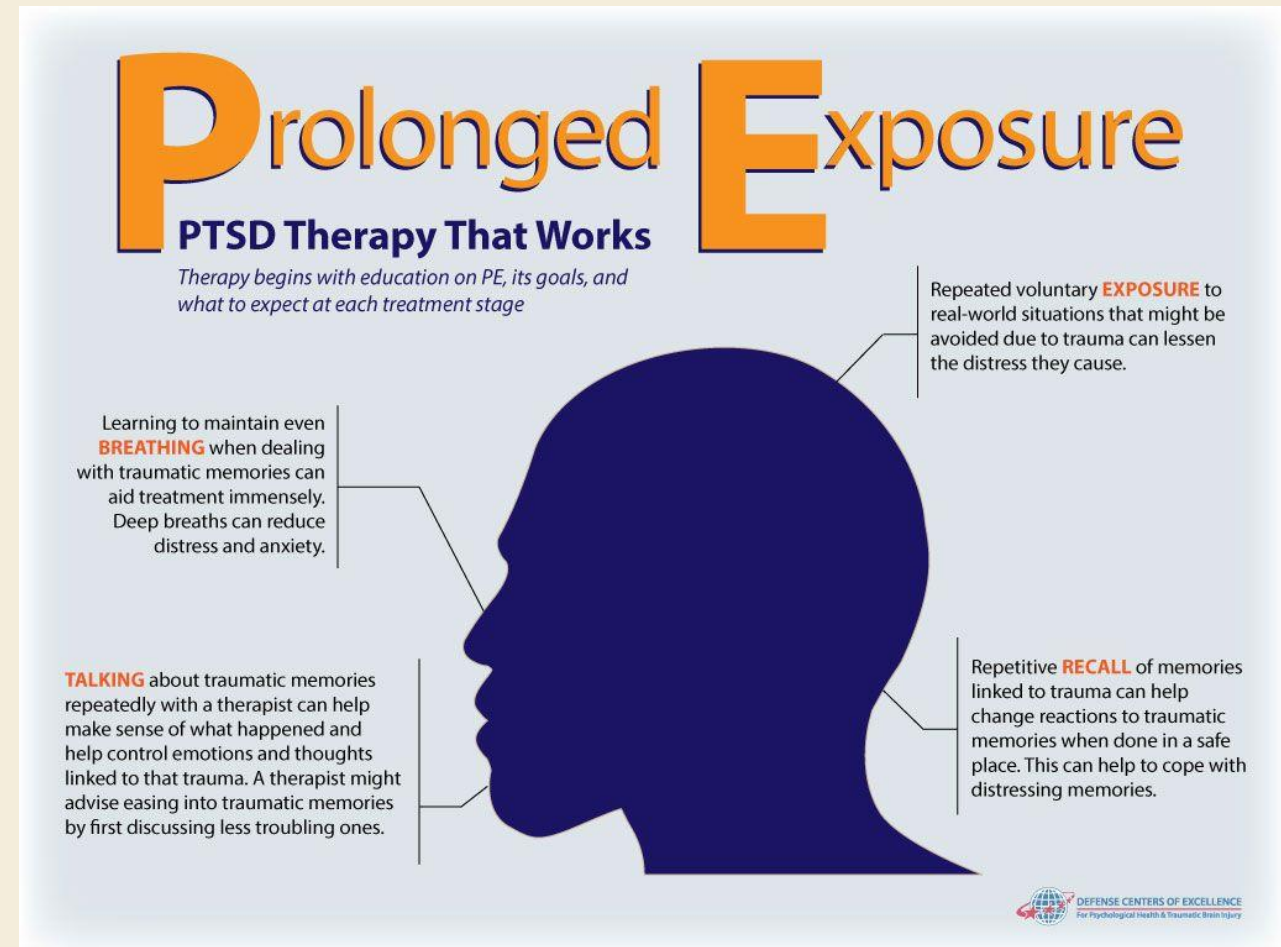
# Stellate Ganglion Blocks

- 34% improvement in PTSD
- It works by slowing the sympathetic nervous system response
- Being performed at the Manhattan Center for CBT



# Prolonged Exposure Therapy

- This is a gradual process by which the traumatic memories are dealt with in segments
- One segment is addressed and then the next in the sequence is addressed
- This involves feelings, memories and emotions





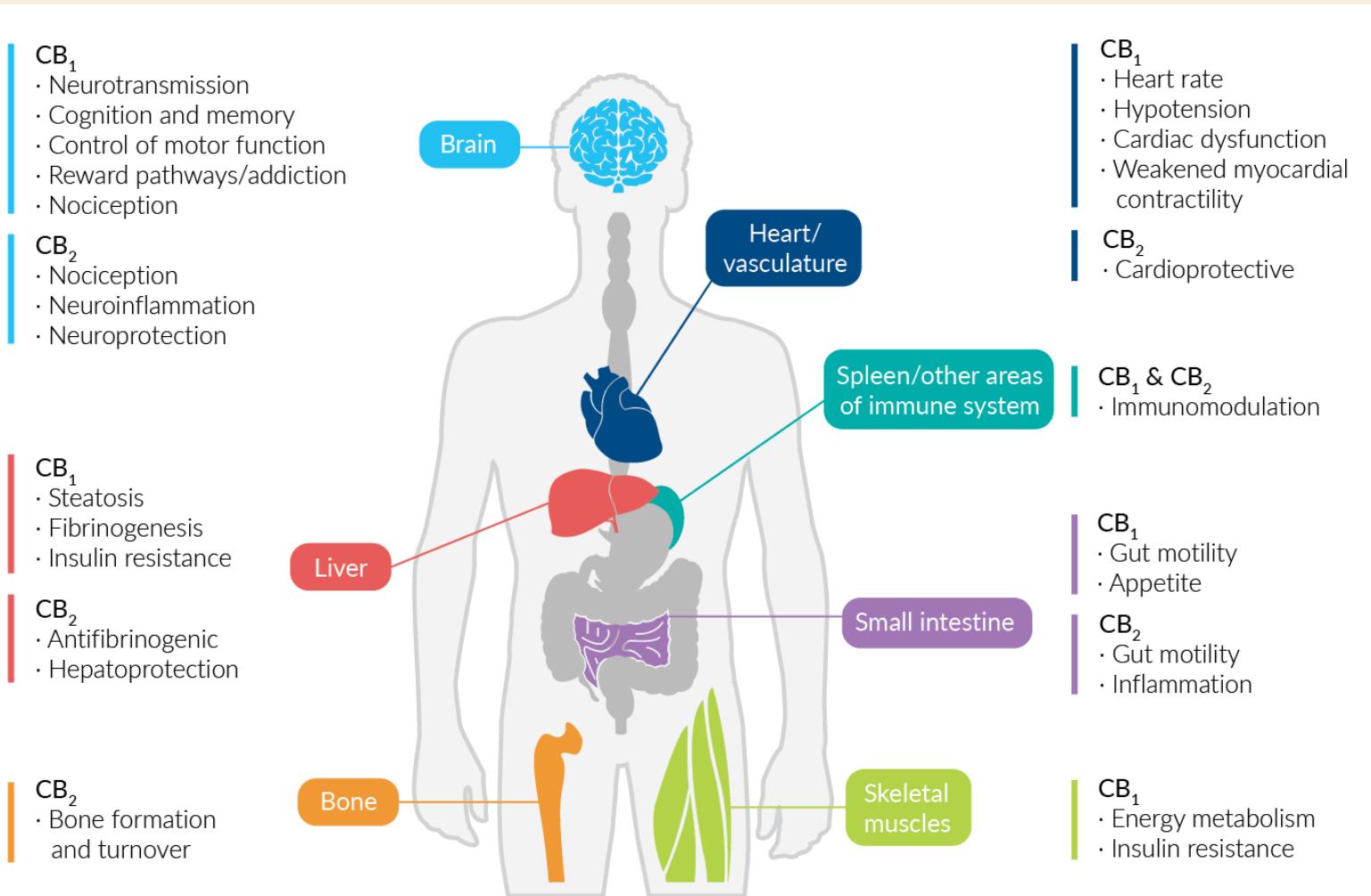
# Narrative Exposure Therapy (NET)

- A treatment for trauma disorders
- For those who have complex and multiple traumas
- Often used for those who have suffered political, cultural or social forces over long periods of time
- Refugees
- Prisoners of war





# Marijuana/Cannabinoids



# Marijuana



- Cannabinoid system may play a role in helping those resistant to conventional treatment
- 65% PTSD patients already use compared to 41% with no PTSD diagnosis
- New studies suggest that cannabinoids may reduce activity in the amygdala
- Small study at Wayne State University chronic cannabis use is associated with blunted stress reactions

# PTSD Screener (US Department of State)

- **In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...**
- Have had nightmares about it or thought about it when you did not want to? **Yes No**
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? **Yes No**
- Were constantly on guard, watchful, or easily startled? **Yes No**
- Felt numb or detached from others, activities, or your surroundings? **Yes No**
- If you have answered “yes” to three (3) items or more it is considered “positive”

# Creating resilience (US department of State)

- ***Maintain a sense of perspective.*** Ask yourself, “How big is this problem really?” and “What do I need to do?” Remember not to blow things out of proportion or catastrophize, remind yourself of the good in your life and that things really will change
- ***Recognize that you have a choice in how you handle challenges.*** You can’t control what happens to you, but you can choose how you respond. You can choose to react to changes and problems with hope and a positive attitude.
- ***Accept change.*** Change and uncertainty are part of life. When you accept this, you’ll be better able to react to change with flexibility.
- ***Anticipate challenges*** by focusing on the positive ways in which you can meet them rather than possible negative outcomes. This will help you feel more in control and less overwhelmed.
- ***Learn how to calm yourself.*** When you feel yourself reacting to a challenge with escalating stress and anxiety, take steps to calm yourself (deep breathing, replacing negative thoughts).
- ***Overcome your fear.*** All of us feel fear, especially when we’re faced with a change. But fear can hold us back from new experiences and opportunities for growth. If you are faced with a challenge that feels scary or overwhelming, start with the simplest thing you can do that takes you in the direction you want to go. Ask yourself, “What’s the smallest thing I can do to get started?” Once you’ve thought about it, do it.
- ***Let go of your anger.*** A difficult challenge can cause us to feel angry and upset. These feelings are normal, but they won’t help us move forward. Work through your anger and try to let go of negative feelings by writing about them or talking with a trusted friend.
- ***Take action.*** Avoid dwelling on problems. Focus on solutions instead. Figure out what you can do and then do it, one step at a time.
- ***Laugh.*** Even when things seem to be falling apart around you, try to find time to smile and laugh. It’s very healing and it will help you forget your worries for a few moments. Rent a movie that makes you laugh or spend time with a friend with a good sense of humor.



# Specific tools to help

- Dartmouth deep breathing & guided relaxation website
- Well being apps
  - Calm \$
  - Headspace \$
  - What's up
  - MindShift
  - Happify
  - MoodTools
  - Breathe2Relax

# Risk Management Strategies

- Intervene early and stay focused on helping
- Debrief and counseling has a big role early and often
- Make sure your claim management team has knowledge and practices how to interact with people impacted by trauma
- Selection of high performing doctors and practitioners is key
- Use nurses in the claim management process

# What can each of us do to help

- Be patient
- Make sure you manage your own stress around that person
- Try to act and be normal
- Do not pressure them into talking
- Listen
- Remain calm for them
- Encourage and offer professional treatment
- Learn grounding techniques

# Questions/Comments

Thank you for you time and attention