

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder means your brain stays stuck in alarm mode even after the danger is gone.

THE ONE-LINE TRUTH

After a terrifying event: unwanted memories that feel real, avoiding anything that reminds you of it, dark moods, and being on high alert for more than a month.

The chain — how it unfolds

1. Trauma overwhelms the brain's normal fear-processing system. — why: During the trauma, the amygdala (alarm center) fires at full strength, but the prefrontal cortex (thinking brain) is overwhelmed by the intensity, and the hippocampus (memory time-stamper) cannot file the event as 'over.' The memory gets stored in a raw, sensory, emotionally-charged form without a clear past-tense label.
2. The trauma memory stays stuck in the amygdala as a current threat. — why: Because the hippocampus did not time-stamp it properly, the brain treats the memory as happening now instead of then. Any reminder — a smell, a sound, a place, even a feeling — reactivates the amygdala as if the danger is back, so you relive the trauma instead of remembering it like a normal past event.
3. Intrusive re-experiencing: flashbacks, intrusive thoughts, and emotional flooding happen over and over. — why: Every reminder triggers the same fear circuit the trauma originally activated, so your heart pounds, your muscles tense, and you feel the same terror even though you are safe. The brain cannot tell the difference between the memory and the real thing.
4. Nightmares disrupt sleep and reinforce the fear loop. — why: During sleep, the brain tries to process and file away the stuck memory, but because the amygdala is still in overdrive, the processing comes out as nightmares. Waking up in terror reinforces the idea that you are not safe, and broken sleep prevents the brain from healing.
5. Avoidance of reminders becomes a central coping strategy. — why: The brain learns that anything connected to the trauma — people, places, conversations, even thoughts — triggers the alarm, so you avoid them to escape the panic. Avoidance gives short-term relief but prevents the brain from learning that those reminders are not actually dangerous, so the fear never fades.

6. Negative thoughts and beliefs take over. — why: Being stuck in alarm mode for weeks or months exhausts the prefrontal cortex, so it cannot challenge dark thoughts like 'I am broken,' 'it was my fault,' or 'no one is safe.' Those thoughts start to feel like facts instead of fear talking.
7. Hyperarousal keeps the body on constant high alert. — why: The amygdala keeps the body in fight-or-flight mode all day: muscles stay tight, your heart rate stays elevated, you jump at sudden sounds, and you scan every room for danger. This vigilance is exhausting and prevents relaxation even when you are objectively safe.
8. Sleep becomes fragmented and non-restorative. — why: Nightmares wake you up, hyperarousal keeps your body tense, and the alarm brain never fully shuts off. Without deep sleep, the prefrontal cortex cannot recover, memory consolidation fails, and the fear circuit stays stuck. Poor sleep also worsens mood, irritability, and the ability to cope during the day.

Spot it — what you see, and why

- Intrusive memories or nightmares of the trauma: The amygdala (the brain's alarm center) stays on high alert after the trauma and keeps replaying the scary event, even when you're safe. The hippocampus (the brain's memory organizer) has trouble filing the memory away as 'over,' so it pops up like it's happening again.
- Avoiding reminders of the trauma (people, places, conversations, or thoughts): Your brain tries to protect you from the pain by steering clear of anything that brings the trauma back. The prefrontal cortex (the front of the brain that makes plans) and the amygdala work together to shut down routes that trigger the fear.
- Feeling constantly on edge or jumpy (hyperarousal): The body's stress system—driven by the amygdala and fueled by cortisol (the main stress hormone) and norepinephrine (a fight-or-flight messenger)—stays stuck in 'danger mode.' Your nervous system thinks the threat is still there, so it keeps you ready to run or fight.
- Trouble sleeping or staying asleep: High levels of cortisol and norepinephrine keep your brain and body too alert to settle into deep sleep. Nightmares can also jolt you awake. The brain's sleep centers can't calm down when the alarm system won't turn off.
- Feeling numb, detached, or cut off from others: The brain tries to dull overwhelming feelings by turning down signals in the prefrontal cortex and limbic system (the emotion network). This blunts both bad and good feelings, so you may feel empty or far away even from people you care about.
- Negative thoughts about yourself or the world ('I'm broken,' 'nowhere is safe'): After trauma, the hippocampus and prefrontal cortex can overgeneralize danger and lose balanced perspective. Low serotonin (a brain messenger that steadies mood) also makes dark thoughts stick and crowd out hopeful ones.

Red flags — act now

- Thoughts of suicide or a plan to harm yourself
- Harming yourself or taking dangerous risks on purpose
- Hearing voices or seeing things that aren't there (psychosis)
- Unable to care for yourself (not eating, drinking, or leaving bed for days)
- Severe panic attacks that feel like a heart attack or make you pass out

Treat it — in this order

1. Trauma-focused cognitive behavioral therapy (CBT) or Eye Movement Desensitization and Reprocessing (EMDR) for 12 to 16 weekly sessions → Rewires how the hippocampus stores the trauma memory and teaches the prefrontal cortex (the front of the brain that pumps the brakes on fear) to override the amygdala. The memory stops triggering the alarm system every time a reminder shows up, so the person can think about the event without reliving it.
2. Sertraline 50 to 200 mg daily or paroxetine 20 to 60 mg daily (the two SSRIs approved by the FDA for Post-Traumatic Stress Disorder) → Boosts serotonin (a brain messenger that steadies mood and sleep) so the prefrontal cortex can put the brakes on the amygdala. The person can think clearer, sleep better, and stay less stuck in alarm mode. Start low and raise the dose slowly over 4 to 8 weeks.
3. Prazosin 1 to 20 mg at bedtime for nightmares → Blocks norepinephrine (the brain's emergency alert chemical) during sleep so the amygdala stops replaying the trauma over and over at night. The person actually rests instead of waking in panic.
4. Fix housing, ensure a steady safe place to sleep, connect to substance use treatment if needed, and schedule therapy at the same time each week → Removes the constant new stressors that keep the amygdala locked on high alert. Stable shelter, routine, and sobriety let the medicine and therapy actually work, because the brain can focus on healing instead of surviving the next crisis.
5. Avoid benzodiazepines (like lorazepam, clonazepam, or alprazolam); do not prescribe them for Post-Traumatic Stress Disorder → Stops the trap where the person feels relief for 4 hours but their amygdala learns to fear the next moment without the pill, making Post-Traumatic Stress Disorder worse over time. Also prevents physical dependence and addiction.

Your top priorities at the bedside

1. Ask directly about suicidal thoughts using clear words ('Are you thinking of killing yourself?') and assess for a specific plan, means, and timeline at every visit — why: The amygdala (fear center in the brain) stays overactive in Post-Traumatic Stress Disorder while the prefrontal cortex (decision-making area) shuts down, making impulsive self-harm more likely; direct questions reduce suicide risk by 30 percent because patients feel permission to share dangerous thoughts
2. Screen for alcohol and drug use with a validated tool like the AUDIT-C (Alcohol Use Disorders Identification Test) and connect patient to substance treatment before starting trauma therapy — why: Substances temporarily lower amygdala hyperactivity but prevent the brain from processing trauma memories; continuing use during therapy blocks neuroplasticity (the brain's ability to rewire itself) and drops therapy success rate from 70 percent to below 30 percent
3. Teach the patient one grounding technique (like 5-4-3-2-1: name five things you see, four you touch, three you hear, two you smell, one you taste) to use during flashbacks — why: During flashbacks the hippocampus (memory processor) confuses past and present, flooding the body with cortisol and adrenaline as if the trauma is happening now; grounding re-engages the prefrontal cortex to recognize safety in the present moment and stops the stress hormone surge