

Reaction to stress and adjustment disorder

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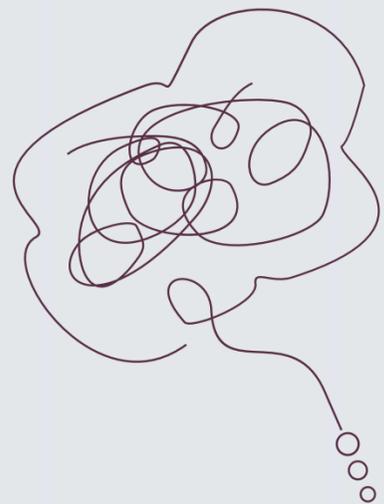


What is stress?



Stress is the body's physiological alarm system, it activates survival responses when needed, but becomes harmful when it remains switched on for too long.

“A little stress can push us to do our best, but when it lingers, it drags us down — affecting our mood, health, and even our ability to think clearly”.



1) Physical

- MC cause : Bladder fullness, also
- substance use : Roaccutane and
- antiepileptic drugs : Levetiracetam

2) Psychological

- ex: Perfectionism

Types of Stressors



3) Social

- Whether a person is able to accept others

4) Enviromental



1) Internal stressors:

- Illness, hormonal changes and fear.

2) External stressors:

- Loud noises and cold temperature.

Types of Stressors

It's the stimulus or event that causes the individuals to experience stress

3) Developmental stressors.

- Graduation, marriage

4) Situational stressors.

- Accident, job loss

Types of Stress:



1) Eustress (good stress): is a positive form of stress that motivates, energizes, and enhances performance rather than harming it .



2) Distress (bad stress): most common form of stress; It may result in frustration, low mood, and physical and mental fatigue.



Symptoms of Stress

1-Emotional



2- Physical



3- Cognitive



4- Behavioral

Physical symptoms of stress:

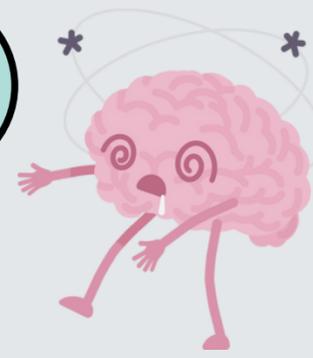
- Low energy and insomnia
- Headaches
- Upset stomach, including diarrhea, constipation, and nausea.
- Aches, pains, and tense muscles.
- Chest pain and rapid heartbeat
- Frequent colds and infections.

Depression, anxiety, stress = Decrease immunity

- Loss of sexual desire and/or ability.
- Nervousness and shaking, cold or
- sweaty hands and feet.
- Dry mouth and difficulty swallowing.
- Clenched jaw and grinding teeth



Cognitive symptoms of stress



- Constant worrying .
- Racing thoughts .
- Forgetfulness and disorganization.
- Poor judgment .
- Being pessimistic or seeing only the negative side .



Behavioral symptoms of stress

- Changes in appetite, either not eating or too much.
- Avoiding responsibilities .
- Increased use of alcohol, drug or cigarettes.
- Exhibiting more nervous behaviors, such as nail biting .



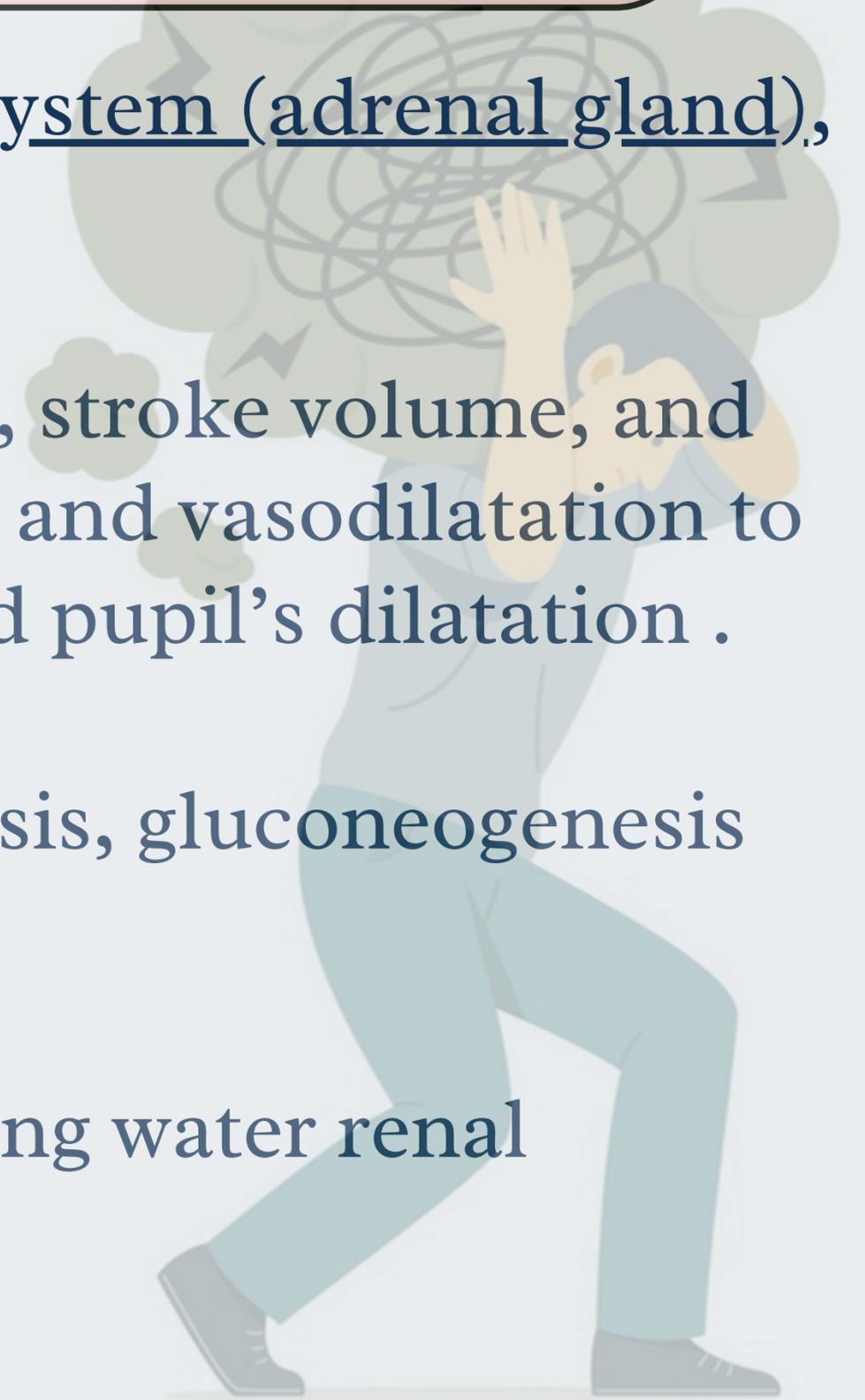
Physiological Body Response to Stress

- Stress response is controlled by the endocrine system (adrenal gland), it results in hormone secretion:

1) Adrenaline and nor adrenaline: Increase HR, RR, stroke volume, and depth of breathing, vasoconstriction to skin vessels and vasodilatation to muscle and main organs, bronchioles dilatation and pupil's dilatation .

2) Cortisol: Increase blood pressure, increase lipolysis, gluconeogenesis and glycogenolysis.

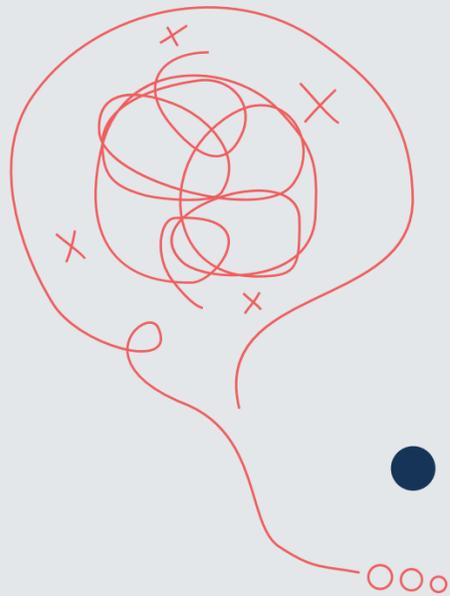
3) Aldosterone: Increase plasma volume by increasing water renal reabsorption and decreasing perspiration.

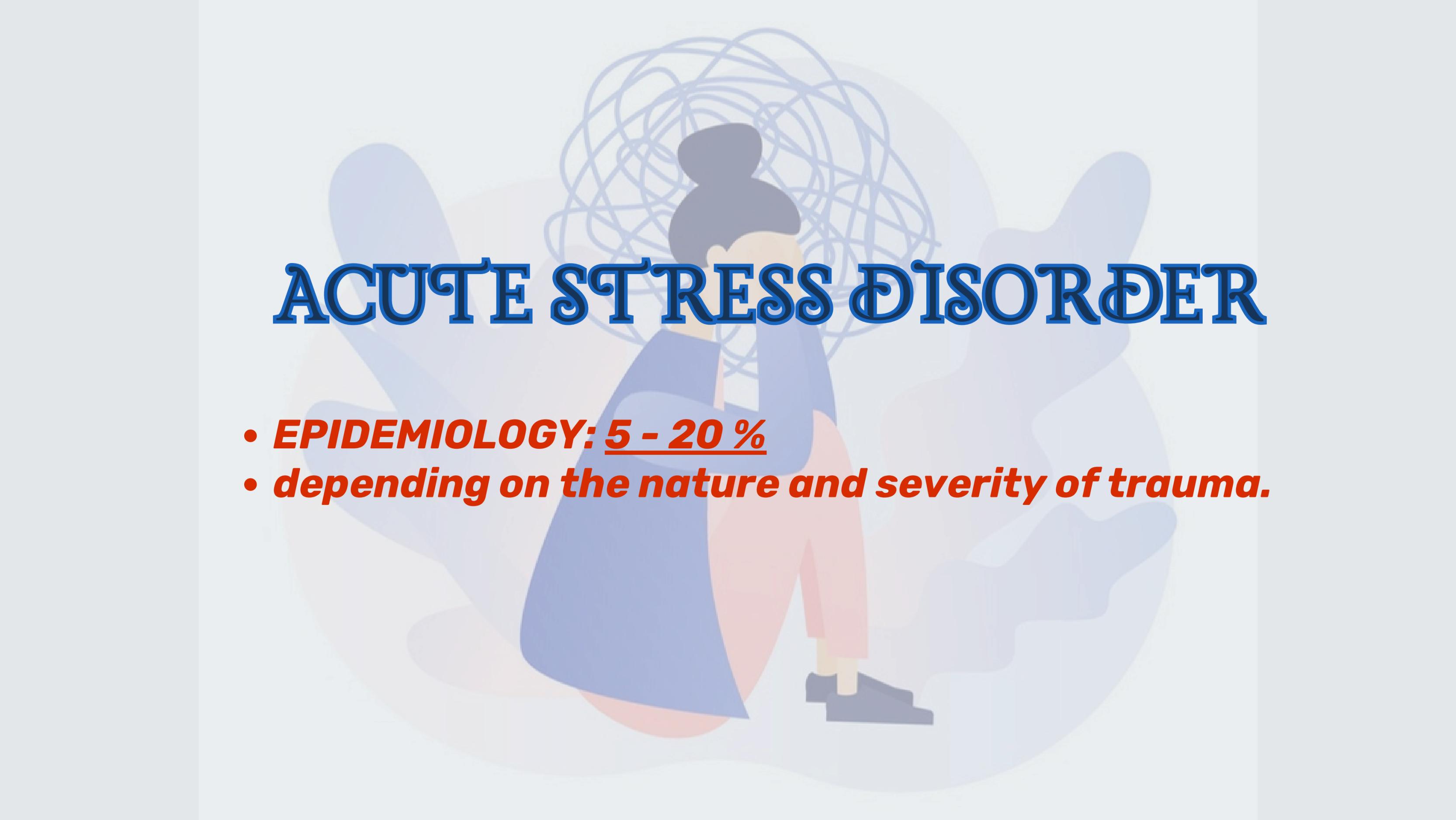


Stress-related disorders

- Acute stress disorder.
- Post traumatic stress disorder (PTSD)
- Adjustment disorder.
- Reaction to Stress and Adjustment Disorder

Less Stress





ACUTE STRESS DISORDER

- ***EPIDEMIOLOGY: 5 - 20 %***
- ***depending on the nature and severity of trauma.***

DSM 5 Criteria to Diagnose Acute Stress Disorder

- ***Used to Diagnose, Differentiate and Guide treatment***

1) Exposure!

2) Symptoms

3) Duration

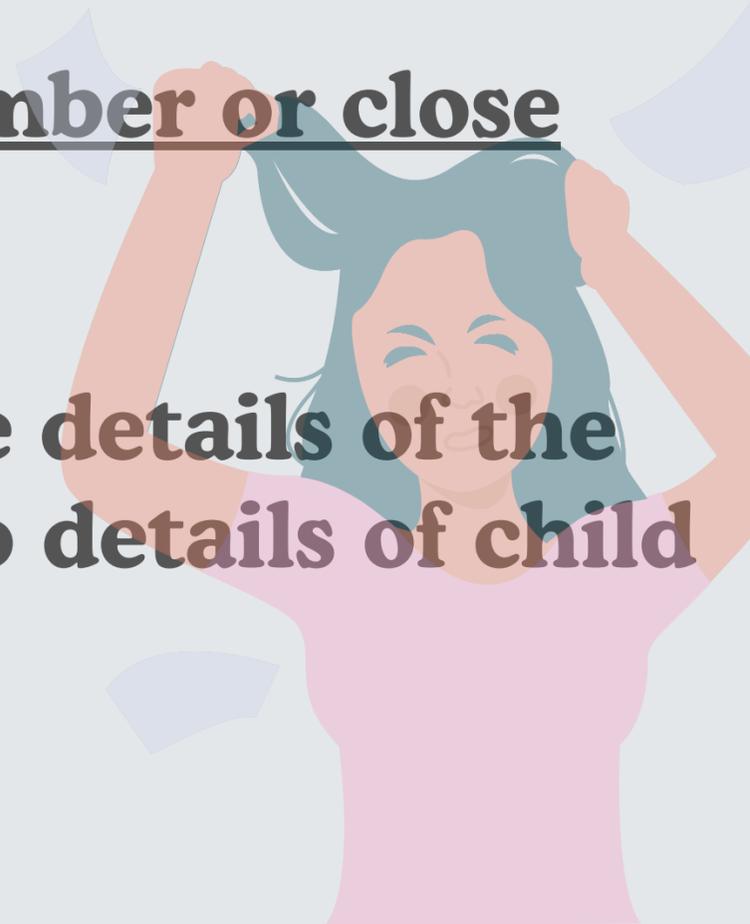
4) Disturbance (severity)

5) Exclusion



A) Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:

- 1. Directly experiencing the traumatic event**
- 2. Witnessing, in person, the event as it occurred to other**
- 3. Learning that the event occurred to a close family member or close friends**
- 4) Experiencing repeated or extreme exposure to aversive details of the traumatic event (eg, police officers repeatedly exposed to details of child abuse)**



B) Presence of nine or more of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event occurred:

1. Intrusion Symptoms

unwanted, involuntary, egodystonic and distressing thoughts

- Recurrent, involuntary, distressing memories of the trauma.
- Disturbing dreams related to the trauma.
- Flashbacks where the person feels the event is happening again.
- Strong emotional or physical reactions to reminders of the trauma.

2. Negative Mood

Persistent inability to feel positive emotions (e.g., happiness, satisfaction, love).



3. Dissociative Symptoms

- Altered sense of reality (derealization or depersonalization).
- Inability to recall important aspects of the trauma (dissociative amnesia)

Symptom	Description	Example / How It Feels
Derealization	Feeling that the world around you isn't real	"It's like I'm in a dream - everything feels distant or fake."
Depersonalization	Feeling detached from yourself or your body	"I feel like I'm watching myself from outside my body."
Dissociative Amnesia	Inability to recall important details of the traumatic event	"I remember being there, but I can't recall what happened after."





Derealization VS schizophrenia

Derealization

VS



schizophrenia

The person feels the external world is unreal, dreamlike, or foggy, but reality testing stays intact they know it's just a feeling, not actual reality.

**The person loses reality testing: delusions, hallucinations, and negative symptoms (flat affect, withdrawal).
It's not a "feeling" of unreality; it's an actual break from reality.**

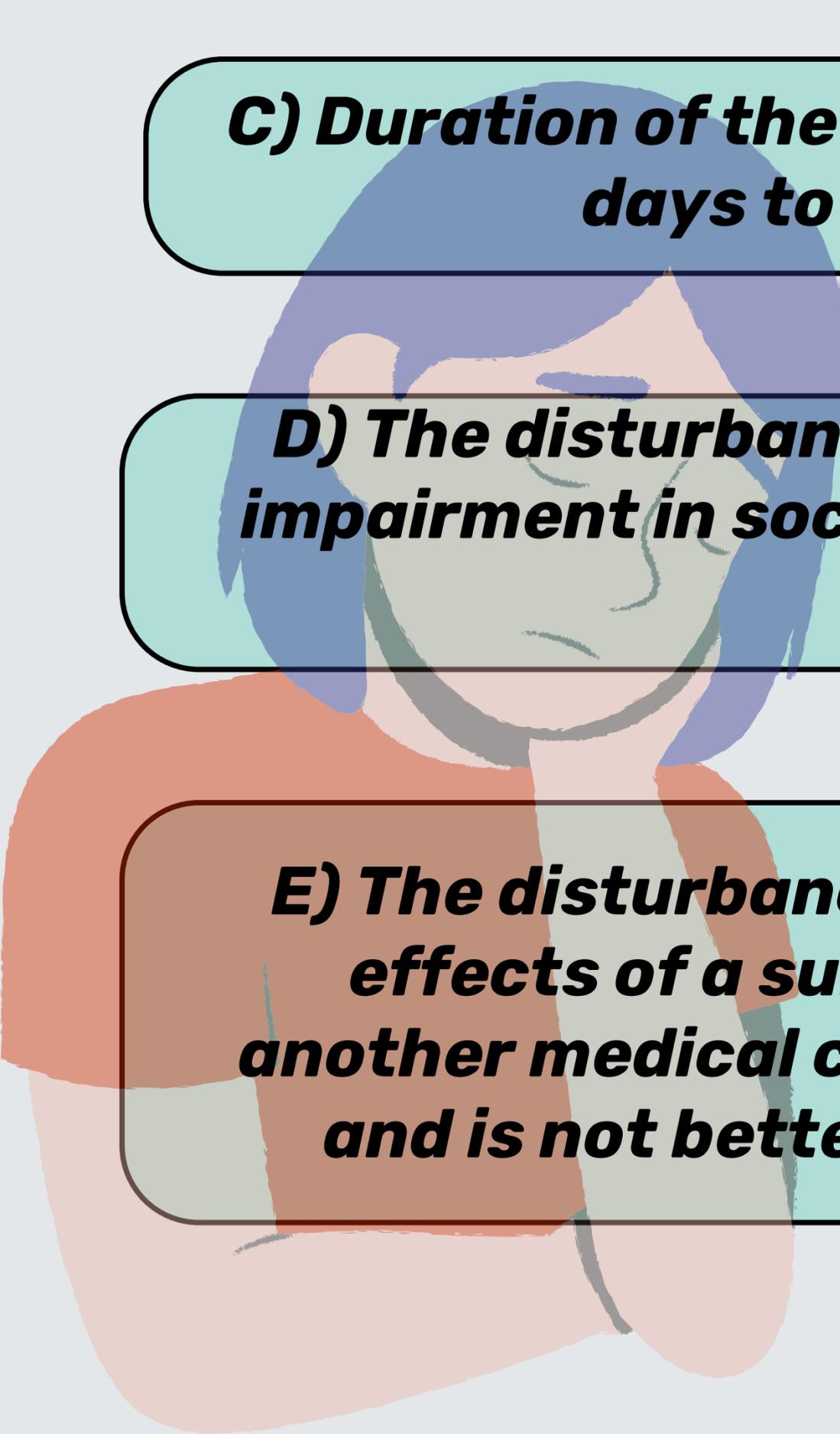
4. Avoidance Symptoms

- Avoiding distressing memories, thoughts, or feelings.
- Avoiding external reminders (people, places, activities) associated with the trauma

5. Arousal Symptoms

- Sleep problems (difficulty falling/staying asleep, restless sleep).
- Irritability and angry outbursts, sometimes aggressive.
- Hypervigilance.
- Trouble concentrating.
- Exaggerated startle response.





C) Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure.

D) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E) The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.

Risk Factors

A) Biological :



1. Medical disorders
2. Thyroid disorders (hypo/hyper)
3. PCOS
4. Eating disorders
5. Sexual disorders
6. Gastric sleeve affecting serotonin receptors (since ~90% of serotonin is in the GIT)



B) Environmental factors:

caffeine (MC), antiepileptic drugs

C) Genetics :



1. Family history of anxiety or PTSD
2. Polymorphisms in serotonin transporter gene
3. Family history of depression or bipolar disorder

MANAGEMENT



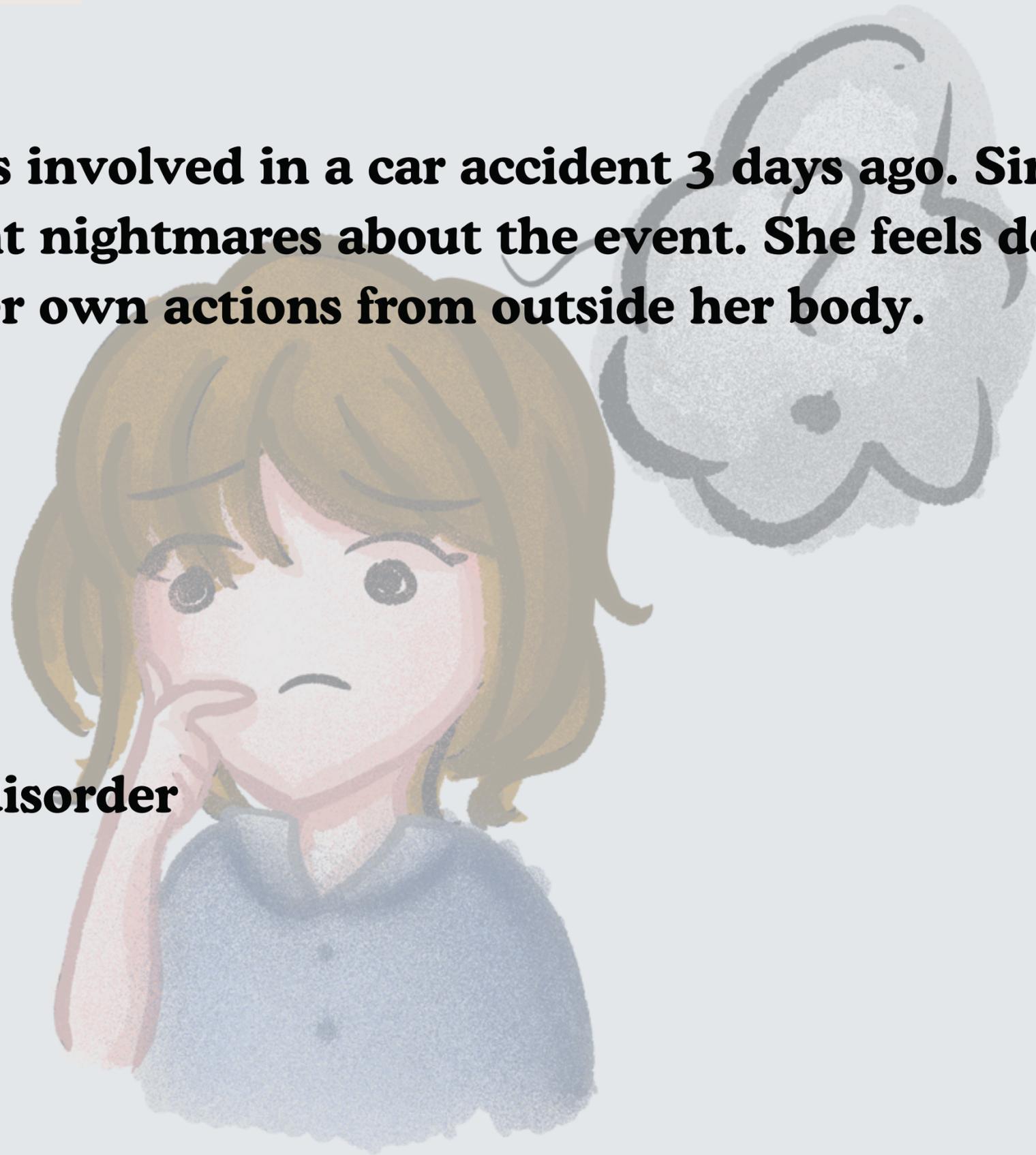
Management Type	Details	Notes / Purpose
Cognitive-Behavioral Therapy (CBT)	<p>First-line treatment. A psychological therapy that identifies and modifies maladaptive thought patterns, emotional responses, and behaviors.</p>	<p>Helps reduce symptoms, improves coping with trauma, and prevents progression to PTSD.</p>
Pharmacological	<p>Medications may be useful for clinically significant symptoms:</p> <ul style="list-style-type: none">- TCAs (Tricyclic Antidepressants)- SSRIs (Selective Serotonin Reuptake Inhibitors)- BDZs (Benzodiazepines)- Micro doses of atypical antipsychotics	<p>Used for severe symptoms, short-term relief, or when symptoms significantly affect daily functioning. Not always routine.</p>

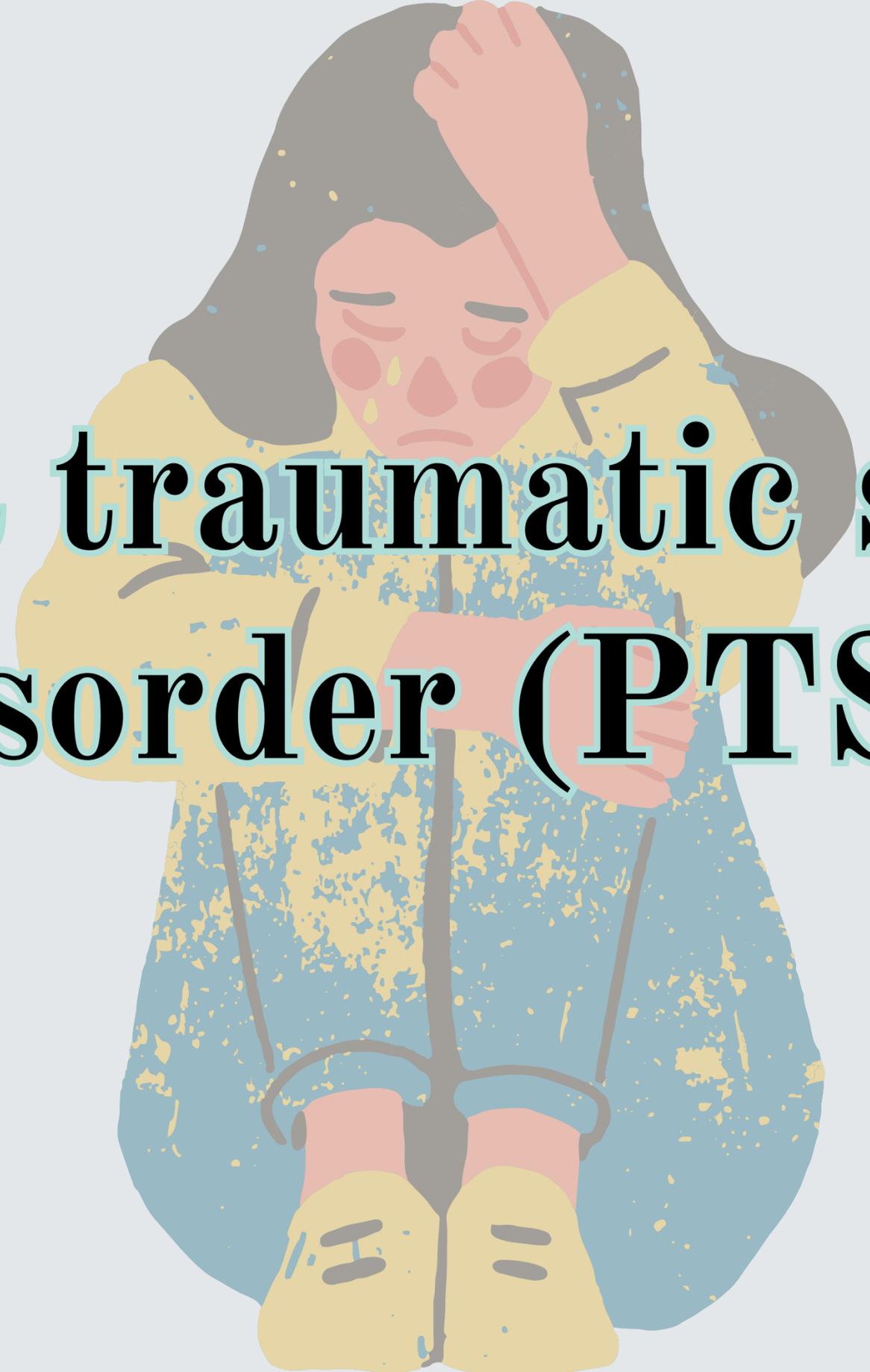
Question:

A 30-year-old female was involved in a car accident 3 days ago. Since the accident, she experiences recurrent nightmares about the event. She feels detached from herself, as if watching her own actions from outside her body.

Most likely diagnosis:

- A) Acute stress disorder**
- B) PTSD**
- C) Adjustment disorder**
- D) Generalized anxiety disorder**
- E) Dissociative amnesia**



An illustration of a person with long dark hair, wearing a yellow long-sleeved shirt and blue pants, sitting on the ground. They have a distressed expression, with their eyes closed and hands covering their face. One hand is on their forehead, and the other is near their mouth. The background is a light blue gradient.

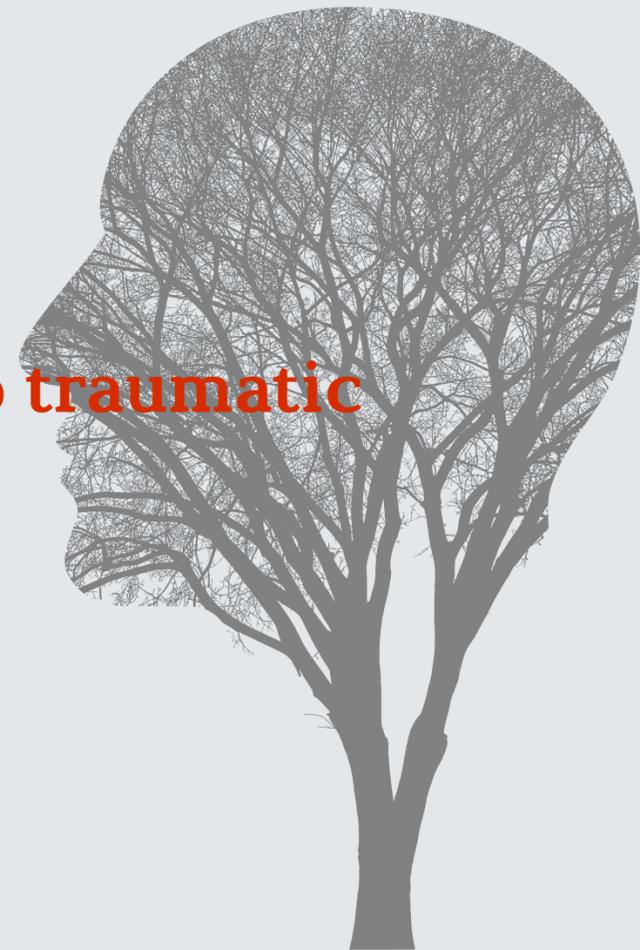
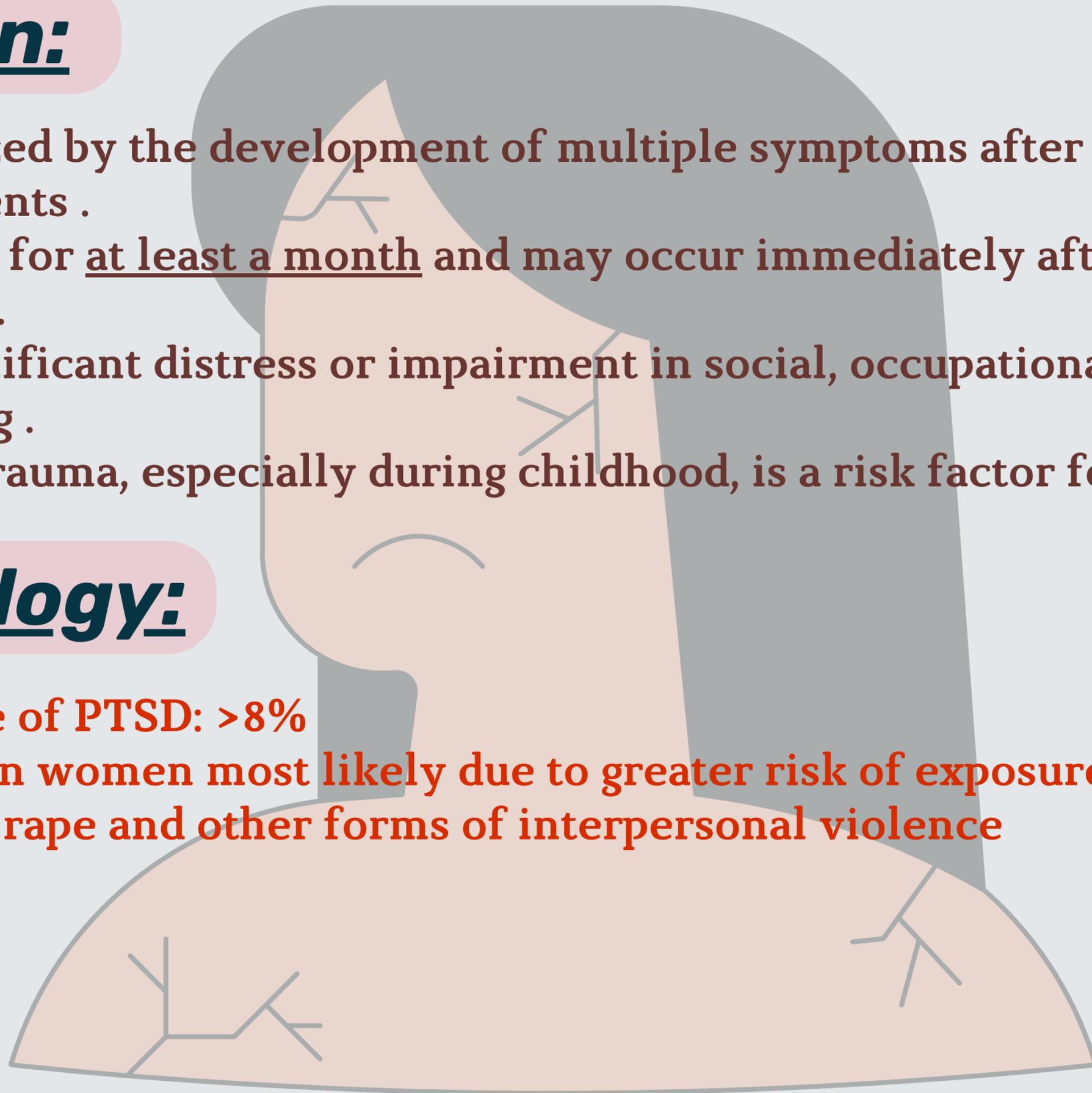
Post traumatic stress disorder (PTSD)

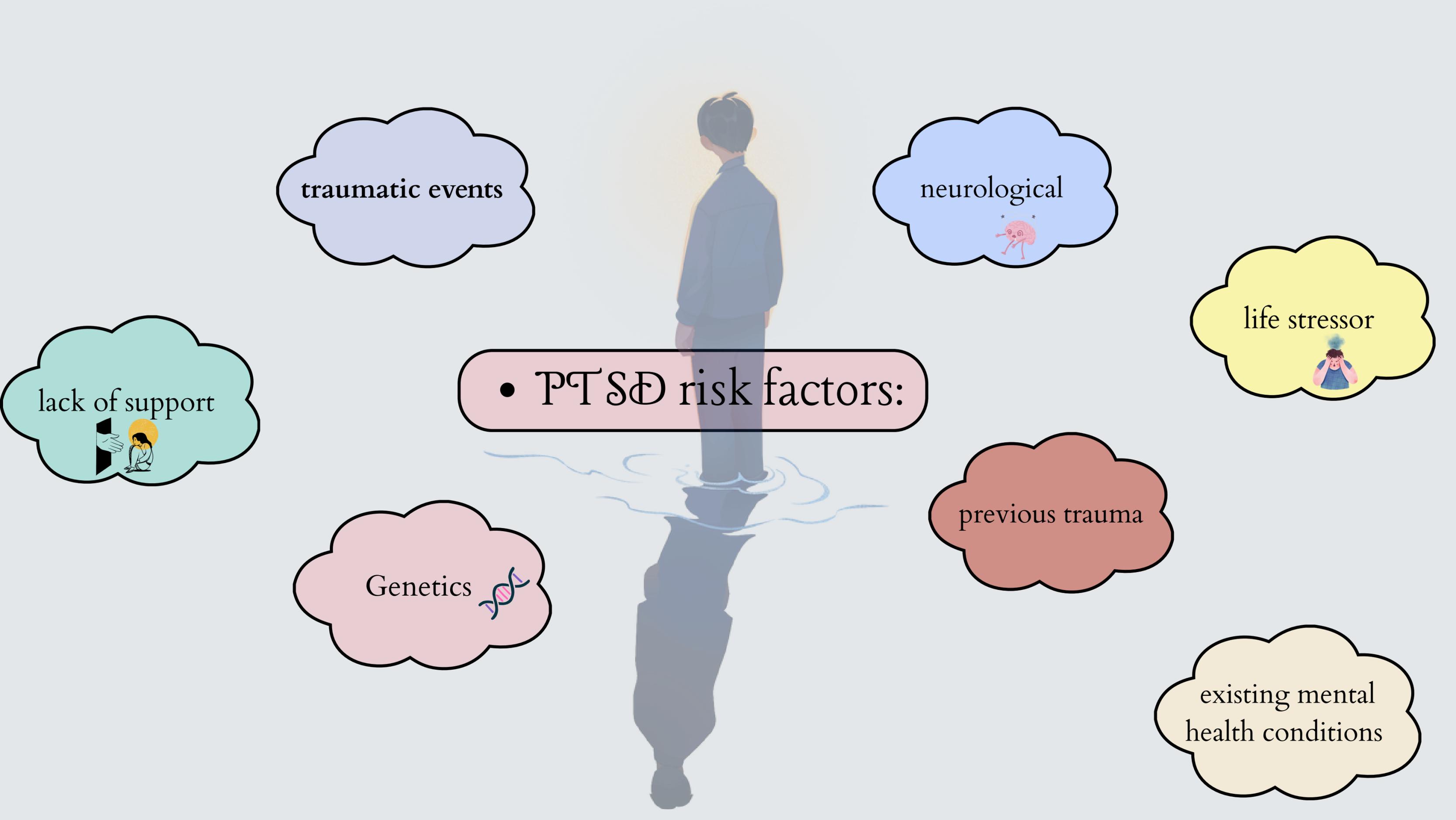
• **Definition:**

- PTSD is characterized by the development of multiple symptoms after exposure to one or more traumatic events .
- The symptoms last for at least a month and may occur immediately after the trauma or with delayed expression.
- With clinically significant distress or impairment in social, occupational, or other important areas of functioning .
- Exposure to prior trauma, especially during childhood, is a risk factor for developing PTSD.

• **Epidemiology:**

- **lifetime prevalence of PTSD: >8%**
- **higher prevalence in women most likely due to greater risk of exposure to traumatic events, particularly rape and other forms of interpersonal violence**







• Etiology:

TRAUMA

Traumatic events

Arousal increased

Re experience

Month or more of symptoms

Avoidance

Unable to function



• **DSM 5 Criteria to Diagnose PTSD**

- A) Exposure to actual or threatened death , serious injuries , or sexual violence by directly experiencing or witnessing the trauma.
- B) Recurrent intrusions of re-experiencing the event via memories, nightmares, or dissociative reactions (e.g., flashbacks).
- C) Active avoidance of triggering stimuli (e.g., memories, feelings, peoples, places, objects) associated with the trauma .
- D) At least two of the following negative cognitions /mood: Dissociative amnesia, negative feelings of self, other or world, self-blame, negative emotions (fear, horror, anger, guilt) .anhedonia, feelings detachment inability to experience positive emotions.
- E) At least two of the following symptoms of increased arousal /reactivity:
Hypervigilance hyperarousal (exaggerated startle response) which in , (constantly in guard) :turn lead to Irritability, angry outbursts, impaired concentration and insomnia

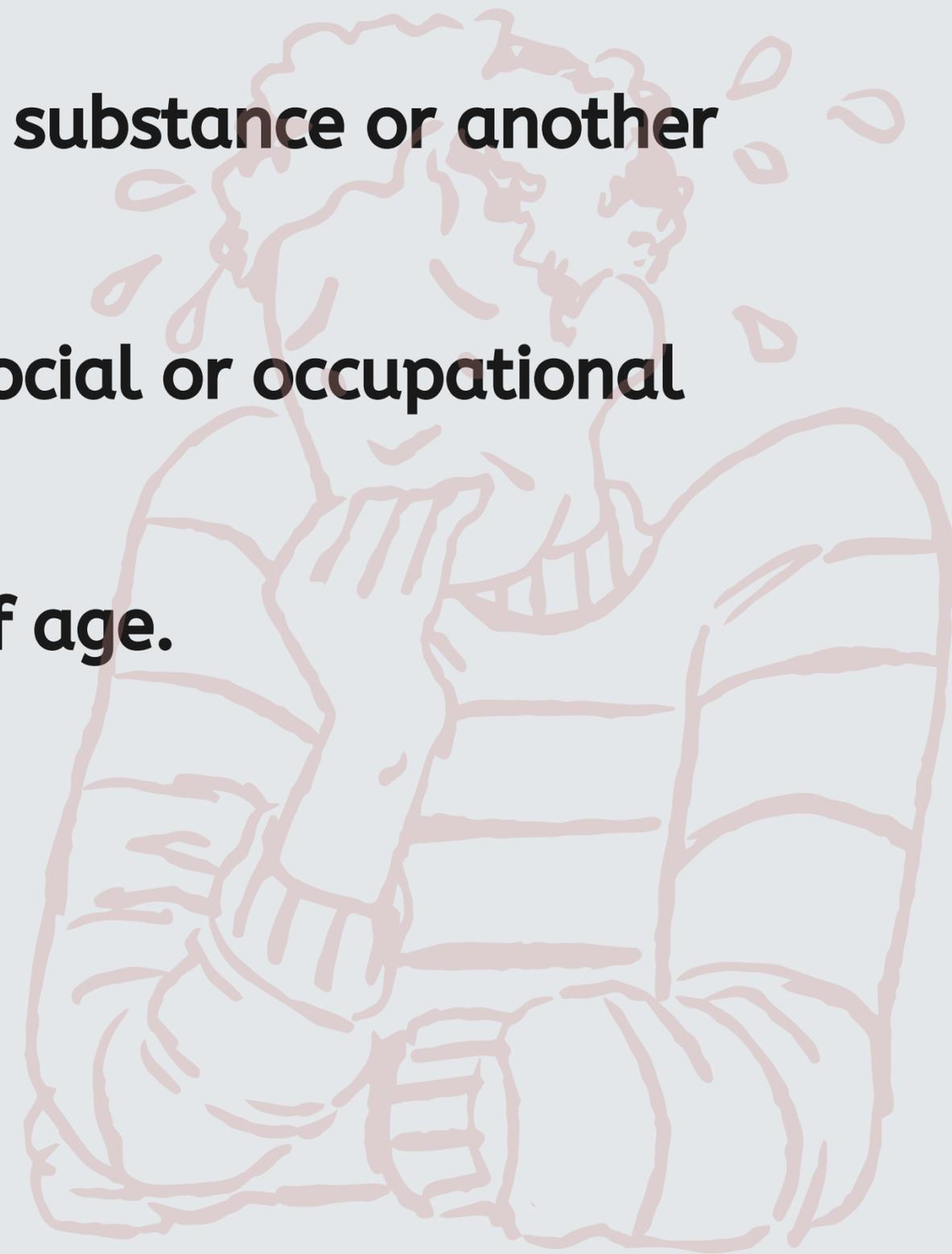


- **DSM 5 Criteria to Diagnose PTSD**

F) Symptoms not caused by the direct effects of a substance or another medical condition .

G) Symptoms result in significant impairment in social or occupational functioning.

H) The presentation differs in children < 7 years of age.

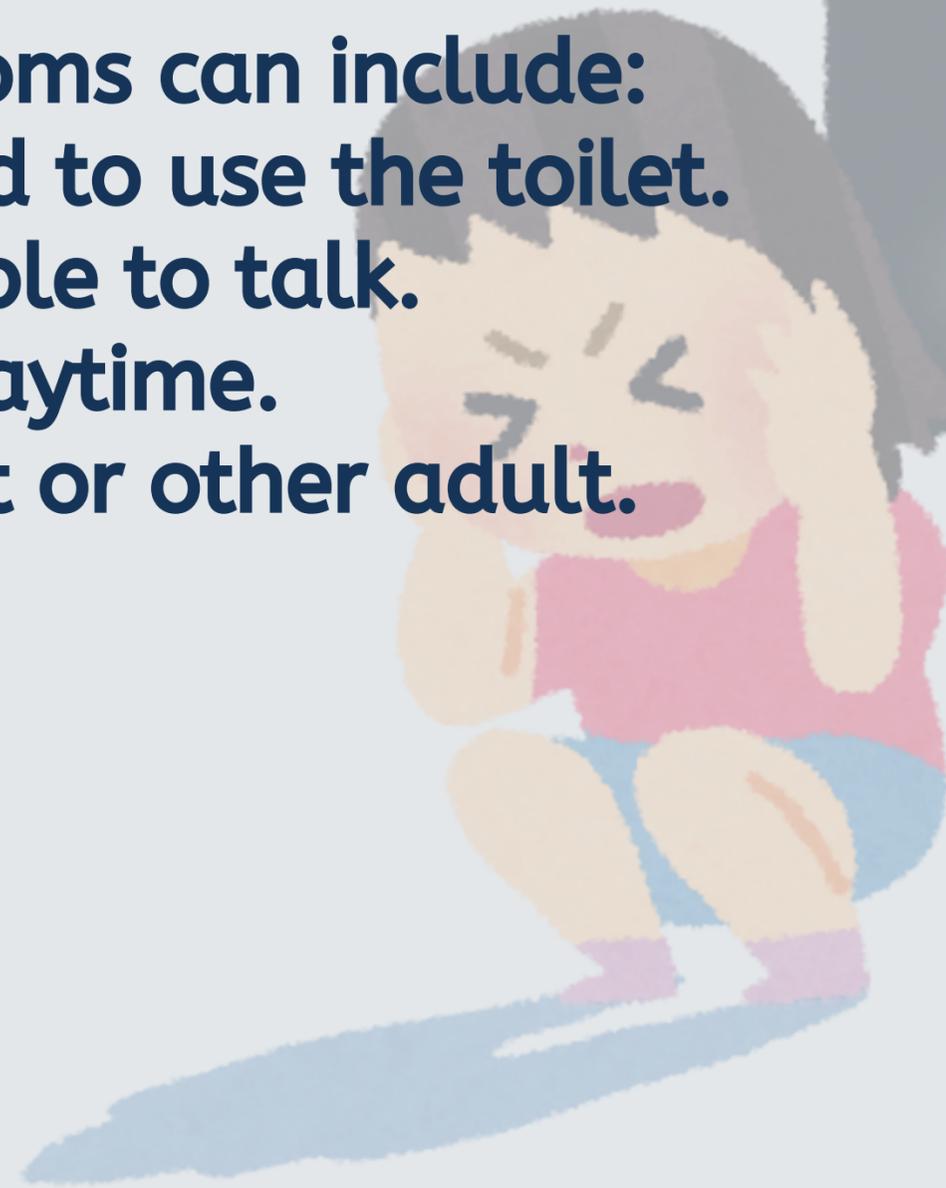
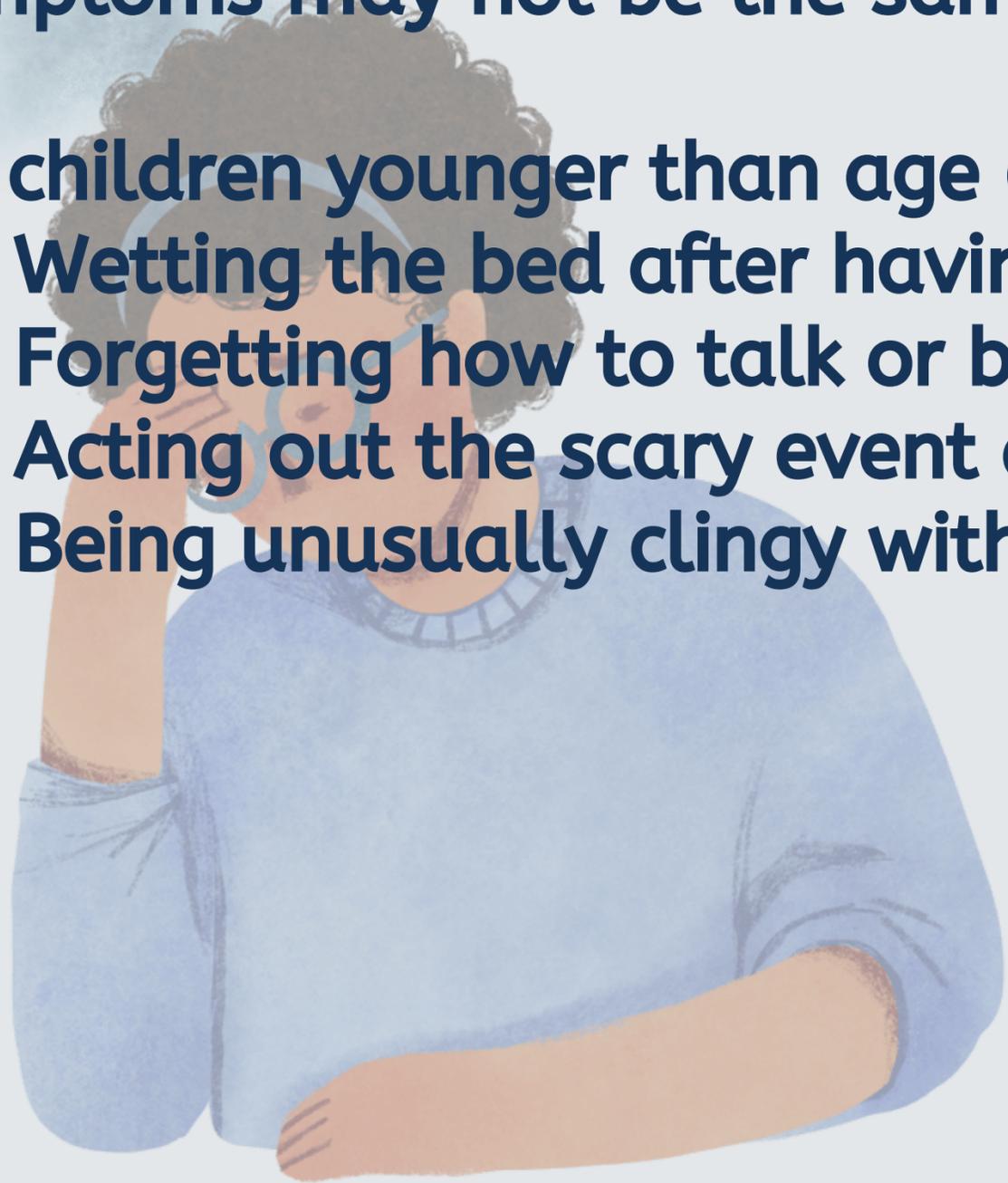


• **How Do Children and Teens React to Trauma**

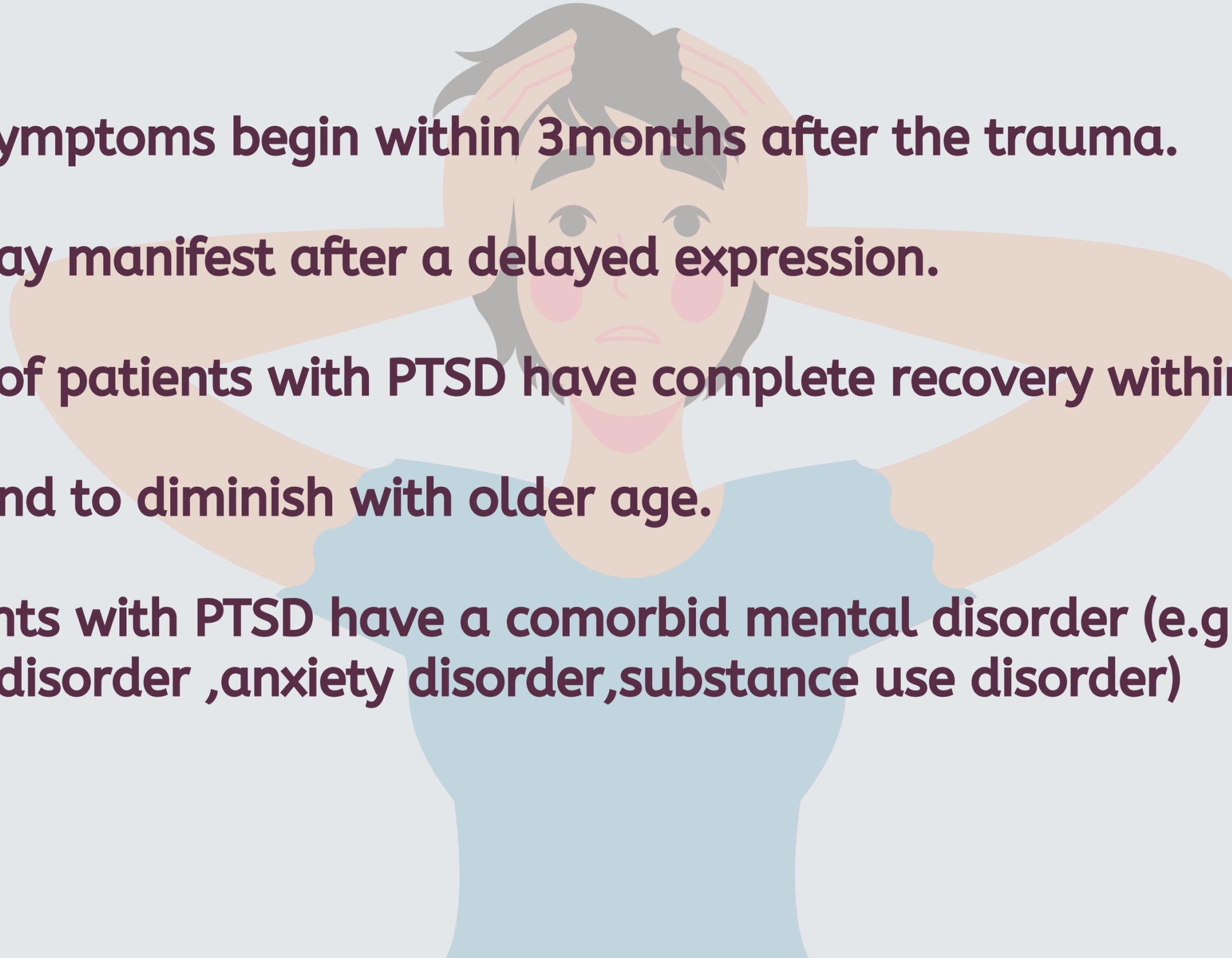
***Children and teens can have extreme reactions to traumatic events, but their symptoms may not be the same as those seen in adults .**

***In children younger than age 6, symptoms can include:**

- **Wetting the bed after having learned to use the toilet.**
- **Forgetting how to talk or being unable to talk.**
- **Acting out the scary event during playtime.**
- **Being unusually clingy with a parent or other adult.**



• **Prognosis and Course**

- Usually, the symptoms begin within 3 months after the trauma.
 - Symptoms may manifest after a delayed expression.
 - Fifty percent of patients with PTSD have complete recovery within 3 months.
 - Symptoms tend to diminish with older age.
 - 80% of patients with PTSD have a comorbid mental disorder (e.g., MDD, bipolar disorder, anxiety disorder, substance use disorder)
- 
- A stylized illustration of a woman with short dark hair, wearing a light blue top. She has a distressed expression with wide eyes and a slightly open mouth. Her hands are raised to her temples, with fingers spread, suggesting a state of panic or intense stress. The background is a light, neutral color.

• PTSD and Co Occurring Conditions

DEPRESSION

- People with PTSD are 3 to 5 times more likely to have a depressive disorder.

SUICIDE

- People with PTSD who struggle to express their feelings have a higher risk of suicide.

TRAUMA

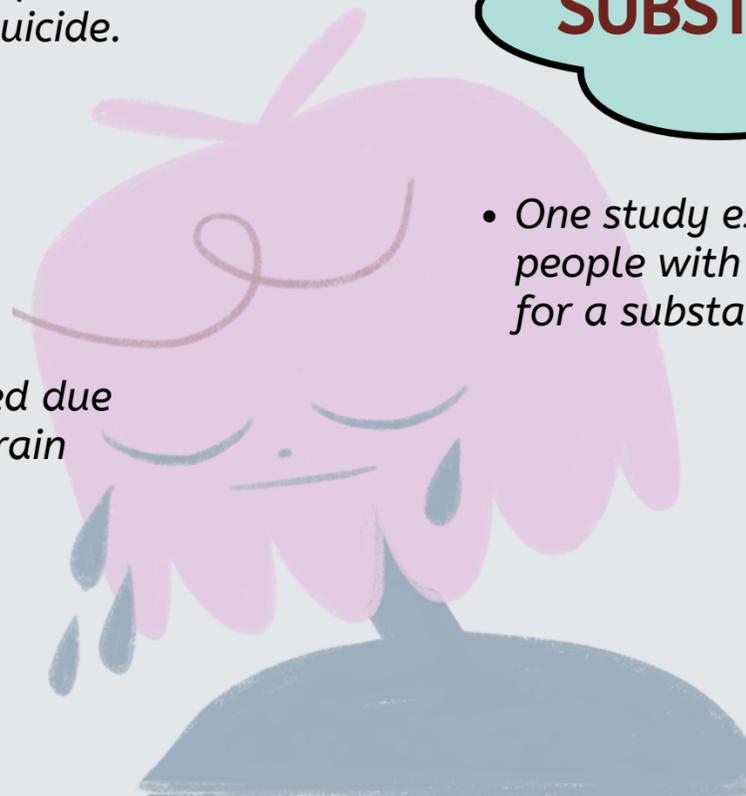
- Trauma and PTSD are Interconnected due to the disruptions and changes in brain chemistry caused by trauma.

ANXIETY

- Though now considered a separate type of disorder, PTSD was previously categorized as an anxiety disorder.

SUBSTANCE ABUSE

- One study estimates that 46.4 percent of people with PTSD also meet the criteria for a substance use disorder.



• **Treatment:**

• **PSYCHOTHERAPY:**

forms of CBT (e.g., exposure therapy, cognitive processing therapy

Supportive and psychodynamic therapy .

Family therapy

• EMDR stands for Eye Movement Desensitization and Reprocessing. It's a psychotherapy technique primarily used to help people process and heal from traumatic experiences, especially Post-Traumatic Stress Disorder (PTSD).

• What is EMDR?

EMDR is based on the idea that trauma memories are improperly stored in the brain, and by stimulating the brain with bilateral movements (like eye movements), it helps the brain reprocess those traumatic memories.

• Treatment:

• Pharmacological:

- **First line antidepressant:** SSRIs (sertraline, citalopram) or SNRIs (venlafaxine).
- **Prazosin** :Alpha -1-receptor antagonist, Targets nightmares and hypervigilance.
- May augment with **atypical (second generation) antipsychotic** in severe cases
- **Benzodiazepines**: Treat anxiety and hyperarousal but, shouldn't be used for prolonged time to prevent addictive effect .

- Note:

Early treatment of PTSD may prevent chronicity.

Drug therapies have generally been most effective in decreasing hyperarousal and mood (irritability, anger, depression).

An illustration of a woman with long brown hair, split vertically to show two different expressions. The left side shows a sad face with downturned lips and heavy eyelids, with three yellow lightning bolts striking the background behind her. The right side shows a happy face with a slight smile and closed eyes, with three small white flowers floating in the background behind her. She is wearing a white long-sleeved shirt and has her hands raised in front of her chest, palms facing outwards.

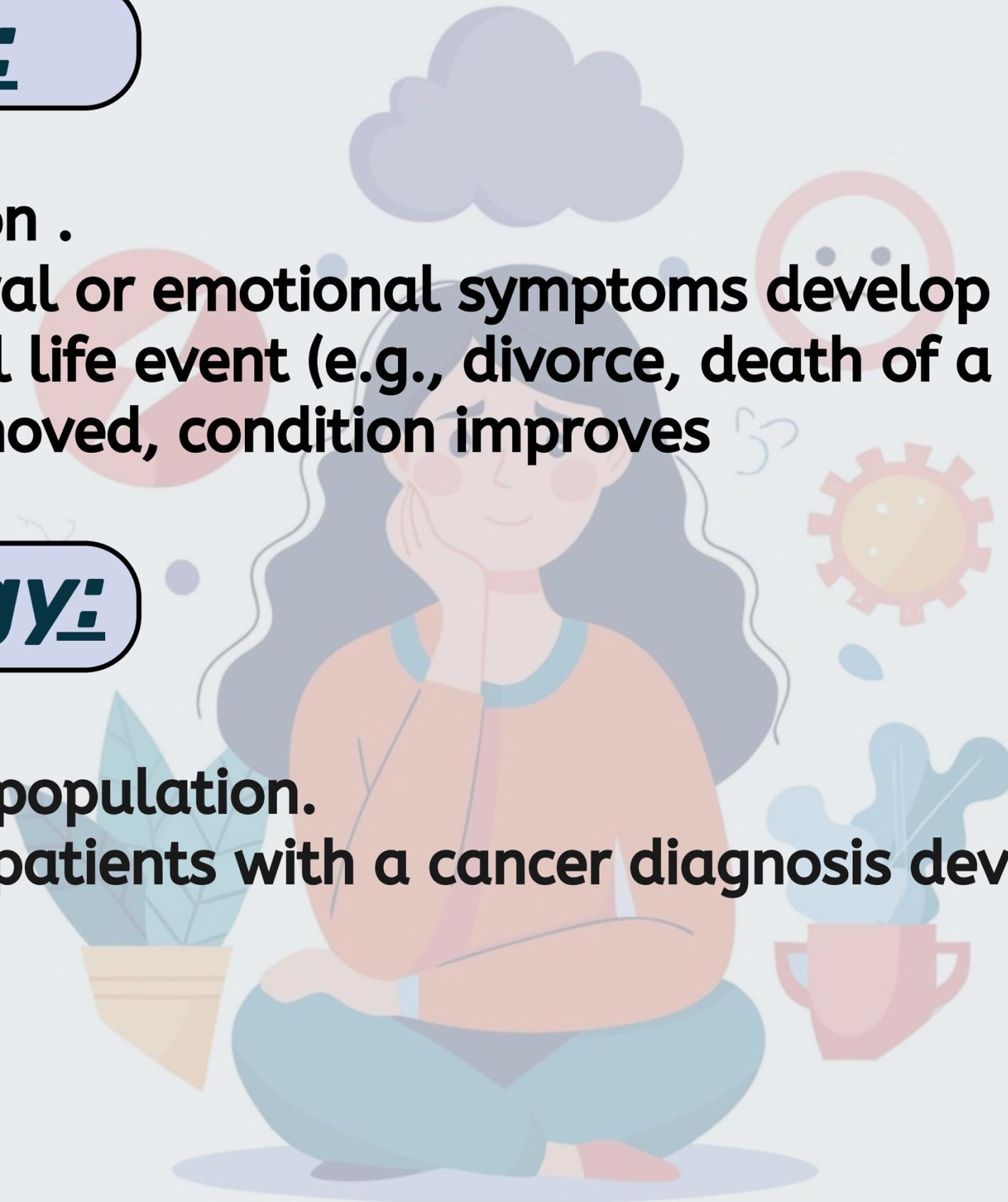
Adjustment Disorder

• **Definition:**

- Situational depression .
- Occur when behavioral or emotional symptoms develop after a non-life-threatening, stressful life event (e.g., divorce, death of a loved one, or loss of a job). If stressor removed, condition improves

• **Epidemiology:**

- 2-8 % of general population.
- Up to one third of patients with a cancer diagnosis develop this disorder
- F:M → 2:1



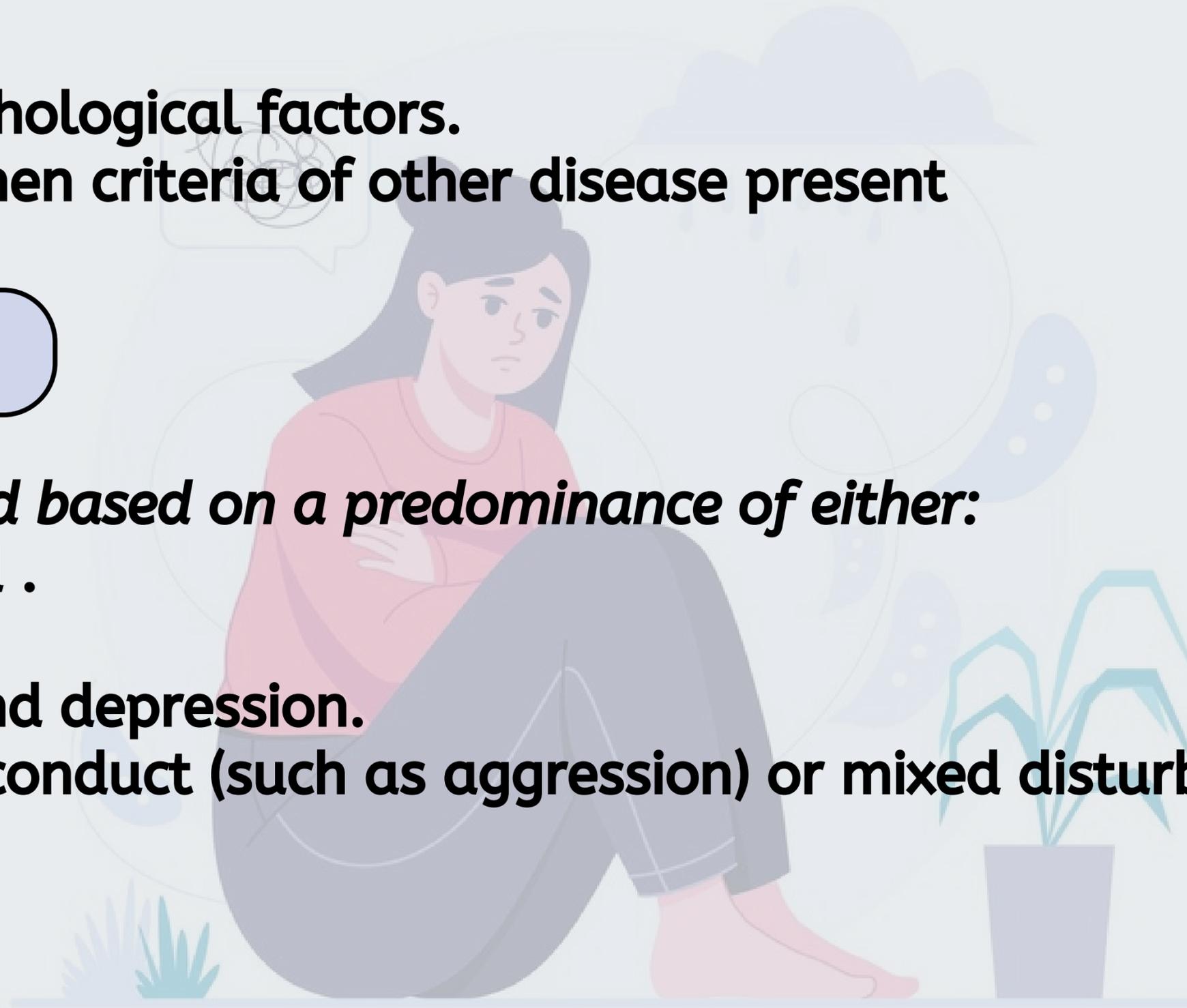
• Etiology :

- Triggered by psychological factors.
- Not diagnosed when criteria of other disease present

• Symptoms :

Symptoms are coded based on a predominance of either:

- Depressed mood .
- Anxiety .
- Mixed anxiety and depression.
- Disturbance of conduct (such as aggression) or mixed disturbance of emotions and conduct.



- Classification :

- **Single**
- **Multiple**
- **Recurrent “seasonal”**
- **Developmental events “Milestones”**
- **Continuous “Living arrangements”**



• **DSM 5 Criteria**

A) The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor

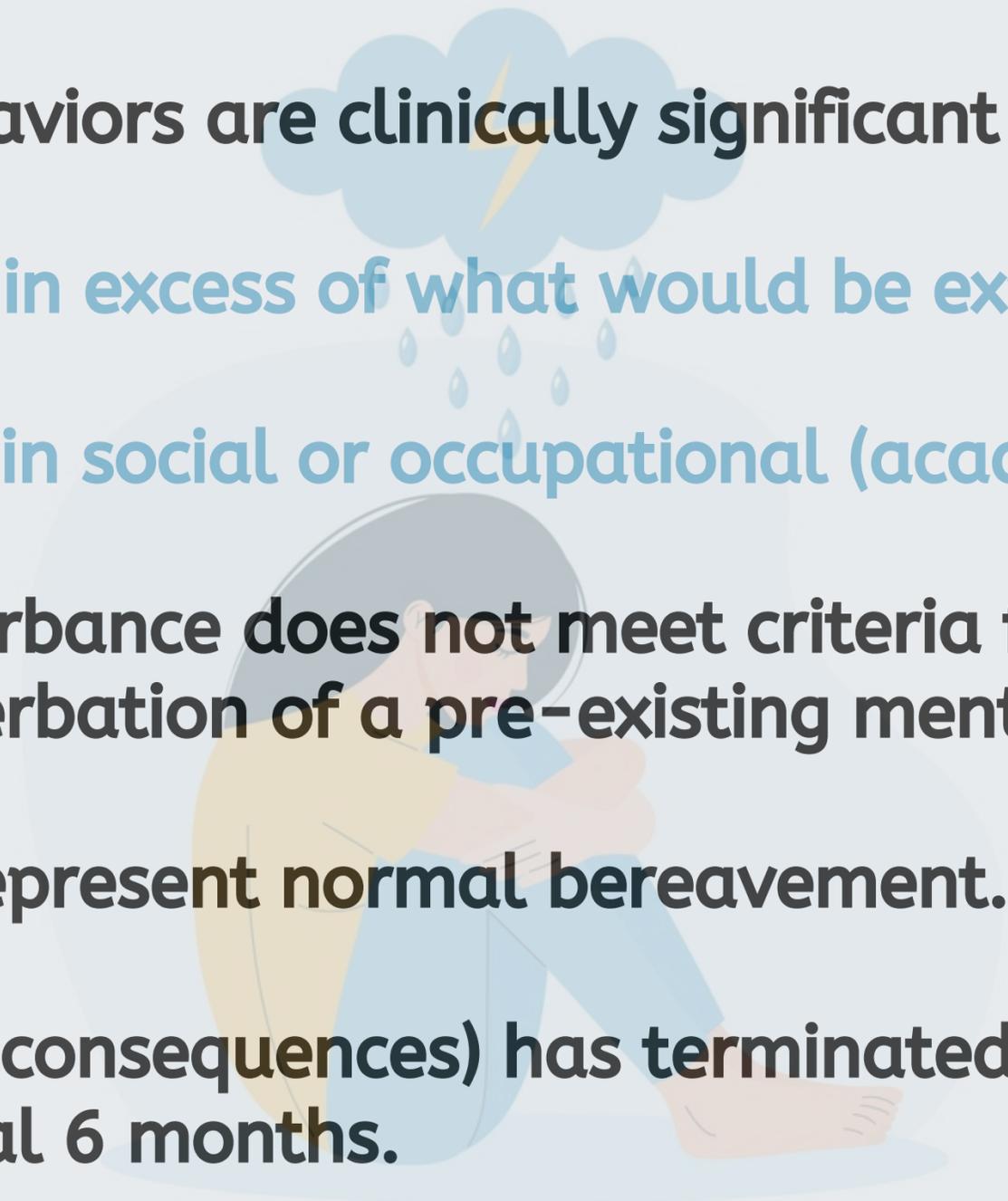
B) These symptoms or behaviors are clinically significant as evidenced by either of the following:

- **Marked distress that is in excess of what would be expected from exposure to the stressor.**
- **Significant impairment in social or occupational (academic) functioning .**

C) The stress-related disturbance does not meet criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder.

D) The symptoms do not represent normal bereavement.

E) Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.



• DSM 5 Criteria

3SSNN6

3 months since a stressor

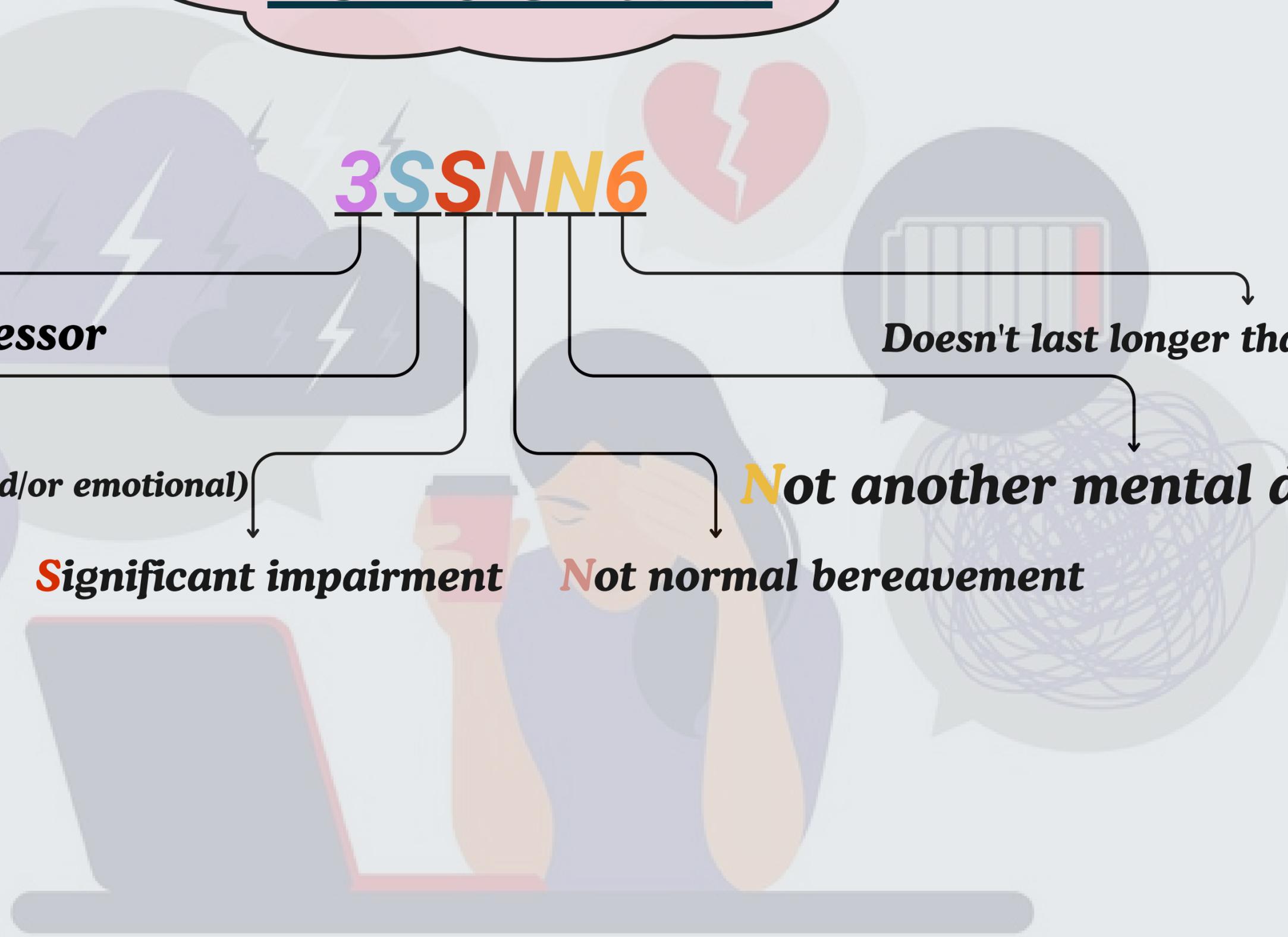
Doesn't last longer than 6 months

Symptoms (Behavioral and/or emotional)

Not another mental disorder

Significant impairment

Not normal bereavement



• **Treatment:**

- **Psychotherapy (MOST EFFECTIVE)**

First-line treatment :cognitive-behavioral therapy

- **psychodynamic psychotherapy.**

May be provided as individual, family,or group support therapy

Interpersonal psychotherapy

- **pharmacotherapy**

*SSRIs: depressed mood

*Benzodiazepines:anxiety or panic attacks

*Benzodiazepines or other sedativ-hypnotic agents (e.g Zolpidem): insomnia

• Psychotherapy alone is usually sufficient in patients with adjustment disorder who have no other disabling symptoms,pharmacotherapy may be used when psychotherapy has little or no effect.

• Adjustment disorder

• Depression

Resolves under 6 months

Can persist for years.

Can solved on its own

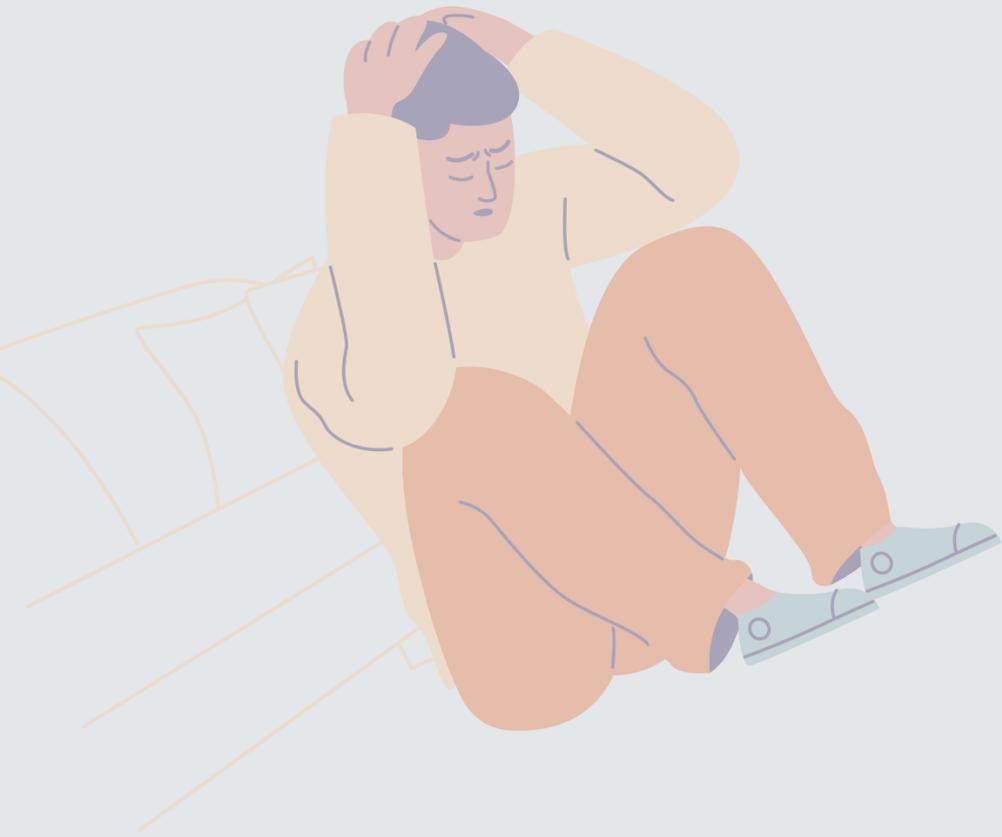
Needs professional treatment.

The causes are usually identifiable such as losing a job.

The causes can be complicated and unidentifiable.

Treatment is usually psychotherapy

Has a combination of psychotherapy and pharmacotherapy.



Thanks



“The greatest weapon against stress is our ability to choose one thought over another.”

William James

