

Post-Traumatic Stress Disorder (PTSD) After Burn Injury

July 2017

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BURN Fact Sheet

This fact sheet explains post-traumatic stress disorder (PTSD) after burn injury and common symptoms that may occur.

What is PTSD?

Mental and physical reactions are common after a traumatic event, like a burn injury. For some people, reactions may last more than 1 month and lead to PTSD. Reactions that occur sooner are called acute stress disorder. Symptoms of PTSD and acute stress disorder are a common response to a burn injury. Think of it as a way for the brain to let the body know it needs to stay safe—these symptoms can actually protect us. Symptoms can develop after witnessing a traumatic event (e.g., as a bystander or first responder) or by learning of a bad injury involving a loved one. If symptoms of PTSD do not go away, they can cause more problems. PTSD can affect adults and children.

What are the symptoms of PTSD?

- Nightmares related to trauma that disrupt sleep or cause restless sleep. Children may not remember the content of the nightmares, but remember that the nightmares are frightening.
- Feeling like you're in a daze or detached, or that the burn is not real.
- Intrusive thoughts of the burn injury or feeling as though it's happening again (flashbacks).
- Children may engage in repetitive play in which they "act out" the traumatic event.
- Avoiding reminders of the injury, such as talking about it, watching similar events on TV, or not wanting to return to the place where the trauma occurred.
- Being very easily startled or feeling constantly on guard. New fears may develop, such as fear of the dark, crowds, or elevators. Some people will develop anxiety or a feeling of being on edge or not being safe.
- Negative changes in mood or cognition, such as being irritable or not being able to concentrate.

The Burn Model System is sponsored by the National Institute of Disability, Independent Living, and Rehabilitation Research, U.S. Department of Health and Human Services' Administration for Community Living. (See <http://www.msktc.org/burn/model-system-centers> for more information).



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Burn survivors most at risk for PTSD are those with a history of anxiety disorders (generalized anxiety, panic disorder) or depression. Burn survivors who have a history of traumatic events and past PTSD are also at risk for developing PTSD from the current burn injury. In fact, a current burn injury can trigger nightmares and flashbacks from a past traumatic event. Burn survivors with high levels of pain and anxiety while in the hospital may be more at risk of developing PTSD after discharge. Caregivers and the burn team should effectively manage pain and anxiety from a burn wound to avoid future distress. Children are more at risk of developing PTSD if their parents are experiencing such symptoms.

What should I do if I have symptoms of PTSD?

Symptoms of PTSD are common reactions to trauma, and they usually go away over time. After a burn injury, it is important to stay calm and connect with family and friends. You may find it useful to get information and details about the trauma. Only talk about your feelings when you feel ready to do so. Retelling the details of the trauma can actually be re-traumatizing and you can tell friends that you do not wish to talk about it. Let caregivers and the burn team know if you're worried about how you're coping with the burn injury.

Most early traumatic stress reactions get better over time as you return to a normal routine and start to develop ways to cope. For some people, early reactions may get worse. After the burn injury heals, the emotional trauma may not go away. The intensity and length of PTSD symptoms are not related to the severity of the injury. Seek treatment if symptoms of PTSD last for weeks or months and start to interfere with your quality of life.

Very good treatments are available for PTSD. The most effective treatments involve a type of counseling called cognitive behavior therapy (this may also be called Trauma-Focused Cognitive Behavioral Therapy). This is a short-term treatment in which you learn ways to relax and manage anxiety, to gradually be exposed to the traumatic event, and to think differently about the event. Your doctor may prescribe medicine for a short time to help with anxiety, depression, or sleep problems. While awaiting treatment, you can do several things to treat each symptom:

- **Nightmares.** Wake up and remind yourself of where you are. Reassure yourself that you are safe and go right back to sleep. Try not to get up, turn on the TV, or get something to eat—these will keep you awake longer. Try changing the end of your nightmare by imagining a better outcome.
- **Flashbacks.** Try to stop flashbacks right away by imagining a stop sign or a red light and thinking about something more pleasant.
- **Anxiety and arousal.** Practice a relaxation technique to reduce your anxiety. Deep or rhythmic breathing, mindfulness meditation, muscle relaxation, yoga, and exercise can all be helpful.
- **Avoidance.** If reminders of the trauma are interfering with your normal routine—such as not wanting to return to work if that is where the accident occurred, or not wanting to go outside near the gas grill—then consider a fear hierarchy. This is a list of steps that slowly expose you to the normal things. For example, consider going back to the workplace for a very short period of time for a casual visit, such as having lunch with a coworker. Then, gradually increase the time you spend in the workplace until you can be near the accident site for an entire shift. Practice relaxation techniques as you work through the fear hierarchy. You may need professional assistance to help with this.



Always talk to the burn team about PTSD symptoms that you may be having. They can help you to find a mental health provider for treatment.

Additional resources

- National Child Traumatic Stress Network: <http://www.nctsn.org>
- National Institute of Mental Health: <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

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Authorship

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Source: Our health information content is based on research evidence and/or professional consensus and has been reviewed and approved by an editorial team of experts from the Burn Injury Model Systems.

Disclaimer: This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this fact sheet were developed under a grant (number 90DP0082) from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). The contents of this fact sheet do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

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