

PTSD after intensive care: A guide for healthcare professionals

Background

The COVID-19 pandemic has led to vastly increased admissions into intensive care. Around one in four ICU survivors develop Post-Traumatic Stress Disorder (PTSD) in the months after admission, and others will develop depression or one of several anxiety disorders.

This guide aims to provide information for healthcare professionals working with ICU survivors. It will help you recognise PTSD, and know how to help.

What to watch out for

PTSD can develop after traumatic experiences such as assaults, accidents and wars. It can also develop after critical illnesses. As well as having a life-threatening illness, some ICU patients have terrifying hallucinations while delirious. PTSD can also occur after admission to other units.

Post ICU-PTSD symptoms can include:

- Intrusive memories, flashbacks or nightmares about their time in hospital
- Intense distress or physical symptoms, such as a racing heart and feeling hot, when they are reminded of their stay in ICU (such as hospitals, beeping noises, their scars)
- Trying to avoid thinking or talking about their ICU memories
- Being jumpy or easily startled, and being very aware of potential danger
- Problems sleeping, concentrating and/or feeling irritable.

Some patients will experience all of these symptoms, others will only experience some. They may start right away, or later on. For most people these symptoms improve over time. **If these traumatic stress symptoms do not improve within one month after their time in ICU (or when the symptoms started), they should be referred for psychological therapy.**

How to help

Firstly, it is helpful to reassure patients that these types of reactions are very common. PTSD symptoms are reported by 20-30% of ICU patients. For most people the symptoms naturally improve in the first few months. Seeking support from friends and family can aid recovery. If a patient had frightening hallucinations in ICU, it can also be helpful to explain what delirium is, that 60-80% of people experience this in ICU, and it isn't a sign of mental illness.

Psychological therapies are effective to treat PTSD (as well as depression and anxiety) for people of all ages after ICU, as recommended in the NICE guidelines. These are offered by Improving Access to Psychological Therapies (IAPT) services across the country. Healthcare professionals can refer to IAPT, or patients can self-refer. See www.nhs.uk to find a service. Clinical health psychology departments within hospitals also offer psychological therapies.

PTSD, and other problems like depression, are also common in family members of patients and medical staff. Again, psychological therapies are available through IAPT services.