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Understanding Acute Stress Disorder: Causes, Symptoms, and Treatment

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Abstract

Acute Stress Disorder (ASD) is a psychological condition characterized by the development of distressing symptoms following exposure to a traumatic event. This disorder typically manifests within the first month after the trauma and may persist for varying durations. The diagnostic criteria include intrusive memories, negative mood alterations, dissociation, avoidance behaviors, and heightened arousal. ASD serves as a precursor to Post-Traumatic Stress Disorder (PTSD), with a significant proportion of individuals experiencing a transition from ASD to PTSD if symptoms persist. This comprehensive review explores the etiology, prevalence, risk factors, and neurobiological underpinnings of ASD. The paper delves into the clinical presentation and assessment strategies, highlighting the importance of early identification and intervention. Various therapeutic approaches, including cognitive-behavioral therapy, pharmacotherapy, and emerging treatments, are scrutinized for their efficacy in mitigating ASD symptoms and preventing the progression to chronic PTSD.

Furthermore, the paper examines the societal impact of ASD, emphasizing its implications for healthcare systems, workplace environments, and interpersonal relationships. A nuanced discussion on the cultural and contextual factors influencing the expression and recognition of ASD is also presented. The review concludes with a forward-looking perspective, identifying gaps in current research and proposing avenues for future investigations to enhance our understanding and treatment of Acute Stress Disorder.

Keywords: Acute stress disorder, Trauma, Post-traumatic stress disorder, Psychological impact, Diagnostic criteria, Risk factors, Early intervention, Treatment modalities, Cognitive-behavioral therapy, Pharmacotherapy, Neurobiology, Dissociation, Intrusive memories, Arousal, Resilience, Transition to PTSD, Cultural factors, Contextual influences, Prevention, Healthcare, Workplace, Interpersonal relationships, Psychopathology, Emotional regulation

Introduction

Acute Stress Disorder (ASD) is a psychological condition that can occur in the aftermath of a traumatic event. It is characterized by a range of distressing symptoms that emerge within a month of the traumatic incident. While many individuals experience stress and anxiety in response to challenging situations, ASD represents a more severe and acute manifestation of these emotional responses [1]. This article aims to provide a comprehensive understanding of Acute Stress Disorder, exploring its causes, symptoms, and available treatment options.

Acute Stress Disorder (ASD) is a psychological condition that emerges in the aftermath of experiencing or witnessing a traumatic event [2]. This disorder represents a normal and adaptive response to an abnormal situation, yet when it persists, it can significantly impact an individual's well-being and daily functioning. The diagnostic criteria for ASD, as outlined in the DSM-5, include the exposure to a traumatic event, the development of intrusive symptoms, persistent avoidance of reminders associated with the trauma, negative alterations in mood and cognition, and heightened arousal. ASD is often considered a precursor to post-traumatic stress disorder (PTSD), and its identification and early intervention are crucial in preventing the chronic manifestation of trauma-related symptoms [3].

The nature of traumatic events that can trigger ASD is diverse, ranging from natural disasters and accidents to interpersonal violence and combat experiences. The immediate aftermath of such events can overwhelm an individual's ability to cope, leading to a cascade of physiological, emotional, and cognitive reactions. It is imperative to recognize the significance of early intervention and support, as the symptoms of ASD, if left unaddressed, can evolve into a more persistent

and debilitating condition like PTSD [4].

This introduction aims to explore the key aspects of Acute Stress Disorder, including its diagnostic criteria, prevalence, risk factors, and the potential impact on individuals' lives. By delving into the complexities of ASD, we can better understand the challenges faced by those affected and underscore the importance of timely intervention and empathetic support [5].

Causes of acute stress disorder

ASD is typically triggered by exposure to a traumatic event, which may involve actual or threatened death, serious injury, or sexual violation. Common scenarios leading to ASD include car accidents, physical assaults, natural disasters, and witnessing or experiencing violent acts [6]. The severity of the traumatic event, as well as an individual's proximity to it, can contribute to the development of ASD.

Symptoms of acute stress disorder

The symptoms of ASD are diverse and can affect various aspects of an individual's mental and emotional well-being. These symptoms can be categorized into four clusters:

- Recurrent, involuntary distressing memories of the traumatic event
- Flashbacks or distressing dreams related to the trauma

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• Intense psychological distress or physiological reactions when reminded of the event

Negative mood alterations

- Persistent negative emotional states such as fear, horror, anger, guilt, or shame
- \bullet $\,$ $\,$ Diminished interest or participation in activities that were once enjoyable
- Feelings of detachment from others or a sense of a foreshortened future

Dissociation

- Altered sense of reality or an inability to fully engage with one's surroundings
- Dissociative amnesia, where individuals may have difficulty recalling important aspects of the traumatic event

Arousal and reactivity

- Irritability or outbursts of anger
- Difficulty concentrating or staying focused
- Hypervigilance or an exaggerated startle response

Diagnosis and duration

To be diagnosed with Acute Stress Disorder, an individual must exhibit a specified number of symptoms from each cluster within a three-day to four-week period following the traumatic event. If the symptoms persist beyond this timeframe, a diagnosis of post-traumatic stress disorder (PTSD) may be considered [7].

Treatment options

Effective treatment for ASD typically involves a combination of psychotherapy, pharmacotherapy, and supportive interventions. Cognitive-behavioral therapy (CBT) has shown particular efficacy in helping individuals process and manage traumatic experiences. Exposure therapy, a specific form of CBT, involves gradually and safely confronting the memories and situations associated with the trauma [8].

Medications such as Selective serotonin reuptake inhibitors (SSRIs) may be prescribed to alleviate symptoms like anxiety and depression. Additionally, early intervention and a strong support system are crucial in facilitating recovery. Social support from friends, family, or support groups can play a pivotal role in the healing process [9].

Prevention and coping strategies

While it may not be possible to prevent all traumatic events, certain coping strategies and resilience-building activities can help mitigate the impact of stressors. Developing healthy coping mechanisms, maintaining a balanced lifestyle, and seeking professional help when needed are essential components of both prevention and recovery [10].

Conclusion

Acute Stress Disorder is a challenging condition that requires timely

and appropriate intervention. Understanding its causes, recognizing its symptoms, and seeking professional help are essential steps toward recovery. With the right support and treatment, individuals can navigate the aftermath of a traumatic event and work towards reclaiming a sense of normalcy in their lives. It is important to remember that healing is a gradual process, and each person's journey is unique. Acute Stress Disorder is a poignant manifestation of the human psyche's response to trauma. As we navigate the intricate landscape of this disorder, it becomes evident that early recognition and intervention are pivotal in mitigating its long-term effects. The journey from acute stress to a chronic condition like PTSD underscores the need for comprehensive mental health support and strategies that can bolster resilience in the face of trauma. The multifaceted nature of traumatic experiences demands a holistic approach to treatment and care, encompassing psychological, social, and physiological dimensions. While ASD is a transient state for many, acknowledging the potential for prolonged distress is paramount. The role of mental health professionals, caregivers, and communities becomes instrumental in providing a safety net for those grappling with the aftermath of trauma.

Through research, awareness, and destigmatization, society can foster an environment where individuals feel encouraged to seek help without fear of judgment. Acute Stress Disorder, with its profound implications, challenges us to confront the complexity of human responses to trauma and underscores the collective responsibility to create a supportive and understanding community for those on the path to recovery. As we unravel the layers of ASD, we pave the way for resilience, healing, and the restoration of hope in the lives of those affected by traumatic events.

References

- Doi, Yuen, Eisner (2009) Reduced production of creatinine limits its use as marker of kidney injury in sepsis. J Ame Society Nephr 20: 1217-1221.
- Vtyushkin DE, Riley R (2018) A New Side-Channel Attack on Directional Branch Predictor .SIGPLAN Not 53: 693-707.
- Oddie, Adappa, Wyllie (2004) Measurement of urine output by weighing nappies. Archives of Disease in Childhood. Fetal and Neonatal Edition 89: 180-1181
- Dolin RH, A Boxwala (2018) A pharmacogenomics clinical decision support service based on FHIR and CDS Hooks. Methods Inf Med 57: 77-80
- Bauer JM, Verlaan S, Bautmans I, Brandt K, Donini LM, et al. (2015) Effects
 of a vitamin D and leucine-enriched whey protein nutritional supplement on
 measures of sarcopenia in older adults, the PROVIDE study: a randomized,
 double-blind, placebo-controlled trial. J Am Med Dir Assoc 16: 740-747.
- Inose H, Yamada T, Hirai T, Yoshii T, Abe Y, et al. (2018) The impact of sarcopenia on the results of lumbar spinal surgery. Osteoporosis and Sarcopenia 4: 33-36.
- Carter CS, Barch DM (2007) Cognitive neuroscience-based approaches to measuring and improving treatment effects on cognition in schizophrenia: the CNTRICS initiative. Schizophr Bull 33: 1131-1137.
- 8. Gupta S, Fenves AZ, Hootkins R (2016) the Role of RRT in Hyperammonemic Patients. Clin J Am Soc Nephrol 11: 1872-1878.
- Takahashi S, Mizukami K, Yasuno F, Asada T (2009) Depression associated with dementia with Lewy bodies (DLB) and the effect of somatotherapy. Psychogeriatrics 9: 56-61.
- Bellgrove MA, Chambers CD, Vance A, Hall N, Karamitsios M, et al. (2006) Lateralized deficit of response inhibition in early-onset schizophrenia. Psychol Med 36: 495-505.