

LETTERS TO THE EDITOR

Impact of post-traumatic stress on patients in the Intensive Care Unit

Impacto del estrés postraumático en pacientes de la Unidad de Cuidados Intensivos

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Dear Director:

Post-traumatic stress disorder (PTSD) can arise after traumatic experiences, such as critical illness and a stay in an Intensive Care Unit (ICU). Patients in this situation face various stressors, both physical and psychological, that can increase the risk of developing this type of stress. This stress manifests itself

through symptoms such as intrusion, avoidance, physiological alterations and changes in mood. ⁽¹⁾

Admission to the ICU causes a high level of stress and emotional difficulties in patients. Environmental conditions such as constant noise and alarms, coupled with sleep and rest problems, affect their well-being. In addition, pain and communication limitations, whether due to the illness or treatments, further complicate the situation. The fear of losing health or life, together with the lack of autonomy, negatively influence their emotional state both during the days in the hospital and in the period afterward.

Adapting to new circumstances can generate a variety of harmful reactions. These emotions can be intensified by factors such as difficulty communicating due to physical limitations and the perception that emotional needs are not being adequately met. This phenomenon has become particularly frequent in the context of the current health crisis.

A stay in this service marks an abrupt change in the lives of patients and provokes intense emotions that are often unexpected. Fear plays a central role in this experience, exacerbated by sedation, mechanical ventilation and movement restrictions imposed for safety reasons. These factors can increase anxiety and agitation, causing a deep sense of terror. ⁽¹⁾

Patients in critical condition often have difficulty sleeping and may experience nightmares and intrusive memories related to their condition. This causes physical and emotional reactions, including symptoms of depression and anxiety, as well as signs of post-traumatic stress disorder.

The World Health Organization (WHO) has noted that PTSD is common in ICU patients, who may suffer symptoms that affect their quality of life and recovery. Therefore, it is recommended to implement psychological support during and after the stay to mitigate the impact of this disorder and promote better recovery. ⁽²⁾

Castillo Martín ⁽²⁾ stressed the importance of evaluating survivors to identify the risk of PTSD and apply appropriate treatments. He also advised increasing research on the relationship between the ICU and PTSD and the implementation of preventive measures for critical patients.

It is crucial that the effect of post-traumatic stress in patients in the Intensive Care Unit be identified and addressed. By doing so, not only is their quality of life assessed, but their courage and strength in difficult times is also honored.



By adopting a proactive and empathetic approach, the ICU experience can be turned into a true process of comprehensive healing.

BIBLIOGRAPHIC REFERENCES

1. Martínez Fernández S. Impacto de los Diarios de Unidades de Cuidados Intensivos en el Estrés Postraumático [Tesis Fin de Grado]. Coruña: Escola Universitaria de Enfermería a Coruña; 2022 [cited 28/10/2024]. 44 p. Available in: <https://ruc.udc.es/dspace/handle/2183/32414>
2. Castillo Martín C. El trastorno de estrés postraumático en pacientes hospitalizados en unidades de cuidados intensivos [Tesis Fin de Grado]. España: Universidad de La Laguna; 2022 [cited 28/10/2024]. 28 p. Available in: <https://riull.ull.es/xmlui/handle/915/28852>

STATEMENT OF AUTHORSHIP

RMGV: Conceptualization, investigation, methodology, project administration, validation, writing of the original draft, review, editing.

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CONFLICT OF INTEREST

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