Acute stress disorder

Assessment and Basic Management of Acute Stress Disorder (ASD)

1. Purpose

To help field health workers **identify and support people who develop significant stress reactions within 1 month after a traumatic event**.

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2. Identify Possible Acute Stress Disorder

Suspect **acute stress disorder** if a person presents with:

- Anxiety or fear after a traumatic event
- Sleep problems
- Poor concentration
- Physical symptoms without clear medical cause
  (e.g., dizziness, headache, palpitations)
- Emotional distress or difficulty functioning

Symptoms usually appear **within 1 month after the traumatic event**.

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3. Assessment Steps

Step 1: Ask About Recent Traumatic Events

Ask if the person experienced a **frightening or life-threatening event within the last month**.

Examples include:

- Physical or sexual violence
- Domestic violence
- Witnessing death or atrocities
- Serious accidents or injuries
- Disaster or conflict

Example questions:

- “What major stress have you experienced recently?”

- “Was your life in danger?”
- “Have you experienced something very frightening or horrific?”
- “Do you feel safe at home?”

If the event occurred **more than 1 month ago**, consider other conditions such as depression or PTSD.

If there was **a death of a loved one**, also assess for grief.

Step 2: Check for Symptoms of Acute Stress

Ask if the person has:

Emotional and psychological symptoms

- Anxiety or fear related to the event
- Recurring dreams or flashbacks
- Feeling shocked, numb, or emotionally blank
- Crying frequently or feeling angry

Avoidance

- Avoiding reminders of the event
- Avoiding places or discussions related to the event

Hyperarousal

- Being easily startled
- Feeling constantly “on edge”

Cognitive symptoms

- Difficulty concentrating
- Confusion or feeling dazed

Behavior changes

- Aggression
- Social withdrawal

- Risk-taking behaviour (especially in adolescents)

Physical symptoms

- Rapid breathing (hyperventilation)
- Palpitations
- Dizziness
- Headache
- Body aches

Children may show

- Bedwetting
- Clinginess
- Tearfulness
- Regressive behaviour

Acute stress disorder is likely if:

- The traumatic event occurred **within 1 month**
- Symptoms started **after the event**
- The symptoms cause **significant difficulty in daily life**

Step 3: Check for Other Conditions

Also assess for:

- Physical illness
- Depression
- Other mental health conditions
- Substance use

Manage or refer if needed.

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4. Basic Management

1. Provide Immediate Psychosocial Support

Field health workers should:

- Listen carefully and calmly
- Do **not pressure the person to talk**
- Ask about the person's **needs and concerns**
- Help the person access **basic needs and services**
- Encourage connection with **family and social support**
- Protect the person from **further harm**

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2. Educate the Person

Explain that:

- Stress reactions after traumatic events are **common**
- Most people **recover gradually with support**
- Symptoms usually **improve over time**

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3. Strengthen Social Support

Encourage:

- Support from family and friends
- Community support
- Safe and stable environments

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4. Teach Simple Stress Management

Teach basic techniques such as:

- Slow breathing
- Relaxation exercises
- Maintaining daily routines

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5. Special Situations Management

Sleep Problems

Advise:

- Regular sleep schedule
- Avoid coffee, nicotine, and alcohol before bedtime
- Reduce noise or environmental disturbances

Medication **should generally not be used**.
In very severe cases, doctors may prescribe **short-term medication**.

Bedwetting in Children

Explain to caregivers:

- Bedwetting can occur after stress
- Do **not punish the child**
- Provide emotional support

Encourage:

- Toilet before sleep
- Reduced fluid intake before bedtime
- Positive rewards for dry nights

Hyperventilation (Rapid Breathing)

First rule out medical causes.

If caused by stress:

- Reassure the person
- Encourage **slow breathing**
- Stay calm and reduce anxiety triggers

Do **not recommend breathing into a paper bag**.

Dissociative Symptoms

Examples:

- Temporary inability to speak
- Unexplained paralysis
- “Pseudoseizures”

Actions:

- Rule out physical illness
- Reassure the person
- Provide supportive care
- Refer if symptoms persist

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6. Follow-Up

- Ask the person to return in **2–4 weeks**
- Review symptoms and functioning
- Refer for specialized care if symptoms **worsen or do not improve**