

PTSD Metabolic Screening Guidance

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PRE-TRAUMA SCREENING (This is just normal patient care, but for a trauma patient, this is gathering information about pre-trauma medical condition)

- This is information gathering about a patient's life before the traumatic event to understand who the person was before the event to compare to trauma circumstances and conditions, ie. is this person at high risk for severe or chronic PTSD?
- A patient's past medical history, medical conditions, and medical care is your best information for "diathesis"
- Prevention of high risk concerns with PTSD can happen here with taking care of your body and metabolic health the best you can.
- The higher the level of genetic predisposition, pre-trauma stress, inflammatory medical conditions (most chronic, autoimmune, and mental health conditions), bad diet, addictions, lack of exercise, and lifestyle imbalances, the higher the risk of fully manifested or chronic PTSD.

PERI-TRAUMA SCREENING

- **This type of screening is usually done at the trauma site or just after the trauma.** This can be physical, emotional, mental, spiritual, or sexual trauma/abuse. The type of traumatic event can vary and depending on the event, there may be no opportunity to assess the person in peri-trauma, ie. natural disaster, war-time, etc.
- **For those who do not tell anyone about traumatic events for long periods of time and there is lack of processing, you may need to back track to see how this person handled the trauma at the time.** If someone does not deal with trauma at the time it happened, they are at greater risk for more serious and chronic PTSD.
- **Prevention techniques**
 - This includes awareness and encouragement for anyone who has experienced abuse or trauma to come forward for immediate care even if someone has stayed silent about it. This will help healthcare providers start to assess physical, psychological, and metabolic concerns that can increase risk of comorbid conditions as well as formally diagnose PTSD or other mental health conditions if needed.
- **Management of injuries:**
 - Serious trauma and abuse will be in the hands of emergency personnel who have to attend to most life threatening injuries first.
 - Secondary management will be psychological/mental and metabolic health.
- **Management of metabolic health**
 - This includes vitals, blood sugar, hormones/cortisol, hydration, diet, movement/exercise, sleep, electrolyte status or acid-base balance, digestion
 - Unless someone is in great pain, consider managing these elements first with natural options like water, electrolytes, soft foods, alkaline foods (vegetable juices) to help cut down on acidic load, inflammation, or imbalances in urine/blood pH. This will help stabilize blood sugar and cortisol.
 - Nutrients/Supplementation like zinc, magnesium l threonate, Vitamin B1, B-Vitamins in general, Vitamin C, Vitamin D, a general multi-vitamin can be very helpful here to calm the nervous system responses with anxiety and blood pressure.

POST TRAUMA SCREENING

- **What to consider in treatment and care plans for PTSD management:**
 - Residual physical injury
 - Serious mental and emotional health imbalances
 - Serious nervous system imbalances
 - Sleep disturbances
 - Neuroinflammation, headaches, migraines
 - Blood sugar dysregulation
 - Pain dysregulation
 - Cortisol and stress response dysregulation
 - Neurotransmitter dysregulation
 - Hormone dysregulation
 - Acid-base imbalances
 - Gut imbalances (microbiome, leaky gut, IBS, inflammation, etc)
 - Digestive disturbances
 - Weight imbalances (both obesity and malnourishment will pose risk)
 - Dietary imbalances that will perpetuate symptoms
 - Emotional eating and addiction susceptibility for pain or symptom management
 - Exercise imbalances
 - Lack of correct nutrients/supplementation
 - Night time diet and evening routine imbalances that will disrupt sleep
 - Women and men in their 40's and beyond are going to have hormone imbalances (unless managed with HRT) that will affect fear responses and will be at more risk for metabolic diseases. This can increase the risk for PTSD and co-morbid conditions.
- **Consider the following referrals as necessary after taking a complete case.**
 - The Primary Care Physician (PCP--MDs, DOs, NDs) is usually the start point of referrals unless a referral is not needed.
 - Nurse Practitioners, Nurses, Physician Assistants
 - Neurologists
 - Psychiatrists, Counselors
 - Doctors of Clinical Nutrition (DCNs), Registered Dietitians, Nutritionists
 - Physical Therapists
 - Cardiologists
 - Endocrinologists
 - Gastroenterologists
 - Colorectal Physicians
 - Chiropractors
- **Protocols and care plans are specific to patient presentation and mechanisms of disease (cause) associated with PTSD and co-morbid conditions.**