JOINT EVENT

3rd Edition of International Conference on **Eye and Vision** &

2nd International Conference and Expo on Advanced Eye Care and Cataract

June 14-15, 2018 Rome, Italy

Post-traumatic stress disorder (PTSD): A Growing Epidemic

Mehrnaz Green

Vision & Conceptual Development Center, USA

Background: Post-traumatic stress disorder (PTSD) is a growing epidemic in the U.S. among veterans of the wars in Afghanistan and Iraq. It is estimated that 11% of veterans of the war in Afghanistan and 20% of Iraqi war veterans suffer from PTSD. Many veterans of these wars were exposed to blast waves from explosions that have caused mild to moderate traumatic brain injury (TBI). PTSD and symptoms from TBI are often linked and their symptoms may occur concurrently.

Case Summary: A 25 year old male college student describing his "vision and balance are off and that he felt that he was floating" along with symptoms of dizziness and intermittent vertigo continuing after a resolved ear infection. He also reported experiencing panic attacks in new environments since his ear infection. Case history interview reveals that the patient was a solider in the US Army and served in Afghanistan. Patient was very reluctant to discuss his experiences in war. He did discuss that he was not diagnosed with having TBI, but described that his experiences in war included frequent exposure to blasts and that his vision would become "unstable" as he felt the vibrations of the blasts. He was diagnosed with the following conditions: convergence excess, accommodative insufficiency, visual midline shift syndrome and visual vestibular disequilibrium. Neurovisual rehabilitation (NVR) was initiated. During his treatment, additional information about his experiences in war were discovered. These included extensive amounts of time wearing monocular night vision goggles that disrupted binocular vision and traumatic experiences of walking through and being attacked by people hidden in his environment. Use of neuro-optometric treatments, including therapy for his visual midline shift syndrome, techniques that emphasized peripheral awareness and therapy procedures that strengthened vestibular-ocular reflexes significantly reduced the patient's symptoms. During his time working with the doctor and therapist in NVR, it became evident that he was suffering from PTSD. The patient became aware that his anxiety triggers his visual symptoms and vice versa. Patient began receiving treatment for PTSD and is feeling that he is making progress.

Notes: