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Psychiatric Erratum-Developmental Post Traumatic Stress Disorder

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41-Year-Old Female Case from 2019

Ex-Reserve Military/ Not Deployed.

Hard-Working Medical Aid in busy doctor's office.

Single Mother of 2 Teenagers.

Good grades in school, Associate Degree, In Substantial Debt

Has been “Depressed” for as long as she can remember.

Also Complains of Nightmares, Insomnia, feeling on guard all the time.

Diagnosed with Dysthymia, Major Depressive Disorder, Anxiety, and Panic.

Has taken medication for the past 25 years, has not seen a psychiatrist in 10 years.

Prozac 40mg, Valium 10 as needed, Trazadone for sleep

Patient also takes an anti-hypertensive, Type II Diabetes Medication and anti-cholesterol medication.

Pre-NFB Complaints and Brainscan



Standardized Screening Tools Used.

PCL-5 for Post Traumatic Stress Disorder

GAD-7 for Anxiety

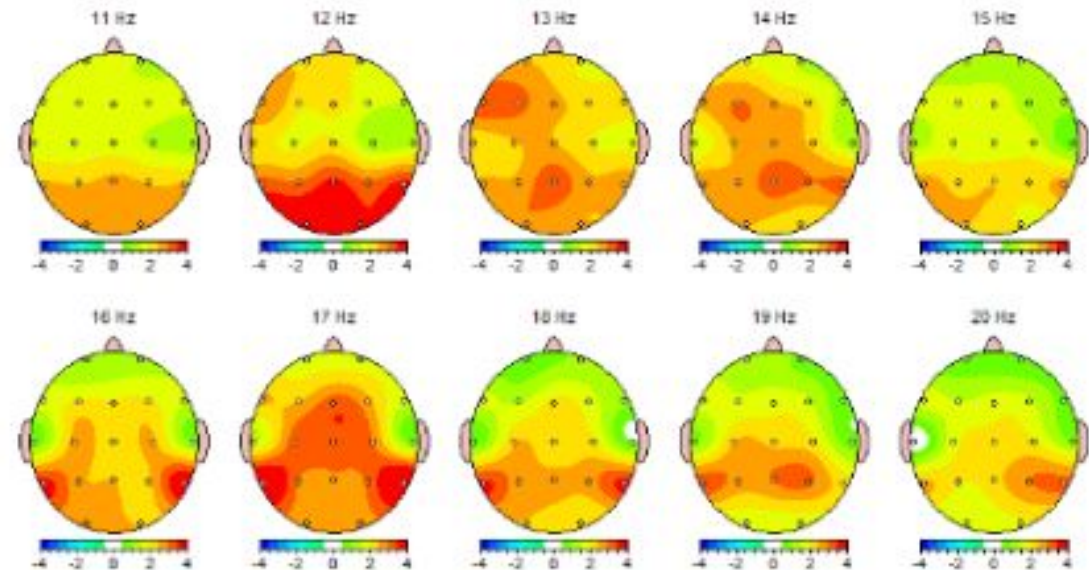
TBI Screening for Head Injury

PHQ-9 for Depression

ISI for Insomnia

MDQ for Bipolar

The pattern seen in childhood induced trauma looks different than someone who gets PTSD as an adult and probably represents a different disorder. There is global dysfunction though the brain map and often in every band.



On Interview...

Subject was well kempt but appears haggard and flustered. She is obese, eats a poor diet and lacks exercise or enjoyable activities. High daily alcohol consumption. Concerned about cost of treatment.

History of sexual abuse starting at age 5.

PCL-5: Score 66/80 (Positive for Moderate PTSD)

GAD-7: Score 21/21 (Severe Anxiety)

PHQ-9: 19/27 (Moderately Severe Major Depressive Episode)

Bipolar: Negative

Insomnia: 12/27 (Subthreshold Insomnia)

TBI Screen: Negative

NO ONE HAD EVER SUGGESTED SHE MIGHT HAVE PTSD: As ex-military, she was aware of the disorder but thought it was only for people who were exposed to war. The brainscan, and new knowledge was highly empowering to the subject. She was no longer another “depressed broken person,” she could now begin to understand her story.

What is PTSD?

Post Traumatic Stress Disorder occurs when an individual experiences an overwhelming event causing a cascade of stress hormones to damage the body and brain.

It is a debilitating condition.

Changes in the brain include loss of cortical tissue, thickening of fear networks, reduce volume in areas of memory.

Depending on the age and type of trauma, the symptoms can vary.

PTSD is the most underdiagnosed disorder in psychiatry and may represent >50% of the outpatient psychiatric population.

Symptoms overlap with every other psychiatric disorder.

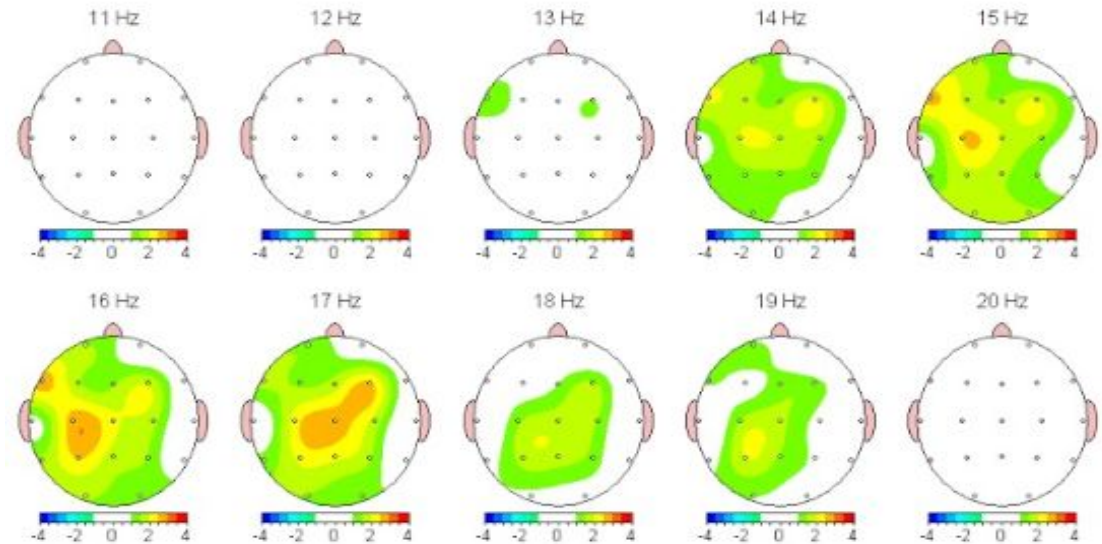
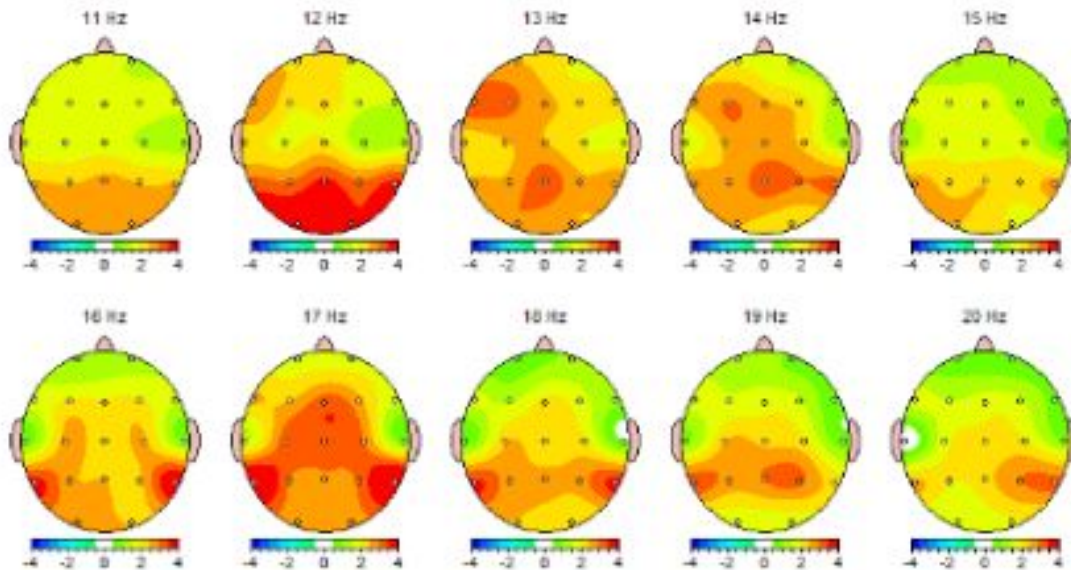
PTSD is closely associated with Obesity, Hypertension, Heart Disease, Diabetes,

Measured Improvement After 20 Sessions of NFB



Before

After



Client's Reported Improvement 60 Sessions



Before:

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Bipolar: Negative

Insomnia: 12/27 (Subthreshold Insomnia)

TBI Screen: Negative

After

PCL-5: Score 12/80 (Negative for PTSD)

GAD-7: Score 0/21 (Negative for Anxiety)

PHQ-9: 0/27 (No Depressive Symptoms)

Insomnia: 3/27 (No Insomnia)

Over 12 months, subject completed 60 Sessions (3 Doses) of Remote Z-Score S-Loreta Neurofeedback directed at the Salient and Executive Networks in Eyes Open, and Default Network in Eyes Closed



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12 Sessions before any improvement was noted by the subject.

Sleep Improved in the first set of 20 Sessions.
3 Months Break between next dose.

In Interim:

Pt entered into cognitive therapy, completed Eye Movement Desensitization, joined a gym, began to drop weight, and gain control of finances.

At completion of therapy after 12 months, >50 LB Wt Loss. Patient was medication free, and living a more happy and fulfilling life. Her finances has significantly improved, and she no longer required Blood Pressure, Diabetes, or Cholesterol Medication.

