
Cancer-related Post-traumatic Stress and PTSD

Anyone can develop post-traumatic stress (PTS) or post-traumatic stress disorder (PTSD) after a shocking, terrifying, or serious event.

People who have, or had, cancer may experience some level of post-traumatic stress. This is sometimes called **cancer-related PTS** or **CR-PTS**.

If it isn't managed, CR-PTS can become **post-traumatic stress disorder (PTSD)**, which is often harder to treat and can last for years.

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What are traumatic stress and post-traumatic stress?

There are different types of traumatic stress. These have similar signs and symptoms, but they differ in when they occur, how long they continue, and how severe the impact is on a person's life.

Acute stress disorder (ASD)

Acute stress disorder can develop within the first month after a traumatic event (such as being diagnosed with cancer, a specific procedure or event, or getting important

updates on your cancer).

It's common for people with acute stress disorder to have more symptoms of dissociation (losing awareness of yourself or what's around you).

PTS and PTSD

Post-traumatic stress (PTS) is a normal response to a traumatic event. You might be experiencing PTS if you feel anxious or nervous when you have a scan, test, or doctor's appointment.

Post-traumatic stress disorder (PTSD) is often more severe and can last longer than PTS. You might be experiencing PTSD if: your PTS symptoms last longer than 1 to 3 months; they are so severe that you aren't going to appointments or tests; or they keep you from living your life.

Who is at risk for cancer-related PTS and PTSD?

Many people associate PTS and PTSD with specific traumatic events such as: combat; abuse, assault, or other violence (physical or mental); disasters (such as natural/weather events, accidents, terrorism, and pandemics); and severe injury or illness.

Studies show that more than 1 in 3 people who have, or had, cancer display signs of PTS or PTSD.

Causes and triggering events

Similar to other types of mental distress, there is usually not one single cause of cancer-related PTS and PTSD. But there are certain times or events during cancer or cancer treatment that might be more traumatizing or triggering for you:

- When you are first diagnosed or told that you have cancer.
- When you get tests, labs, or other procedures.
- When you experience physical changes or side effects related to cancer treatment.
- If you get very sick or stay in the hospital, especially the intensive care unit (or ICU).
- Before you attend follow-up appointments, tests, or scans (sometimes called "scanxiety").

Managing your risk

Not all people who have, or had, cancer develop PTS or PTSD. But certain things have been shown to increase or lower a person's risk.

You might be at greater risk of developing cancer-related PTS or PTSD if you:

- Have a history of anxiety or depression.
- Have a history of trauma, PTS, or PTSD before cancer.
- Were diagnosed at a younger age, especially in childhood.
- Have advanced cancer at the time of your diagnosis.
- Don't have a good support system.

You can lower your risk by:

- Having a good understanding of your cancer diagnosis.
- Being able to talk honestly and openly with your doctor or cancer care team.
- Having a strong support system.

Studies show that people who use avoidance as a way to cope with their thoughts, feelings, and emotions are at greater risk of developing PTS and PTSD. It's important to build your support system and, if you need, ask for resources to help you manage.

What are the symptoms of PTS and PTSD?

PTS and PTSD have similar signs and symptoms. If you have these symptoms, you might assume this is a normal response to cancer that can't be helped. But, if these feelings never go away, get worse, or get in the way of your daily life, you might be experiencing PTS or PTSD.

Common signs and symptoms of PTS and PTSD:

- Nightmares, flashbacks, or intrusive thoughts
- Avoiding certain people, places, or things
- Hypervigilance (extreme caution, attention, or sensitivity to something)
- Feeling depressed or as though you can't connect with anyone
- Not feeling interested in doing things or seeing people (or self-isolating)
- Guilt, shame, or blame about your trauma
- Trouble sleeping or sleeping too much

Having these symptoms doesn't mean you have PTS or PTSD. But if these symptoms happen every day for more than a month, you should talk to your doctor or cancer care team. Ask them if there are resources or a referral for help.

988 Suicide & Crisis Lifeline

988 Suicide & Crisis Lifeline provides 24/7, free and confidential support via phone or chat for people in distress, resources for you or your loved ones, and best practices for professionals. Includes information on finding your local crisis center.

Phone: 988

- Interpretation for more than 240 languages
- ASL Videophone for people who are deaf or hard of hearing

Text: 988 (English and Spanish only)

Website: <http://suicidepreventionlifeline.org>¹

To get immediate help, you can also go to the emergency department or call 911.

Treatment for PTS and PTSD

Trauma is very different for each person, so it's important to work with your health care team to create the best plan for you. Treatment should focus on helping you learn healthy ways to cope and improve your symptoms.

Treatment for PTS and PTSD works best when more than one strategy is used. Common treatments include:

Medication

Medicines for anxiety or depression can help with negative thoughts or feelings.

Psychotherapy (talk therapy)

There are many different types of psychotherapy (talk therapy). Common types used to treat PTSD include:

- **Cognitive behavioral therapy (CBT):** CBT helps you decrease avoidance and increase processing your feelings.
- **Eye movement desensitization and reprocessing (EMDR):** EMDR therapy uses directed eye movements along with talk therapy to help the brain heal from past life experiences.
- **Exposure therapy:** Exposure therapy helps you face your triggers and learn to cope with them if they come up again in the future.

Education and resources

Your health care team might provide you with education and resources for lifestyle habits such as mindfulness, meditation, good sleep, and physical activity.

Support or peer groups

Support or peer groups give you the opportunity to talk with other people who have had similar experiences. Even if you have an amazing support system, support groups can help you heal by seeing that you aren't alone in the way you feel.

Additional referrals

Your health care team might refer you to additional resources such as patient navigation, social work, counseling, or chaplaincy care.

Follow-up appointments

You might have follow-up appointments to check in with your health care team on how you're feeling.

If you have PTSD, you might find yourself avoiding important appointments, tests, and treatments because these events can be triggering. PTSD can also increase your risk of other problems such as depression, alcohol or drug misuse, and eating disorders. It can also affect your relationships and work.

Learn more about treatments and tips for coping with [mental distress](#)².

Caregivers and post-traumatic stress

Caregivers can, and do, get PTS and PTSD as well.

Learning that someone you love has cancer, seeing their pain, and helping them through the cancer experience can be very traumatizing.

One study found that about 1 in 5 families with teenage cancer survivors had a parent with PTSD. Research also shows that parents of children receiving cancer treatment often develop stress-related symptoms. It isn't just parents who get PTSD. Spouses, children, and other types of caregivers are also at risk. Learn more about [resources for caregivers and family members](#)³.

Questions to ask your health care team

It can be difficult to talk about PTSD. It might help to write down your symptoms before you talk with your health care team, so you don't forget. You can also write down any questions you want to ask. Here are some ideas:

- Based on my symptoms, do you think I could have PTSD?
- Can my symptoms be treated?
- What treatments are available?
- Would medication help with my symptoms?
- Can I talk with a therapist or specialist about my symptoms?
- Can you recommend a support group for me?

[Search for resources](#) ⁴

Find free or low-cost resources from ACS and other organizations.

Hyperlinks

1. suicidepreventionlifeline.org
2. www.cancer.org/cancer/managing-cancer/side-effects/emotional-mood-changes/distress/managing-distress.html
3. www.cancer.org/cancer/caregivers.html
4. www.cancer.org/support-programs-and-services/resource-search.html

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Overview of psychosocial issues in the adult cancer survivor. <https://www.uptodate.com/contents/overview-of-psychosocial-issues-in-the-adult-cancer-survivor>

Post-traumatic stress disorder in adults: Epidemiology, pathophysiology, clinical features, assessment, and diagnosis. <https://www.uptodate.com/contents/post-traumatic-stress-disorder-in-adults-epidemiology-pathophysiology-clinical-features-assessment-and-diagnosis>

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