

# What is PTSD?

Presented by  
National Center for PTSD  
U.S. Department of Veterans Affairs

Click the button



below to advance



National  
Center for  
**PTSD**  
Posttraumatic  
Stress Disorder



## **Jessica L. Hamblen, Ph.D.**

**Deputy Director for Education,  
National Center for PTSD**

**Assistant Professor, Psychiatry, Dartmouth  
Medical School**

# Learning Objectives

- 1** Describe the diagnostic criteria for PTSD
- 2** Describe the prevalence, consequences, and longitudinal course of PTSD in civilian and veteran populations
- 3** Describe the risk factors for PTSD

# Why PTSD Is Important

- ▶ PTSD is distinguished from other psychiatric disorders in that there is a known etiological component: an event that involves life threat, serious injury, or death.
- ▶ Specific examples include war-zone exposure, assault, rape, torture, childhood physical or sexual abuse, natural disasters, and serious accidents.

# PTSD as a Failure to Adapt

- It is adaptive to have strong reactions when your life is threatened.
- But, these reactions should decrease when the threat is no longer present.
- This does not occur in people with PTSD.
- Thus PTSD can be seen as a failure to adapt.

# 1. Historical Overview of PTSD

- ▶ First appeared as an official diagnosis in the diagnostic manual (DSM-III) of the American Psychiatric Association in 1980.
- ▶ Prior to 1980, posttraumatic syndromes were recognized by a variety of names including shell shock, war neurosis, and rape trauma syndrome.
- ▶ The symptoms described in these syndromes overlap considerably with what we now recognize as PTSD.

# Original Definition of PTSD: DSM-III

- ▶ The initial definition of PTSD in 1980 reflected the belief that traumatic events were rare.
- ▶ PTSD had four criteria:
  - Criterion A: the existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.
  - Reexperiencing symptoms (>1)
  - Numbing symptoms (>1)
  - Other symptoms (>1)

# Changes to the Diagnostic Criteria: DSM-III-R

- ▶ Criterion A: “outside the range of usual human experience” and “markedly distressing to almost anyone.”
  - Serious threat to life or physical integrity
  - Serious threat or harm to one’s family or friends
  - Sudden destruction of home
  - Seeing another person seriously injured or killed
- ▶ The stressor is “usually experienced with intense fear, terror, and helplessness”
- ▶ Indirect exposure can qualify as a traumatic event
- ▶ Three symptom clusters
  - Reexperiencing
  - Avoidance and numbing
  - Arousal
- ▶ Symptoms had to last at least one month

# DSM-IV: PTSD Symptoms

**Select a symptom**

Reexperiencing

Avoidance / Numbing

Hyperarousal

# DSM-IV: PTSD

## Reexperiencing Symptoms

Persistent reexperiencing of  $\geq 1$  of the following:

- ▶ Recurrent and intrusive distressing recollections of event
- ▶ Recurrent distressing dreams of event
- ▶ Acting or feeling as if event was recurring
- ▶ Psychological distress at cues resembling event
- ▶ Physiological reactivity to cues resembling event

Select another symptom or move on

Reexperiencing

Avoidance /  
Numbing

Hyperarousal

Skip to next topic

# DSM-IV PTSD Avoidance/Numbing Symptoms

Avoidance of stimuli and numbing of general responsiveness indicated by  $\geq 3$  of the following:

- ▶ Avoid thoughts, feelings, or conversations about the event
- ▶ Avoid activities, places, or people that cause reminders
- ▶ Inability to recall part of trauma
- ▶ Decreased interest in activities
- ▶ Estrangement from others
- ▶ Restricted range of affect
- ▶ Sense of foreshortened future

Select another symptom or move

on

Reexperiencing

Avoidance /  
Numbing

Hyperarousal

Skip to next topic

# DSM-IV PTSD

## Hyperarousal Symptoms

Persistent symptoms of increased arousal  $\geq$  2:

- Difficulty sleeping
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

Select another symptom or move

on

Reexperiencing

Avoidance /  
Numbing

Hyperarousal

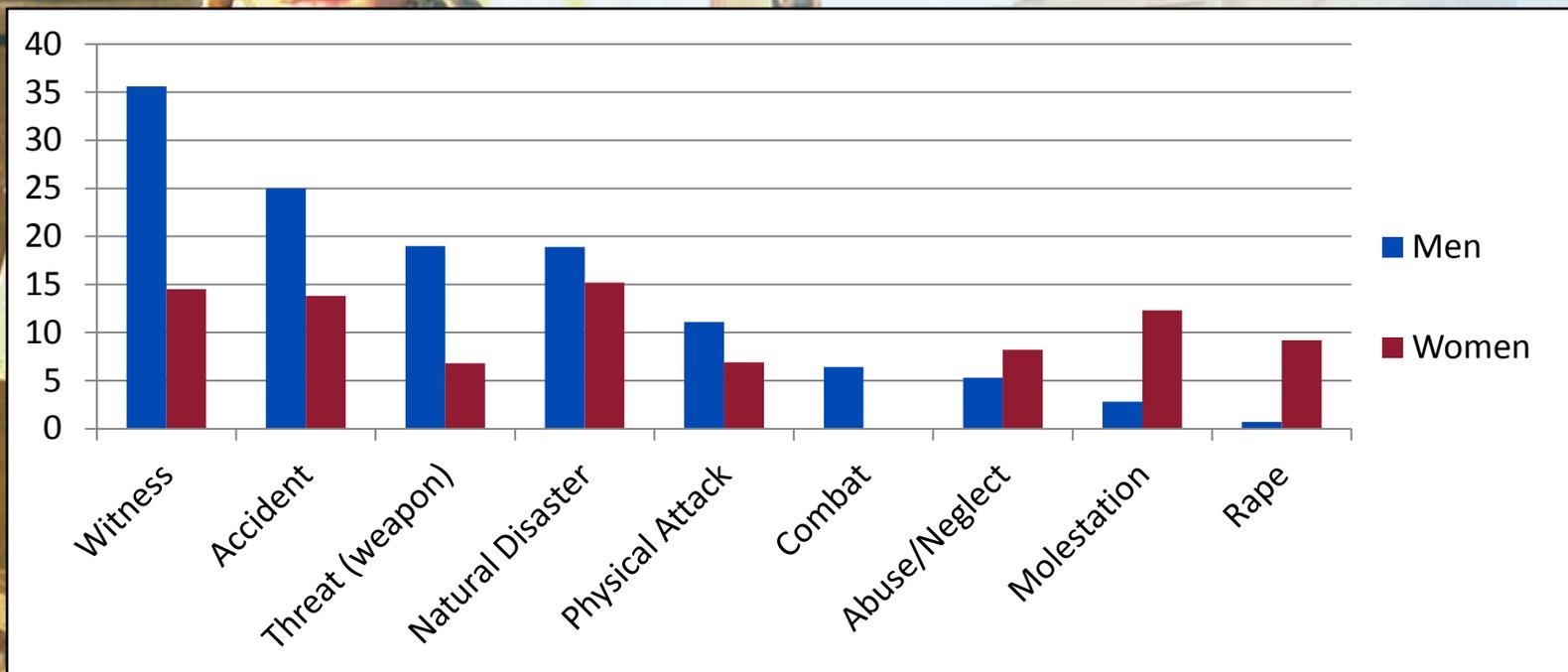
Skip to next topic

## 2. Prevalence Of Trauma in Men and Women



# National Comorbidity Survey

- ▶ 61% of men and 51% of women experience a trauma in their lifetime
- ▶ More than 25% experience multiple traumas

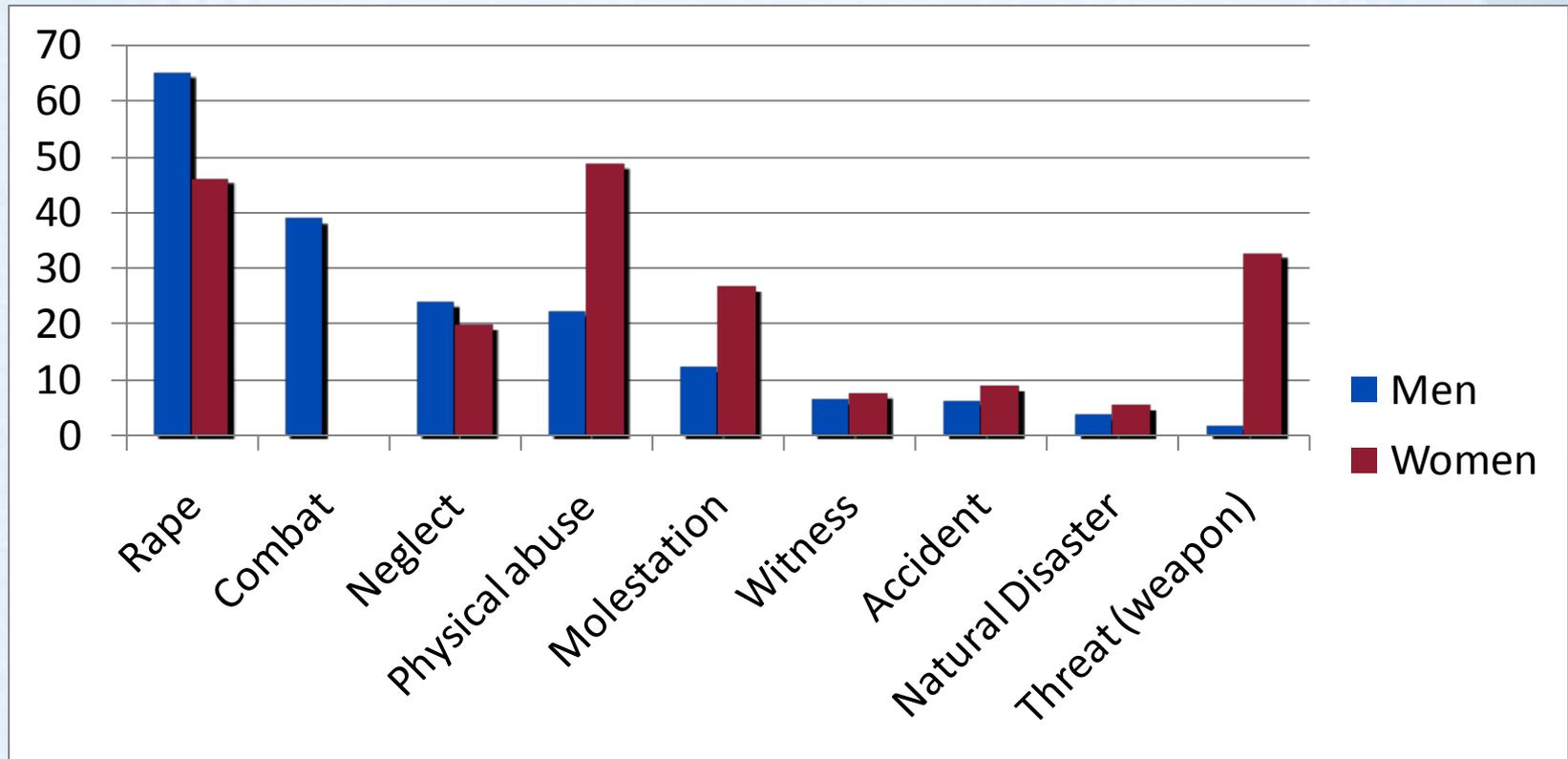


# PTSD Prevalence in US Adults

- ▶ Lifetime PTSD prevalence = 6.8% (NCS-R)
  - 9.7% women
  - 3.6% men
- ▶ Current PTSD prevalence = 3.6% (NCS-R)
  - 5.2% women
  - 1.8% men

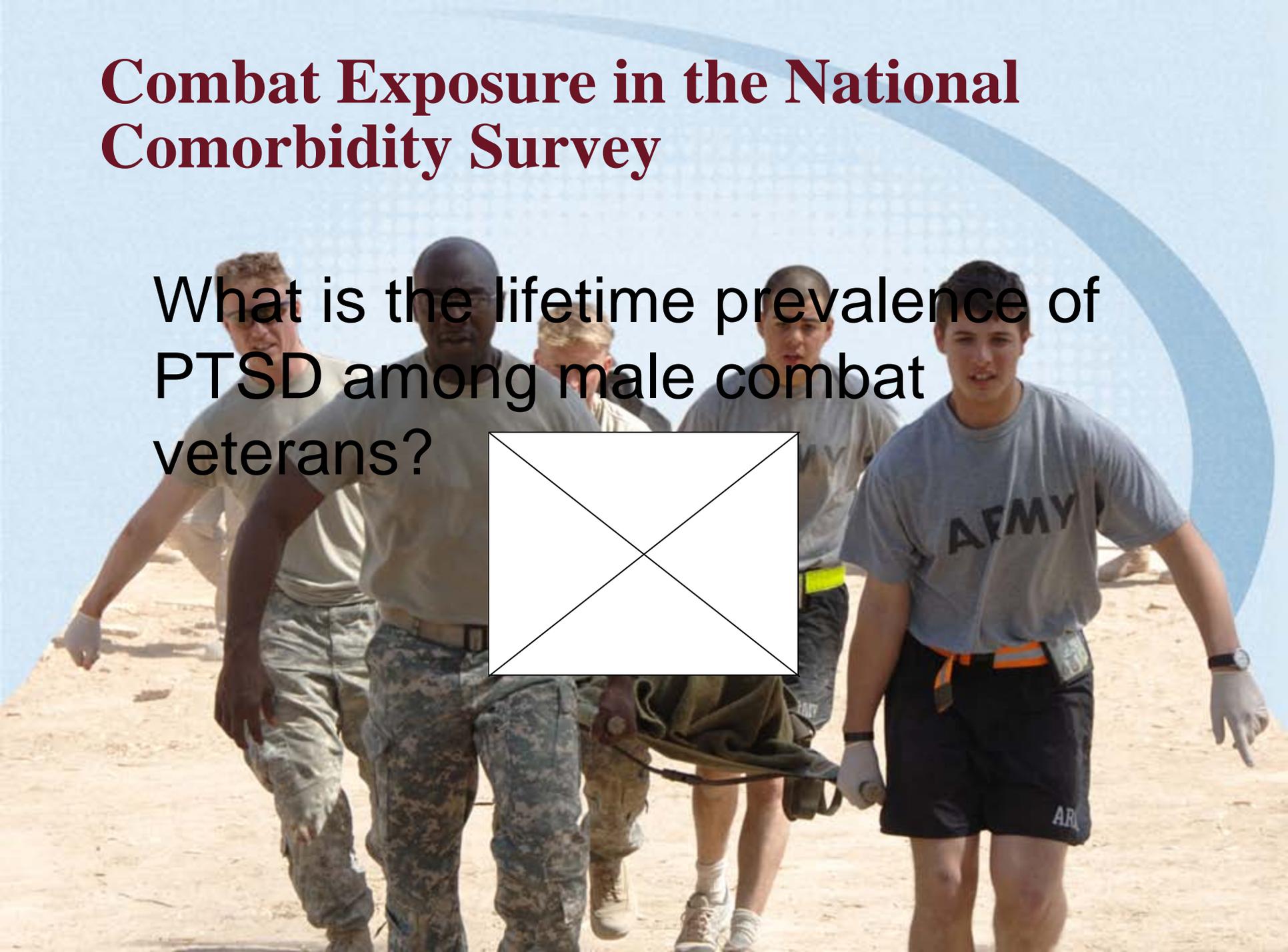
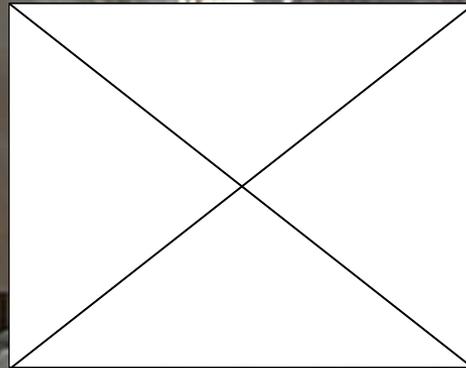
# Conditional Risk of PTSD

20% of exposed women and  
8% of exposed men develop PTSD



# Combat Exposure in the National Comorbidity Survey

What is the lifetime prevalence of PTSD among male combat veterans?



# Combat Exposure in the National Comorbidity Survey

- ▶ Lifetime prevalence of PTSD = **39%** among male combat veterans
- ▶ Male combat vs. all other male trauma
  - Higher lifetime PTSD prevalence
  - Greater likelihood of delayed onset
  - Greater likelihood of unresolved symptoms

# PTSD Prevalence in Vietnam Veterans

- ▶ National Vietnam Veterans Readjustment Study
  - Large, nationally-representative sample of theater and era veterans and civilians (N >3000)
- ▶ Lifetime prevalence
  - 31% men, 26% women
- ▶ Current prevalence (1986-87)
  - 15% men, 8% women

# Prevalence of PTSD from Other Wars

- ▶ Gulf War veterans<sup>1</sup>:
  - Population sample of over 11,000 Gulf War veterans
  - Current PTSD prevalence = 10%
- ▶ Afghanistan War veterans<sup>2</sup>:
  - Army (N=1962)
  - Current PTSD prevalence = 6-11.5%
- ▶ Iraq War veterans<sup>2</sup>:
  - Army (N=894), current PTSD prevalence = 13-18%
  - Marine (N=815), current PTSD prevalence = 12-20%

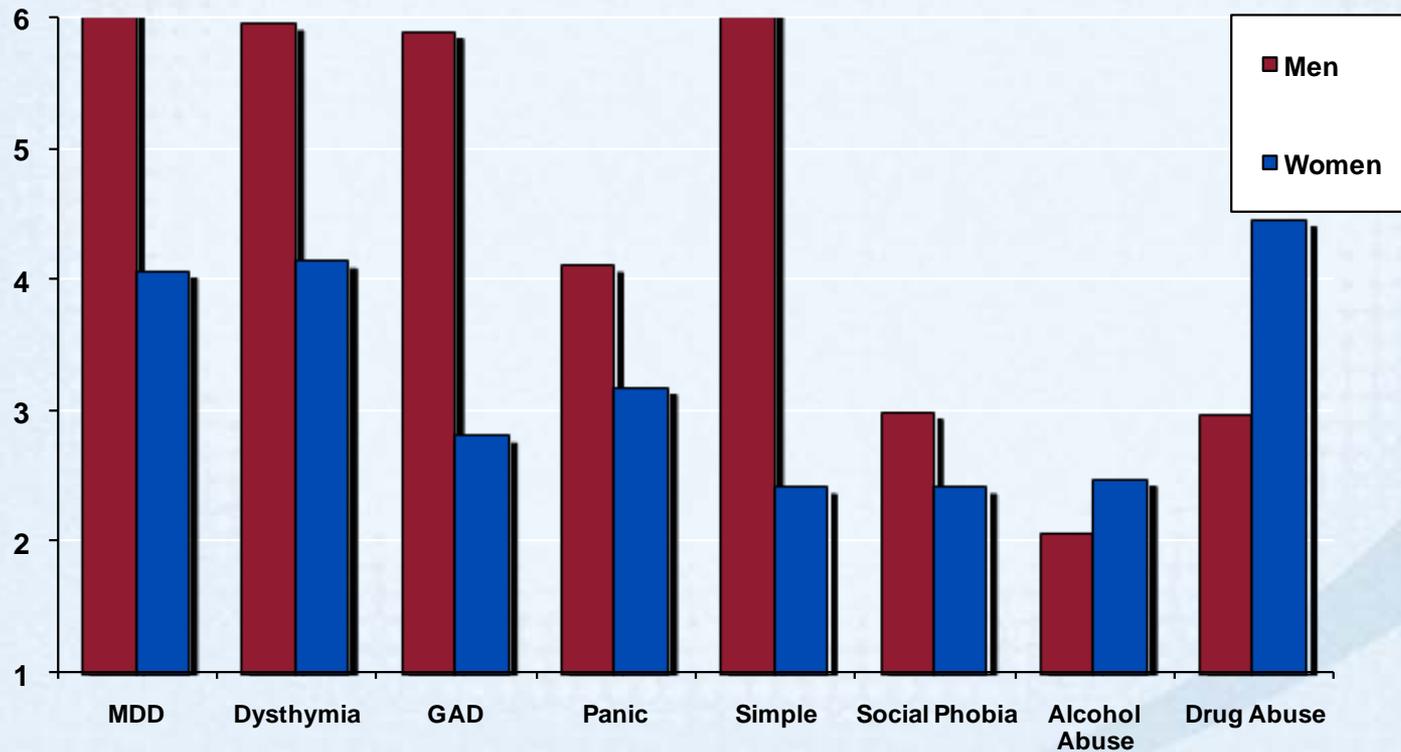
# Consequences of PTSD

Individuals with PTSD have:

- Elevated risk of mood, other anxiety, and substance abuse disorders
- Greater functional impairment
- Reduced quality of life
- Elevated risk of poor physical health

# PTSD and Comorbidity in the NCS

Odds Ratio PTSD vs. No PTSD



# PTSD and Functioning in the NCS

**Select the correct answer:**

People with PTSD are 150 times more likely to struggle with **which issue?**

Teenage parenthood

Unemployment

Academic failure

Marital problems

# PTSD and Functioning in the NCS

**Select the correct answer:**

People with PTSD are 150 times more likely to struggle with **which issue?**

Academic failure: 40x more likely

Teenage parenthood: 30x more likely

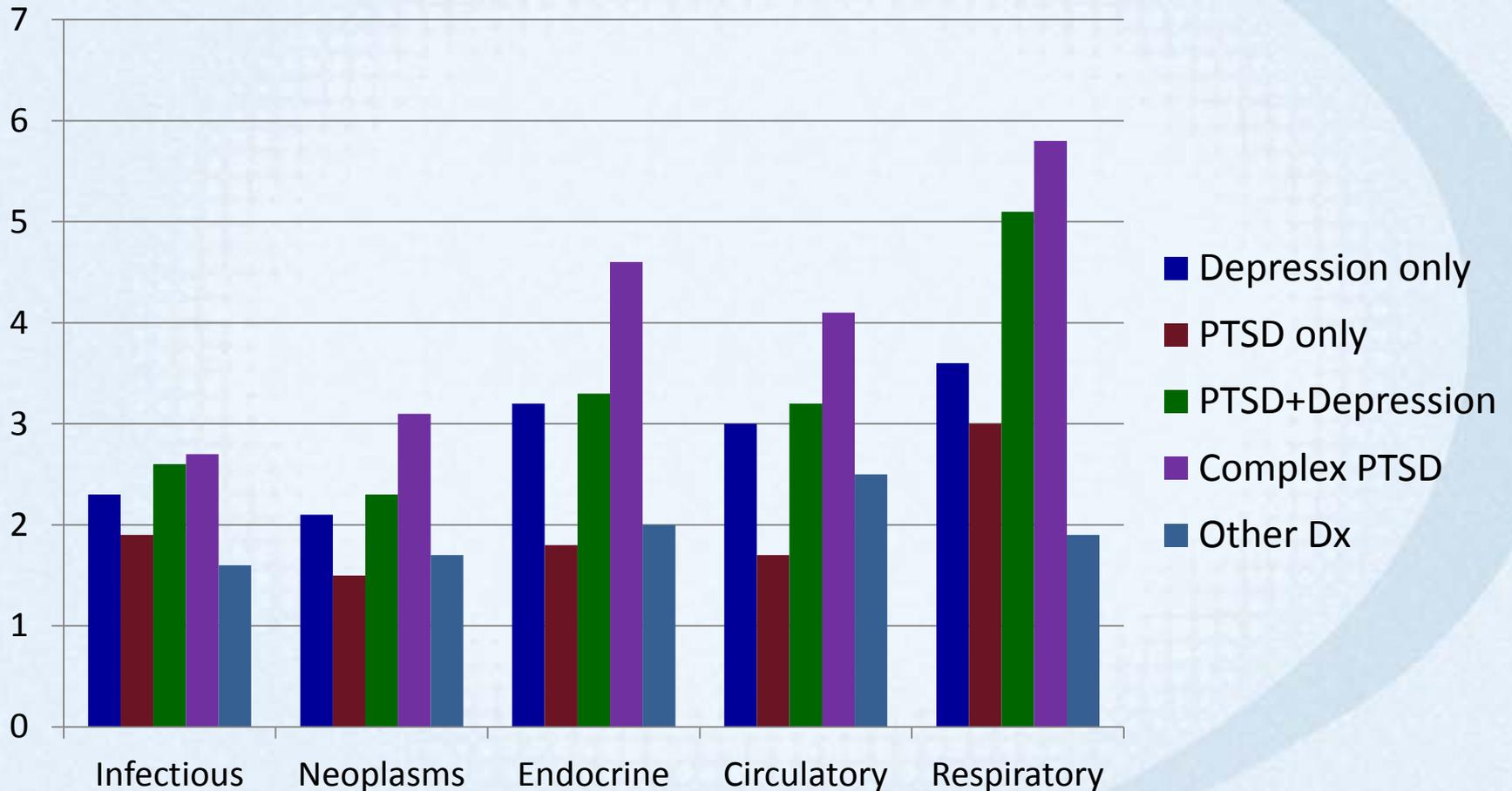
Marital problems: 60x more likely

**Unemployment: 150x more likely**

# PTSD and Functioning in Veterans

- ▶ In NCS, combat-related PTSD vs. PTSD due to other events:
  - ↑ Unemployment
  - ↑ Being fired
  - ↑ Divorce or separation
  - ↑ Spousal abuse
- ▶ In NVVRS, PTSD vs. no PTSD:
  - ↑ Unemployment
  - ↓ Health & well-being
  - ↑ Limitations due to physical functioning
  - ↑ Violence perpetration

# Adjusted Odds of Physician-Diagnosed Disease in Women Receiving Medicaid

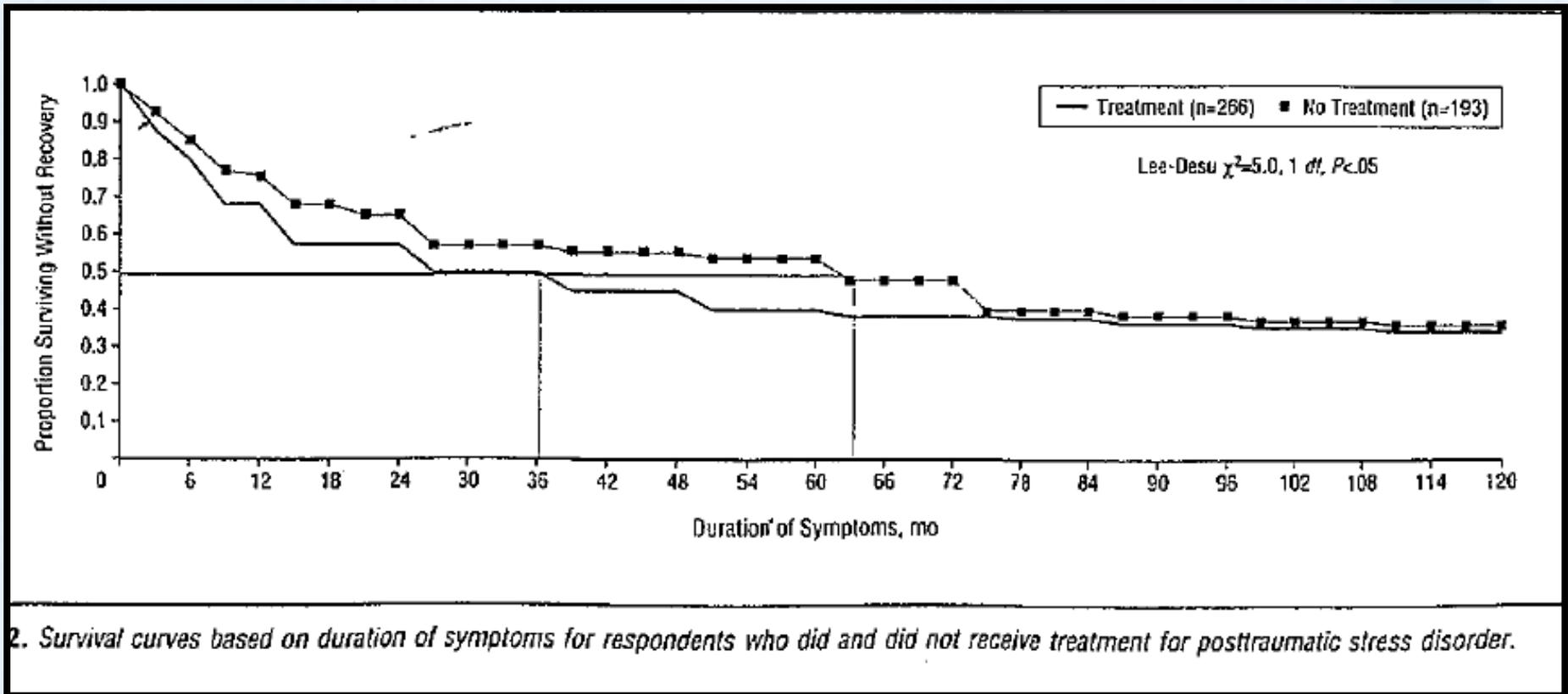


N=17,081. All ORs  $p < .002$  compared to women with no psych diagnosis. From Seng et al., 2006.

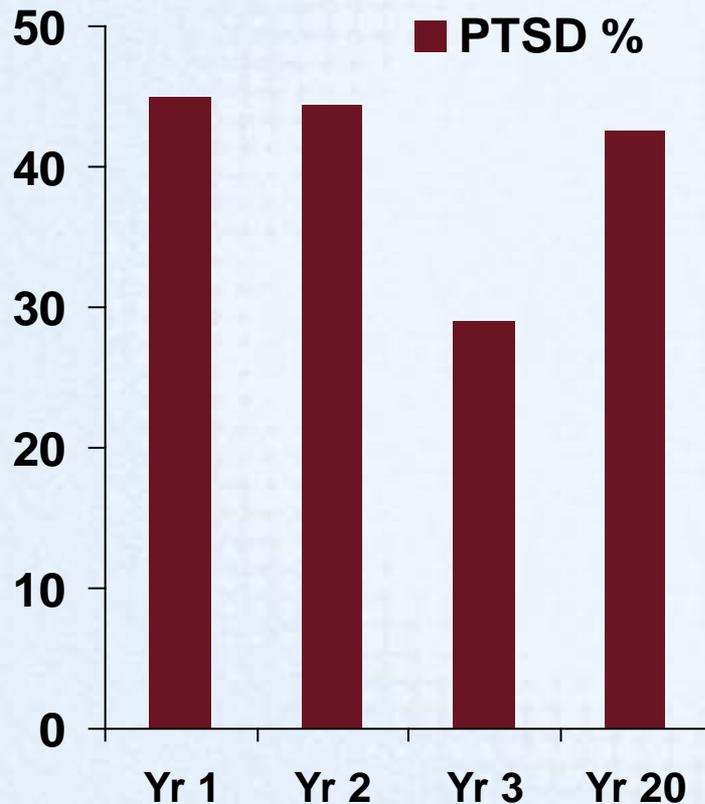
# Course and Onset of PTSD

- ▶ Course is variable
- ▶ Onset usually occurs within 1-2 years of trauma
  - Can be long-delayed
- ▶ In NCS, median duration:
  - Three years in people who received treatment
  - Five years in people who did not receive treatment
- ▶ Symptom exacerbation is common in chronic PTSD
- ▶ New trauma or life events can reactivate symptoms

# Longitudinal Course of PTSD



# PTSD Course in Veterans



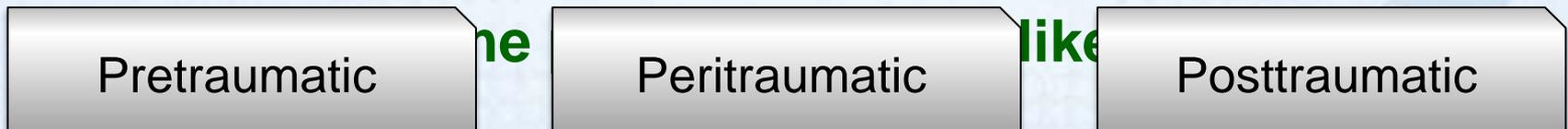
- 214 Israeli combat veterans
- Assessed 1, 2, 3, & 20 years post-war
- Delayed onset of PTSD at year 20 (no PTSD in years 1-3): 8.6%

# 3. Risk Factors for PTSD



# Risk Factors for PTSD

- ▶ Risk of developing PTSD varies with a number of individual vulnerability factors.
- ▶ Typically research has examined factors at three different time points in relation to the traumatic event:



# Risk Factors: Pretraumatic

- ▶ Female gender
- ▶ Some genetic factors
- ▶ Childhood trauma
- ▶ Previous psychiatric problems
- ▶ Lower level of education
- ▶ Lower socioeconomic status
- ▶ Minority race

Select which time point you would like to review

Pretraumatic

Peritraumatic

Posttraumatic

Skip to next topic

# Pretrauma: Demographic Risk Factors for Predicting PTSD

	<u>N of studies</u>	<u>Weighted average <math>r</math></u>	<u>Heterogeneity</u>
Female gender	25	.13	Yes
Younger age	29	.06	Yes
Low SES	18	.14	Yes
Low education	29	.10	Yes
Minority race	22	.05	Yes

*Significant effects shown in red*

**Select which time point you would like to review**

Pretraumatic

Peritraumatic

Posttraumatic

Skip to next topic

# Pretrauma: Prior History Risk Factors for Predicting PTSD

	<u>N of studies</u>	<u>Weighted average <math>r</math></u>	<u>Heterogeneity</u>
Psychiatric history	22	.11	No
Adverse childhood	14	.19	Yes
Family psychiatric history	11	.13	No
Childhood abuse	9	.14	No

*Significant effects shown in red, effect size, and chi-square test of heterogeneity*

**Select which time point you would like to review**

Pretraumatic

Peritraumatic

Posttraumatic

Skip to next topic

# Risk Factors: Peritraumatic

	<u>N of studies</u>	<u>Weighted average <math>r</math></u>	<u>Heterogeneity</u>
Trauma severity	49	.23	No

*Significant effects shown in red, effect size, and chi-square test of heterogeneity*

- ▶ Greater perceived threat or danger, and helplessness increases risk
- ▶ Unpredictability and uncontrollability of traumatic event also increases risk

**Select which time point you would like to review**

Pretraumatic

Peritraumatic

Posttraumatic

Skip to next topic

# Risk Factors: Posttraumatic

	<u>N of studies</u>	<u>Weighted average <math>r</math></u>	<u>Heterogeneity</u>
Lack of social support	11	.40	No
Life stress	8	.32	Yes

*Significant effects shown in red, effect size, and chi-square test of heterogeneity*

**Select which time point you would like to review**

Pretraumatic

Peritraumatic

Posttraumatic

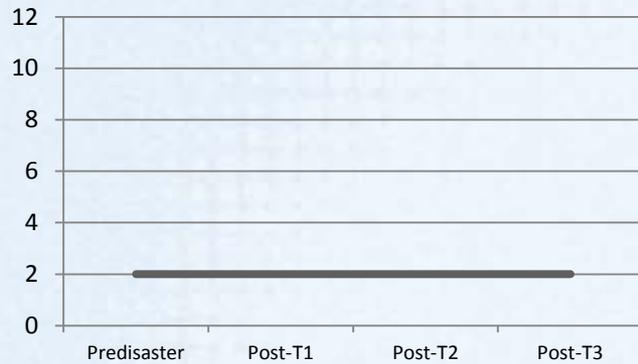
Skip to next topic

# Resilience

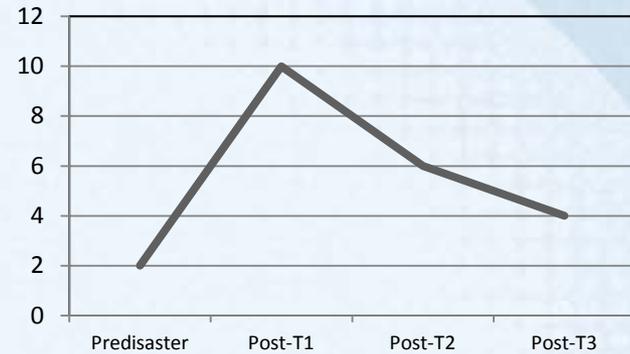
- ▶ The last decade has seen an explosion in traumatic stress research looking at resilience, or positive adaptation in the face of significant adversity.
- ▶ Protective factors are more than just the flip side of risk factors.
- ▶ Resilience may be one of various trajectories of stress response.

# Stress Response Trajectories

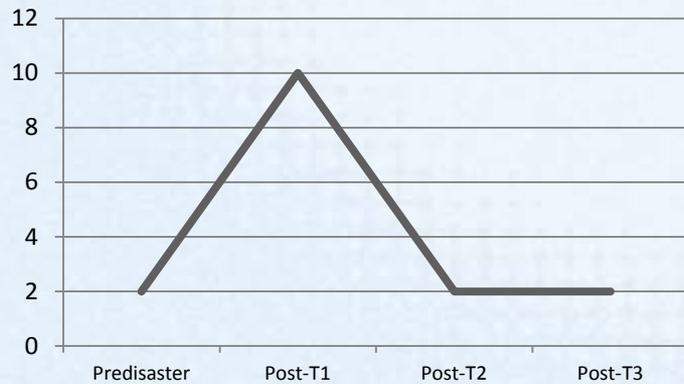
## Resistance



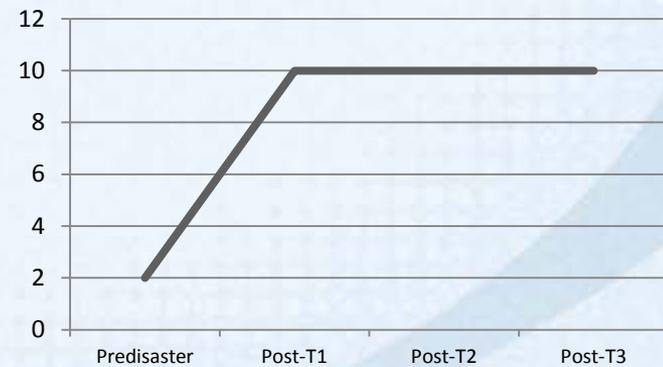
## Recovery



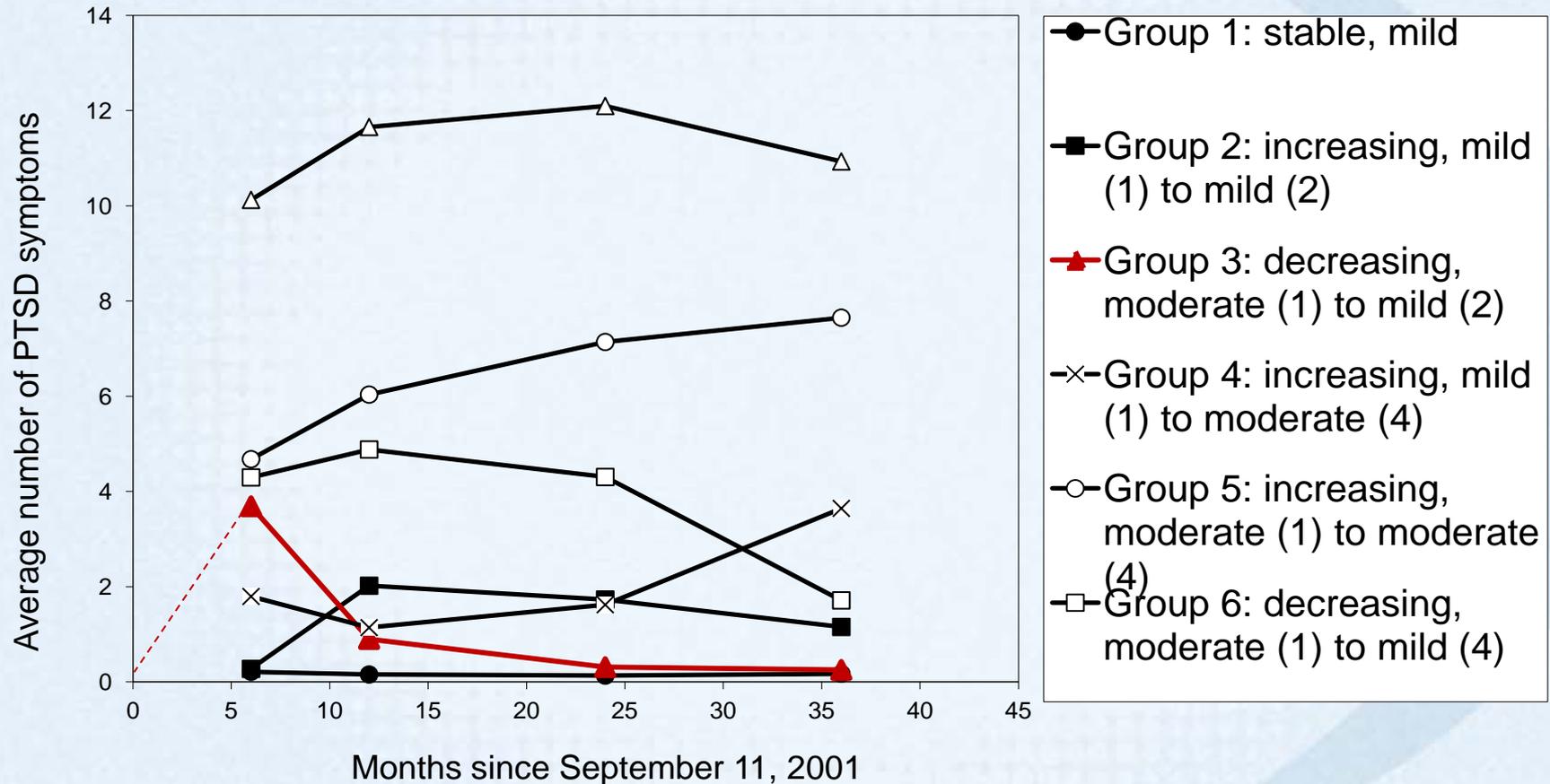
## Resilience



## Chronic Dysfunction



# Resilience Trajectory with Individual Mental Health Outcomes After a Disaster



# PTSD Treatment Options

- ▶ Numerous practice guidelines support the effectiveness of cognitive-behavioral therapy (CBT) for PTSD
  - For example, the Institute of Medicine (IOM), VA/DoD and ISTSS Clinical Practice guidelines
- ▶ Research has shown that CBT, especially prolonged exposure (PE) and cognitive processing therapy (CPT) are effective for PTSD.
  - Some practice guidelines point to the effectiveness of EMDR.
- ▶ SSRIs

# Conclusion

- ▶ Trauma and PTSD are highly prevalent.
  - Clinicians and physicians should ask about trauma because the consequences of PTSD are considerable.
- ▶ The course of PTSD is often chronic and persistent.
  - We now have effective treatments that did not exist in the past and certainly did not exist following the Vietnam war.
  - If we can intervene early we may be able to prevent the chronicity from setting in.