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POST-TRAUMATIC STRESS DISORDER LIBRARY

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

How is PTSD particularly relevant to people living in low- and middle-income countries?

Many people living in low- or middle-income countries are exposed to adversities, including conflict and war. PTSD is prevalent in such communities. In developing countries, most people with PTSD do not receive adequate care due to insufficient mental health services and challenges in implementing evidence-based interventions that are adapted to their specific needs. Non-specialist health workers and other professionals such as teachers, may have an important role to play in delivering mental health care in these settings.

What is the evidence on effectiveness of therapies for PTSD in low- and middle-income countries?

Moderate to low quality evidence found large improvements in PTSD symptoms, depression, and anxiety for up to four weeks following treatment with psychological therapies (trauma-focussed or supportive therapies, eye movement desensitisation and reprocessing, cognitive behavioural therapy, and interpersonal psychotherapy) in adults exposed to humanitarian crises in low-resource settings. There were smaller, but significant improvements for up to six months.

There were also improvements in children in these settings following focussed psychological therapies, particularly in children aged 15-18 years, in non-displaced children, and in children living in small households (<6 members). Functioning, hope, coping, and social support also improved, although only improvements in functioning helped improve PTSD symptoms. There were no significant improvements in depression and anxiety immediately post-treatment and at short-term follow up (6 weeks).

Moderate quality evidence found a large improvement in PTSD symptoms with active psychological treatments immediately following treatment and at follow-up (up to 24 months) in child and adult survivors of mass violence in low- and middle-income countries. The effects were smaller, but remained significant, when compared to control conditions. Depression and functioning also improved.

For non-specialist, lay health worker interventions in low- and middle-income countries, moderate to low quality evidence found a small improvement in PTSD symptoms in adults, and a large improvement in PTSD symptoms in children and adolescents at around six months post-treatment. Children and adolescents also showed improvements in functioning and depression.

Moderate quality evidence found no differences in PTSD symptoms following psychological therapies for women exposed to intimate partner violence compared to women not exposed to intimate partner violence in low- and middle-income countries. Only anxiety improved in exposed women.

For more information see the technical table

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate**

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