



NeuRA

Discover. Conquer. Cure.

POST-TRAUMATIC STRESS DISORDER LIBRARY



(C)2014 Igor Stevanovic - stock.adobe.com

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

What are negative alterations in cognition and mood?

According to the DSM-5, at least two “negative alterations in cognitions and mood” are required for a diagnosis of PTSD. These include negative thoughts or feelings that began or worsened after the trauma, an inability to recall key features of the trauma, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect (e.g., fear, horror, anger, guilt, or shame), decreased interest in activities, feeling isolated, and difficulty experiencing positive affect.

What is the evidence for negative alterations in cognition and mood?

Moderate to low quality evidence finds five clusters of items relating to negative alterations in cognition and mood. These are decreased interest, detachment, restricted affect, foreshortened future, and guilt/shame. Decreased interest items include; *I lost interest in activities which used to mean a lot to me, I lost interest in my usual activities, I lost interest in free time activities that used to be important to me, I lost interest in social activities, and I lost interest in activities that I used to enjoy.* Detachment items include; *I felt distant or cut off from people, and no one, not even my family, understood how I felt.* Restricted affect items include; *I was not able to feel normal emotions, it seemed as if I have no feelings, I felt emotionally numb, I felt unemotional about everything, and I was unable to have loving feelings for people who are close to me.* Foreshortened future items include; *I felt as if my plans for the future would not come true, I felt that I had no future, making long term plans seemed meaningless to me, I felt as if I don't have a future, and I felt as if my future would somehow be cut short.* Guilt items include; *I felt guilty, I felt ashamed of the traumatic events that happened to me, I blamed myself, I felt guilt over things I did around the time of the event, and I felt guilty for having survived.*

Moderate to high quality evidence found a strong relationship between increased dysfunctional appraisals of trauma and increased PTSD symptoms in children and adolescents. In adults, support was found for an association between increased shame and increased PTSD symptoms. There were also relationships between increased symptoms and increased guilt, particularly feelings of wrongdoing and self-blame. More emotional numbing was associated with poorer mental health in general, poor social functioning, and more substance use and aggression in veterans. More emotional numbing was also associated with more treatment initiation and better treatment retention in veterans.

Moderate to low quality evidence found decreased reward functioning in people with PTSD, being a reflection of an inability to feel pleasure. There was less anticipation and approach reward functioning, and also decreased hedonic responses. This was seen more in females than in males.

For more information see the technical table

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



NeuRA

Discover. Conquer. Cure.

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.