

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

How do personal characteristics impact on risk for PTSD?

Personal characteristics, such as cognitive and psychological factors, can influence one's degree of risk for developing PTSD. How such personal characteristics may affect the development of PTSD would be influenced by other personal characteristics as well as differences in the trauma experience itself.

What is the evidence for cognitive and psychological factors on risk for PTSD?

Moderate quality evidence found shorter post-trauma amnesia and more memory of the traumatic event in people with a traumatic brain injury were associated with increased risk of PTSD. There were also associations between depressed mood, poor cognition, distress, and anxiety in people with a spinal cord injury and increased PTSD symptoms.

Moderate to high quality evidence found depression and anxiety, negative subjective and objective birth experiences, fear of childbirth, history of PTSD, negative emotions, dissociation, poor coping and stress, previous psychological problems, and lack of control were all associated with increased risk of PTSD in women following childbirth.

Moderate quality evidence found risk factors associated with PTSD following a burn injury include more life threat perception, intrusion symptoms, substance use disorders, avoidance symptoms, dissociation, negative emotions or distress, acute stress symptoms, having previous psychiatric disorders, need for psychological treatment, more anxiety and depression, having low openness and low narcissism, and feeling responsible for the burn injury.

Moderate to high quality evidence found rates of PTSD following a coronavirus infection were greater in people with a sense of lack of control.

Moderate to high quality evidence found significant associations between more PTSD symptoms in children and adolescents exposed to any trauma and the following risk factors: post-trauma thought suppression, post-trauma blame others, post-trauma distraction, post-trauma psychological problem, peri-trauma fear, peri-trauma perceived life threat, post-trauma parental psychological problem, pre-trauma low intelligence, pre-trauma low self-esteem, pre-trauma psychological problem, and pre-trauma parent psychological problem. Moderate to low quality evidence found a medium-sized effect of increased rates of PTSD in adults and children who experienced fear during earthquakes.

Moderate quality evidence found good negative predictive power and moderate positive predictive power of acute stress disorder in predicting PTSD. Positive predictive power is the proportion of people who developed PTSD who initially met the criteria for acute stress disorder. Negative predictive power is the proportion of people who did not develop PTSD who did not initially meet the criteria for acute stress disorder.

For more information see the technical table



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