

# **POST-TRAUMATIC STRESS DISORDER Factsheet**

# August 2021

#### What are trauma characteristics?

For a person to be diagnosed with PTSD, exposure to at least one trauma is required. Traumas as determined by the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) include being exposed to threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Examples include direct exposure, witnessing the trauma, or learning that a relative or close friend was exposed to a trauma. Traumas can also be encountered in the course of professional duties. Differences in trauma characteristics, along with differences in personal characteristics, may affect an individual's risk of developing PTSD.

#### What is the evidence for PTSD in people exposed to disasters?

Moderate guality evidence found a large effect of increased PTSD symptoms in people exposed to natural disasters compared to people not exposed to natural disasters. There were small to medium-sized associations between exposure to disasters and increased PTSD symptoms in youth (<18 years). The association was strongest in females, in children exposed to disasters with a higher death toll, in children in close proximity to the disaster, and in children with increased perceived threat and distress. There was a medium-sized effect of more PTSD symptoms in older adults (>60-65 years) than younger adults following exposure to natural disasters. However, there was also a medium-sized effect of fewer PTSD symptoms in older adults than younger adults following exposure to man-made disasters. Review authors suggest this may be explained by older adults having less likelihood of evacuating during a natural disaster, while previous experiences may better prepare older people to cope with human-induced disasters.

The incidence rate of PTSD after a flood is around 16%. Incidence rates after a flood were highest within six months and in people who experienced severe flood intensity. The incidence rate of PTSD after an earthquake is around 24%. Incidence rates after an earthquake were highest within nine months, higher in females than males, and higher in people who had damage to their houses. Being older, being trapped, experiencing fear, injury, bereavement, and witnessing injury/ death during the earthquake were all related to greater risk of PTSD. Having a higher education was associated with more PTSD in children but less PTSD in adults following an earthquake.

### 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 areatest 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

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