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POST-TRAUMATIC STRESS DISORDER LIBRARY

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POST-TRAUMATIC STRESS DISORDER Factsheet

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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 epidemics or pandemics?

Moderate to high quality evidence found the overall prevalence of PTSD symptoms during coronavirus outbreaks (Middle East respiratory syndrome [MERS], severe acute respiratory syndrome [SARS], and coronavirus disease 2019 [COVID-19]) was around 18%. PTSD symptoms were more common in coronavirus patients (29-32%) than in healthcare workers (18%) or in the general population (12%). Rates of depression and anxiety disorders were both around 15% during coronavirus outbreaks.

PTSD symptoms were higher during the MERS and SARS outbreaks than during the COVID-19 outbreak, although the full effects of this outbreak have not yet been established. Rates of PTSD symptoms were higher in healthcare workers during the outbreaks than after the outbreaks, while patients and the general population showed higher rates of PTSD symptoms after the outbreaks than during the outbreaks (only SARS and MERS were assessed for this outcome). In coronavirus patients, rates of PTSD symptoms were higher in females than in males, higher in infected healthcare workers than other infected people, higher in people with a previous physical illness, and higher in people with avascular necrosis, functional impairment, pain, or a sense of lack of control. For COVID-19 specifically, there were small increases in the rates of PTSD in patients compared to non-patients, and in people exposed to longer versus shorter COVID-19 media reporting.

Finally, the prevalence of PTSD during and following pandemic infections that required quarantine measures for their management was 21.65%, which was similar to the rates of distress, depression, and anxiety during and following these pandemics.

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



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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.