

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

What are trauma characteristics?

For a person to be diagnosed with PTSD, 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 are direct exposure, witnessing the trauma, or learning that a relative or close friend was exposed to trauma. Trauma characteristics, along with personal characteristics, influence the risk of developing PTSD following exposure.

What is the evidence for risk of PTSD at varying time intervals post-trauma exposure?

Moderate quality evidence found the prevalence of PTSD symptoms in patients with a coronavirus infection was around 29%. Rates of PTSD were highest when measured after rather than during outbreaks in patients and the general public, while healthcare workers showed higher rates of PTSD during rather than after outbreaks.

There was a medium-sized effect of increased PTSD symptoms in healthcare workers exposed to critical incidents compared to healthcare workers not exposed to critical incidents. The effect was larger after four weeks post-incident than before four weeks post-incident.

The incidence of PTSD after a flood was around 16%, with incidence highest within six months after the flood. The incidence of PTSD after an earthquake was around 24%, with incidence highest within nine months after the earthquake. There was medium-sized effect of fewer PTSD symptoms in older adults than younger adults following exposure to man-made disasters. The effect was largest up to 6 months after the disaster.

The prevalence of PTSD in people with cancer was around 11%. Rates of PTSD were higher in studies of people with a longer time since cancer diagnosis. For people with spinal cord injury, there was a small association between less PTSD symptoms and more time the injury.

There was a small association between less time after exposure to any trauma in children and adolescents and increased risk of PTSD. For child and adolescent asylum seekers and refugees, the prevalence of PTSD was around 23%, and was higher for those displaced for less than two years than for those displaced for over two years.

There were medium-sized associations between exposure to disasters and PTSD symptoms in youth ≤ 18 years. These associations were strongest measured at 6-12 months than at <6 months or over 12 months post-disaster.

There was a large effect of more PTSD symptoms in parents of chronically ill children than in parents of healthy children. Rates were lowest in parents of children with longer time since active treatment.

There were no associations between PTSD and time since exposure to mass shootings or road traffic accidents.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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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.