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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 threatened death, actual or threatened serious injury, and actual or threatened sexual violence. Trauma characteristics, along with personal characteristics, influence the risk of developing PTSD.

What is the evidence for risk of PTSD after exposure to varying levels of trauma severity?

Moderate quality evidence found people with advanced-stage cancer had higher rates of PTSD than those in earlier stages (11.4% vs. 4.2%). The prevalence of PTSD in people in chronic pain is around 9.7%, with the prevalence highest in people with chronic widespread pain (20.5%). Associations were also found between more pain severity and distress after a spinal cord injury and increased PTSD symptoms.

Risk factors associated with PTSD following a burn injury include (in descending order of effect); more life threat perception, pain, negative emotions or distress, acute stress symptoms, being injured by an explosion, more body surface area affected, longer hospitalisation stay, and having more surgeries.

PTSD symptoms were found in parents of chronically ill children, with rates highest in parents of children with more illness severity and longer treatment duration and intensity.

The incidence of PTSD was lower in people exposed to mild flood severity (4.41%) than in people exposed to moderate (12.82%) or severe (20.06%) flood intensity. The prevalence of PTSD in people exposed to earthquakes was highest in those who were trapped, experienced fear, injury, bereavement, or witnessed injury/death. There were small to medium-sized associations between increasing disaster death toll and increasing PTSD symptoms (a dose-dependent effect). Closer proximity to the disaster, more threat to self, and more general distress all showed medium-sized associations with increased PTSD symptoms, while loss of a loved one showed a small association with PTSD symptoms.

Moderate to high quality evidence found the prevalence of PTSD in war-affected refugees and citizens was around 31%. Rates were highest in samples exposed to recent conflict, to torture, to more potentially traumatic events, to political terror, and in people from Cambodia, Bosnia, Kosovo, and Africa. Moderate quality evidence found the risk factors most associated with risk of PTSD in military personnel and veterans were discharging a weapon, witnessing someone being wounded or killed, experiencing severe trauma, and having longer and more deployments.

There was a small association between greater level of exposure to mass shootings (closer proximity, longer duration) and increased PTSD symptoms. There was a medium-sized association between exposure to any trauma severity and increased risk of PTSD in children and adolescents.

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.