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POST-TRAUMATIC STRESS DISORDER LIBRARY

POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

What is prevalence?

Prevalence represents the overall proportion of individuals in a population who have the disorder of interest. It is different from incidence, which represents only the new cases that have developed over a particular time period. Point prevalence is the proportion of individuals in a population who have the disorder at a given point in time (e.g., at one-month post-trauma), while period prevalence is the proportion of individuals in a population who have the disorder over specific time periods (e.g., one to two months post-trauma). Lifetime prevalence is the proportion of individuals in a population who have ever had the disorder and lifetime morbid risk also includes those who had the disorder but were deceased at the time of the survey.

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

Moderate to low quality evidence found the mean prevalence of PTSD following public health disasters (SARS outbreaks) to be around 14%, after natural disasters (earthquakes, hurricanes) mean prevalence was around 18%, and after man-made disasters (war, terrorism) mean prevalence was around 24%.

There were vast differences in prevalence rates across studies. The prevalence of PTSD in adults exposed to earthquakes was between 4.1% and 67.7% and between 2.5% and 60% in children exposed to earthquakes. The prevalence of PTSD in children and adolescents after tsunamis was between 6.0% and 70.7%. After hurricanes the prevalence was between 9.0% and 36.7%, after cyclones and tornadoes the prevalence was between 1.0% and 90.0%, after fires the prevalence was between 9.0% and 36.7%, after floods the prevalence was between 2.05% and 37.0%, after ship sinking the prevalence was between 50.0% and 89.5%, and after the 9/11 attack the prevalence was between 2.3% and 35.0%. For adults exposed to earthquakes, being female, having low education level or socio-economic status, prior trauma, being trapped, and experiencing fear, injury, or bereavement were related to greatest risk of PTSD. For children, being older, having higher education, being trapped, experiencing fear, injury or bereavement, and witnessing injury/death during the earthquake were related to greatest risk of PTSD.

For more information see the technical table

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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.

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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