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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.

What is the evidence for the prevalence of PTSD in medical patients?

Moderate quality evidence finds the overall prevalence of PTSD in primary care settings (first-contact medical care centres) is around 12.5%. In critical illness survivors, the prevalence of PTSD diagnosis was around 20% between discharge from ICU and over 12 months post-discharge. Rates were highest within the first 3 months post-discharge. The prevalence of PTSD symptoms in critical illness survivors was between 25% and 44% up to 6 months post-ICU, with rates varying depending on the Impact of Event Scale score cut-off threshold. By 12 months, rates were between 17% and 34%.

The prevalence of PTSD diagnosis following a coronavirus infection was around 29-32%. Coronavirus infections included the severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), and the coronavirus disease 2019 (COVID-19). Rates of PTSD were higher in females than males, higher in healthcare workers, in people with a previous physical illness, in people with avascular necrosis, functional impairment, pain, and a sense of lack of control.

The prevalence of PTSD after a traumatic brain injury (TBI) was around 24%. Rates were highest in samples with more males, in samples with TBI rather than another physical injury, in military samples exposed to a blast rather than civilians exposed to a motor vehicle accident, and in studies from the USA. There were no differences in rates of PTSD between people with a mild or moderate/severe TBI.

The prevalence of PTSD after acute orthopaedic trauma was around 26.6% and the prevalence of both PTSD and depression was around 16.8%. Rates were higher in females than males with orthopaedic trauma, and in patients with lower extremity fractures (including pelvic) than upper extremity fractures.

In people with cancer, the current prevalence of PTSD was around 5-6% and lifetime prevalence was around 12-15%. After an acute coronary event, the prevalence of PTSD was around 12%, with rates of PTSD higher in studies using a screening instrument than a clinical diagnostic interview to assess PTSD. Within one year after a stroke or transient ischemic attack, the prevalence was around 23% and prevalence was 11% after one year. After a caesarean section, prevalence was around 10.7%, with rates higher after an emergency caesarean than after an elective caesarean. The prevalence of PTSD in HIV-positive women is around 30%, with rates proposed to be lower in HIV-positive men.

The prevalence of PTSD symptoms after a burn injury ranged from 3.3% to 35.1% at 1 month, 2.2% to 40% at 3 to 6 months, 9% to 45.2% within the year post-injury, and 6.7% to 25.4% more than 2 years later.

The prevalence of PTSD in people with chronic pain is around 9.7%. PTSD prevalence was highest in people with chronic widespread pain and headache, and lowest in people with back pain. Prevalence was higher in studies using self-reported PTSD symptoms than in studies using clinical interviews to assess PTSD.

The prevalence of PTSD after an injury in children is around 20.52%. Rates were highest in girls, in older children, and in children injured in hurricanes.

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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