



# PTSD: Epidemiology, Trauma Types, Risk Factors, Diagnosis, Clinical Presentation and Course

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# Module Overview: Post-Traumatic Stress Disorder (PTSD)

Section 1:  
**Introduction to PTSD**



- What is PTSD?

Section 2:  
**Epidemiology**



- Prevalence and incidence
- Demographics

Section 3:  
**Defining Trauma in PTSD**



- Trauma types
- Key drivers
- Risk factors

Section 4:  
**Diagnosis of PTSD**



- DSM-5 diagnostic criteria
- Four core symptom clusters
- Screening and monitoring tools

Section 5:  
**Clinical presentation and course**



- Onset
- Challenges in diagnosis
- Impact of stigma

Section 6:  
**Summary**



# What is PTSD?

- Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances<sup>1-3</sup>
  - An individual may experience PTSD as emotionally or physically harmful or life-threatening, and their mental, physical, social, and/or spiritual well-being may be affected<sup>1-3</sup>



PTSD, post-traumatic stress disorder.

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders.(2013) Fifth Edition. DSM-5™. American Psychiatric Publishing.
2. Yehuda R et al. *Nat Rev Dis Primers*, 2015; 1, 15057.
3. Suomi A. et al. *Cochrane Database of Systematic Reviews*, 2019;12(12), CD011257.

# Prevalence and incidence

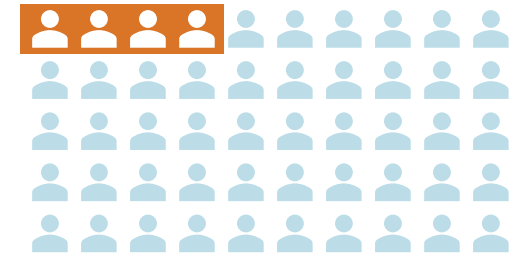
PTSD is a highly prevalent disorder worldwide and in the US



- The global lifetime prevalence of PTSD is 4% to 10%<sup>1-4</sup>
- 1-year prevalence rates range from 3% to 6%, depending on prior exposure to trauma<sup>1-4</sup>



- PTSD is one of the most common mental health disorders in the US<sup>5,6</sup>
- >80% patients are in the **general population** rather than the military population<sup>7-9</sup>



Among the general US population:

- **~13 million** adults will experience PTSD during a given year (~4.9%)<sup>3,10-13</sup>
- **7 to 8 out of every 100 people** will experience PTSD at some point in their lives<sup>1,3,10-13</sup>

PTSD, post-traumatic stress disorder; US, United States.

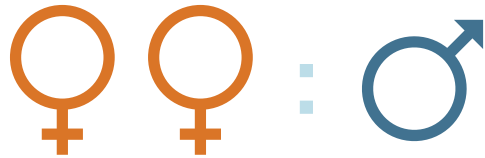
1. Koenen KC et al. *Psychol Med*. 2017; 47:2260-2274.
2. Yehuda R et al. *Nat Rev Dis Primers*. 2015; 1: 15057.
3. Kilpatrick DG et al. *J Trauma Stress*. 2013; 26: 537-547.
4. Kessler R et al. *World Psychiatry*. 2014; 13(3), 265-274.
5. Lancaster CL. et al. *J Clin Med*. 2016; 5(11), 105.
6. Spottswood M et al. *Harv Rev Psychiatry*. 2017; 25(4), 159-169.

7. Davis LL et al. *J Clin Psychiatry*. 2022;83(3):21m14116.
8. United Nations Department of Economic and Social Affairs. (1994). Retrieved from [https://population.un.org/wpp/Publications/Files/WPP2019\\_Highlights.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf).
9. Kessler RC et al. *Arch Gen Psychiatry*. 2005;62(6):617-627.
10. Lehavot K et al. *Am J Pre Med*. 2018;54(1), e1-e9.

11. US Census Bureau. (2022). National Population by Characteristics: 2020-2022. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>. (Data on file).
12. RE\_ Prevalence Estimate Follow-up email.pdf. (Data on file).
13. U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 4.0. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).

# Demographics

PTSD can develop at any age and across genders and identities



## Gender:

Incidence of PTSD is **2x higher** in women than men<sup>1,2</sup>

- Women account for **66.4%** of the overall PTSD population in the US<sup>1,2</sup>
- Lifetime prevalence of PTSD is **13%** in women and 6% in men<sup>1,2</sup>
- Females in the general population **experience PTSD for a longer duration** than do males<sup>3</sup>



## Age:

Typical onset age for PTSD is in young and middle adulthood<sup>4</sup>

- The median age of onset among US adults is **23 years**<sup>4</sup>



## Ethnicity:

In the US, PTSD prevalence varies by group<sup>5</sup>

- Black: 8.7%
- White: 7.4%
- Hispanic: 7.0%
- Asian: 4.0%

PTSD, post-traumatic stress disorder; US, United States.

1. Davis LL et al. *J Clin Psychiatry*. 2022;83(3):21m14116.
2. Kilpatrick DG et al. *J Trauma Stress*. 2013; 26: 537-547.

3. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. DSM-5™. American Psychiatric Publishing.

4. Kessler RC. *Arch Gen Psychiatry*. 2005;62(6), 617-627.

5. Alegria M et al. *Medical Care*. 2013;51(12):1114-1123.

# Trauma types in PTSD

- Diagnosis of PTSD is based on identifying the index trauma, which informs the assessment of severity<sup>1</sup>
- Index trauma can be one or more traumatic events either experienced or witnessed<sup>1</sup>
- After exposure to a traumatic event, the risk of developing PTSD varies by trauma type<sup>2-4</sup>

## Several types of traumatic events can be considered key drivers<sup>5</sup>

PTSD Key Drivers	Odds Ratio
Sexual relationship violence	5.6
Child abuse	2.6–4.9
Life-threatening illness/injury	1.9–3.2
Interpersonal violence	1.7–4.0
Combat/war zone exposure	1.6–5.1
Traumatic brain injury	1.5–1.8

PTSD, post-traumatic stress disorder.

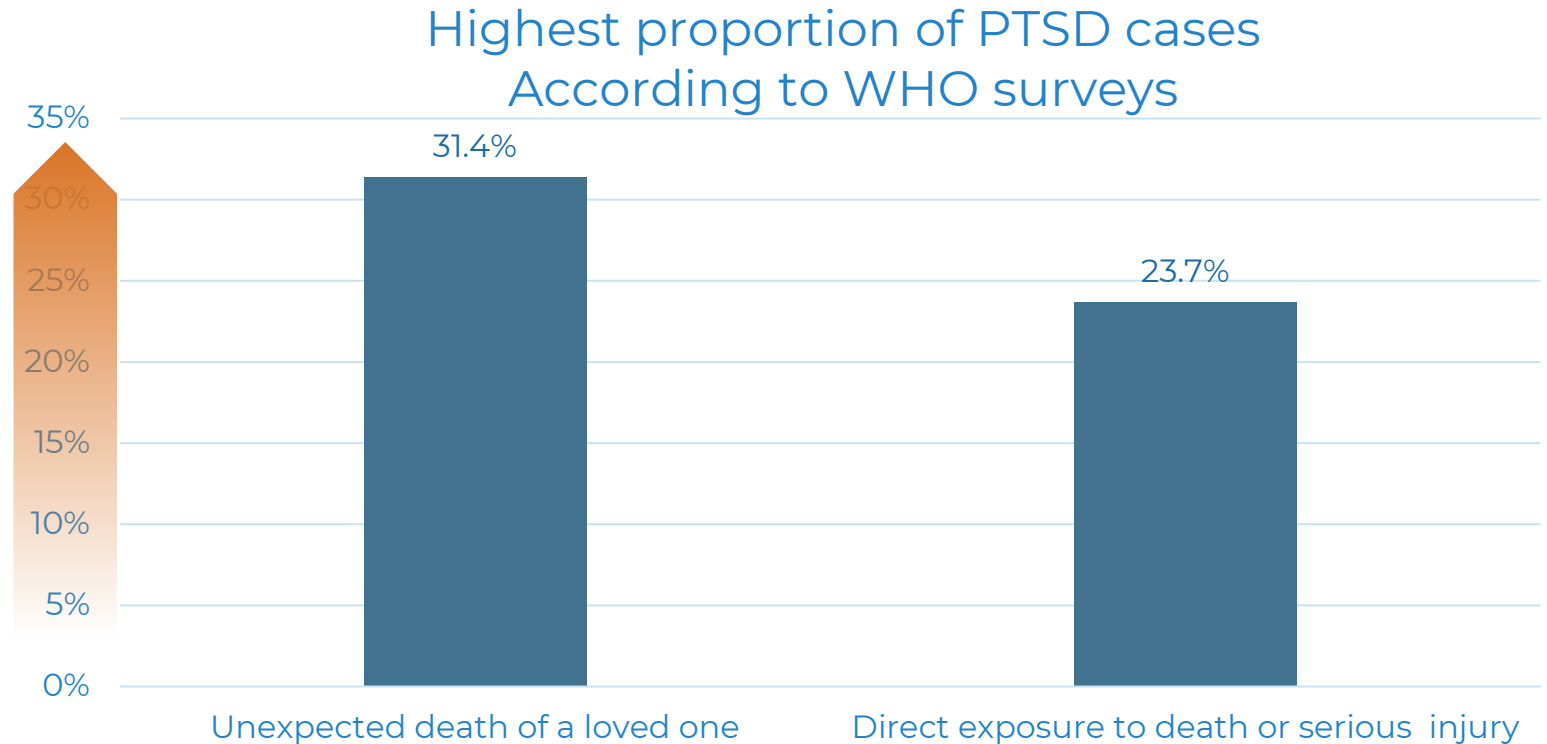
1. Priebe K et al. *Eur J Psychotraumatology*. 2018;9(1), 1486124.
2. Liu, R. T. *Clinical Psychology (New York)*, 2017;24(2), 140-153.

3. Kessler RC et al. *Eur J Psychotraumatology*. 2017;8(suppl 5), 1353383.
4. Luz MP et al *J Psychiatr Res*. 2016;72:51-57.
5. Analysis Group. (2020). Prevalence and Risk Factors of Post-traumatic Stress Disorder in the United States. (Data on file).

# Most common trauma types in PTSD (1/2)

## Trauma exposure and proportion of cases

In an analysis of prevalence and distribution of trauma exposure by the World Health Organization World Mental Health Surveys, unexpected death of a loved one and directly witnessing death or serious injury accounted for the highest proportion of PTSD cases<sup>1\*</sup>



\*51,196 traumatic events

PTSD, post-traumatic stress disorder; WHO, World Health Organization.

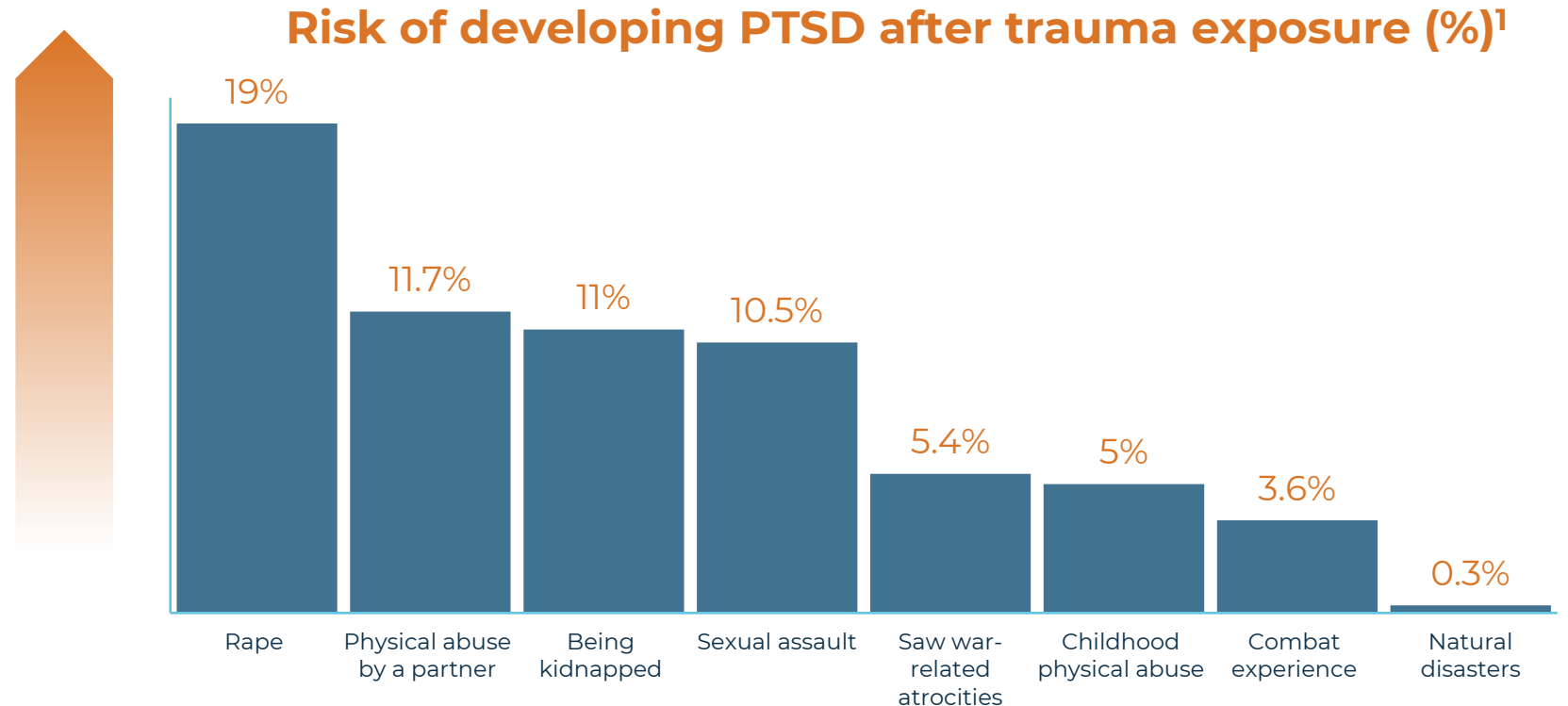
1. Kessler RC et al. Eur J Psychotraumatology. 2017;8(suppl 5), 1353383.



# Most common trauma types in PTSD (2/2)

PTSD can develop after experiencing or witnessing a range of traumatic events

The average risk of developing PTSD after a traumatic exposure is 4%, and up to 30%, varying by trauma type<sup>1-4</sup>



PTSD, post-traumatic stress disorder.

1. Kessler RC et al. Eur J Psychotraumatology. 2017;8(suppl 5), 1353383.

2. Liu H et al. JAMA Psychiatry. 2017;74(3):270-281.

3. Luz MP et al. J Psychiatr Res. 2016;72, 51-57.

4. Tortella-Feliu M et al. Neurosci Biobehav Rev. 2019;10:154-165.

# Other trauma types in PTSD



- Other sources of trauma that may be less recognized include major health conditions, motor vehicle accidents, health pandemics, and acting as a first responder in an emergency<sup>1-5</sup>
- One meta-analysis of the COVID-19 pandemic reported a global PTSD prevalence of 17.52% among the general population<sup>6,\*</sup>
  - Twice as many healthcare professionals experienced PTSD compared to patients/survivors of COVID-19 (30.98% and 15.45%, respectively)<sup>6</sup>

\*63 studies assessing the prevalence and associated risk factors of PTSD in 24 countries (n = 124,952).  
COVID-19, coronavirus disease 2019; PTSD, post-traumatic stress disorder.

1. Parker AM et al. Crit Care Med. 2015;43(5):1121-1129.
2. Cordova MJ et al. Lancet Psychiat. 2017;4(4):330-338.

3. Fekadu, W et al. Front Psychiatry. 2019;10: 519.
4. Nagarajan R et al. J Affect Disord, 2019;299:52-59.
5. Prioux C et al. International Int J Environ Res Public Health. 2023;20(5): 4160.
6. Yunitri N et al. Int J Nurs Stud. 2022;126: 104136.

# Risk factors

The presence of certain risk factors may influence the likelihood of developing PTSD following exposure to a given traumatic event<sup>1</sup>

## Several factors were significantly associated with an increased risk for PTSD\*

### Sociodemographic factors

- Female
- Indigenous American

### Pre-trauma factors

- History of physical disease
- Family history of psychiatric disorder

### Peri-trauma factors

- Cumulative exposure to potentially traumatic experiences
- Trauma severity

\*A meta-analysis of 1173 studies evaluating 130 potential risk factors for PTSD. PTSD, post-traumatic stress disorder.

1. Tortella-Feliu M. Neurosci Biobehav Rev. 2019;107: 154-165.

# Risk factors

## Subgroups with increased risk of PTSD in the US

According to a systematic review of adults with exposure to at least one traumatic event, increased risk of PTSD is associated with a number of demographic and behavioral health factors<sup>1,2</sup>

Female sex	Diagnosed mental illness
Younger age (<65 years)	Substance use disorder
Being divorced	Drug use disorder
Being of low income	Alcohol use disorder



### Sexual orientation, gender identity, and expression

- LGBTQ+ individuals are at an increased risk of developing PTSD compared to heterosexual individuals<sup>3</sup>

### Race

- Black individuals at increased risk of developing PTSD compared to White individuals<sup>3</sup>

LGBTQ+, lesbian, gay, bisexual, transgender, queer, and others; OR, odds ratio; PTSD, post-traumatic stress disorder; US, United States.

1. Schein J et al. *Curr Med Res Opin.* 2021;37(12): 2151-2161.

2. Analysis Group. (2020). *Prevalence and Risk Factors of Post-traumatic Stress Disorder in the United States.* (Data on file).

3. Roberts AL. *Am J Public Health.* 2010;100(12): 2433-2441.

# PTSD diagnosis

- PTSD is diagnosed using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria<sup>1,2</sup>
- Diagnosis of individuals with PTSD<sup>3</sup>:
  - **83%** by mental health provider
  - **17%** by a primary care/ other provider
- Diagnosis of PTSD requires identification of one or more traumatic events, defined as the index trauma, which serves as the basis for the assessment of PTSD severity<sup>4</sup>



DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PTSD, post-traumatic stress disorder.

1. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5™. American Psychiatric Publishing.
2. Mann SK et al. (2023). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK559129/>.
3. Cook JM et al. *J Clin Psychol Med Settings*. 2021;28(2): 221-228.
4. Priebe K et al. *Eur J Psychotraumatology*. 2018;9(1):1486124.

# DSM-5 diagnosis of PTSD<sup>1,2,\*</sup>

## A. Exposure to **trauma**

### B. **≥1** Intrusion (**re-experiencing**) symptoms

- Recurrent, involuntary, and intrusive distressing memories
- Recurrent distressing dreams
- Dissociative reactions (e.g., flashbacks)
- Intense or prolonged psychological distress to external/internal cues
- Marked physiological reactions to external/internal cues



### C. **≥1** Persistent **avoidance** of stimuli

- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings
- Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings



### D. **≥2 Negative** alterations in **cognition** and **mood**

- Inability to remember
- Persistent or exaggerated bad feelings
- Persistent, distorted cognitions
- Persistent negative emotional state
- Marked diminished interest
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions



### E. **≥2** Marked alterations in **arousal** and **reactivity**

- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

## F. **Duration** of symptoms **≥1 month**

## G. Symptoms cause **clinically significant distress** or functional **impairment**

## H. Symptoms are **not** attributable to **another medical** condition

\*PTSD was re-classified as a trauma- and stressor-related disorder.

DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PTSD, post-traumatic stress disorder.

1. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5™. American Psychiatric Publishing.

2. Mann SK et al. (2023). Posttraumatic stress disorder. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK559129/>.

# Assessment of PTSD

Instrument	Type	Usage/Purpose	Description
Clinician-Administered PTSD Scale (CAPS-5) <sup>1</sup>	Structured diagnostic interview	Assessment of all PTSD criteria and symptom severity	<ul style="list-style-type: none"> <li>30-question diagnostic interview checklist used in clinical research</li> <li>Rates PTSD symptom based on a 5-point scale of severity ranging from 0 (Absent) to 4 (Extreme/incapacitating)</li> </ul>
PTSD Checklist for DSM-5 (PCL-5) <sup>2-4</sup>	Self-report	Screening individuals for PTSD, making a provisional diagnosis, and monitoring change during and after treatment	<ul style="list-style-type: none"> <li>20-item checklist</li> <li>Four versions (past month, past week, with PTE assessment, and with LEC-5 and PTE assessment)</li> <li>Decrease in PCL-5 score <math>\leq 28</math> indicates a clinically significant change<sup>5</sup></li> </ul>
Primary Care PTSD screen for DSM-5 (PC-PTSD-5) <sup>2</sup>	Self-report	Screening trauma exposure and PTSD symptoms in time-limited primary care settings	<ul style="list-style-type: none"> <li>6 yes/no items<sup>2</sup></li> <li>One version<sup>2</sup></li> </ul>

CAPS-5, Clinician-Administered PTSD Scale 5; DSM-5, Diagnostic and Statistical Manual of Mental Disorders, 5th edition; 3. LEC-5, Life Events Checklist for DSM-5; PCL-5, PTSD Checklist for DSM-5; PC-PTSD-5, Primary Care PTSD screen for DSM-5; 4. PTE, potentially traumatic events; PTSD, post-traumatic stress disorder.

1. Weathers FW et al. *Psychol Assess*. 2018;30(3): 383-395.
2. Merians AN et al. *Med Clin N Amer*. 2023;107(1): 85-99.

Lancaster CL et al. *J Clin Med*, 2016;5(11): 105.

U.S. Department of Veterans Affairs. PTSD: National Center for PTSD. (2022). Retrieved from <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

5. Marx BP et al. *Psychol Assess*. 2022;34(2):197-203.

# Additional assessments

Instrument	Type	Purpose	Description
Patient-reported Brief Inventory of Psychosocial Functioning (B-IPF) <sup>1</sup>	Self-report	Monitoring	<ul style="list-style-type: none"> <li>7-item self-report questionnaire that assesses PTSD-related psychosocial functional impairment</li> </ul>
Symptoms of Trauma Scale (SOTS) <sup>2</sup>	Clinician-rated	Monitoring	<ul style="list-style-type: none"> <li>12-item, interview-based, clinician-rating measure that assesses the severity of a range of trauma-related symptoms</li> </ul>
Clinical Global Impression-Severity (CGI-S) <sup>3</sup>	Clinician-rated	Monitoring	<ul style="list-style-type: none"> <li>7-point scale that requires the clinician to rate the severity of the patient's illness at the time of assessment</li> </ul>
36-Item Short-Form Health Survey (SF-36) <sup>4</sup>	Self-report	Monitoring	<ul style="list-style-type: none"> <li>36-item questionnaire that assesses general HRQoL across 8 domains, including social functioning</li> </ul>

B-IPF, Patient-reported Brief Inventory of Psychosocial Functioning; CGI-S; Clinical Global Impression-Severity; HRQoL, health-related quality of life; PTSD, post-traumatic stress disorder; SF-36; 36-Item Short-Form Health Survey; SOTS; Symptoms of Trauma Scale.

1. Kleiman SE et al. *Psychol Serv.* 2022;17:187-194.

2. Ford JD et al. *J Psychiatr Pract.* 2015;21(6): 474-483.

3. Busner J et al. *Psychiatry (Edgmont).* 2007;4(7):28-37.

4. Lins L et al. *SAGE Open Medicine.* 2016;4:2050312116671725.



# PTSD clinical presentation

PTSD symptoms may occur soon after index trauma or may be delayed<sup>1</sup>



## Delayed-onset PTSD

- Defined as meeting diagnostic criteria  $\geq 6$  months after the index event<sup>2</sup>
- 25% of individuals experience delayed onset<sup>2</sup>
  - Military combat exposure, Western cultural background, and lower cumulative PTSD incidence (with initial subthreshold symptoms) have been associated with delayed-onset PTSD<sup>2</sup>
- Delayed diagnosis is due to not meeting full diagnostic criteria<sup>4</sup>



## Chronic PTSD

- 1/3 of patients may recover by one-year follow-up<sup>3</sup>
- 1/3 remain symptomatic 10 years after index trauma<sup>3</sup>
  - PTSD symptom recurrence and intensification may occur in response to reminders of the original trauma, ongoing life stressors, or newly experienced traumatic events<sup>4</sup>
  - Declining health, worsening cognitive functioning, and social isolation may exacerbate symptoms in the elderly<sup>4</sup>

**The symptoms of PTSD and the relative predominance of different symptoms may vary over time, as can duration of symptoms<sup>4</sup>**

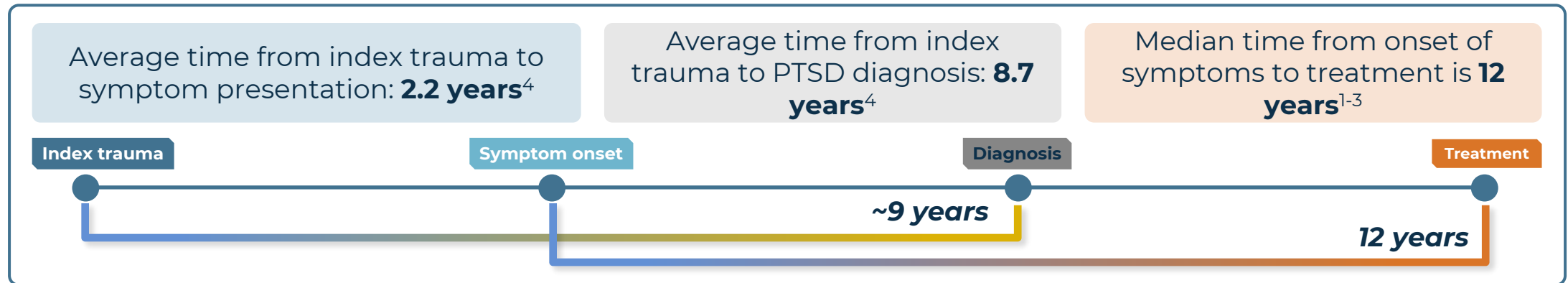
PTSD, post-traumatic stress disorder

1. Bryant RA et al. *JAMA Psychiatry*. 2013;70(8):839-846.
2. Smid GE et al. *J Clin Psychiatry*. 2009;70(11):1572-1582.
3. Kessler RC et al. *Arch Gen Psychiatry*. 1995;52(12):1048-1060.
4. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5™*. American Psychiatric Publishing.

# Underdiagnosis of PTSD

Individuals with PTSD may experience significant delays in diagnosis

~50% of patients with PTSD seek treatment<sup>1-3</sup>



Many patients and individuals with PTSD seek care for physical symptoms without mentioning psychiatric symptoms or trauma histories due to a lack of understanding regarding the relationship between trauma exposure and their own symptoms<sup>5</sup>

PTSD, post-traumatic stress disorder.

1. Nobles CJ et al. *Gen Hosp Psychiatry*. 2016;43: 38-45.
2. Koenen KC et al. *Psychol Med*. 2017;47:2260-2274.
3. Wang PS et al. *Arch Gen Psychiatry*. 2005;62(6): 603-613.

4. Davis LL et al. Poster presented at the Annual Meeting of the American Society of Clinical Psychopharmacology (ASCP), T69, May 30-June 2, 2023.
5. Greene T et al. *J Clin Psychol Med Settings*. 2016;23(2): 160-180.

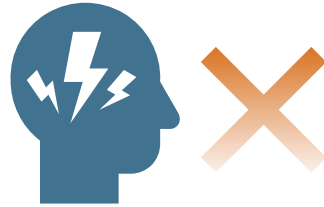
# Underdiagnosis of PTSD

PTSD is often underdiagnosed or misdiagnosed as other mental health conditions

## Most prominent barriers to care<sup>1</sup>

- Concerns related to stigma, shame/rejection
- Low mental health literacy
- Lack of knowledge and treatment-related doubts
- Fear of negative social consequences
- Limited resources

Individuals with PTSD are **80%** more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental health disorder (e.g., depressive, bipolar, anxiety, or substance use disorders)<sup>2</sup>



### Misdiagnosis

In the primary care setting, of individuals meeting diagnostic criteria for PTSD<sup>3</sup>:

- 50% were diagnosed with depression
- 23% were diagnosed with anxiety or panic attacks
- 11% received a diagnosis of PTSD



### Under-diagnosis

<50% of individuals who meet criteria for PTSD are correctly diagnosed in primary and secondary care settings<sup>4-6</sup>

PTSD, post-traumatic stress disorder.

1. Kantor V et al. *Clin Psychol Rev*. 2017;52: 52-68.

2. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. DSM-5™. American Psychiatric Publishing.

3. Meltzer EC et al. *The Journal of Behavioral Health Services & Research*, 2012;39(2): 190-201.

4. Greene T et al. *J Clin Psychol Med Settings*. 2016;23(2):160-180.

5. Liebschutz J et al. *J Gen Intern Med*. 2017;22(6):719-726.

6. Zammit S et al. *Br J Psychiatry*. 2018;212(1):11-18.

# Underdiagnosis of PTSD

## Decreased awareness in the general population and underuse of existing diagnostic tools

- Timely and appropriate diagnosis can be challenging due to<sup>1-3</sup>:
  - Variable onset of symptoms
  - Comorbidities
  - Inherent heterogeneity in presentation
  - Stigma
- Misdiagnosis is associated with ineffective management, leading to negative impact on<sup>4</sup>:
  - Treatment compliance
  - Treatment response
  - Patient satisfaction
- Screening tools: Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) and PTSD Checklist for DSM-5 (PCL-5)<sup>5-7</sup>
  - Guideline recommended
  - Can aid with diagnosis
  - Underutilized in practice



DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PCL-5, PTSD Checklist for DSM-5; PC-PTSD-5, Primary Care PTSD screen for DSM-5 PTSD, post-traumatic stress disorder.

1. Institute of Medicine. 2014. Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment. Washington, DC: The National Academies Press.
2. Kessler RC et al. Eur J Psychotraumatology, 2017;8(suppl 5):1353383.
3. Parrott S. Electronic News. 2022;17(3): 181-197.

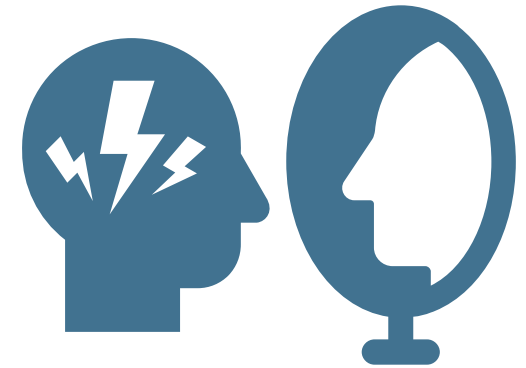
Guess KF. The Nurse Practitioner. 2006;31(3): 26-35.

U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 4.0. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf) (Accessed July 2023).

6. Williamson MLC et al. J Clin Psychol. 2022;78(11): 2299-2308.
7. Geier TJ et al. Depress Anxiety. 2019;36(2): 170-178.

# Risk of stigma in PTSD

- Some traumas are likely to be systematically under-reported because they are considered embarrassing or culturally sensitive<sup>1</sup>
- Misconceptions about mental health symptoms and PTSD can lead to stigmatization of patients by their families and community<sup>2</sup>
  - PTSD is frequently stigmatized and often associated with military veterans and violence<sup>3</sup>
- Self-stigma:
  - Defined as the internalization of others' prejudices of mental illness, and is a significant issue among patients with PTSD<sup>2</sup>
  - Symptoms such as negative thoughts about oneself, feelings of shame, and avoidance may explain co-occurrence and relevance of self-stigma



PTSD, post-traumatic stress disorder.

1. Kessler RC et al. *Eur J Psychotraumatology*. 2017;8(suppl 5): 1353383.
2. Benfer N et al. *Psychiatr Serv*. 2023; appips20220397.
3. Parrott S. *Electronic News*. 2022;17(3): 181-197.

# Summary

**PTSD is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event or series of traumatic events<sup>1-3</sup>**

PTSD is a highly prevalent disorder worldwide and is one of the most common mental health disorders in the US<sup>1,2,4</sup>

- Majority of cases are predominantly in the general population (>80%) and women (66%)<sup>4,5</sup>

Risk of developing PTSD after traumatic exposure varies by trauma type<sup>6</sup>

PTSD is characterized by four core symptom clusters and diagnosed using DSM-5 criteria<sup>3,7</sup>

Under- and mis-diagnosis are common in clinical practice<sup>6,8</sup>

Screening tools can aid with screening and potential diagnosis of PTSD<sup>9</sup>

DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PTSD, post-traumatic stress disorder.

1. Koenen KC et al. *Psychol Med*. 2017; 47: 2260-2274.

2. Yehuda R et al. *Nat Rev Dis Primers*. 2015; 1: 15057.

3. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5™. American Psychiatric Publishing.

4. Kilpatrick DG et al. *J Trauma Stress*. 2013; 26: 537-547.

5. Kessler RC et al. *Arch Gen Psychiatry*. 2005;62(6):617-627.

6. Kessler RC et al. *Eur J Psychotraumatology*. 2017;8(suppl 5): 1353383.

7. Mann SK et al. Posttraumatic stress disorder. StatPearls [Internet]. Last update 2023. [www.ncbi.nlm.nih.gov/books/NBK559129](http://www.ncbi.nlm.nih.gov/books/NBK559129).

8. Greene T et al. *J Clin Psychol Med Settings*. 2016;23(2): 160-180.

9. U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 4.0. 2023.

[www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf) (Accessed July 2023).

# Questions





# Closing





For more information or to request a more detailed live presentation on this topic from your local Clinical Science Liaison, please visit [www.PsychU.org/events](http://www.PsychU.org/events)

[www.PsychU.org](http://www.PsychU.org)



# PTSD: Epidemiology, Trauma Types, Risk Factors, Diagnosis, Clinical Presentation and Course

PTSD Disease State Education: Module 1