

## **Posttraumatic Stress Disorder Fact Sheet**

### **What is Posttraumatic Stress Disorder (PTSD)?**

PTSD is a mental disorder that can develop after a person of any age directly experiences or witnesses a traumatic event, such as exposure to war, threatened or actual physical assault, threatened or actual sexual violence, a violent crime or serious accident, or a natural disaster. Not everyone who experiences a traumatic event will develop PTSD. Among those who do, the traumatic event may cause mild symptoms in one person, but may prove devastating for someone else. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5, classifies PTSD under [Trauma- and Stressor-Related Disorders](#).<sup>1</sup>

### **What Are the Risk Factors for PTSD?**

Risk factors for PTSD include: having direct exposure to a traumatic event, as a victim or witness; being seriously hurt during a traumatic event; experiencing trauma in childhood; having another mental health condition, like depression, anxiety, or substance abuse; having a family member, such as a parent, with a mental health condition; exposure to combat or deployment to a war zone with or without exposure to combat; and lacking social support from friends and family after a traumatic event.

### **How Often Does PTSD Occur?**

Among the U.S. population, 7-8 percent will have PTSD at some point in their lives. Approximately 10 percent of women and 4 percent of men develop PTSD at some point in their lives.<sup>2</sup> Approximately 5 percent of adolescents have met the criteria for PTSD in their lifetime. Prevalence is higher for girls (8 percent) than boys (2.3 percent) and increases with age.<sup>3</sup> There are no definitive studies on prevalence rates of PTSD in younger children in the general population.

### **What Are the Symptoms of PTSD?**

Symptoms include flashbacks (reliving the traumatic event), difficulty sleeping or bad dreams while sleeping, avoiding thoughts or feelings related to the traumatic event, being easily startled, angry outbursts, negative thoughts about oneself, distorted feelings like guilt or blame, and trouble remembering key features of the traumatic event.<sup>4</sup> Children under age 6 with PTSD may get upset if their parents are not close by, may have trouble sleeping, or may act out their experience in play activities. Children age 7 to 11 with PTSD may act out their experiences, have nightmares, exhibit increased irritability or aggressiveness, or have difficulty with schoolwork or peers.<sup>5</sup>

### ***How soon after the traumatic event do the symptoms appear?***

Symptoms usually begin within three months of a traumatic event, but may also show up years after the event.<sup>6</sup>

### ***How long do the symptoms persist?***

Symptoms generally last for at least one month. Symptoms may recur or intensify in response to reminders of the traumatic event, ongoing life stressors, or newly experienced traumatic events.<sup>7</sup> Without treatment, a person can have PTSD for years or the rest of his or her life.

### **What Treatment is Available for PTSD?**

Treatment for PTSD includes antidepressant medications such as sertraline (Zoloft), paroxetine (Paxil), fluoxetine (Prozac), and venlafaxine (Effexor), psychotherapy such as prolonged exposure therapy or cognitive processing therapy or both. Prolonged exposure therapy teaches a person how to gain control by facing his or her negative feelings. It involves talking about the traumatic event with a medical professional and doing some of the things he or she has avoided

## **Posttraumatic Stress Disorder Fact Sheet**

since the trauma. Cognitive processing therapy teaches a person to reframe negative thoughts about the trauma. It involves talking with a medical professional about the negative thoughts and doing short writing assignments. Psychotherapy usually lasts about eight to 16 sessions. Medications can treat PTSD symptoms alone or with therapy — but only therapy treats the underlying cause of the symptoms. If the PTSD symptoms are treated only with medication, the person will need to keep taking it for it to keep working.<sup>8</sup>

### **Which Impairments Co-occur with PTSD?**

PTSD has high rates of co-occurrence, or comorbidity, with other mental disorders. Most commonly, comorbid diagnoses include major affective disorders, dysthymia, substance abuse disorders, anxiety disorders, or personality disorders.<sup>9</sup> Dementia can also co-occur with PTSD. In one study of U.S. veterans with and without PTSD, findings indicated that those with the diagnosis had almost double the risk of dementia compared to those without it.<sup>10</sup> Existing research has not been able to determine conclusively that PTSD causes poor health. There is some evidence to indicate PTSD is related to cardiovascular, gastrointestinal, and musculoskeletal disorders.<sup>11</sup>

### **Which Medical Listings Cover PTSD?**

Listings 12.15 and 112.15, *Trauma- and stressor-related disorders*.<sup>12</sup>

---

<sup>1</sup> American Psychiatric Association: [Diagnostic and Statistical Manual of Mental Disorders](#), Fifth Edition. (DSM-5.) Arlington, VA, American Psychiatric Association, 2013.

<sup>2</sup> Ibid

<sup>3</sup> Merikangas, K., et al. (2010). Lifetime prevalence of mental disorders in the U.S. Adolescent Comorbidity Survey Replication-Adolescent Sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49, 980-988. See [https://www.ptsd.va.gov/professional/treatment/children/ptsd\\_in\\_children\\_and\\_adolescents\\_overview\\_for\\_professionals.asp](https://www.ptsd.va.gov/professional/treatment/children/ptsd_in_children_and_adolescents_overview_for_professionals.asp).

<sup>4</sup> National Institute of Mental Health. "Post-Traumatic Stress Disorder." See <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

<sup>5</sup> DSM-5.

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> US Department of Veterans Affairs. "Treatment of PTSD." See <http://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp>.

<sup>9</sup> US Department of Veterans Affairs. "PTSD History and Overview." See <http://www.ptsd.va.gov/professional/PTSD-overview/ptsd-overview.asp>.

<sup>10</sup> Yaffe, Kristine, et al. (2010). "Post-Traumatic Stress Disorder and Risk of Dementia among US Veterans." *Archives of General Psychiatry* 67(6): 608-613.

<sup>11</sup> US Department of Veterans Affairs. "PTSD and Physical Health" See <https://www.ptsd.va.gov/professional/co-occurring/ptsd-physical-health.asp>.

<sup>12</sup> Adult listing 12.15: [https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm#12\\_15](https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm#12_15); child listing 112.15: [https://www.ssa.gov/disability/professionals/bluebook/112.00-MentalDisorders-Childhood.htm#112\\_15](https://www.ssa.gov/disability/professionals/bluebook/112.00-MentalDisorders-Childhood.htm#112_15).