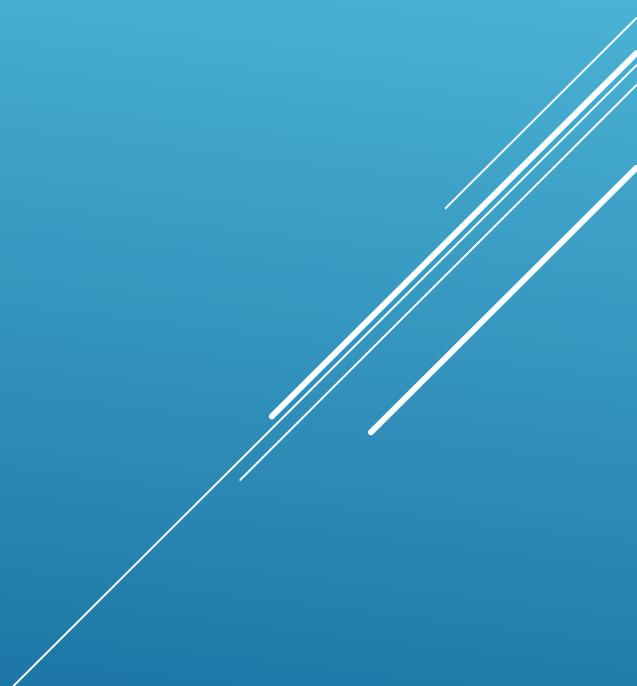
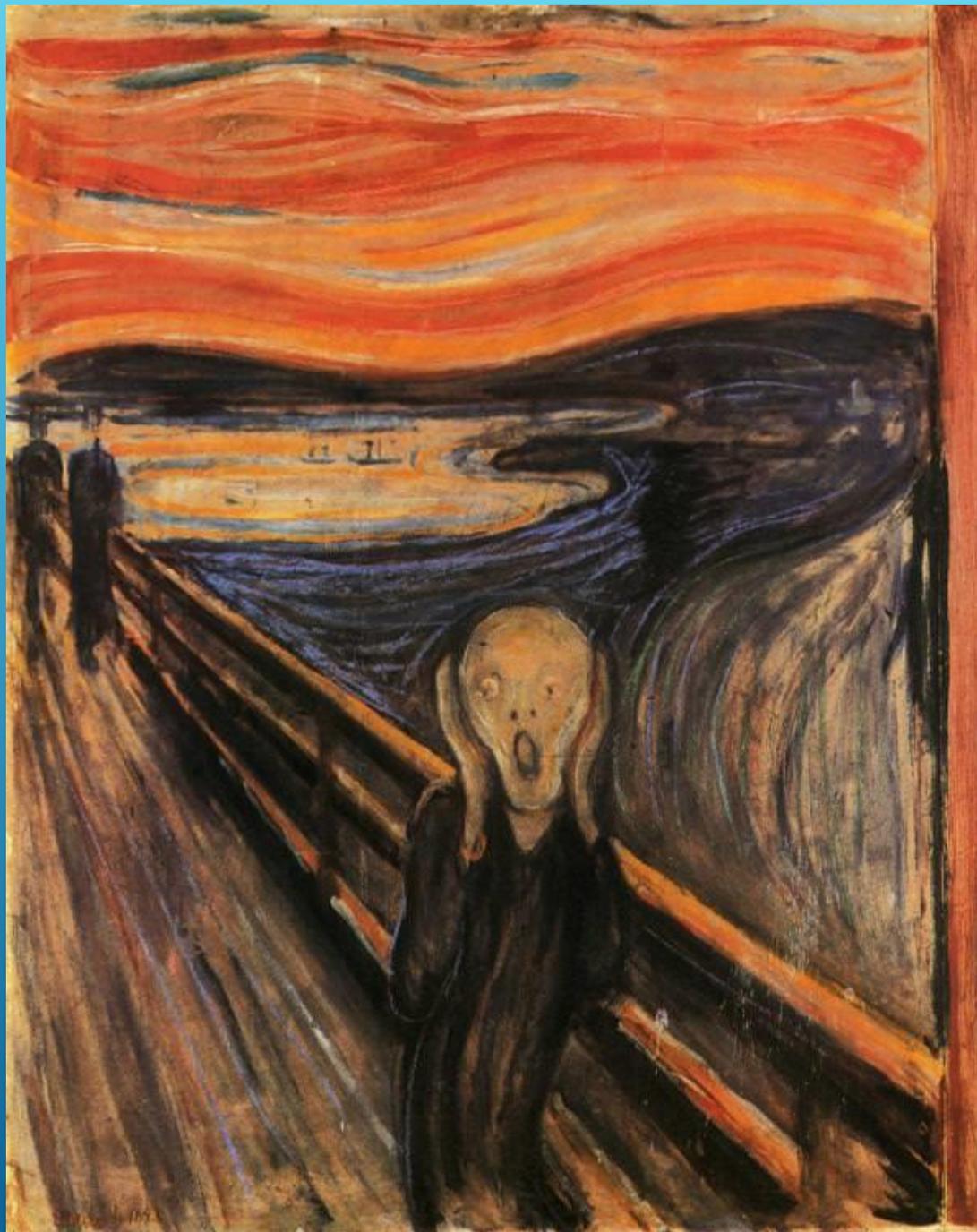


INTRODUCTION

PSYCHIATRIC CONSEQUENCES OF
TRAUMA

Dr Brian Mangan, Consultant Psychiatrist



		ICD 10 Code
1.	Adjustment disorder	F43.2
2.	Post Traumatic Stress Disorder (PTSD)	F43.1
3.	Reaction to severe stress, unspecified	
	Post Traumatic Stress Reaction PTSR	
4.	Other reactions to severe stress	F43.9
5.	Acute stress reaction	F43.0
6.	Mixed Anxiety & Depressive Disorder	F41.2
7.	Moderate Depressive Episode	F32
8.	Phobic Anxiety Disorder	F40.2
9.	Travel Anxiety	No code
10.	Alcohol & Substance Misuse/Dependency	F1x.1/F1x.2
11.	Panic Disorder & Agoraphobia	F41.0/F40.0
12.	Generalised Anxiety Disorder	F41.1

PSYCHIATRIC CONSEQUENCES OF ROAD TRAFFIC ACCIDENTS

Mayou, Bryant, Duthie, BMJ Volume 307, 11 September 1993, 647 - 651

- ~ 188 patients assessed baseline 3 months 1 year
- ~ No case at 12 months not a case at 3 months
- ~ PTSD 10% / Mood disorder 10% at 1 year
- ~ Anxiety disorder commonest
- ~ Travel anxiety

PSYCHIATRY OF WHIPLASH INJURY

Mayou, Bryant, The British Journal of Psychiatry, May 2002, Volume 180 (5) 441-448

- ~ 1148 patients (278 whiplash) baseline 3 months, 1 year and 3 years
- ~ Whiplash WAD and bone injury more likely to seek compensation
- ~ Moderate/severe pain 27% WAD 1 year / 30% WAD 3 years
- ~ Claiming compensation at 3 months, predicted pain at 1 year
- ~ Predictors of any psychological consequences
Female, psychological vulnerability, 3 month cognitive factors of ruminations, anger and negative cognitions

PSYCHOLOGICAL IMPACT OF INJURIES SUSTAINED IN MOTOR VEHICLE CRASHES: SYSTEMATIC REVIEW AND META-ANALYSIS

Craig et al., *BMJ Open*, 8 September 2016

- 1) High level of psychological distress following road traffic accidents
- 2) Significantly increase distress in whiplash injuries and mild TBI compared to other injuries
- 3) Involvement in compensation will likely add to this distress
- 4) Strategies are required to assist people to deal with the distress of compensation/legal process

DEFINITIONS OF PTSD, TRAVEL ANXIETY & SCALES

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom-left towards the top-right, located in the lower right quadrant of the slide.

DSM-5: PTSD Criterion A A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure

2. Witnessing, in person

Criterion A continues on next slide.

DSM-5: PTSD Criterion A

Criterion A (*continued*):

3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.

4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies or pictures.

PTSD Criteria for DSM-5

B. Intrusion symptoms

C. Persistent avoidance of stimuli associated with the trauma

D. Negative alterations in cognitions and mood that are associated with the traumatic event

E. Alterations in arousal and reactivity that are associated with the traumatic event

DSM-5: PTSD Criterion B

B. Intrusion (1/5 symptoms needed)

1. Recurrent, involuntary and intrusive recollections *

* children may express this symptom in repetitive play

2. Traumatic nightmares *

* children may have disturbing dreams without content related to trauma

Criterion B continues on next slide.

DSM-5: PTSD Criterion B

Criterion B (*continued*):

3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness *

* children may re-enact the event in play

4. Intense or prolonged distress after exposure to traumatic reminders

5. Marked physiological reactivity after exposure to trauma-related stimuli

DSM-5: PTSD Criterion C

C. Persistent effortful avoidance of distressing trauma-related stimuli after the event (1/2 symptoms needed):

1. Trauma-related thoughts or feelings
2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)

DSM-5: PTSD Criterion D

D. Negative alterations in cognitions and mood that began or worsened after the traumatic event (2/7 symptoms needed)

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs) (C3 in *DSM-IV*)

Criterion D continues on next slide.

DSM-5: PTSD Criterion D Criterion D (*continued*):

2. Persistent (& often distorted) negative beliefs and expectations about oneself or the world (e.g. “I am bad,” “the world is completely dangerous”) (C7 in *DSM-IV*)

3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences (new)

Criterion D continues on next slide.

DSM-5: PTSD Criterion D

Criterion D (*continued*):

4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame) (new)

5. Markedly diminished interest in (pre-traumatic) significant activities (C4 in *DSM-IV*)

6. Feeling alienated from others (e.g. detachment or estrangement) (C5 in *DSM-IV*)

7. Constricted affect: persistent inability to experience positive emotions (C6 in *DSM-IV*)

DSM-5: PTSD Criterion E

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)

1. Irritable or aggressive behavior (revised D2 in *DSM-IV*)

2. Self-destructive or reckless behavior (new)

Criterion E continues on next slide.

DSM-5: PTSD Criterion E

Criterion E (*continued*):

3. Hypervigilance (D4 in *DSM-IV*)

4. Exaggerated startle response (D5 in *DSM-IV*)

5. Problems in concentration (D3 in *DSM-IV*)

6. Sleep disturbance (D1 in *DSM-IV*)

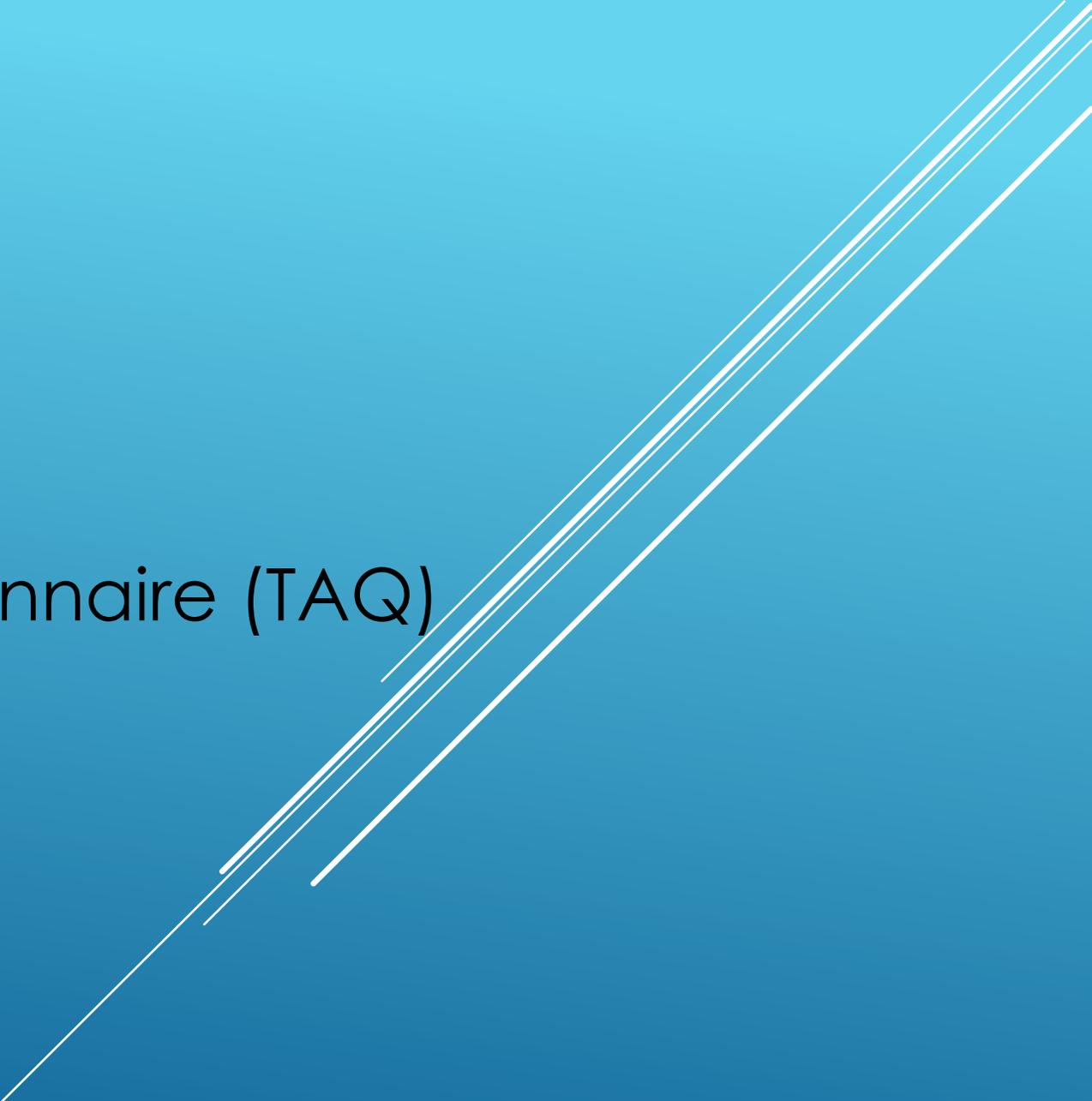
PTSD Criteria for DSM-5

F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month

G. Significant symptom-related distress or functional impairment

H. Not due to medication, substance or illness

Travel Anxiety Questionnaire (TAQ)

The background is a solid blue gradient. In the bottom right corner, there are several white, parallel diagonal lines that sweep upwards from the bottom left towards the top right, creating a sense of motion or a modern design element.

The PTSD Checklist for *DSM-5*

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:

Not at all	A little bit	Moderately	Quite a bit	Extremely	
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4

6. Avoiding memories, thoughts, or feelings related to the stressful experience?

0 1 2 3 4

7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?

0 1 2 3 4

8. Trouble remembering important parts of the stressful experience?

0 1 2 3 4

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

0 1 2 3 4

10. Blaming yourself or someone else for the stressful experience or what happened after it?

0 1 2 3 4

11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

0 1 2 3 4

12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behaviour, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Risk factors for developing PTSD

The form below lists risk factors for PTSD. The more “yes” responses you have, the greater the likelihood that you will have PTSD after a motor vehicle accident.

RISK VARIABLES	YES	NO
Did you have dissociative symptoms (out of body experiences, a sense of unreality, time alteration, and especially a sense of things occurring in slow motion) at the time of the accident or continuing?		
Are you re-experiencing symptoms (intrusive recollections, nightmares, flashbacks, or distress when reminded of the MVA)?		
Are you attempting to avoid thoughts of real-life reminders of the accident?		
Were your physical injuries serious?		
Did you experience extreme fright or terror at the prospect of dying during the MVA?		
Did you have a history of serious depression before the MVA?		
Were you diagnosed with PTSD before the MVA?		
Are you female?		
Was anyone killed in the MVA?		

CONCLUSIONS

- ~ Traumatic stress may precipitate a whole host of symptoms and conditions.
- ~ 'Pure' PTSD is rare.
- ~ 50% - 90% of patients with PTSD have co-morbidity.