



Traumatic Stress Disorder Fact Sheet

The Posttraumatic Stress Disorder (PTSD) Alliance was a multi-disciplinary group of professional and advocacy organizations, including Sidran Institute, that have joined forces to provide educational resources to medical and healthcare professionals, individuals diagnosed with PTSD and their loved ones, the general public and the media. The mission of the PTSD Alliance is to increase awareness and promote a better understanding of the prevalence, diagnosis, and treatment of PTSD.

Facts at a Glance

- An estimated 70 percent of adults in the United States have experienced a traumatic event at least once in their lives and up to 20 percent of these people go on to develop posttraumatic stress disorder, or PTSD.
- An estimated 5 percent of Americans—more than 13 million people—have PTSD at any given time.
- Approximately 8.7 percent of all adults—1 of 13 people in this country—will develop PTSD during their lifetime.
- About 3.6% of adults in the United States suffer from PTSD during the course of a year.
- An estimated 1 out of 9 women will get PTSD at some time in their lives. Women are about twice as likely as men to develop PTSD.

Extreme Trauma and PTSD

- PTSD may develop following exposure to extreme trauma.
 - Extreme trauma is a terrifying event or ordeal that includes actual or threatened death, serious injury, or sexual violence
 - Exposure includes directly experienced or witnessing the trauma, learning about a close family or friend experiencing a violent or accidental event, or has experiencing repeated or extreme exposure to aversive details of a traumatic event
- The stress caused by trauma can affect all aspects of a person's life including mental, emotional, and physical well-being.

- Research suggests that prolonged trauma may disrupt and alter brain chemistry. For some people, this may lead to the development of PTSD.

Recognizing and Diagnosing PTSD

- Four categories—or “clusters”—of symptoms are associated with PTSD. A diagnosis may be considered if:
 - A specific number of symptoms from each of the four clusters have lasted for one month or longer, *and*
 - The symptoms cause severe problems or distress in personal life, at work, or in general affect daily life, *and*
 - The symptoms are not attributable to the physiological effects of a substance or medical condition

Clusters:

- **Re-living the event** through recurring nightmares or other intrusive images that occur at any time. People who suffer from PTSD also have extreme emotional or physical reactions, such as chills, heart palpitations, or panic when faced with reminders of the event. *One or more of these symptoms must be present for diagnosis.*
- **Avoiding reminders of the event** including places, people, thoughts, or other activities associated with the trauma. PTSD sufferers may feel emotionally detached, withdraw from friends and family and lose interest in everyday activities. *One or more of these symptoms must be present for diagnosis.*
- **Negative changes in beliefs and feelings** that began or worsened after the trauma, such as overly negative thoughts and assumptions about oneself or the world, and a feeling of isolation. Other negative beliefs sometimes include an exaggerated blame of self or others for causing the trauma. Another symptom is an inability to recall key features of the trauma. *Two or more of these symptoms must be present for diagnosis.*
- **Being on guard or hyper-aroused** at all times, including feeling irritable or sudden anger, having difficulty sleeping or a lack of concentration, being overly alert or easily startled, or having panic attacks. *Two or more of these symptoms must be present for diagnosis.*
- People with PTSD may have low self-esteem or relationship problems, or may seem disconnected from their lives.

- Other problems that may mask or intensify symptoms include:
 - Psychological problems such as depression or other anxiety disorders, including panic disorder.
 - Physical complaints such as chronic pain, fatigue, stomach pains, respiratory problems, headaches, muscle cramps or aches, low back pain, or cardiovascular problems.
 - Self-destructive behavior, including alcohol or drug abuse, as well as suicidal tendencies.

- Responses to trauma vary widely and many people who experience extreme trauma do not develop PTSD. However, for those who do, PTSD symptoms usually appear within several weeks of the trauma, but some people don't experience symptoms until months or even years later.

Risk Factors

Those at risk for developing PTSD include:

- Anyone who has been victimized or has witnessed a violent act, or who has been repeatedly exposed to life-threatening situations. This includes survivors of:
 - Domestic or intimate partner violence
 - Rape or sexual assault or abuse
 - Physical assault such as mugging or carjacking
 - Other random acts of violence such as those that take place in public, in schools, or in the workplace
 - Children who are neglected or sexually, physically, or verbally abused, or adults who were abused as children
 - Survivors of unexpected events in everyday life such as:
 - Car accidents or fires
 - Natural disasters, such as tornadoes or earthquakes
 - Major catastrophic events such as a plane crash or terrorist act
 - Disasters caused by human error, such as industrial accidents
 - Combat veterans or civilian victims of war
 - Those diagnosed with a life-threatening illness or who have undergone invasive medical procedures
 - Professionals who respond to victims in trauma situations, such as, emergency medical service workers, police, firefighters, military, and search and rescue workers
 - People who learn of the sudden unexpected death of a close friend or relative

- Estimated risk for developing PTSD for those who have experienced the following traumatic events:
 - Rape (49 percent)
 - Severe beating or physical assault (31.9 percent)
 - Other sexual assault (23.7 percent)
 - Serious accident or injury, for example, car or train accident (16.8 percent)
 - Shooting or stabbing (15.4 percent)
 - Sudden, unexpected death of family member or friend (14.3 percent)
 - Child's life-threatening illness (10.4 percent)
 - Witness to killing or serious injury (7.3 percent)
 - Natural disaster (3.8 percent)

Treatment

If diagnosed, there are a number of effective approaches to PTSD treatment. Treatment can involve psychotherapy, medication, or a combination of both.

- **Psychotherapy**—Psychotherapeutic methods, such as cognitive behavior therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR), are highly effective in treating PTSD.
- **Medication**—Prescription medication is also effective in treating PTSD.

Treatment options should be discussed with a healthcare professional:

- A psychologist, social worker, or other qualified healthcare professional who provides counseling related to trauma can identify whether a person has PTSD and can discuss options for an appropriate treatment regimen.
- A psychiatrist or primary care provider, such as a family practitioner or obstetrician-gynecologist can diagnose PTSD and determine the best treatment approach.

Economic Burden

- The annual cost to society of anxiety disorders is estimated to be over \$42.3 billion (in 1990 dollars), often due to misdiagnosis and undertreatment. This includes psychiatric and nonpsychiatric medical treatment costs, indirect workplace costs, mortality costs, and prescription drug costs.

- More than half of these costs are attributed to repeat use of healthcare services to relieve anxiety-related symptoms that mimic those of other physical conditions.

- People with PTSD have among the highest rates of healthcare service use. People with PTSD

present with a range of symptoms, the cause of which may be overlooked or undiagnosed as having resulted from past trauma.

- Nonpsychiatric direct medical costs, e.g., doctor and hospital visits, is \$23 billion a year—the largest component of the societal costs of anxiety disorders, including PTSD.