

DIAGNOSTIC DIFFICULTIES WITH POSTTRAUMATIC STRESS DISORDER AND THEIR IMPACT

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CIHR IRSC
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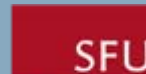
REASONS FOR DIAGNOSTIC DIFFICULTIES

- Structure of the DSM-IV TR Diagnostic System
- Diagnostic Criteria for Posttraumatic Stress Disorder
- Boundary Between Posttraumatic Stress Disorder and Adjustment Disorder
- Overlap in Diagnostic Criteria Between Posttraumatic Stress Disorder and Major Depressive Disorder



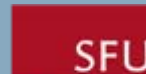
STRUCTURE OF THE DSM-IV TR DIAGNOSTIC SYSTEM

- Diagnostic Criteria Frequently Overlap
- Cases in which there is a Lot of Overlap are Difficult to Diagnose
- Persons with the Same Diagnosis can Vary in Important Ways



DIAGNOSTIC CRITERIA FOR POSTTRAUMATIC STRESS DISORDER

- Criteria A(1) Language
 - “Threat to Physical Integrity of Self or Others”
- Criteria E Ignored-Duration of Symptoms is More than One Month



Boundary Between Posttraumatic Stress Disorder and Adjustment Disorder

- Adjustment Disorder Appropriate when:
 - Response to an Extreme Stressor Does Not Meet the Criteria for Posttraumatic Stress Disorder
 - For Situations in which the Symptom Pattern of Posttraumatic Stress Disorder Occurs in Response to a Stressor that is Not Extreme



OVERLAP IN DIAGNOSTIC CRITERIA BETWEEN POSTTRAUMATIC STRESS DISORDER AND MAJOR DEPRESSIVE DISORDER

- Disrupted Sleep Pattern (Difficulty Falling or Staying Asleep)
- Markedly Diminished Interest or Participation in Significant Activities
- Restricted Range of Affect
- Sense of a Foreshortened Future (Recurrent Thoughts of Death)
- Difficulty Concentrating



WHY CONSISTENCY/ACCURACY IN DIAGNOSIS IS IMPORTANT

- Epidemiological Concerns
 - Rates of Occurrence
 - Rates of Recovery
- Eligibility for Services/Compensation in Different Settings/Systems
- Impact on Research
- Professional Considerations
 - Discipline/Consistency/Clarity in Communication
 - Credibility
- Treatment Considerations/Expectations

