



Effective Health Care

Comparative Effectiveness of Screening Methods for the Risk of Post-traumatic Stress Disorder (PTSD)

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Comparative Effectiveness of Screening Methods for the Risk of Post-traumatic Stress Disorder (PTSD)*, is not feasible for a full systematic review due to the limited data available for a review at this time.
- The topic could potentially be considered for new research in comparative effectiveness.

Topic Description

Nominator(s): Individual

Nomination Summary: A screening tool for detecting the risk of post-traumatic stress disorder (PTSD) in individuals prior to recruitment and or deployment in the military can be a preventive measure for PTSD and adverse outcomes associated with PTSD.

Staff-Generated PICO

Population(s): Adults representative of those potentially seeking military service including both those previously exposed (e.g., prior military deployment) and not exposed to trauma

Intervention(s): Screening tools, including surveys and questionnaires for detecting risk of PTSD

Comparator(s): A comparison of the available screening tools for detecting the risk of PTSD or any such tools compared to no screening

Outcome(s): Accuracy (i.e., sensitivity, specificity) in identifying people at high risk for developing PTSD and to prevent PTSD and associated adverse outcomes such as substance abuse)

Key Questions from Nominator: Is there an instrument that can detect diathesis (predisposition) for PTSD in individuals being recruited for military service or being considered for military deployment?

Considerations

- The topic meets Effective Health Care (EHC) Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Post-traumatic stress disorder (PTSD) starts with exposure to a traumatic event. After exposure to significant trauma, many people experience some of the symptoms of PTSD. In most people, these symptoms appear to resolve spontaneously or without treatment within the first several weeks following

the trauma. However, in 10-20% of those exposed to trauma, symptoms continue and cause impairment in social and or occupational functioning.

- A PTSD diagnosis is warranted when there is a history of exposure to a traumatic event that meets specific criteria and the presence of seven other symptoms or criteria at least 6 months following the trauma: Specifically, the patient must have symptoms from the first four categories (criteria 1-4 below) that are present at least 6 months following exposure to trauma, the symptoms must last for longer than 1 month (criterion 5) and cause function impairment (criterion 6), and not be attributable to another medical condition (criterion 7).¹
 1. Intrusion symptoms
 2. Avoidance of trauma related stimuli
 3. Negative alterations in cognitions and mood
 4. Alterations in arousal and reactivity
 5. Symptoms lasting more than a month
 6. Presence of symptom-related distress or functional impairment
 7. Symptoms not attributable to a substance or co-occurring medical condition.
- Screening for individuals at high risk of developing PTSD may be a preventive measure in the management of PTSD and related health outcomes.
- A scan of the literature identified two evidence-based guidelines. A 2005 National Institute for Health and Care Excellence (NICE) guideline (<http://www.ncbi.nlm.nih.gov/books/NBK56494/>) found research on predictive screening is weak, there is no accurate way of screening for the later development of PTSD, and all the screening instruments considered suffer from limited overall efficiency. A 2010 guideline from the Veterans Administration and Department of Defense found insufficient evidence to recommend one PTSD screening over another (<http://www.healthquality.va.gov/guidelines/MH/ptsd/>).
- Research on the comparative effectiveness of screening methods for the risk of PTSD in adults before or after exposure to trauma is still too limited to warrant an AHRQ review; additional research may help to address gaps in the evidence base.

¹ DSM-5 Criteria for PTSD. Washington, DC: U.S. Department of Veterans Affairs National Center for PTSD, 2013.