Longitudinal Syndrome Follow-Up – PTSD

In a prospective-longitudinal study conducted by Perkonigg, Pfister, Stein, et al. (2005) they assessed the course of multiple mental illnesses, including Posttraumatic Stress Disorder (PTSD), in a community sample of adolescents. In the study, PTSD status was determined using the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria through the use of the Munich-Composite International Diagnostic Interview diagnostic algorithms. This interview consists of asking respondents a PTSD screening question, presenting them with a list of 10 groups of traumatic events they may have experienced, and asking one open-ended question about any other possible traumatic events in their lives. Then, for all reported traumatic events questions assessing DSM-IV, PSTD criteria were asked. The authors did not discuss who carried out these interviews with participants. Types of PTSD were distinguished based on presence of symptoms. A participant could meet the criteria for a diagnosis of PTSD, "subthreshold PTSD" (fulfilling symptom categories A, B, and E from the DSM-IV), or "PTSD symptoms" (fulfilling symptom categories A and B from the DSM-IV). No respondents meeting any of these groups of criteria were excluded from the study. However, those who experienced an additional trauma from baseline to follow-up were distinguished from the rest so that they could be excluded from data analysis if necessary.

The PTSD data used in this research were drawn from the Early Developmental Stages of Psychopathology Study conducted in Germany. The initial group of participants was made up of approximately 3,000 randomly and proportionally selected adolescents from regional registries (in order to represent all individuals age 14-24 in the area). The majority of participants were attending school (89%) and living with their parents (97.8%) at the time of the baseline interviews. 61.4%

belonged to the middle class. It is important to note, not all of these participants met the criteria for the three types of PTSD; the numbers represent those from the larger study.

Data for this study were collected at three points in time. The baseline screening was conducted in 1995 with 3,000 14-24 year olds participating. The first follow-up was in 1996-1997, but included only respondents who were age 14-17 at the initial screening (N=1,228). The final follow-up was in 1998-1999 and included all respondents from the baseline (N=2,548). In the time between the initial interview and the follow-up three years later some of the participants had experienced another traumatic event. Of the respondents with subthreshold PTSD 44.5% had experienced a new trauma, and of those with full PTSD 22.6% met this criteria. Treatment for participants, during the time between the baseline and follow-up interviews, was not reported.

This study had a high response for both follow-up times. At the first follow-up, which occurred an average of 19.7 months after the baseline interviews, 88% of respondents participated. At the second follow-up, which came an average of 42 months after the baseline interviews, 84% of respondents participated. Although it was only a small proportion, it would have been helpful to know why some of the participants did not take part in the follow-up interviews. If the participants who dropped out represented the most or least severe cases of PTSD, then this might affect the study results. However, the sample was quite large at both follow-up times regardless of the attrition rate, so it seems unlikely that those who did not return would have a large impact on the general findings. The remaining sample was likely still a representative one.

The results of the study showed that over one half of the sample with full PTSD at baseline continued to have symptoms for more than three years (57.1%). Likewise, for participants with subthreshold PTSD at baseline close to half met the criteria for this type of PTSD at follow-up (43.3%). There was a remission rate of 52% for the sample as a whole, which was defined as a lack of DSM-IV criteria B (reexperiencing) and E (duration). One of the biggest differences between the

groups of individuals who continued to suffer at follow-up and those who were considered to be in remission was the experience of a new trauma during the follow-up period; individuals who experienced an additional trauma during this time were overrepresented in the chronic course group (those who met criteria for either of the three types of PTSD at follow-up) than in the remission group. Some specific symptoms were also predictive of a chronic course such as, higher levels of avoidant symptoms and lower self-competence. Additional results showed that the participants with chronic PTSD had higher rates of mental illnesses at follow-up including, somatoform and anxiety disorders. Those who suffered an additional trauma during the follow-up period also had higher rates of mood disorders.

This study is important because it shows that PTSD is often a chronic disorder. Additionally, it sheds light on factors that make it more likely PTSD will become a persistent problem such as, new traumas and avoidant symptoms. This is valuable, as the authors discuss, because efforts can be focused on helping people avoid further trauma, which may reduce the likelihood of chronicity. Because the study also found that individuals diagnosed with PTSD are more likely to have other mental illnesses, it would serve patients well if clinicians were aware of this and channeled some of their energy into treating these comorbid conditions.

References

Perkonigg, A., Pfister, H., Stein, M.B., Höfler, M., Lieb, R., Maercker, A., & Wittchen, H. (2005). Longitudinal course of posttraumatic stress disorder and posttraumatic stress disorder symptoms in a community sample of adolescents and young adults. *American Journal of Psychiatry, 162,* 1320-1326.