

National study finds post-traumatic stress disorder common among injured patients

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Suffering a traumatic injury can have serious and long-lasting implications for a patient's mental health, according to the largest-ever U.S. study evaluating the impact of traumatic injury. Researchers from the Harborview Injury Prevention and Research Center, the University of Washington, and the John Hopkins Bloomberg School of Public Health found that post-traumatic stress disorder and depression were very common among patients assessed one year after suffering a serious injury. They also found that injured patients diagnosed with PTSD or depression were six times more likely to not have returned to work in the year following the injury.

The study followed 2707 injured patients from 69 hospitals across the country, and found 20.7% had post-traumatic stress disorder and 6.6% had depression one year after the injury. Both disorders were independently associated with significant impairments across all functional outcomes: activities of daily living, health status, and the return to usual activities, including work. Patients who had one disorder were three times less likely to be working one year after injury, and patients with both disorders were five to six times less likely to have returned to work.

The findings have important implications for U.S. acute care hospitals. Smaller scale investigations in acute care medical settings suggest that evidence-based psychotherapy and collaborative care interventions can reduce the symptoms of PTSD and related conditions among injured trauma survivors.

"This study highlights the importance of ongoing studies of PTSD and depression screening, and intervention procedures for injured patients treated in acute care hospitals nationwide," said Douglas Zatzick, M.D., principal investigator and a psychiatrist at the University of Washington. "If studies of PTSD and depression establish the effectiveness of screening and intervention procedures, American College of Surgeons policy requirements similar to the recent mandate for alcohol screening and brief intervention could be considered." The American College of Surgeons now requires that level I trauma centers must have on-site alcohol screening and brief intervention services as a requisite for trauma center accreditation.

Source: University of Washington

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