

Researchers examine new PTSD diagnosis criteria

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Results of a study led by researchers at Boston University School of Medicine (BUSM) and the Veterans Affairs (VA) Boston Healthcare System indicate that the proposed changes to the diagnosis of post-traumatic stress disorder (PTSD) will not substantially affect the number of people who meet criteria for the disorder.

Mark W. Miller, PhD, associate professor at BUSM and a clinical research psychologist at the National Center for PTSD at VA Boston Healthcare System served as lead author of the study, which is published online in [Psychological Trauma: Theory, Research, Practice and Policy](#).

The [Diagnostic and Statistical Manual of Mental Disorders](#) (DSM), the handbook that defines psychiatric disorders, has been undergoing revisions for the past decade in advance of the publication of its fifth edition (DSM-5). Included in the proposed revisions are the first major changes to the PTSD diagnosis since its initial appearance in DSM-III back in 1980. These include the addition of new symptoms, revision of existing ones and a new set of diagnostic criteria.

According to DSM-IV, the criteria for a diagnosis of PTSD include exposure to a traumatic event, persistent re-experiencing of the traumatic event, avoidance and emotional numbing, and persistent hyperarousal and hypervigilance. The proposed revisions for DSM-5 involve clarification regarding what constitutes a traumatic event, the addition symptoms such as self-destructive behavior and distorted blaming of oneself or others for the traumatic event and a reorganization

of the diagnostic decision rules for establishing a [diagnosis](#) of PTSD.

Critics have raised concerns about the revision process, noting that some of the new symptoms are not unique to PTSD. They believe that the proposed changes could lead to a number of misdiagnoses, which could artificially increase the number of patients with the disorder.

To address this and to collect data to inform final decisions about the PTSD revision, research was initiated by the DSM-5 PTSD workgroup to see if these changes would affect the number of people diagnosed with PTSD. The researchers surveyed a nationally representative sample of 2,953 American adults and a second sample of 345 U.S. military veterans. They found that most of the proposed symptom changes were supported by statistical analysis and did not substantially affect the number of people who would meet criteria for the disorder. Based in part on these findings, the workgroup responsible for the PTSD revisions are now moving forward with the proposed revisions for DSM-5.

Provided by Boston University Medical Center

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