

Trauma-related psychophysiologic reactivity identified as best predictor of PTSD diagnosis

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Researchers from Boston University School of Medicine (BUSM) and several other institutions including the National Center for PTSD, VA Boston Healthcare System, Suffolk University, Massachusetts General Hospital and Harvard University, have determined that psychophysiologic reactivity to trauma-related, script-driven imagery procedures is a promising biological predictor of a post-traumatic stress disorder (PTSD) diagnosis. These findings appear online in the *Journal of Abnormal Psychology*.

Approximately seven to 12 percent of the general adult population in the U.S. suffers with PTSD. This disease develops after an inciting trauma. PTSD commonly affects military personnel who have faced combat, victims of sexual assault, people from conflict-ridden areas of the world, and patients who have survived intensive care unit admissions.

The researchers analyzed data from five prior studies with 150 study participants: 78 diagnosed with PTSD and 72 who had experienced trauma but did not develop PTSD. Researchers studied four main predictor classes including the measurement of psychophysiologic reactivity to trauma-related scripts; psychophysiologic reactivity to other stressful but non-trauma related scripts; self-reported distress in response to trauma-related scripts; and self-reported distress to other stressful but non-trauma-related scripts. Of the four indices examined, psychophysiologic reactivity to trauma-related cues appeared to be the

most robust predictor of PTSD.

The researchers believe that these findings have significant implications for the field of psychiatry. "Psychophysiologic reactivity to script-driven imagery is a potential experimental paradigm that could be used to index an individual's fear response," explained principal investigator Suzanne Pineles, PhD, assistant professor of psychiatry at BUSM and clinical psychologist at the National Center for PTSD at the VA Boston Healthcare System. "Future research may extend the use of this paradigm to other populations. For example, it is possible that individuals with other fear-based disorders, such as phobias or panic disorder, would exhibit similar patterns of reactivity to scripts describing their fear."

Provided by Boston University Medical Center

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