

New diagnosis category in post-traumatic stress disorder

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The World Health Organization (WHO) recently listed a new sibling diagnosis for post-traumatic stress disorder (PTSD), termed complex post-traumatic stress disorder (CPTSD). An international team with the involvement of the University of Zurich has now summarized the symptoms of the long-awaited new diagnosis and issued guidelines for clinical assessment and treatment.

One of the most widely known responses to trauma is post-traumatic stress disorder, or PTSD. People affected by this [mental disorder](#) typically suffer intrusive memories or flashbacks that may overwhelm them. But international experts have been aware for decades that some trauma victims or survivors exhibit a broader pattern of psychological changes, most commonly after prolonged or repetitive events—such as exposure to war, sexual abuse, domestic violence or torture—now termed CPTSD.

Expanded criteria

Many experts have thus been calling for the diagnostic requirements for PTSD to be adapted. Earlier this year, the WHO issued a new version of its International Classification of Diseases (ICD-11). The updated ICD now includes a new diagnosis for complex [post-traumatic stress disorder](#) (complex PTSD). New symptoms—such as self-organization disturbances—were added to the previous symptoms of PTSD, which include flashbacks, nightmares, avoidance, social withdrawal and hypervigilance. Key features of self-organization disturbances include excessive or heightened [emotional responses](#), feelings of worthlessness and persistent difficulties in sustaining relationships and in feeling close to others.

An international team with the involvement of UZH has now published a study in *The Lancet* describing in detail how to diagnose complex PTSD based on a patient's symptoms. The study describes the difficulties that may occur, the distinct features of the disease in children and adolescents, and the diagnostic differences that need to be made to closely related mental health disorders such as severe depression, bipolar disorders, psychoses or personality disorders.

Precise description of diagnosis and therapy

"We elaborate how the CPTSD diagnosis can be made in routine situations in emergency [medical facilities](#) and in regions with underdeveloped health care systems, for example," says first author Andreas Maercker, professor of psychopathology and clinical intervention at the University of Zurich. The study covers the latest findings on biopsychosocial correlations based on systematic selection criteria. The researchers also analyzed the [evidence base](#) for all available therapeutic studies and developed guidelines for treating CPTSD.

"This is particularly important, since not all countries use the WHO's disease classification. Some have adopted the DSM-5 classification published by the American Psychiatric Association, which currently doesn't list a diagnosis for complex PTSD," explains Maercker, emphasizing the significance of their study.

More information: Andreas Maercker et al, Complex post-traumatic stress disorder, *The Lancet* (2022). [DOI: 10.1016/S0140-6736\(22\)00821-2](#)

Provided by University of Zurich

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