

Transcript Details

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Understanding PTSD: The Impact of a Prevalent Mental Health Disorder

Announcer:

Welcome to ReachMD.

This medical industry feature, titled "Understanding PTSD: The Impact of a Prevalent Mental Health Disorder," is sponsored by Otsuka. And here to discuss this is Dr. John Krystal, who's the Robert L. McNeil, Junior Professor of Translational Research and a Professor of Psychiatry, Neuroscience, and Psychology at Yale School of Medicine.

Let's hear from Dr. Krystal now.

Dr. Krystal:

This is ReachMD, and I'm Dr. John Krystal. Today I'll be discussing posttraumatic stress disorder, or PTSD. My aim is to highlight some commonly held misperceptions by reviewing key facts, examining barriers to diagnosis and care, and briefly highlighting unmet needs.

PTSD is a psychiatric disorder that can occur after experiencing or witnessing a traumatic event, series of events, or sets of circumstances.¹⁻³

Dr. Krystal:

It's important to note that PTSD is a common mental health disorder in the U.S.^{4,5} Approximately 13 million U.S. adults, around 4.9 percent, will experience PTSD during a given year. This is estimated based on a published secondary analysis of PTSD prevalence data from a National Epidemiology Survey conducted from 2012 to 2013, along with U.S. Census Bureau data from 2022.⁶⁻¹⁰ Of note, over 80 percent of individuals with PTSD are in the general population rather than in the military population.¹¹⁻¹³

Dr. Krystal:

It is also crucial to recognize that some populations have an increased risk of PTSD. For example, the incidence is two times higher in women than men.^{6,11}

Those younger than 65 also have an increased risk, as the median age of onset in the U.S. is 23 years.^{13,14} Other factors associated with an increased risk of PTSD include alcohol, drug, or substance use disorders, another diagnosed mental illness, divorced status, and low-income status.^{14,15}

LGBTQ-plus individuals are also at an increased risk of developing PTSD.¹⁶ In the U.S., PTSD prevalence varies with ethnicity, with Black individuals at an increased risk at 8.7 percent, White individuals at 7.4 percent, Hispanic individuals at 7.0 percent, and Asian individuals at 4.0 percent.¹⁷

Dr. Krystal:

Mental health surveys conducted by the World Health Organization reported the highest proportion of PTSD cases were attributed to unexpected death of a loved one or direct exposure to death or serious injury.¹⁸ In the WHO surveys, rape was associated with the highest risk of PTSD.¹⁸

However, the risk of developing PTSD also varies by trauma type, with a broad range up to 30 percent, while the average risk is four percent.¹⁸⁻²¹

Dr. Krystal:

As to disease burden, symptoms of PTSD can have a high impact on the individual, with impaired function across marital, parental, occupational, and social function domains.²²

Here in the U.S., PTSD is significantly associated with important public health implications, including increased risks for all-cause mortality, suicide and attempted suicide, and substance use disorder.²³⁻²⁷

Dr. Krystal:

Unfortunately, individuals with PTSD may experience significant delays in diagnosis. In fact, the median time from symptom onset to diagnosis is about six and a half years, and from onset to treatment is about 12 years.²⁸⁻³¹

One barrier to diagnosis is that patients with PTSD may discuss physical symptoms without mentioning their trauma history or psychiatric symptoms because they don't realize that these may be related.³²

Other prominent barriers to care include concerns about stigma, shame, or rejection, low mental health literacy, treatment-related doubts, fear of negative social consequences, and limited resources.³³

Dr. Krystal:

Clinically, PTSD is often underdiagnosed or misdiagnosed as another mental health condition due to its variable onset of symptoms and inherent heterogeneity presentation.³⁴

Dr. Krystal:

Part of this challenge in diagnosing PTSD is its overlap with other psychiatric comorbidities, most commonly major depressive disorder, anxiety disorders, and substance use disorders.³⁵ Of note, around 80 to 90 percent of individuals with PTSD meet criteria for at least one other psychiatric diagnosis.^{36,37}

Less than 50 percent of individuals who meet criteria for PTSD are correctly diagnosed in primary and secondary care settings.^{32,38,39}

Dr. Krystal:

A misdiagnosis can delay treatment, undermine trust, impair treatment adherence, and reduce patient satisfaction with their treatment.⁴⁰

Dr. Krystal:

Lastly, I'd like to note that there are many common misconceptions regarding PTSD, such as it's only associated with men, that it only occurs in military settings, or that it is associated commonly with violent behavior.⁴¹

Continue to other episodes in the series, where we'll examine disease burden and unmet needs in PTSD and hear expert perspectives on strategies to address diagnosis and treatment challenges.

Announcer:

This program was sponsored by Otsuka. If you missed any part of this discussion, visit Medical Industry Features on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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