

PTSD May Emerge Late in Injured Soldiers. By Michelle Rizzo
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Among battle-injured soldiers, the severity of their physical injuries is a significant predictor of the development of posttraumatic stress disorder (PTSD) or depression several months later, researchers report. Early psychiatric evaluations do not always identify those who will later develop these disorders.

In a study published in the *American Journal of Psychiatry*, the researchers examined the rates, predictors and course of probable PTSD and depression among 613 seriously battle-injured U.S. soldiers during and after hospitalization.

Standard screening assessments were performed at 1, 4, and 7 months after the injury. Combat exposure, length of deployment, and severity of physical injuries were documented. All of the assessments were completed for 243 soldiers.

The study was conducted by a group of investigators from the Center for the Study of Traumatic Stress at the Uniformed Services University in Bethesda, Maryland, and the Walter Reed Army Medical Center in Washington, D.C.

Dr. Thomas A. Grieger and colleagues found that 4.2 percent of the soldiers had probable PTSD and 4.4 percent had depression at 1 month. After 4 months and 7 months, 12 percent of the soldiers were diagnosed with PTSD and 9 percent were diagnosed with depression.

The team reports that 79 percent of soldiers with a diagnosis of PTSD or depression at 7 months did not meet the diagnostic criteria for either condition at 1 month.

Severe physical injury at 1 month increased the risk of developing PTSD by more than ninefold and the risk of depression by almost sixfold after 7 months, independent of demographic factors, combat exposure and deployment duration.

"This study should help to guide physicians treating these troops," Grieger commented to *Reuters Health*. "They need to consider psychiatric problems in soldiers reporting high levels of physical problems."

"Soldiers with such problems acutely or chronically might benefit from a mental health evaluation and potential psychiatric treatments," he said. "The

course of illness and treatment in war-injured soldiers from these conflicts is complex and unlike that seen in civilian victims of physical trauma."

Grieger and his colleagues are currently examining long-term functional problems and ongoing physical and mental health distress in this group. "We also hope to examine in greater detail the early predictors of later problems," he added.

SOURCE: American Journal of Psychiatry, October 2006.