

PTSD and ASD: Definition & Prevalence

Individuals may develop a range of psychological problems following exposure to trauma, including depression, anxiety, and substance misuse. PTSD and ASD, however, are trauma-specific psychological reactions that develop in some people following the experience of events such as a major disaster, war, sexual or physical assault, motor vehicle accidents and torture. Traumatic events include any threat, actual or perceived, to the life or physical safety of a person, their loved ones or those around them and lead to feelings of intense fear, helplessness or horror.

Exposure to a traumatic event is a common experience. Large community surveys in Australia and overseas reveal that 50–65% of people report at least one traumatic event in their lives. Most people will have some kind of psychological reaction to trauma—feelings of fear, sadness, guilt and anger are common. However, the majority recover over time with only a small proportion developing ASD or PTSD. It is estimated that more than a quarter of a million Australians experience PTSD in any one year, and that around 5% of people have had PTSD at some point in their lives.

Many people are exposed to a traumatic event in their lifetime. Most will recover with the support of their family and friends but those who develop posttraumatic mental health problems may need professional assistance to recover.

Posttraumatic Stress Disorder

PTSD is characterised by three main groups of symptoms. Before a diagnosis can be made, a number of symptoms in each of the three categories must be present for at least a month and lead to significant distress or impairment in important areas of functioning:

- Re-experiencing—intrusive distressing recollections of the traumatic event; flashbacks; nightmares; intense psychological distress or physical reactions, such as sweating, heart palpitations or panic when faced with reminders of the event.
- Avoidance and emotional numbing—avoidance of activities, places, thoughts, feelings, or conversations related to the event; restricted emotions; loss of interest in normal activities; feeling detached from others
- Hyperarousal—difficulty sleeping; irritability; difficulty concentrating; hypervigilance; exaggerated startle response

While symptoms often develop in the days and weeks following exposure to trauma, the onset of PTSD can be delayed for a significant number of people.

Acute Stress Disorder

While PTSD requires that the symptoms be present for at least one month, ASD is diagnosed between two days and one month following a traumatic event. There is significant overlap in the diagnostic criteria for each condition. The diagnoses differ in that ASD requires the experience of several dissociative symptoms not included in PTSD (such as detachment, reduced awareness of surroundings, depersonalisation, and dissociative amnesia), while PTSD places greater emphasis on avoidance symptoms.

The key distinguishing feature between PTSD and ASD is the duration of symptoms required for the diagnosis to be made.