## Post-Traumatic Stress Disorder

**Post-Traumatic Stress Disorder (PTSD) is a mental health condition that may occur in individuals after experiencing a life-threatening or traumatic event(s).** Increased awareness that PTSD impacts a diversity of patients – and may significantly interfere with daily life – can improve diagnosis and treatment, bringing help faster.

**ABOUT:** Traumatic experiences include events like abuse; bullying; emergency scenes; historical trauma; intimate partner violence; natural disasters; serious accidents; terrorist acts; war/combat; and rape/sexual assault. Genetic factors may make some people more likely to develop PTSD,<sup>1</sup> and women are twice as likely as men to have PTSD.<sup>2</sup>

**PREVALENCE:** PTSD is not a military-only disease – it affects approximately 5% of U.S. adults in any given year, and nearly 6 in 100 people will be diagnosed with PTSD in their lifetime.<sup>3</sup>

- Individuals of all ages, ethnicities, and cultural backgrounds can develop PTSD.<sup>4</sup>
- A 2022 analysis estimates economic impact of PTSD at \$232 billion in direct and indirect costs.<sup>5</sup>

**DIAGNOSIS:** To meet the criteria for PTSD, symptoms must last longer than one month, and must be severe enough to interfere with daily life, such as relationships or work.<sup>1</sup>

- PTSD symptoms are on-par with other "Serious Mental Illness" (SMI) conditions like bipolar disorder and schizophrenia, as they can lead to serious functional impairment that substantially interferes with or limits one or more major life activities.<sup>6</sup>
- Four core symptom areas characterize PTSD: 1) Re-experience (revisiting the event);
  2) Avoidance (avoiding related places or thoughts); 3) Negative mood and cognition (feelings of social isolation; difficulty concentrating); and 4) Arousal (aggressive outbursts).<sup>1</sup> They often begin within three months of the traumatic event but can emerge years later. Research suggests delayed onset occurs with about one in four cases.<sup>7</sup>

**TREATMENT:** First-line treatment is typically psychotherapy (such as "talk" therapy and cognitive behavioral therapy), medications (approved drugs include anti-depressants), or both,<sup>1</sup> **but unmet need remains for PTSD patients** because there is no drug in the U.S. market that effectively treats all four core symptom areas of PTSD. Further, there has been no new approval for a PTSD treatment in more than 15 years.

## **CREATING CHANGE FOR PATIENTS:**

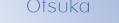
Policymakers can improve accessibility of treatment options for those with PTSD by:

- Ensuring that any public policy which refers to SMI is inclusive of PTSD
- Removing barriers to medications for those living with SMI
- Increasing screening of PTSD in primary care settings
- Requiring state regulated plans/Medicaid to cover SMI treatments equitably with physical health care coverage, and supporting policies that direct the same level of resources towards mental illness as with other chronic conditions
- 1. "Post-Traumatic Stress Disorder." NIMH. http://nimh.nih.gov/sites/default/files/documents/health/publications/post-traumatic-stress-disorder-ptsd/ 20-mh-8124-ptsd.pdf.
- 2. "What Is Posttraumatic Stress Disorder (PTSD)?" Psychiatry.org. https://psychiatry.org/patients-families/ptsd/what-is-ptsd.

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 <sup>&</sup>quot;How Common is PTSD in Adults?" U.S. Department of Veteran Affairs. https://ptsd.va.gov/understand/common/common\_adults.asp.

<sup>5.</sup> Davis LL, et al. The economic burden of post-traumatic stress disorder in the United State from a societal perspective. J Clin Psychiatry. 2022;83(3):21m14116.