

# 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

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3. “How Common is PTSD in Adults?” U.S. Department of Veteran Affairs. [https://ptsd.va.gov/understand/common/common\\_adults.asp](https://ptsd.va.gov/understand/common/common_adults.asp).

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