



Posttraumatic Stress Disorder

Fact Sheet

PTSD Numbers

- Based on research findings, it is estimated that up to 20 percent of the more than 2.6 million service members who deployed to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn have or (may develop) symptoms of posttraumatic stress disorder (PTSD)¹. However, these estimates vary widely across studies depending on sampling procedures and reflect individuals with symptoms rather than formal diagnoses.
- Between 2000 and 2014, approximately 139,000 active-duty service members (including members of the Coast Guard) were diagnosed with new-onset PTSD within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The remaining 27,000 service members diagnosed with new-onset PTSD had not deployed at the time that they met criteria for diagnosis.
- As of late 2014, approximately 2.5 percent of active-duty service members received a diagnosis of PTSD at some point during their military careers. Roughly 4.3 percent of service members who had deployed at least once, and who remained on active duty at the end of 2014, were diagnosed with PTSD during their time in service, compared to only 0.8 percent of service members who had not deployed.
- Numbers presented above reflect only those service members identified by the MHS as meeting criteria for PTSD. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that limit help-seeking.

What is PTSD?

- The [Diagnostic and Statistical Manual of Mental Disorders, 5th Edition](#), describes PTSD as a clinically significant condition with symptoms continuing more than one month after exposure to a trauma that has caused significant distress or impairment in social, occupational or other important areas of functioning.
- PTSD can occur after someone is exposed to a traumatic event such as combat, a terrorist attack, sexual or physical assault, a serious accident, a natural disaster, childhood sexual or physical abuse, or threat of injury or death. Trauma exposure may happen through directly experiencing the event, witnessing the event, or in certain circumstances, learning the details of traumatic events that happened to others.
- Symptoms are a common response to a stressful event. Many people experience post-traumatic stress symptoms. If symptoms persist for more than one month after a trauma, worsen, cause significant distress or interfere with daily functioning at home and work, then an evaluation by a mental health provider is needed to determine if a diagnosis of PTSD and treatment are appropriate.

¹ All statistics noted in this section are from Armed Forces Health Surveillance Center.

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- The vast majority of people who experience or are exposed to traumatic events will have a reaction soon after and may experience some initial symptoms, but most will recover over time.
- PTSD can have a delayed onset with symptoms appearing six months to many years after exposure to trauma.
- A person who has sustained a traumatic brain injury (TBI) is at greater risk for PTSD and depression². PTSD may result from the psychological impact of the same incident that caused the TBI, for example: car crash, fall, blast exposure or blunt trauma to the head.

Screening and Diagnosis

- Early detection of PTSD allows for early intervention. Early treatment maximizes the chances for recovery.
- There is no objective medical test that can definitively diagnose PTSD such as a blood test or X-ray. A person receives a diagnosis of PTSD from a qualified mental health care provider based on a thorough mental health assessment.
- The Defense Department implements a variety of mental health screening initiatives aimed at early detection. The Pre-deployment Health Assessment and the Post-deployment Health Assessment/Reassessment (PDHA/PDHRA) processes include screening for major mental illnesses. The Primary Care Behavioral Health program in the primary care setting also includes mandatory annual screening for depression and PTSD for all Military Health System beneficiaries to include active duty, retirees and family members.
- The clinical tools used for screening purposes are empirically validated and prove reliable for both screening and outcome monitoring. A positive screen on a provider or self-report measure suggests PTSD but does not constitute a definitive diagnosis.
- Individuals who screen positive for PTSD should receive a thorough assessment of their symptoms that includes details such as time of onset, frequency, course, severity, level of distress and functional impairment to guide accurate diagnosis and appropriate decision-making by a health care provider.
- Based on a [recent change to how PTSD is diagnosed](#), the symptoms are now grouped into four, rather than three, main categories: *intrusive* (reoccurring distressing memories, dreams or flashbacks); *avoidance* (of people or places reminiscent of the trauma); *persistent negative mood or thoughts* (such as inability to recall events, excessive blame, fear, guilt or shame; feeling detached from others; inability to experience positive emotions); *arousal or reactivity* (irritable, hypervigilance, difficulty concentrating, self-destructive behaviors).

² O'Donnell, M.L.; Creamer, M. & Pattison, P. (2004). Posttraumatic stress disorder and depression following trauma: Understanding comorbidity. *American Journal of Psychiatry*, 161, 1390-1396.

Ramsawh, H. J., Fullerton, C. S., Mash, H. H., Ng, T. H., Kessler, R. C., Stein, M. B., & Ursano, R. J. (2014). Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the U.S. Army. *Journal of Affective Disorders*, 161, 116-122.

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Treatment

- There are many [effective treatments for PTSD](#). Treatment may be broadly divided into two categories:
 - evidence-based psychotherapies or counseling (trauma-focused therapies that include components of exposure and/or cognitive restructuring)
 - evidence-based medication interventions (particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs))
- Adjunctive methods of care including complementary integrative medicine ([mindfulness](#), yoga, acupuncture and others), social support and [spiritual support](#) can help those with PTSD as supplements to evidence-based treatment.
- The duration of psychotherapy is contingent on progress, which is gauged by reduction of symptoms, decrease in symptom intensity, or based on the agreed upon goals established by the provider and patient. Treatment generally ranges from four to 15 sessions but may take longer for some people.
- Co-occurring mental health conditions, such as depression and substance use disorders, are very common in PTSD. Physical conditions such as chronic pain and the effects of TBI are also common with PTSD.

Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury operates a [24/7 outreach center](#) to provide information and resources for PTSD and other psychological health concerns. Access the center via live chat [at realwarriors.net/livechat](http://atrealwarriors.net/livechat), phone at 866-966-1020, or email at resources@dcoeoutreach.org.
- The [Military Crisis Line](#) (800-273-8255 and press 1) provides free, confidential support for service members and veterans in crisis, and their families and friends.
- The [Real Warriors Campaign](#) encourages help-seeking and provides information and resources for PTSD and combat stress. The campaign features video profiles of service members and veterans who have experienced PTSD, sought treatment and are experiencing success in their personal and professional lives.
- [AfterDeployment](#) is an online wellness resource that provides information, assessments and resources for service members, veterans and families coping with PTSD and other post-deployment conditions such as depression, anger, sleep problems, substance abuse and stress management.
- The [National Center for Telehealth and Technology](#) offers a variety of mobile [applications](#) that help manage symptoms of combat stress and can serve as accessories to treatment under the supervision of a health care provider.
- The Department of Veterans Affairs [National Center for PTSD](#) provides PTSD information to providers, veterans and the public.

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- Continuity of mental health care is provided by [inTransition](#), a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers.
- The [Center for the Study of Traumatic Stress](#) provides information and resources for providers, service members and veterans about PTSD and other reactions to traumatic events.
- [National Intrepid Center of Excellence](#) advances TBI and psychological health treatment, research and education.
- [Defense and Veterans Brain Injury Center](#) offers information and resources on the co-occurring symptoms of PTSD and TBI.