Precipitation of PTSD in a community sample

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Most physicians associate Posttraumatic Stress Disorder (PTSD) with severe traumas like combat and rape, but a broad range of events that threaten death or injury may cause PTSD. Most studies of PTSD focus only on the worst traumas and this probably leads to an overestimation of the conditional risk of PTSD. No studies to date have attempted to elicit complete accounts of all the traumas experienced, and the odds of subsequent PTSD. Breslau and colleagues conducted a survey of the general population to assess the relative importance of specific types of traumas, thereby giving us more information about the diversity of precipitating traumas and the conditional risks for developing PTSD for each of these traumas. The authors surveyed a representative sample of 2181 persons 18 to 45 years old in the Detroit metropolitan area (the onset of PTSD occurs primarily in early adulthood). The traumatic events were divided into four categories: assaultive violence (e.g. combat, rape, mugging); other injury or shocking experience (e.g. motor vehicle accident, you or your child being diagnosed with a life-threatening illness, witnessing someone being seriously injured); learning about traumas to others (e.g. a close friend or relative is assaulted sexually or physically, or seriously injured in an accident); and sudden, unexpected death of a close friend or relative.
Important findings included: (1) 89.6% of those interviewed had 1 or more traumatic events and the most prevalent trauma was the unexpected death of a loved one (60%). (2) the conditional probability of PTSD for all traumas and all participants was 9.2%. (3) after controlling for the type of trauma, women had twice the conditional risk of PTSD after trauma exposure (13.0% vs. 6.2%). (4) assaultive violence had the highest conditional risk of PTSD (20.9%), sudden unexpected death of a loved one was associated with a moderate probability (14.3%) and learning about traumatic events in others had the lowest conditional probability (2.2%). (5) PTSD symptoms persisted for greater than 6 months in 3/4 and greater than 5 years in 1/3 of subjects. (6) Duration of PTSD was longer if the trauma occurred directly to the individual and in women.

This is the first survey to collect an unbiased estimate of conditional risk of PTSD following traumatic events in a general population. Ninety percent of respondents experienced 1 or more traumas, and 38% were personally assaulted. Both these numbers appear to be high and may represent a sampling idiosyncrasy or a unique characteristic of this Detroit population. It is also possible similar results would be found in other populations. The survey asked respondents to recall events and symptoms over their lifetime, which could introduce recall bias. Nevertheless, the message for clinicians is that potentially precipitating traumas are widespread. PTSD is not restricted to assaultive traumas, but is more frequent after them.