

Appropriateness of DSM-III-R symptoms for the diagnosis of Posttraumatic Stress Disorder



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introduction

After the September 11, 2001 terrorist attacks on New York city the interest in the psychopathological effects of terrorism and specifically post-traumatic stress disorder has experienced a further revival. Thus a substantial amount of new papers on this subject have been produced. The construct Posttraumatic Stress Disorder (PTSD) has raised severe controversy regarding its validity and consistency since its inclusion in the DSM-III. First of all, PTSD has high comorbidity. Secondly, there are no systematic studies on the sensitivity and specificity of PTSD criteria. Finally, several authors have reported a risk of underdiagnosing PTSD by using the current diagnostic criteria.

objective

This paper introduces a preliminary research on the sensitivity, specificity and predictive value of PTSD diagnostic criteria, and tries to identify the symptomatic nucleus of PTSD to increase the validity and reliability of this diagnosis.

method

The annual police incidence reports were analyzed in all Spanish police stations in 1990. There were 49000 policemen. 147 of them had been exposed to a traumatic event in their job and were interviewed with SCID. 31 of the 147 police agents who according to the police reports had been exposed to a traumatic event met DSM-III-R criteria for PTSD (PTSD group); 63 did not meet any DSM-III-R criteria for PTSD but met criteria for traumatic event (No PTSD-Traumatic event group), and 53 did not meet any DSM-III-R criteria for traumatic event (No PTSD-No traumatic event group). By means of a univariate analysis we calculated the sensitivity of each DSM-III-R criterion by comparing the scores in the PTSD and the No PTSD-Traumatic event groups respectively. To address the overlap or intercorrelation among the PTSD criteria measures, stepwise logistic regression was performed to identify which of the sixteen DSM-III-R criteria most efficiently identify the presence of PTSD. A ROC curve was built to determine the cut-off point of this instrument.

results

The stepwise logistic regression of the 16 DSM-III-R criteria showed that only 6 of the 16 PTSD criteria were significant for identifying the presence of PTSD (see table 1). These criteria were used to build a new PTSD diagnostic instrument, which included DSM-III-R Criteria B and 5 additional items from clusters C and D (diminished interest in significant activities, feeling detached from others, irritability, trouble concentrating and avoidance of activities, places and people). The area under the ROC curve was 0,982 ($p < 0,001$). The best cut-off point was 2 criteria (having any item from Criteria B plus any of the 5 additional items, or two of these 5 items whatsoever), which had the best combination of specificity (88,88%) and sensitivity (100%) for PTSD diagnosis.

table 1

	Sensitivity (%)	Specificity (%)
Reexperiencing the traumatic event (Criteria B)	100	65.1
Avoidance (Criteria C):		
• Activities, places, people	67.7	98.4
• Diminished interest in significant activities	77.4	98.4
• Feeling detached from other	64.5	96.8
Increased arousal (Criteria D):		
• Irritability	83.9	81.0
• Trouble concentrating	74.2	100

22.6% of policemen in the PTSD group (but none of the policemen in the No PTSD-traumatic event group) suffered some kind of psychiatric comorbidity

- 3.2% suffered major depressive disorder
- 3.2% suffered generalized anxiety disorder
- 3.2% suffered anxiety disorder with agoraphobia
- 6.5% suffered alcohol abuse
- 9.7% had been physically abused in their childhood
- 22.6% had a history of psychiatric disorder
- Antidepressant medication was taken by 3.2%
- 3.2% were taking anxiolytic drugs
- 38.7% had a family history of psychiatric disorder

conclusions

Our results support the idea that the key symptoms for diagnosing PTSD are Criteria B and 5 additional items from clusters C and D (diminished interest in significant activities, feeling detached from others, irritability, trouble concentrating and avoidance of activities, places and people). Further research is needed to corroborate our results, but our findings suggest that a new PTSD diagnostic instrument with a good combination of sensitivity and specificity could be developed using the above mentioned criteria and symptoms.

references

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