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Published in:
Evidence-Based Mental Health

DOI:
[10.1136/eb-2014-101888](https://doi.org/10.1136/eb-2014-101888)

2014

[Link to publication](#)

Citation for published version (APA):

Perrin, S. (2014). Children exposed to trauma should be screened for symptoms of PTSD. *Evidence-Based Mental Health*, First published Online, 01 September 2014. <https://doi.org/10.1136/eb-2014-101888>

Total number of authors:
1

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Children exposed to trauma should be screened for symptoms of PTSD

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WHAT IS ALREADY KNOWN ON THIS TOPIC?

Children exposed to traumatic events are at increased risk of post-traumatic stress disorder (PTSD); however, the true prevalence of PTSD in non-referred children has been difficult to estimate because of variance in sampling and assessment methods across existing studies of at-risk children and adolescents.

WHAT DOES THIS PAPER ADD?

- ▶ This is the first study to estimate the prevalence of PTSD in children and adolescents. It does so using a meta-analysis of 72 published studies that employ DSM-IV PTSD criteria and structured diagnostic interviews to assess PTSD in trauma-exposed, non-referred children and adolescents.
- ▶ The observed PTSD prevalence of 16% is consistent with prevalence estimates obtained for PTSD in adults from large-scale epidemiological studies employing DSM criteria and structured diagnostic interviews.
- ▶ Similar to research on adults, girls and those exposed to interpersonal trauma had the highest risk for PTSD following traumatic exposure.

LIMITATIONS

- ▶ The findings are the results of a meta-analytic review of the literature and not an epidemiological investigation of PTSD in non-referred children and adolescents.
- ▶ Children exposed to war and natural disasters are under-represented in the meta-analyses because structured diagnostic interviews are used infrequently in research on these groups.

WHAT NEXT IN RESEARCH?

- ▶ To obtain the best estimates of PTSD in non-referred children, large-scale epidemiological studies of traumatically exposed children

and adolescents, employing structured diagnostic interviews based on DSM-IV or V and ICD-10 criteria are needed. Given the difficulty and cost of administering structured interviews, child and parent-report measures of PTSD should be included in these studies to determine the utility of brief questionnaires that can be used to identify trauma-exposed children who may require a full diagnostic interview and/or treatment.

- ▶ Further exploration should be made of how trauma type and gender interact to produce a range of psychiatric outcomes including PTSD.

COULD THESE RESULTS CHANGE YOUR PRACTICES AND WHY?

No—as I am a clinician specialising in the assessment and treatment of traumatised children. However, in my role as an educator of mental health professionals and advocate for traumatised children, the current article is extremely useful in helping to raise awareness about the prevalence of childhood PTSD. Effective psychological treatments for childhood PTSD exist; however, traumatic exposure and PTSD are often under-recognised in primary and secondary care.^{1 2} The present findings provide further evidence that children (and their parents) should be screened for traumatic exposure and symptoms of PTSD as part of ordinary primary care assessments, particularly when the child is presented to mental health professionals in clinic or school settings.

Competing interests None.

doi:10.1136/eb-2014-101888

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ABSTRACT FROM: Alisic E, Zalta AK, van Wesel F, *et al*. Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. *Br J Psychiatry* 2014;**204**:335–40.

Data sources PubMed, EMBASE, PsychINFO and the Published International Literature on Traumatic Stress (1994–October 2012); hand search of reference lists of systematic reviews on child trauma.

Study type included Any English-language study with 10 or more participants providing enough information to determine the percentage of children or adolescents (aged <19 years) who had been exposed to trauma, defined as meeting DSM-IV criteria for post-traumatic stress disorder (PTSD) at least 1 month after the trauma. Studies of psychological or psychopharmacological interventions were excluded, as were those including only participants seeking or receiving mental health treatment.

OUTCOMES

Study characteristics Seventy-two studies (n=3563) met inclusion criteria. Age ranged from 2 to 18 years and approximately 57% of participants were male. Participants had been exposed to a variety of events, including motor vehicle accidents, sudden loss of a parent, life-threatening illness, war experiences, domestic violence and child maltreatment. Fifty-one per cent had been exposed to non-interpersonal trauma (eg, accident, natural disaster) and 49% had been exposed to interpersonal trauma (eg, assault, war) or a mix of both. Most samples were from the USA (47%), followed by the UK (12%) and Australia (12%). Studies frequently excluded people with

cognitive impairments (58%), insufficient language skills (30%) and current or previous mental health problems (21%). PTSD was most commonly assessed using the Client Administered PTSD Scale (CAPS-CA). The child was the informant in most studies (72%), parents in 9% and a combination for the remainder.

Post-traumatic stress disorder The overall pooled prevalence rate of PTSD in children and adolescents exposed to trauma was 15.9% (95% CI 11.5% to 21.5%). There was significant heterogeneity between the studies, and prevalence rates across the studies ranged from 0.5% to 67.3%.

PTSD by gender The pooled prevalence rate of PTSD following exposure to trauma was significantly less in boys (11.1%, 95% CI 7.0% to 17.1%) compared with girls (20.8%, 95% CI 13.6% to 30.5%).

PTSD following non-interpersonal trauma The pooled prevalence rate was 9.7% (95% CI 6.1% to 15.2%). Boys exposed to this type of trauma showed the lowest rates of PTSD (8.4%, 95% CI 4.7% to 14.5%) compared with girls (13.3%, 95% CI 7.4% to 22.9%).

PTSD following interpersonal trauma The pooled prevalence rate was 25.2% (95% CI 16.8% to 35.8%). Girls showed the highest rates of PTSD (32.9%, 95% CI 19.8% to 49.3%), compared with boys (16.8%, 95% CI 8.8% to 29.6%).



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Evid Based Mental Health published online September 1, 2014

doi: 10.1136/eb-2014-101888

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