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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.


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%).

REFERENCES
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