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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.

REFERENCES
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