

POST-TRAUMATIC STRESS DISORDER (PTSD)

Includes Acute and Chronic PTSD

Background

This case definition was developed in 2010 by the Armed Forces Health Surveillance Center (AFHSC) for the purpose of epidemiological surveillance of a condition important to military populations. This case definition for PTSD differs from that used in the mental health report for Health Affairs.¹

Clinical Description

Post-traumatic stress disorder, commonly referred to by its acronym, PTSD, is a severe anxiety disorder that can develop after exposure to any event that causes psychological trauma. The event may involve the threat of death to oneself or to someone else, or a threat to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's psychological defenses. Symptoms include re-experiencing the original trauma(s) through flashbacks or nightmares, avoidance of stimuli associated with the trauma, and increased arousal manifest as difficulty falling asleep or staying asleep, anger, or hypervigilance. Formal diagnostic criteria are dependent upon the duration of symptoms (see *Comments* below), and the associated impairment in social, occupational, or other important areas of functioning, (e.g., problems with work and relationships).²

Case Definition and Incidence Rules

For surveillance purposes, a case of PTSD is defined as:

- *One hospitalization* with and of the defining diagnoses of PTSD (see ICD9 and ICD10 codes below) in the *first or second* diagnostic position; or
- *Two outpatient medical encounters, within 180 days* of each other, with any of the defining diagnoses of PTSD (see ICD9 and ICD10 codes below) in the *first or second* diagnostic position; or
- *One outpatient medical encounter in a psychiatric or mental health care specialty setting*, identified by Medical Expense and Performance Reporting System (MEPRS) code BF, with the defining diagnosis of PTSD (see code lists below) in the *first or second* diagnostic position.

(continued on next page)

¹ Armed Forces Health Surveillance Center. Selected mental health disorders among active component members, U.S. Armed Forces, 2007-2010. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; 17(11): 2-5.

² American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition. 1994.



Case Definition and Incidence Rules (cont.)

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a defining diagnosis of PTSD.
- An individual is considered an incident case *once per surveillance period*.

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Post-traumatic Stress Disorder (PTSD)	F43.1 (post-traumatic stress disorder; PTSD)	--
	- F43.10 (post-traumatic stress disorder, unspecified)	309.81 (post-traumatic stress disorder)
	- F43.11 (post-traumatic stress disorder, acute)	309.81 (above)
	- F43.12 (post-traumatic stress disorder, chronic)	309.81 (above)

Development

- In May of 2014 the case definition was updated to include ICD10 codes.
- This case definition was developed in 2010 by the Armed Forces Health Surveillance Center (AFHSC) Medical Surveillance Monthly Report (MSMR) staff for the purpose of descriptive epidemiological reports on mental disorders and mental health problems among active duty Service members.³ The definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

³ Armed Forces Health Surveillance Center. Mental Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, January 2000 – December 2009. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; Vol.17 (11): 6- 12.



Case Definition Incidence Rule Rationale

- The case finding criteria were chosen to increase the specificity of the case definition and to increase the likelihood that “true” cases of PTSD would be identified.

Reports

AFHSC reports on PTSD in the following reports:

- Periodic MSMR articles on mental disorders and associated hospitalizations, outpatient medical encounters, and post-deployment illnesses.
- Annually: MSMR article on the “Absolute and relative morbidity burdens attributable to various illnesses and injuries, U.S. Armed Forces” (see *Comments* section below).
- Quarterly: AFHSC Mental Health Report for the Department of Defense (Office of the Assistant Secretary of Defense for Health Affairs);⁴ this report describes the incidence rates of, and proportions of the population affected by, major depression, bipolar disorder, alcohol dependence, substance dependence and post-traumatic stress disorder. The case definition and ICD9 and ICD10 code sets used for this report differ slightly than the case definition for PTSD documented here.

Revisions and Review

May 2014	Case definitions reviewed and updated by the AFHSC Surveillance Methods and Standards (SMS) working group
July 2012	Case definition reviewed and adopted by AFHSC Surveillance Methods and Standards (SMS) working group
Nov 2010	Case definition developed and reviewed by AFHSC MSMR staff.

Comments

*PTSD Diagnostic Criteria:*⁵ The diagnosis of PTSD is, in part, dependent upon the duration of symptoms. When describing the condition, the following specifiers may be used:

- *Acute Stress Disorder* : symptoms for 0-1 month
- *Acute PTSD*: symptoms for 2-3 months; < 3 months.
- *Chronic PTSD*: symptoms for > 3 months
- *PTSD With Delayed Onset*. At least 6 months have passed between the traumatic event and the onset of the symptoms.

Acute Stress Disorder (ASD) is an anxiety disorder that often precedes PTSD. Like PTSD, the condition is triggered by a traumatic; the difference between the two is the timeframe within which symptoms develop and how long they last. With ASD the symptoms appear within 4 weeks following the event. They last 2 days and no longer than 4 weeks. With PTSD the symptoms must last for at least 1 month.

⁴ Armed Forces Health Surveillance Center. Selected mental health disorders among active component members, U.S. Armed Forces, 2007-2010. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; 17(11): 2-5.

⁵ American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition. 1994.



Comprehensive AFHSC Mental Health Reports: For analyses and reports requiring data on *all* mental disorders, AFHSC includes all mental health diagnoses that fall within the range of ICD-9-CM codes 290-319 (mental disorders) with a few exceptions.

- ICD9 code 305.1 (tobacco use disorder) is not included as tobacco-cessation efforts are widespread within primary care clinics in the military and this diagnosis is not treated as a mental health disorder.
- ICD9 codes 299.xx (pervasive developmental disorders) and ICD9 codes 317.xx -319.xx (mild, other, and unspecified intellectual disabilities) are not included as these conditions do not represent mental health disorders that AFHSC is trying to track with these reports.

Burden of Disease Reports: AFHSC articles and reports on the “burden” of illness and injury in the U.S. Armed Forces group all illness and injury-specific diagnoses, defined by ICD-9-CM codes, into 139 burden of disease-related conditions and 25 categories based on a modified version of the classification system developed for the Global Burden of Disease (GBD) Study.⁶ In general, the GBD system groups diagnoses with common pathophysiologic or etiologic bases and/or significant international health policymaking importance.

The AFHSC disaggregates some diagnoses that are grouped into single categories in the GBD system (e.g., mental disorders) to increase the military relevance of the results. The category of mental health disorders is separated into the following sub-categories of “disorders”: anxiety, substance abuse, adjustment, mood, tobacco dependence, psychotic, personality, somatoform, and all other mental disorders.⁷

Because reports on disease burden are based on the total number of medical encounters for a specific condition, a slightly different case definition is used for these analyses. The case definition requires only “one inpatient or outpatient medical encounter with any defining ICD9 codes between 001 and 999” and uses the diagnosis in the *primary* diagnostic position only. An individual is allowed one medical encounter per condition per day.

⁶ The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Murray, CJ and Lopez, AD, eds. Harvard School of Public Health (on behalf of the World Health Organization and The World Bank), 1996:120-2.

⁷ Armed Forces Health Surveillance Center. Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries, U.S. Armed Forces, 2011. *Medical Surveillance Monthly Report (MSMR)*. 2012 April; Vol.19 (4): 4- 9.

