Posttraumatic stress disorder

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Traumatic stress and risk of severe mental illness: A nationwide cohort study

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Introduction A history of traumatic events is prevalent in people with schizophrenia spectrum disorders and mood disorders. However, little is known about their etiological relationship.
Objectives To explore whether patients with acute or posttraumatic stress disorder are at higher risk of developing a schizophrenia spectrum disorder or mood disorder.
Methods In this prospective cohort study using registers covering the entire Danish population, we used the Danish Psychiatric Central Research Register to identify patients with ICD-10 diagnoses of acute traumatic stress disorder and/or posttraumatic stress disorder. From inpatient and outpatient mental hospitals, we identified 4371 diagnoses with more than 18 million years of follow-up. Main outcomes and measures were relative risks (RR) with 95% confidence intervals (95% CI) of schizophrenia, schizophrenia spectrum disorder, bipolar disorder and mood disorder.
Results The incidence of traumatic stress disorder (TSD) has increased steadily from 0.6% in 1996 to 6% in 2012, showed a higher incidence in women and an age distribution with a peak-incidence in early adulthood. We found that diagnoses of TSD increase the risk of schizophrenia (RR 5.85, 95% CI 3.59–8.91), schizophrenia spectrum disorder (RR 3.82, 95% CI 2.38–5.75), bipolar disorder (RR 5.83, 95% CI 3.11–9.83) and mood disorder (RR 4.10, 95% CI 3.15–5.22). Risks were high in the first year after diagnosis of TSD and declined going forward in time.
Conclusions Our findings indicate that acute and posttraumatic stress disorder are etiological risk factors for schizophrenia spectrum disorders and mood disorders. If replicated, this may underline treatment of traumatized patients in prevention of severe mental disorder.
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Co-occurrence of PTSD and cardiovascular disease among ethnic/racial groups in the United States

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Introduction Some inconsistent evidence indicates experiences of trauma and the presence of symptoms of PTSD are associated with increased risk of cardiovascular diseases. This relation has rarely been explored with community samples including participants with PTSD symptoms or who fulfill criteria for PTSD disorders.
Objectives We identify those with a high number of PTSD symptoms and those fulfilling criteria for PTSD are more likely to have CVD than those without a PTSD syndrome or diagnosis. We examine rates of mental health access for those with PTSD and CVD.
Methods We use Collaborative Psychiatric Epidemiology Surveys (CPES) to examine differences in trauma/PTSD prevalence and the association of prior trauma exposure and PTSD diagnoses with CVD (n = 13,286). CIDI was used to make psychiatric diagnoses and medical data was acquired regarding onset and severity of CVD.
Results Individuals with prior exposure to trauma and PTSD diagnoses had twice the likelihood of developing a cardiovascular disease as those without trauma exposure [OR = 1.77, 95% CI (1.0, 2.94)]. Having a PTSD diagnosis is a significant predictor of having a CVD for individuals who experienced a traumatic event.
The probability of developing a CVD was higher when patients had prior diagnosis of substance abuse [OR = 1.36, 95% CI (1.11, 1.65)] or mental health disorders [OR = 1.43, 95% CI (1.10, 1.87) for depression; OR = 1.33, 95% CI (1.04, 1.69) for anxiety]. Men were almost twice as likely as women to be diagnosed with a CVD [OR = 1.67, 95% CI (1.37, 2.00)].
Conclusions Exposure to trauma and the presence of PTSD symptoms are significantly associated with CVD.
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Prevention of mental disorders

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Prevalence of the metabolic syndrome in patients at risk of psychosis

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The metabolic syndrome (MetS) is one of the most frequent reasons for the higher mortality in patients with schizophrenia. It is difficult to separate between effects of medication or the disorder itself on the development of MetS. In the present study, patients at clinical high risk for first-episode psychosis (CHR) were examined and the prevalence of the MetS was assessed. One hundred and sixty-three unmedicated antipsychotic naïve CHR patients aged between 18 and 42 years and suffering from unmanifested prodromal symptoms were compared to 35,869 patients of the "German Metabolic and Cardiovascular Risk Study" (GEMCAS). We observed a slightly higher prevalence of single MetS criteria in CHR group compared to the GEMCAS sample, in particular: high blood pressure (35.0 vs. 28.0%), waist circumference (17.6 vs. 15.1%), and high fasting blood glucose (9.4 vs. 4.0%). We assume the higher risk for MetS in schizophrenia patients or CHR patients to derive from genetic factors.
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