



CURRENT DIAGNOSTIC CRITERIA FOR POSTTRAUMATIC STRESS DISORDER ACCORDING TO ICD-10 AND DSM-V

Dominika BERENT

Military Institute of Aviation Medicine, Department of Flight Safety, Warsaw, Poland

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Author's address: D. Berent, Military Institute of Aviation Medicine, Krasińskiego 54/56 Street, 01-755 Warszawa, Poland,
e-mail: dominikaberent@poczta.fm

Background: This is to highlight current ICD-10 and DSM-V diagnostic criteria for posttraumatic stress disorder (PTSD) and compare differences between its DSM-IV and DSM-V diagnostic criteria.

Keywords: posttraumatic stress disorder, diagnostic criteria, ICD-10, DSM-V

Posttraumatic stress disorder (PTSD) is a symptom cluster evoked by a stressful event of indisputable intensity that can cause pervasive distress in almost anyone. It was estimated that PTSD touches about 8-9% of general population [3]. Traumatic events recognized as potentially causative for PTSD are, i.e., combat stress; witnessing ones murder or suicide; natural disaster; terroristic attack; stickup; serious injury or sexual violation. As it was already said, PTSD is evoked by stressor that due its remarkable violence and life threatening nature can cause PTSD in almost anyone. We observe in every day clinical practice that not all war combatants or other serious

stressors' victims develop PTSD. Current studies show that beside of the stressor's intensity, also a personality and individual neuroendocrinological predisposition is required to develop PTSD [5]. The latter is particularly due to norepinephrine and cortisol balance in the central nervous system [2,4], but it is an extensive issue and not a topic of this paper.

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-V) [1]. DSM-V vs DSM-IV:
– Comprises more specified way of exposition to stressor (Criterion A).

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- Eliminated Criterion A2, which indicated subjective reaction to stressor and was described as feeling of intense fear, helplessness, or horror. Criterion A2 had been deleted because that criterion proved no utility in predicting the onset of PTSD (i.e. the feeling of helplessness was not typical among war combatants with PTSD).
 - Contains four major symptom clusters instead of three in DSM-IV. The three symptom clusters from DSM-IV were: reexperiencing, avoidance/numbing, and arousal. In DSM-V the avoidance/numbing cluster is divided into two distinct clusters: avoidance and persistent negative alterations in cognitions and mood. The new category comprises most of the DSM-IV numbing symptoms.
 - DSM-5 requires that a disturbance continue for more than a month and eliminated the distinction between acute and chronic phases of PTSD (the duration of symptoms less than three months and over three months, respectively). DSM-V retained the variant of PTSD with delayed expression (full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately).
- The ICD-10 Classification of Mental and Behavioral Disorders [6] (Tab. 2.) and DSM-V (Tab. 1.) give current diagnostic criteria for PTSD. They do not stay in opposite to each other, are consistent according to core symptom cluster. DSM-V comprises more detailed information when describes each cluster and pays more attention to the behavioral symptoms. DSM-V eliminated acute and chronic variant of PTSD and retained variant with delayed onset which also makes both diagnostic classifications more consistent.

Tab. 1. DSM-V diagnostic criteria for PTSD (APA, 2013) [5]

Criterion A: stressor	
The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)	<ol style="list-style-type: none"> 1. Direct exposure. 2. Witnessing, in person. 3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental. 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.
Criterion B: intrusion symptoms	
The traumatic event is persistently re-experienced in the following way(s): (one required)	<ol style="list-style-type: none"> 1. Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play. 2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s). 3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play. 4. Intense or prolonged distress after exposure to traumatic reminders. 5. Marked physiologic reactivity after exposure to trauma-related stimuli.
Criterion C: avoidance	
Persistent effortful avoidance of distressing trauma-related stimuli after the event: (one required)	<ol style="list-style-type: none"> 1. Trauma-related thoughts or feelings. 2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).
Criterion D: negative alterations in cognitions and mood	
Negative alterations in cognitions and mood that began or worsened after the traumatic event: (two required)	<ol style="list-style-type: none"> 1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs). 2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous"). 3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences. 4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame). 5. Markedly diminished interest in (pre-traumatic) significant activities. 6. Feeling alienated from others (e.g., detachment or estrangement). 7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity	
Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (two required)	1. Irritable or aggressive behavior
	2. Self-destructive or reckless behavior
	3. Hypervigilance
	4. Exaggerated startle response
	5. Problems in concentration
	6. Sleep disturbance
Criterion F: duration	
Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.	
Criterion G: functional significance	
Significant symptom-related distress or functional impairment (e.g., social, occupational).	
Criterion H: exclusion	
Disturbance is not due to medication, substance use, or other illness.	
Specify if: With dissociative symptoms	
In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli	1. Depersonalization: experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
	2. Derealization: experience of unreality, distance, or distortion (e.g., "things are not real").
Specify if: With delayed expression.	
Full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.	

Tab. 2. ICD-10 diagnostic criteria for PTSD (WHO, 1992) [6].

A. Exposure to a stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.
B. Persistent remembering or "reliving" the stressor by intrusive flash backs, vivid memories, recurring dreams, or by experiencing distress when exposed to circumstances resembling or associated with the stressor.
C. Actual or preferred avoidance of circumstances resembling or associated with the stressor (not present before exposure to the stressor).
D. Either (1) or (2):
(1) Inability to recall, either partially or completely, some important aspects of the period of exposure to the stressor
(2) Persistent symptoms of increased psychological sensitivity and arousal (not present before exposure to the stressor) shown by any two of the following:
a) difficulty in falling or staying asleep;
b) irritability or outbursts of anger;
c) difficulty in concentrating;
d) hyper-vigilance;
e) exaggerated startle response
E. Criteria B, C (For some purposes, onset delayed more than six months may be included but this should be clearly specified separately.)

AUTHORS' DECLARATION:

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