

ENTITLEMENT ELIGIBILITY GUIDELINE POSTTRAUMATIC STRESS DISORDER

MPC	00620
ICD-9	309.81
ICD-10	43.1

DEFINITION

Posttraumatic Stress Disorder (PTSD) is a condition in the Diagnostic and Statistical Manual Of Mental Disorders Fifth Edition (DSM-5) category of Trauma- and Stressor-Related Disorders.

Posttraumatic Stress Disorder is characterized by the onset of psychiatric symptoms after exposure to one or more traumatic events.

The characteristic symptoms of PTSD develop in four domains:

- intrusion
- avoidance
- alterations in cognition and mood
- alterations in arousal and reactivity.

Criteria Set for Posttraumatic Stress Disorder

The Posttraumatic Stress Disorder criteria set for individuals older than age six years is derived from the DSM-5.

POSTTRAUMATIC STRESS DISORDER:

Criterion A

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Note: Emotional reactions to the traumatic event (e.g., fear, hopelessness, horror) are no longer a part of Criterion A.

Criterion B

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Criterion C

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Criterion D

Negative alterations in cognition and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember any important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Criterion E

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression towards people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F

Duration of the disturbance (symptoms in Criteria B, C, D, and E) is more than 1 month.

Criterion G

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H

The disturbance is not attributable to the physiologic effects of a substance (e.g., medication, alcohol) or another medical condition.

If indicated, specify whether:

With dissociative symptoms: The individual’s symptoms meet the criteria for Posttraumatic Stress Disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

If indicated, specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (with the recognition that some symptoms typically appear immediately and that the delay is in meeting full criteria).

DIAGNOSTIC STANDARD

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required.

The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible.

A diagnosis of Partial PTSD, Subsyndromal PTSD, Subclinical PTSD or Subthreshold PTSD may be submitted for psychiatric symptoms that do not meet the full criteria set for PTSD. If a claim for Partial PTSD, Subsyndromal PTSD, Subclinical PTSD or Subthreshold PTSD is submitted, consultation with Medical Advisory for diagnosis clarification is strongly recommended.

A diagnosis of PTSD may be submitted for an individual with comorbid dementia. Consultation with Medical Advisory for diagnosis clarification is strongly recommended.

NOTE: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means the signs and symptoms of the condition have existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the 6 month period and thereafter.

ENTITLEMENT CONSIDERATIONS

A. CAUSES AND/OR AGGRAVATION

Causal or Aggravating Factors versus Predisposing Factors

Causal or aggravating factors directly result in the onset or aggravation of the claimed psychiatric condition.

Predisposing factors do not cause a claimed condition. Predisposing factors are experiences or exposures which affect the individual's ability to cope with stress. Predisposing factors makes an individual more susceptible to developing the claimed condition. For example, the presence of a remote history of severe childhood abuse may be a predisposing factor in the onset of a significant psychiatric condition later in life.

Partial entitlement should only be considered for non-service related causal or aggravating factors.

Partial entitlement should not be considered for predisposing factors.

If it is unclear if a factor is a causal or aggravating factor versus a predisposing factor consultation with Medical Advisory is strongly recommended.

NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset or aggravation of Posttraumatic Stress Disorder. The timelines are not binding. Each case should be adjudicated on the evidence provided and its own merits. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory is strongly recommended.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause or aggravate Posttraumatic Stress Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory is strongly recommended.

1. Directly experiencing a traumatic event(s) before the clinical onset or aggravation of Posttraumatic Stress Disorder

Traumatic events include, but are not limited to:

- a) exposure to military combat
- b) threatened physical assault or being physically assaulted
- c) threatened sexual assault or being sexually assaulted
- d) being kidnapped
- e) being taken hostage
- f) being in a terrorist attack
- g) being tortured
- h) incarceration as a prisoner of war
- i) being in a natural or human-made disaster
- j) being in a severe motor vehicle accident
- k) killing or injuring a person in a non-criminal act
- l) experiencing a sudden, catastrophic medical incident

2. Witnessing, in person, a traumatic event(s) as it occurred to another person(s) before the clinical onset or aggravation of Posttraumatic Stress Disorder

Witnessed traumatic events include, but are not limited to:

- a) threatened or serious injury to another person
- b) an unnatural death
- c) physical or sexual abuse of another person
- d) a medical catastrophe in a close family member or close friend.

3. Learning a close family member or close friend experienced a violent or accidental traumatic event(s) within the two years before the clinical onset or aggravation of Posttraumatic Stress Disorder

Traumatic events include, but are not limited to:

- a) physical assault
- b) sexual assault
- c) serious accident
- d) serious injury

4. Experiencing repeated or extreme exposure to aversive details of a traumatic event(s) before the clinical onset or aggravation of Posttraumatic Stress Disorder

Exposures include, but are not limited to:

- a) viewing and/ or collecting human remains
- b) viewing and/or participating in the clearance of critically injured casualties
- c) repeated exposure to the details of abuse and/or atrocities inflicted on another person(s)
- d) dispatch operators exposed to violent or accidental traumatic event(s)

Note: Factor 4 applies to exposure through electronic media, television, movies and pictures only if the exposure is work related.

5. Living or working in a hostile or life-threatening environment for a period of at least four weeks before the clinical onset or aggravation of Posttraumatic Stress Disorder

Situations or settings which have a pervasive threat to life or bodily integrity including but not limited to:

- a) being under threat of artillery, missile, rocket, mine or bomb attack
- b) being under threat of nuclear, biologic or chemical agent attack
- c) being involved in combat or going on combat patrols

6. Experiencing the traumatic death of a close family member or close friend within the two years before the clinical onset or aggravation of Posttraumatic Stress Disorder

7. Having experienced severe childhood abuse before the clinical onset or aggravation of Posttraumatic Stress Disorder

Severe childhood abuse is:

- a) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or
- b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing of a child under the age of 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around the child, or any other adult in contact with the child.

8. Inability to obtain appropriate clinical management of Posttraumatic Stress Disorder

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT/ ASSESSMENT

NOTE: If specific conditions are listed for a category, only these conditions are included in the entitlement and assessment of Posttraumatic Stress Disorder. If no conditions are listed for a category, all conditions within the category are included in the entitlement and assessment of Posttraumatic Stress Disorder.

- Other Trauma- and Stressor-Related Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Depressive Disorders
- Bipolar and Related Disorders
- Schizophrenia Spectrum and other Psychotic Disorders
- Personality Disorders
- Feeding and Eating Disorders
- Substance-Related and Addictive Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
 - Somatic Symptom Disorder
 - Illness Anxiety Disorder
 - Conversion Disorder
- Pain Disorders/Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)
- Sleep-Wake Disorders
 - Insomnia Disorder
 - Hypersomnolence Disorder
- Neurodevelopmental Disorders
 - Attention-Deficit/Hyperactivity Disorder
- Decreased Libido - if the medical information indicates decreased libido is a symptom of a psychiatric condition.

Separate entitlement is required for a DSM-5 condition not included in Section B of the Posttraumatic Stress Disorder Entitlement Eligibility Guideline.

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM POSTTRAUMATIC STRESS DISORDER AND/OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Posttraumatic Stress Disorder, from the treatment of Posttraumatic Stress Disorder or the combined effects of Posttraumatic Stress Disorder and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory is strongly recommended.

If it is claimed a medication required to treat Posttraumatic Stress Disorder resulted in whole, or in part, in the clinical onset or aggravation of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset or aggravation of the medical condition.
2. The medication was used for the treatment of the Posttraumatic Stress Disorder.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual's medical information and the current medical literature support the medication can result in the clinical onset or aggravation of the medical condition.
5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.

The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to Posttraumatic Stress Disorder and/or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory is strongly recommended.

- Sexual Dysfunction (e.g., Erectile Dysfunction)
- Irritable Bowel Syndrome
- Bruxism
- Xerostomia
- Periodic Limb Movement Disorder
- Restless Leg Syndrome
- Obstructive Sleep Apnea

REFERENCES FOR POSTTRAUMATIC STRESS DISORDER

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th edition Text Revision (DSM-IV-TR) Washington: American Psychiatric Association, 2000.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th edition (DSM-5) Washington: American Psychiatric Association, 2013.
3. Australia. (2014). *Statement of principles concerning posttraumatic stress disorder*. No. 82 of 2014.
4. Australia. (2014). *Statement of principles concerning posttraumatic stress disorder*. No. 83 of 2014.