



For Information Contact:

Lydia Sermons-Ward, 703-907-8640

press@psych.org

Hillarie Turner, 703-907-8536

hturner@psych.org

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Wounds of War: Study Identifies Injury Severity as a Risk Factor for PTSD and Depression Among U.S. Soldiers

Arlington, Va. – The first study on U.S. soldiers seriously wounded or injured during combat in Iraq or Afghanistan reports that injury severity may predict the risk for posttraumatic stress disorder (PTSD) and depression. The study appears in the October issue of *The American Journal of Psychiatry* (*AJP*), the official journal of the American Psychiatric Association (APA).

Among these soldiers the presence of PTSD or depression seven months later was associated with the severity of physical problems at one month post injury. Eighty percent of the soldiers with PTSD or depression seven months after injury had not shown signs of either condition at one month. The results suggest that the emotional impact of injury deepens in the first year after evacuation from combat.

Results are described in the article, “Posttraumatic Stress Disorder and Depression in Battle-Injured Soldiers” by Thomas A. Grieger, M.D., and colleagues at the Uniformed Services University of the Health Sciences, Walter Reed Army Medical Center, and Walter Reed Army Institute of Research. The study found that the soldiers’ own ratings of their physical problems, in contrast to objective measures of injury severity by medical personnel, were more significantly associated with later PTSD.

The soldiers were among the most severely wounded of those receiving combat injuries in Iraq or Afghanistan from March 2003 to September 2004 and were evacuated for treatment at Walter Reed Army Medical Center in Washington, D.C. A total of 613 patients were screened for PTSD and depressive symptoms one month after injury; 243 completed assessments at one, four and seven months. The soldiers also reported on specific combat experiences, deployment length and the severity of their current physical problems.

“With the recent improvements in battlefield medical care, more soldiers with severe injuries are surviving with severe physical problems, as well as with combat-associated PTSD and depression,” said Robert Freedman, M.D., *AJP* editor-in-chief. “Identifying the most important risk factors for later PTSD and depression could lead to early interventions for preventing or moderating these conditions.”

The rates of PTSD and depression were both four percent at one month. The rates for PTSD climbed to 12 percent at four and seven months; the rates for depression climbed to nine percent for both periods. Ratings of physical problems and PTSD symptoms at one month were the only significant risk factors identified. Age, gender, marital status, combat exposure, deployment length and one-month depression severity were not related to later PTSD and depression.

The study was conducted as part of the authors’ employment at the Walter Reed Medical Center and the Uniformed Services University of the Health Sciences. There was no industry sponsorship of this study. Additional financial disclosures appear at the end of the article.

(*Am J Psychiatry*. 2006; 163: 1777-1783).

Note to Editors: Contact APA’s Office of Communications and Public Affairs at 703-907-8640 or press@psych.org for an embargoed copy of the article.

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