

# PTSD Increases Hospitalizations in Primary Care

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Publication Editor

Posttraumatic stress disorder is associated with a doubling of the number of hospitalizations and more than twice the use of mental health resources for urban primary care patients, according to a cross-sectional study published in the journal *Medical Care*.

Using electronic medical records (EMR) data from primary care settings, Dr. Anand Kartha of the clinical addiction research and education (CARE) unit at Boston Medical Center, and his colleagues found that 80% of the 592 patients studied had one or more trauma exposures, and 22% had current PTSD.

In addition, the researchers found that subjects with PTSD had more hospital-

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izations, hospital nights, and mental health visits. However, those patients did not have additional outpatient or emergency department visits (*Medical Care* 2008; 46:388-93).

The relationship between trauma/PTSD

has been cited in studies before among victims of combat and sexual assault, Dr. Kartha and his colleagues reported. But few studies have been conducted in "urban, disenfranchised community populations like our subjects."

"Furthermore, to our knowledge, no other study has addressed the serious methodological concerns of prior studies in this population—either lack of diagnostic instrument for PTSD or self-reported utilization," the researchers wrote.

"These are patients who are medically hospitalized. As a result, the PTSD is not really on our radar," Dr. Kartha, a hospitalist also affiliated with the Veterans Affairs Boston Healthcare System, said in an interview.

To determine the prevalence of traumatic exposure in this population, the researchers interviewed primary care outpatients of a university-affiliated hospital. The patients were aged 18-65 years.

Fifty-nine percent of the patients were black, 19% were white, 8% were Hispanic, and 14% were other. Half of the patients reported an annual income of above \$20,000; the others said they made less than \$20,000 per year.

Standard validated questionnaires were used for the eligible patients to assess levels of stress, Dr. Jane Liebschutz, one of the researchers, said in an interview. The Composite International Diagnostic Interview was used to determine trauma exposure and to make PTSD diagnoses.

Researchers reviewed each EMR to determine the number of non-mental health outpatient, emergency department, and mental health outpatient visits.

Subjects with trauma exposure were

more likely to be male and unmarried. Twenty percent of the participants reported having been sexually molested. Eighteen percent of the patients reported drug and/or alcohol dependence within the previous 6 months, and 45% reported having major and/or other depression.

"Depression really stands out," said Dr. Kartha, who also serves as an assistant professor of medicine at Boston University. "Of those [130] who had PTSD, about

70% had depression. That's a reflection of the burden of mental illness."

The study shows that PTSD can contribute greatly to the use of medical services in civilian settings, and that PTSD is underrecognized and undertreated, said Dr. Liebschutz, an associate professor of medicine and social and behavior sciences at Boston University who also is affiliated with the CARE unit at Boston Medical Center.

"PTSD may be on the causal pathway

between trauma experiences and negative health consequences," Dr. Liebschutz, said in a statement.

"These findings are relevant in light of the PTSD prevalence not only in our returning veterans, but in areas of urban poor," she said.

Future studies are needed to prospectively determine the mechanisms of how PTSD might contribute to use of medical services and whether this additional use is appropriate. ■

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