

TRAUMA AND POSTTRAUMATIC STRESS DISORDER IN OLDER ADULTS

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Common Types of and Prevalence Estimates for Trauma in Older Adults

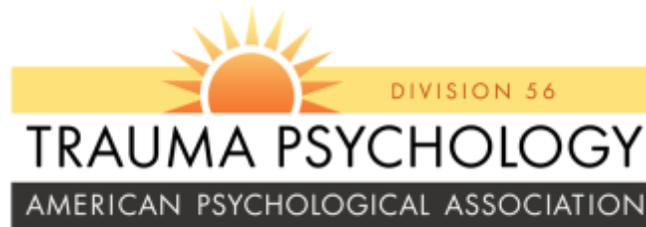
- Over the past decade, several large epidemiological studies in the United States and abroad have examined the prevalence of trauma and rates of posttraumatic stress disorder (PTSD) utilizing representative samples with sufficient numbers of older adults to make age comparisons. Most indicate that rates of PTSD are lower in older as opposed to younger adults. One limitation is that these studies often exclude the least healthy and perhaps most vulnerable older adults (e.g., those who are physically or emotionally impaired, homebound, or long-term care residents).
- A handful of studies and clinical lore suggest that partial or sub-syndromal PTSD may be a significant issue in older adults.

Descriptive Information about Trauma Mental Health Effects and Older Adults

- There are several hypotheses as to why there are generally lower rates of trauma-related distress in older as opposed to younger survivors. These include:
 - Younger individuals may admit to more psychiatric symptoms because there are relatively fewer stigmas for that age group;
 - Younger individuals may be better able to identify psychological problems;
 - Older adults may be more likely to label their mental health problems as somatic complaints;
 - Older adult may have more negative disclosure experiences earlier in life which prohibit current acknowledgement of trauma and associate distress;
 - Normal aging process may reduce experience of symptoms (e.g., with hearing loss may be reduction of startle response).

New Developments in Research on the Impact of Trauma on Older Adults

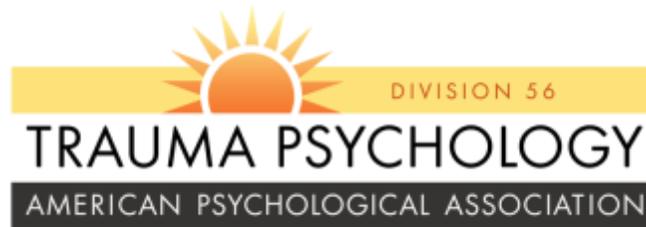
- The majority of the empirical literature on PTSD in older adults comes primarily from one of three groups:
 - Those who experienced trauma earlier in life during military combat/captivity
 - Holocaust survivors
 - Those who experienced trauma later in life namely, in natural and man-made disaster
- There is some, but comparatively less, investigation on exposure to particular types of trauma in older adults (such as physical or sexual assault) and particular subgroups (such as cultural and ethnic minorities, women, the oldest old – 85+, and those who are cognitively impaired).



- Most studies do not follow trauma survivors longitudinally across their lifespan or for an extended period of time in older adulthood.
- Some clinical scholars believe that the occurrence or reactivation of traumatic stress symptoms in older adults may be due in part to aging-related life events such as:
 - Illness
 - Decrease in physical health or functional status
 - Bereavement
 - Changes in occupational, social and familial roles
 - Sense of loss of control or increased vulnerability.

Clinical Considerations for Practitioners Treating Traumatized Older Adults

- Traumatic exposure and PTSD have been called “hidden variables” and “silent problems” in older adults because trauma and PTSD are often neglected by the clinical health care professionals and researchers and even denied or minimized by older adults themselves.
- Lack of recognition of the effects of trauma or misattribution of trauma-related symptoms to other psychiatric or medical problems can have negative outcomes including:
 - Design and execution of inadequate treatment plans
 - Administration of poorly focused psychotherapy
 - Inappropriate medication or other medical interventions
- Although delayed-onset of PTSD has been empirically verified in samples, it is rare in the absence of any prior symptoms and might more accurately be labeled “delayed recognition”.
- Older adults (those 65 and older) are not typically included in randomized controlled trials of psychotherapy for adults with PTSD. This does not, of course, imply that the recommended evidence-based treatments for PTSD should not be used with these individuals.
- A recent systematic review of reports of psychological treatment for trauma-related problems, primarily PTSD, was conducted in studies with samples that had at least 50% of individuals aged 55 and older and used standardized outcome measures.
 - Several evidence-based interventions, such as exposure therapy, validated in younger and middle-aged populations appear acceptable and efficacious with older adults.
 - A number of these treatment studies indicate that while older adults experienced a reduction of PTSD, depression and anxiety symptoms, few experienced complete remission.
 - It is unclear if these treatments were not sufficient in older adult populations or the treatments were not delivered in sufficient dose (i.e., intensity and frequency) to produce full benefit.
- Dementia may exacerbate PTSD symptoms, and cognitive problems may limit response to psychotherapy.



Information for Families and Friends of Traumatized Older Adults

- Free resources for trauma survivors and their families can be found at: www.ptsd.va.gov

Resources for Professionals Seeking More Information about Traumatized Older Adults

- Free resources for the professional community concerned with trauma can be found at: www.ptsd.va.gov
- Free in-depth Continuing Education course on Aging and PTSD http://www.ptsd.va.gov/professional/continuing_ed/aging-ptsd.asp

Recommended References

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