

PTSD Screening in Primary Care

Most survivors of trauma exhibit immediate and short-term reactions that resolve within weeks or months. Some individuals may develop **post-traumatic stress disorder (PTSD)** soon or after a delay following the traumatic event, with symptoms that cause significant distress and impair functioning.^{1,2} Screening with the **Primary Care PTSD Screen (PC-PTSD-5)** or **PTSD Checklist for DSM-5 (PCL-5)** can help identify patients who may benefit from further assessment.^{3,4} Diagnosis is made via clinical interview.^{1,5}

Primary Care PTSD Screen (PC-PTSD-5)³

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- Serious accident or fire
- Physical or sexual assault or abuse
- Earthquake or flood
- War
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event?

If **yes**, please answer the questions below.

In the past month, have you . . .

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. Been constantly on guard, watchful, or easily startled?	YES	NO
4. Felt numb or detached from people, activities, or your surroundings?	YES	NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	YES	NO

Total score = sum of YES responses (range: 0-5)
In the primary care setting, suggest scores of ≥ 2 be assessed further. A cutoff of 3 or 4 may be used in other settings to reduce number of false positives.

PTSD Checklist For DSM-5 (PCL-5)⁴

In the past month, how much were you bothered by . . .		Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
Cluster B	1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
	2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
	3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
	4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
	5. Having strong physical reactions when something reminded you of the stressful experience (eg, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
Cluster C	6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
	7. Avoiding external reminders of the stressful experience (eg, people, places, conversations, activities, objects, situations)?	0	1	2	3	4
Cluster D	8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
	9. Having strong negative beliefs about yourself, other people, or the world (eg, having thoughts such as I am bad; there is something seriously wrong with me; no one can be trusted; the world is completely dangerous)?	0	1	2	3	4
	10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
	11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
	12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
	13. Feeling distant or cut off from other people?	0	1	2	3	4
Cluster E	14. Trouble experiencing positive feelings (eg, being unable to feel happiness or to have loving feelings for people close to you)?	0	1	2	3	4
	15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
	16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
	17. Being "superalert" or watchful or on guard?	0	1	2	3	4
	18. Feeling jumpy or easily startled?	0	1	2	3	4
	19. Having difficulty concentrating?	0	1	2	3	4
	20. Trouble falling or staying asleep?	0	1	2	3	4

Total symptom severity score = sum of all items (range: 0-80)

A cutoff of 31-33 suggested to indicate probable PTSD.

DSM-5-TR symptom cluster severity scores can be obtained by summing items within each cluster

PTSD Diagnosis

A diagnosis of PTSD according to **DSM-5-TR** criteria is typically made with a clinical interview by a healthcare professional (physician, psychiatrist, other mental health care provider).^{1,5}

Patient Communication and Follow-up

If screening indicates that a patient may benefit from follow-up, including formal diagnosis and treatment²:

- Adopt a nonjudgmental, empathetic approach to communication with the patient
- Listen to the patient's preferences and discuss any potential barriers to treatment
- Inform the patient of the treatment options and that this is a treatable condition
- Emphasize patient autonomy in decision-making
- Provide a referral to psychiatry or other specialty care and perform a handoff, ideally involving the patient
- If there will be a long wait to access specialty care, the patient may be started on antidepressant medications if needed
- Follow up with the patient in future primary care visits

References:

1. APA. DSM-5-TR. 2023.
2. ptsd.va.gov.
3. Prins. Primary Care Psychiatry. 2003;9:9.
4. Blevins. J Traumatic Stress. 2015;28:489.
5. Weathers. Psychological Assessment. 2018;30:383.



Scan for more information
on treatment options for
patients with PTSD

PTSD Diagnostic Criteria (DSM-5-TR)¹ Must Meet All Criteria

A Exposure to trauma, such as death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that the trauma happened to a close relative or close friend
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (eg, first responders, medics)

Symptom Clusters

B Intrusion (≥1):

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

C Avoidance (≥1):

- Trauma-related thoughts or feelings
- Trauma-related reminders

D Negative thoughts or feelings (≥2):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of oneself or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

E Hyperarousal (≥2):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

F Persistence of symptoms
(≥1 month)

**G Symptom-related distress
or functional impairment**
(eg, social, occupational)

**H Symptoms are not
caused by** medication,
substance use or other illness