

Assessing for MVA (Motor Vehicle Accident) – PTSD

This article has been designed with two purposes in mind. One is to give clinicians a better idea which type of motor vehicle accident (MVA) survivor is most likely to develop posttraumatic stress disorder (PTSD). Knowing who among MVA survivors is a relatively greater risk, and who is at lesser risk to develop PTSD will greatly aid in a patient's recovery. Secondly, this article will help clinicians refer those most likely to develop this condition while withholding such a referral from those who can be expected to do well.

In order to better understand what psychological symptoms a patient may be displaying, it is helpful to know that there are several other mental health conditions that can develop in MVA-PTSD survivors. The psychiatric co-morbidity of mood disorders among MVA-PTSD survivors is quite common. Both major depression and dysthymia (low-grade, longer-standing depression) have been shown to develop in this population at significant rates.

[Sidebar:] For PTSD to be diagnosed, there needs to be four weeks minimum between the time of the accident and the evaluation.

It is important to know that many MVA survivors who develop PTSD have also had a history of major depression. Clinicians should keep this relationship in mind because patients with this history are more vulnerable to developing PTSD. Research indicates that this link should be taken as a clear risk factor for developing PTSD when the patient has been in an injury-producing MVA.

Other disorders related to MVA-PTSD are panic disorder and simple phobia. Studies show that there are higher rates of both in populations with MVA related PTSD, as opposed to non-PTSD MVA populations. Additionally, there is general agreement that those who suffer from MVA-PTSD have more current and more lifetime anxiety disorders.

In addition to being at risk for developing the above mentioned conditions, survivors of serious MVAs often experience noticeable psychosocial impairment. The two psychosocial factors found to be most prevalent are also the primary reasons why MBA survivors seek mental health services. These are: 1) The subjective distress that accompanies the co-morbid mood disorders and 2) the role interference (work/school, family, friends and recreational activities) and subjective distress associated with driving reluctance/phobia.

As with almost any trauma, the initial severity of PTSD symptoms is a major predictor of short-term and longer term remission. It has been noted in the literature that the more severely symptomatic an individual is the more likely it is that they will continue to be symptomatic over time. Also, indications of chronic psychological problems prior to the MVA are associated with poorer recovery.

Studies generally indicate that individuals who have not improved on their own by six to eight months after an MVA are unlikely to remit spontaneously with further passage of time. These individuals, especially, should be considered as prime candidates for EMDR therapy.

It is well recognized that some individuals do not develop PTSD immediately following a trauma; instead, for reasons that are not clear, the onset of full PTSD syndrome can be delayed for some period of time. The DSM-IV classifies this as PTSD With Delayed Onset. This subcategory is characterized by a delay of at least six months between the trauma and the individual's meeting the full diagnostic criteria. Probably, the best way to identify an individual with Delayed Onset (MVA) PTSD is to simply do a follow-up assessment.

Based on careful study it is recommended that the following diagnostic variables (listed below) be used when assessing for possible PTSD. Please note, that as a rule, the patient should probably display at

least one of the first two variables, listed below, followed by three of the remaining. Although each patient's symptoms will vary, this will clearly help the clinician determine the likelihood that new MVA survivors may have short-term (the next few months) difficulties.

1. Is the patient having re-experiencing symptoms (intrusive recollections, nightmares, flashbacks, or distress when reminded of the accident)?
2. Does the patient seek to avoid thoughts or behavioral reminders of the accident?
3. How serious were the physical injuries? The more serious the higher the likelihood of difficulty.
4. How frightened or terrified by the prospect of dying in the MVA was the patient?
5. Has the patient suffered from a previous major depression?
6. Has the patient previously been traumatized and had diagnosable PTSD?
7. Is the patient female?
8. Was anyone killed in the accident?

In addition to these variables, it is important to note the time frame between the accident and the initial assessment of the newly injured MVA survivor. Also, keep in mind that, when an individual has had a pre-existing trauma and/or PTSD, the amount of time it takes to resolve the current condition will often be lengthened. Lastly, remember, for PTSD to be diagnosed, there needs to be four weeks minimum between the time of the accident and the evaluation.

In writing this article, I have simplified what is normally a complex disorder into a readable format. In the process of doing this, I may have left the reader with certain questions. If so, please do contact me, and we can talk about them in more detail.