

Sareen J. Posttraumatic stress disorder in adults: impact, comorbidity, risk factors, and treatment. *Can J Psychiatry*. 2014;59(9):460–467.

eTable 1. Posttraumatic Stress Disorder Criteria in DSM.

DSM-III	DSM-III-R	DSM-IV	DSM-5
<p><i>PTSD emerged as separate diagnostic entity, placed among anxiety disorders.</i></p> <p><i>In addition to meeting criterion A below, individuals must endorse four symptoms from three clusters (B, C, & D below; 12 total)</i></p> <p>A. Experiencing a stressful event that would evoke significant symptoms of distress in almost everyone⁷</p> <p>B. Forms of re-experiencing the trauma</p> <p>C. Numbing and detachment responses</p> <p>D. Changes in personality that were not present before the trauma (e.g., sleep disturbance, survival guilt)</p>	<p><i>Diagnostic symptoms expanded to 17. Individuals must display 6 symptoms from 3 clusters (B, C, & D below)</i></p> <p>A. Experiencing a stressful event that would be markedly distressing to almost everyone (i.e., physical life threat, psychological threat to well-being, physical or psychological threat to the well-being of significant others</p> <p>B. Reenactment and reliving trauma (i.e. intrusive recollections, recurrent dreams). <i>Note: DSM-III-R gave 8 possible forms of re-experiencing; five more</i></p>	<p>A. Experiencing or witnessed an event involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others; The person’s response involved intense fear, helplessness, or horror.</p> <p>B. Persistent re-experiencing of the trauma (e.g., nightmares, intrusive thoughts)</p> <p>C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by at least three of 7 avoidant behaviours)</p> <p>D. Persistent symptoms of increased arousal (not present before the trauma)</p> <p>E. The symptoms on Criteria B, C and D last for more than one month</p>	<p><i>PTSD is no longer clustered within Anxiety Disorders but within ‘Trauma and Stressor-Related Disorders’</i></p> <p>A. Exposure to actual or threatened death, serious injury, sexual violation by either: direct experiencing, witnessing other people experiencing the event, learning that event occurs to close family member or friend, or experiencing repeated exposure to details of the event.</p> <p>B. Presence of one of more intrusions associated with the event (e.g., spontaneous or cued distressing memories of the traumatic event, recurrent distressing dreams)</p> <p>C. Persistent avoidance of stimuli associated with the traumatic event (e.g., avoiding distressing memories, thoughts or feelings associated with the</p>

	<p><i>than DSM-III</i></p> <p>C. Avoidance, numbing, detachment, emotional constriction and amnesia (i.e., of thoughts, regression, loss of enjoyment in activities)</p> <p>D. Persistent symptoms of hyperarousal: irritability or outbursts of anger, hypervigilance and physiologic reactivity upon exposure to stimuli that activated memories of the traumatic event</p> <p>E. Duration of the disturbance of at least one month</p>	<p>F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning</p>	<p>event, or external reminders of the events).</p> <p>D. Negative alterations in cognition or mood (i.e., inability to remember aspects of the event, distorted beliefs about causes or consequences of trauma, persistent negative emotions, feelings of detachment from others)</p> <p>E. Marked alterations in arousal and reactivity (e.g., irritable or aggressive behaviour, reckless or self-destructive behavior, hypervigilance, exaggerated startle response)</p> <p>F. Duration of disturbance (criteria B, C, D and E) is more than 1 month</p> <p>G. Disturbance causes clinically significant distress or social/occupational impairment</p> <p>H. Disturbance not attributed to direct physiological effects of a substance</p>
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