Medical Expert Advisory Board for Health Care Medicine at the Federal Ministry for Labour and Social Affairs
Meeting from 06 to 07 November 2008,
Decision on post-traumatic stress disorder - clinic and assessment
Item 1.1 of the meeting of the "Medical Care" section of the Medical Advisory Board of the BMA on 12 and 13 November 1997 - Ref.: 65-50122-2/38

The problems that arose in connection with the application of the decision of the "Versorgungsmedizin" section of the Medical Expert Advisory Board at the Federal Ministry of Labour and Social Affairs of 12-13 November 1997 (concerning the assessment of post-traumatic stress disorder) were discussed in detail with experts with particular experience in psychiatric assessment in an expert discussion on 30 and 31 October 2007. The result of this expert meeting was discussed several times in the medical expert advisory board, which recommended the following new version of the resolution on agenda item 1.1 from November 1997 at its meeting on November 6-7, 2008:

Post-traumatic stress disorder - clinic and assessment

The diagnosis of a post-traumatic stress disorder requires a careful ***psychiatric*** examination and a precise orientation towards the diagnostic categories given by the ICD-10 (F 43.1) and the DSM IV-TR (Diagnostic and Statistical Manual of Mental Disorders).

This means that

A. the person concerned was a victim or witness of one or more traumatic events involving actual or imminent death or serious injury or a risk of physical harm to himself or herself or to others, ***and*** that the reaction of the person concerned involved intense fear, helplessness or horror

B. a ***continuous*** re-experience of the traumatic experience in at least ***one*** of the species mentioned in DSM IV - TR is described in a comprehensible manner at the level of the findings,

C. a prolonged avoidance of stimuli associated ***with the trauma, or a reduction in general responsiveness that was not present before the trauma the Commission considers that the fact*** that the product was in the possession of the customer is reflected in at least ***three of*** the characteristics listed in DSM IV,

D. persistent symptoms of increased arousal levels that ***were not present prior to the trauma*** and that are characterized by at least ***two*** of the characteristics listed in DSM IV

Additional psychological examinations can be helpful in determining these findings. In case of doubt, the credibility of the statements of the person affected should be verified by appropriate standard procedures (e.g. complaint validation test, MMPI-2).

E. the disturbance lasts longer than 1 month and causes suffering or impairment in a clinically significant way in social, professional or other important functional areas.

The result is: The diagnosis "post-traumatic stress disorder" can only be made - apart from the basic prerequisite that a ***severe trauma*** described under A. has demonstrably been experienced - if at least ***six*** different symptoms are recognisable in the psychological area, broken down differently, which relate directly (through forms of re-experience or through avoidance strategies) to the traumatic experience and have appeared a ***new*** after the trauma.

The acute symptoms that precede chronic PTSD usually appear within one month after the traumatising event, but complete absence of symptoms is possible - although rare. The differential diagnostic weighing has been particularly critical to take place.

In general, the following health disorders should be considered in differential diagnosis: affective disorders, anxiety disorders, adaptation disorders, grief reaction, obsessive-compulsive disorders, psychotic disorders, addiction disorders, acute stress disorder, simulation.

The assessor should carefully document which diagnostically groundbreaking complaints are described and which are comprehensible at the level of findings; negative findings should also be mentioned.

If only individual symptoms are present and not the minimum number of symptoms required in each of the areas B., C. and D., the diagnosis "post-traumatic stress disorder" is not justified, even if the symptoms involve, for example, a re-experience of the traumatic event or if the minimum number of mental disorders listed under C. and D. is only achieved by including disorders that already existed before the trauma. However, partial symptoms can also or other psychological trauma consequences cause functional disorders. If all criteria of the PTSD is met, a GdS of at least 30 is justified.

Under these circumstances, it is necessary not only to ***carefully research*** the individual symptoms of post-traumatic stress disorder at the initial assessment after a psychological trauma, but also to differentiate precisely in the medical history which symptoms already existed before the trauma and which ***newly*** developed ***after*** the trauma.

It should be noted that the symptoms of post-traumatic stress disorder can only develop after a ***latency period*** of weeks or months (usually within 3 months). If the symptoms do not begin until six months after the trauma or later, DSM IV speaks of a "delayed onset type". In such cases, it is important to examine whether and to what extent post-traumatic experiences have an influence on the symptoms.

Similarly, ***in follow-up examinations*** of trauma victims in whom a "post-traumatic stress disorder" has been recognized as a consequence of the trauma, the remaining symptoms must be determined precisely.) or "symptoms of an increased level of arousal" (D.), it has to be examined whether these unspecific symptoms are still causally related to the traumatic event or are caused by psychological stress of another kind ("shift of the essence"). In view of the reversibility of post-traumatic stress disorder, such follow-up examinations are to be carried out - apart from a few cases (e.g. ICD-10) - usually two years after the determination of this trauma sequence.

I would ask you to take this new version into account in the assessment. On behalf of

Dr. Raddatz Translated with www.DeepL.com/Translator (free version)