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Assessing the dissociative PTSD subtype in sub-acute patients of whiplash

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Introduction

Since the introduction of the dissociative PTSD subtype (D-PTSD) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), numerous studies testing the existence of D-PTSD have emerged (Hansen, Ross, & Armour, 2017). Several studies have indicated that coexisting dissociative symptoms may negatively affect a number of PTSD treatments for instance exposure-based psychotherapy. For this reason, D-PTSD in the context of whiplash injury may pose a specific challenge since the majority of interventions for pain and comorbid PTSD are exposure based therapies. At the same time, comorbid presentations of pain and PTSD is common (approximately 20%) after traffic injuries (Beck & Clapp, 2011). The identification of D-PTSD and associated risk factors therefore has potential clinical impact both in terms of preventive measures and treatment planning.

The aim of the present study was twofold. The first aim was to determine if D-PTSD is present within sub-acute victims of whiplash trauma as assumed by the Subtype Model or only an associated feature as assumed by the Component Model (Dalenberg & Carlson, 2012). The second aim was to investigate the relationship between a range of known risk factors for PTSD within this specific sample (i.e. the experience of subjective pain and pain catastrophizing) while controlling for the effect of previously identified risk factors in the D-PTSD literature (i.e. sex, age, anxiety/depression, and controlling for the days since the injury) and D-PTSD if identified.

Method

The present study is part of a larger longitudinal questionnaire survey investigating recovery from whiplash trauma as a result of motor vehicle accident (MVA).

T1 = within 1 month after the whiplash injury (M = 19 days, SD = 13.3) – 327 participants filled out the questionnaire (57%).

T2 = 3 months after the whiplash injury (M = 104.51 days, SD = 12.68) - 234 (72 %) filled out the questionnaire. The majority of the participants (n = 297) were directly exposed to the robbery.

Latent Class analysis (LCA) was used to determine if D-PTSD was identifiable

Hierarchical multiple regression analysis was conducted to determine the unique effect of the pain variables to predict PTSD scores, and to determine whether these effects remain after controlling for a range of established risk factors for PTSD.

Results

- The estimated PTSD prevalence rate for DSM-5 PTSD was 9.1 %
- As shown in figure 1, the results of the LCA suggested a quantitative distribution of D-PTSD.
- As D-PTSD was not identified, it made more sense to look at risk factors for PTSD severity to further investigate the relationship between PTSD and dissociation and not the identified classes.
- Pain severity, anxiety/depression, and dissociation were identified as significant risk factors for PTSD severity in the final block of the regression analyses.

Discussion

Contrary to our expectations we were not able to identify D-PTSD. This may be attributed to the more clearly defined nature and course of posttraumatic stress symptoms following acute MVA compared to more complex traumas. The lack of identification of D-PTSD is not merely a function of relative low estimated PTSD prevalence rate for several reasons. One is that dissociative symptoms can exist outside PTSD as indicated by the Component Model, which appear to be supported by the results of both the LCA and the regression analysis.

Conclusion

Combined, the results support the Component Model of dissociation and PTSD, while still stressing the importance of dissociative symptoms. The finding, that dissociative symptoms are an important predictor of PTSD, indicates that high levels of dissociation may need to be addressed in treatment planning. Thus, there may still be utility in early screening for dissociative symptoms to facilitate early treatment and preventive actions against developing PTSD in acute victims of MVA suffering from whiplash.

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