INTRODUCTION

PTSD Statistics

According to Sidran Institute the economic burden of PTSD is large. Interesting numbers include:

- The annual cost to society of anxiety disorders is estimated to be significantly over $42.3 billion, often due to misdiagnosis and under treatment. This includes psychiatric and non-psychiatric medical treatment costs, indirect workplace costs, mortality costs, and prescription drug costs.

- More than half of these costs are attributed to repeat use of healthcare services to relieve anxiety-related symptoms that mimic those of other physical conditions.

- People with PTSD have among the highest rates of healthcare service use. People with PTSD present with a range of symptoms, the cause of which may be overlooked or undiagnosed as having resulted from past trauma.

- Nonpsychiatric direct medical costs, e.g., doctor and hospital visits, is $23 billion a year—the largest component of the societal costs are anxiety disorders, including PTSD.

General PTSD Stats

- 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That’s 223.4 million people.
- Up to 20% of these people go on to develop PTSD. As of today, that’s 31.3 million people who did or are struggling with PTSD.
- An estimated 8% of Americans – that’s 24.4 million people – have PTSD at any given time.
- An estimated 1 out of 10 women develops PTSD; women are about twice as likely as men.
- Among people who are victims of a severe traumatic experience 60 – 80% will develop PTSD.
- Almost 50% of all outpatient mental health patients have PTSD.
- Somewhat higher rates of this disorder have been found to occur in African Americans, Hispanics, and Native Americans compared to Caucasians in the United States.
- Afghanistan = 6 – 11% returning vets have PTSD
- Iraq = 12 – 20% returning vets have PTSD

(Military statistics as of 12/2010)

The point prevalence of combat-related PTSD in US military veterans since the Vietnam War ranges from about 2 – 17%. Studies of recent conflicts suggest that combat-related PTSD afflicts between 4 – 17% of US Iraq War veterans, but only 3 – 6% of returning UK Iraq War veterans. Thus, the prevalence range is narrower and tends to have a lower ceiling among combat veterans of non-US Western nations.

Variability in prevalence is likely due to differences in sampling strategies; measurement strategies; inclusion and measurement of the DSM-IV clinically significant impairment criterion; timing and latency of assessment and potential for recall bias; and combat experiences. Prevalence rates are also likely affected
by issues related to PTSD course, chronicity, and comorbidity; symptom overlap with other psychiatric disorders; and sociopolitical and cultural factors that may vary over time and by nation.

Excerpted from:


- PTSD is the third most prevalent psychiatric diagnosis among veterans using the Veterans Affairs (VA) hospitals. "PTSD and comorbid AUD", Subst Abuse Rehabil. 2014; 5: 25–36, Ralevski, et al. 50% of those with PTSD do not seek treatment

- out of the half that seek treatment, only half of them get "minimally adequate" treatment (RAND study)

- 19% of veterans may have traumatic brain injury (TBI)

- Over 260,000 veterans from OIF and OEF so far have been diagnosed with TBI. Traumatic brain injury is much more common in the general population than previously thought: according to the CDC, over 1,700,000 Americans have a traumatic brain injury each year; in Canada 20% of teens had TBI resulting in hospital admission or that involved over 5 minutes of unconsciousness (VA surgeon reporting in BBC News)

Excerpted from:


Other veterans PTSD statistics references and resources:

- Findings from the National Vietnam Veterans' Readjustment Study

- Summary of ARMY STARRS finding published in JAMA in 2014. In 2008, the Army suicide rate exceeded the civilian rate (20.2 vs 19.2 per 100,000 per year, demographically matched). The military then started to investigate why and what could be done about it, forming the Army Study to Assess Risk and Resilience in Service members (ARMY STARRS).

- The American Journal of Public Health has had a number of excellent articles/studies on suicide prevention as a public health initiative, and also on suicide and the military, including approaches to suicide prevention (see especially the March 2012 issue, which included "Suicide Prevention is a Winnable Battle," by Eric D. Caine)


- http://www.msnbc.msn.com/id/47743091/ns/technology_and_science-science/t/does-macho-culture-keep-suicidal-soldiers-seeking-help/#.T-E1NLVYv0c (suicide rates per 100,000--11 civilian; 19 military after these two wars)

- http://www.cbsnews.com/8301-18563_162-57449255/military-suicides-grow-at-sharp-rate/ (same topic; goes into one person's case; half of military suicides from those who have not gone to war)

- http://www.nationaljournal.com/thenextamerica/culture/black-women-key-to-easing-military-suicides--20120612 (importance of social support)

- Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicidal ideation and behavior in young adults in the military Ribeiro, J D.; Pease, J

- [http://www.sciencedaily.com/releases/2011/06/110614101116.htm](http://www.sciencedaily.com/releases/2011/06/110614101116.htm) (article on above study)

- may be hereditary? [www.sciencedaily.com/releases/2008/06/080612070438.htm](http://www.sciencedaily.com/releases/2008/06/080612070438.htm)


- Evaluating Evidence of Risk for Suicide Among Veterans
  Robert M. Bossarte, PhD; Cynthia A. Claassen, PhD; Kerry L Knox, PhD. MILITARY MEDICINE, 175. 10:703, 2010

- The Invisible Plague of Concussion by Dr. Anand Veeravagu, MD, Senior Neurosurgery Resident Stanford University and Palo Alto Veterans Hospital. BBC Sept 5, 2013