Self-reported poor physical health is more common in older people with trauma exposure

**QUESTION**

**Question:** Is poor physical health in older people living in Germany linked to traumatic experiences?

**Population:** 1456 older adults (aged 60–85) years living in Germany and able to understand and read German. These adults were part of a representative sample of the German population aged 14 and above. Participants were selected at random from randomly selected households in different regions of Germany. The sample aimed to be representative for age, gender and education. The current study only analysed data for the older participants, and excluded people with partial post-traumatic stress disorder (PTSD) syndromes, or with a full range of PTSD symptoms but without an indicated trauma.

**Setting:** General population, Germany; May and June 2008.

**Assessment:** A study assistant visited all participants, informed them about the study and distributed the self-report questionnaires, explaining the questions if necessary. The trauma list of the Munich Composite International Diagnostic Interview (PTSD module) was used to assess experience of eight traumatic events (including rape, natural disaster, attack, injury or torture, war or other traumatic event (e.g., severe illness)). PTSD symptoms experienced in the previous month were assessed using part 3 of the 17-item Post-traumatic Diagnostic Scale (PTDS). People were considered to have PTSD if they had experienced a traumatic event and met DSM-IV PTSD diagnostic criteria B, C and D. Current physical health was assessed using a self-report questionnaire listing 21 common chronic health conditions, and optional reporting of up to three other medical conditions. Participants indicated if they had the condition and rated the level of interference with their daily activities on a 5 point scale (where 1=does not interfere with daily activities at all and 5=interferes with daily activities a lot). Disease burden was calculated as the total sum of conditions experienced weighted by the level of interference for each condition. The relationship between traumatic experiences, PTSD and medical conditions was analysed using logistic and linear regression. Analyses were adjusted for age and sex.

**Outcomes:** Self-reported traumatic event or experiences; self-reported PTSD; self-reported health conditions and impact on daily activities.

**METHODS**

**Design:** Cross-sectional study.

**MAIN RESULTS**

Lifetime prevalence of trauma exposure without PTSD was 29.1% (n=423), of trauma exposure and PTSD was 4.6% (n=67) and no trauma exposure was 66.3% (n=966). Overall, people with a lifetime history of trauma exposure with or without PTSD reported significantly more medical conditions and greater disease burden compared with people with no trauma exposure (mean number of medical conditions: 5.0 with trauma but no PTSD versus 7.8 with trauma and PTSD versus 3.2 with no trauma; p<0.001; mean disease burden: 13.9 with trauma but no PTSD versus 23.4 with trauma and PTSD versus 7.9 for no trauma; p<0.001 for comparison of either trauma group versus no trauma group for both outcomes). Compared with people with no trauma, people with trauma but not PTSD were significantly more likely to report having a range of chronic medical conditions, such as hypertension, asthma, back pain, diabetes, osteoporosis, obesity, thyroid disorder, stomach problems, cardiovascular disease and cancer. The OR ranged from 1.37 (95% CI 1.07 to 1.75) for hypertension to OR 5.12 (95% CI 2.25 to 11.60) for cancer. (refer Webextra table 1 for details). People with trauma and PTSD were also more likely to have certain medical conditions than those without trauma but these comparisons are not reported here due to the small numbers of individuals with PTSD (refer notes).

**CONCLUSIONS**

Self-reported poor physical health is more common among older people living in Germany who have experience of trauma than those with no traumatic experiences.

**ABSTRACTED FROM**


**Correspondence to** Heide Glaesmer, Department of Medical Psychology and Medical Sociology, University of Leipzig, Leipzig, Germany; heide.glaesmer@medizin.uni-leipzig.de

**Sources of funding** Not reported.

► A table, notes and references are available online at http://ebmh.bmj.com

**COMMENTARY**

There is growing evidence that traumatic events can have deleterious long-term consequences for physical health. Individuals with post-traumatic stress disorder (PTSD) in particular, frequently suffer from comorbid medical conditions such as pulmonary and cardiovascular disease.1 Older adults face an elevated risk of adverse events such as death of a loved one and physical injury, that may exacerbate or contribute to age-related deterioration in physical health. Yet, few studies on PTSD and trauma have systematically examined older adults and those that did typically focus on specific events such as combat and genocide.

Glaesmer et al examined associations between lifetime trauma exposure, PTSD and adverse health in a representative sample of 1456 German adults aged 60 to 85 years. Consistent with general population studies,1 trauma exposure was related to increased risk of a wide range of medical conditions in older adults. Trauma-exposed individuals were five times more likely to have cancer than individuals who did not report trauma exposure. Similarly, screening positive for a PTSD diagnosis was associated with increased likelihood of cardiovascular risk factors and diseases as well as higher perceived health burden.

While Glaesmer and colleagues’ population-based approach is a timely given current under representation of older adults in trauma research, methodological shortcomings limit the study’s generalisability and potential to inform clinical practice. Given low rates of PTSD in older adults, focusing on current rather than lifetime PTSD may have reduced statistical power to detect associations between PTSD and poor health. Failure to control for the health effects of other psychological conditions frequently observed after trauma obscures the differential impact of trauma exposure versus PTSD on health. For example, depression and substance abuse have well-known adverse health effects including on memory deficits that are known to be affected by ageing and may impair recovery from PTSD. Large scale longitudinal studies using representative samples of older adults are urgently needed to improve treatment of trauma-related psychological disorders across the lifespan.

Maren Westphal1

1Department of Psychology, Arcadia University, Glenside, Pennsylvania, USA

**Competing interests** None.
Self-reported poor physical health is more common in older people with trauma exposure

*Evid Based Mental Health* 2011 14: 93
doi: 10.1136/ebmh.2011.100222

Updated information and services can be found at:
http://ebmh.bmj.com/content/14/4/93

These include:

**References**
This article cites 2 articles, 2 of which you can access for free at:
http://ebmh.bmj.com/content/14/4/93#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections

- Post-traumatic stress disorder (82)
- Epidemiologic studies (629)
- Epidemiology (1565)
- Neurology (1065)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/