Acute Stress Disorder and Post-Traumatic Stress Disorder in the Outpatient Burn Population

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**Background**

- Early screening = Quality metrics
  - ASD < 30 days inciting event
  - PTSD > 30 days inciting event
  - Knowledge gap in outpatient burn population

**Purpose of study**

- Effectiveness of ASD and PTSD screening
- Risk factors for development of ASD and PTSD

**Methods**

- Retrospective cohort study
- July 2016 – August 2019
- Outpatient ABA-verified burn center clinic
- Validated screening tools: ASDS (ASD) and PCL-5 (PTSD)
  - Screening rate
  - Screening tool appropriateness
  - Subsequent interventions
- Burn mechanism: Flame, flash, contact, scald burns
- Age, gender, % TBSA, operative intervention, psychiatric and substance abuse history, co-morbidities
- Primary inpatient admissions excluded
- Chi-square and Mann-Whitney U tests

**Results**

**Post-Burn ASD and PTSD Outpatient Screening**

- 1147 Unique Patients
- 2494 Clinical Encounters
- 94.8% patients screened
- 88.5% appropriate screening tool
- ASD 13.2% (n=286)
- PTSD 14.6% (n=48)
- 7.9% intervention rate

**Risk Factors**

<table>
<thead>
<tr>
<th>+ ASD</th>
<th>+ PTSD</th>
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<tbody>
<tr>
<td>History of substance abuse OR 1.9, p=0.03 OR 2.1, p=0.04</td>
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<tr>
<td>History of psychiatric illness OR 2.6, p=0.002 OR 3.3, p=0.002</td>
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<tr>
<td>Prior positive ASD screen OR 9.5, p=0.001</td>
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**Risk Factors**

- Age: Median: 36 yo (18 – 94 yo)
- Gender: Male: 57.6% (n=661) Female: 42.4% (n=486)
- % TBSA: Median: 1% (0.1 – 12%)

**Disclosures**

The authors have no relevant disclosures that relate to the research described in this presentation.

**Conclusions**

- History of substance abuse or psychiatric illness warrant further attention
- Demographics and burn severity do not appear to predict development of ASD or PTSD
- Despite consistent use of screening tools, these conditions remain under-treated in outpatient setting

**Implications**

- Resource-expansion aimed at higher risk populations and rural areas
  - Routine follow-up/screening
  - Timely referral
  - Multidisciplinary approach
- Longitudinal, long-term monitoring of patient progress, with low threshold for investigating subsequent development of psychosocial issues
- Screening measures and assessment efficacy should be explored for improved intervention