

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

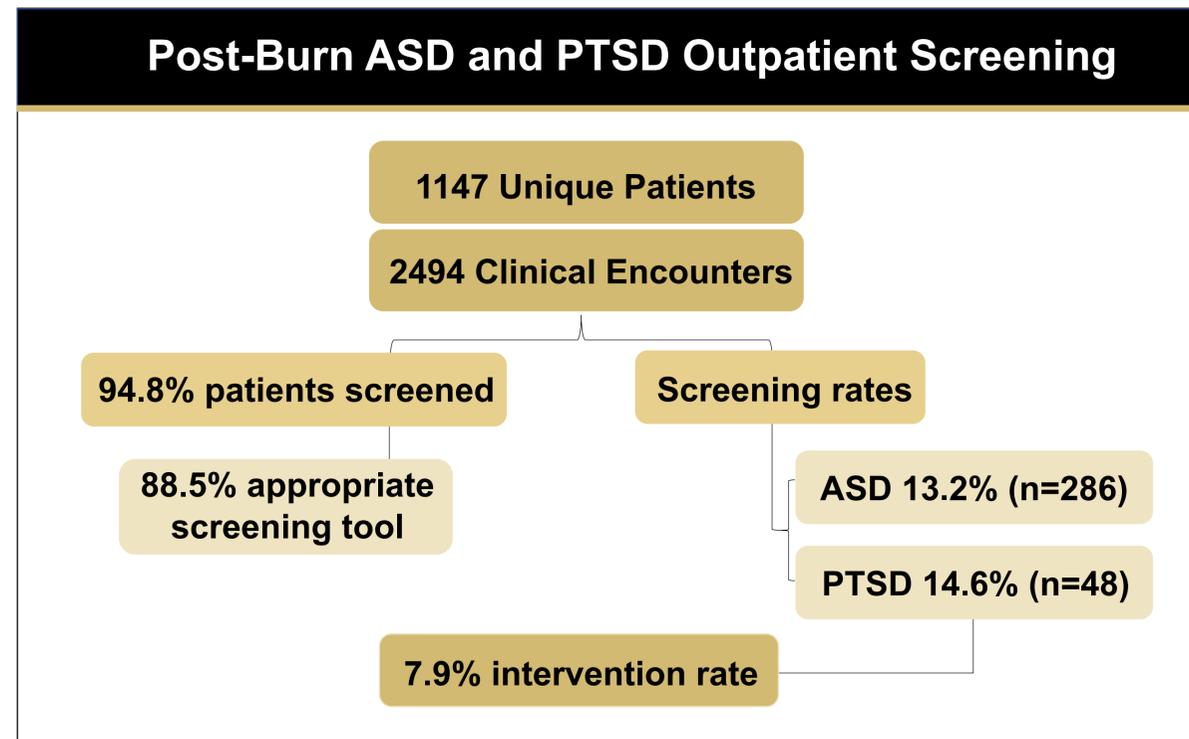
- Effectiveness of ASD and PTSD screening
- Risk factors for development of ASD and PTSD

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



Risk Factors	+ ASD	+ PTSD
History of substance abuse	OR 1.9, p=0.03	OR 2.1, p=0.04
History of psychiatric illness	OR 2.6, p=0.002	OR 3.3, p=0.002
Prior positive ASD screen		OR 9.5, p=0.001

Age
Median: 36 yo
(18 – 94 yo)

Gender
Male: 57.6% (n=661)
Female: 42.4% (n=486)

% TBSA
Median: 1%
(0.1 – 12%)

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

Disclosures

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

