

A National US Study of Posttraumatic Stress Disorder, Depression, and Work and Functional Outcomes After Hospitalization for Traumatic Injury

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Abstract

Objective: To examine factors other than injury severity that are likely to influence functional outcomes after hospitalization for injury.

Summary Background Data: This study used data from the National Study on the Costs and Outcomes of Trauma investigation to examine the association between posttraumatic stress disorder (PTSD), depression, and return to work and the development of functional impairments after injury.

Method: A total of 2707 surgical inpatients who were representative of 9374 injured patients were recruited from 69 hospitals across the US. PTSD and depression were assessed at 12 months postinjury, as were the following functional outcomes: activities of daily living, health status, and return to usual major activities and work. Regression analyses assessed the associations between PTSD and depression and functional outcomes while adjusting for clinical and demographic characteristics.

Results: At 12 months after injury, 20.7% of patients had PTSD and 6.6% had depression. Both disorders were independently associated with significant impairments across all functional outcomes. A dose-response relationship was observed, such that previously working patients with 1 disorder had a 3-fold increased odds of not returning to work 12 months after injury odds ratio = 3.20 95% (95% confidence interval = 2.46, 4.16), and patients with both disorders had a 5-6 fold increased odds of not returning to work after injury odds ratio = 5.57 (95% confidence interval = 2.51, 12.37) when compared with previously working patients without PTSD or depression.

Conclusions: PTSD and depression occur frequently and are independently associated with enduring impairments after injury hospitalization. Early acute care interventions targeting these disorders have the potential to improve functional recovery after injury.