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Overview: Interpretation and Classification **The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)**

English Version

This overview of the The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) was generated using the Consensus AI platform (https://consensus.app) and has been reviewed and validated by Dr. Claudia Hackl-Zuccarella a qualified clinical expert to ensure accuracy and relevance. Please let us know about potential further contents or errors: info@multimorbidity.org

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
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Description

The **Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)** is a brief, validated, 5-item screening tool designed to identify individuals in primary care and other medical settings who may have **probable post-traumatic stress disorder (PTSD)**. The tool aligns with diagnostic criteria from the **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)** and is primarily used in **primary care, general medical, and mental health settings** to facilitate early detection and intervention for PTSD.

This screening tool is **not a diagnostic instrument** but rather a **preliminary assessment** to determine whether an individual requires further evaluation. Those screening positive should undergo a **structured clinical interview**, such as the **Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)**, for confirmation of a PTSD diagnosis.

Structure and Administration

The PC-PTSD-5 consists of an initial **trauma exposure screening question** followed by **five dichotomous (yes/no) items** assessing PTSD symptoms experienced over the **past month**. The five symptom-based questions are based on core PTSD symptom clusters: **intrusion, avoidance, negative alterations in cognition/mood, and hyperarousal**.

The measure is **self-administered** but can also be completed through **clinical interviews** or **computerized administration** in healthcare settings. It typically requires **less than one minute** to complete.

Scoring and Interpretation

1. **Trauma Exposure Item:** The screening begins with an item assessing whether the respondent has experienced a **significant traumatic event** at any point in their life. If the individual **denies exposure**, the assessment ends, and their total score remains **0**.
2. **Symptom Endorsement Items:** If the individual endorses trauma exposure, they are instructed to answer **five additional yes/no questions** about their PTSD symptoms over the past month.
3. **Scoring:** The PC-PTSD-5 is scored by summing the **number of "yes" responses**, resulting in a total score between **0 and 5**.

Cut-Point Recommendations

1. **General Population & Male Veterans:** A **cut-off score of 4** optimally balances **sensitivity and specificity**, minimizing false positives and false negatives.
2. **Female Veterans & Certain Populations:** A cut-off of **4** may yield **higher false negatives**, and **a cut-off of 3** may improve sensitivity for detecting probable PTSD.
3. **Clinical Considerations:** The choice of cut-off should be **tailored to the clinical setting**, considering resource availability and the impact of false positives versus false negatives.

Psychometric Properties

The **PC-PTSD-5** has demonstrated **strong validity and reliability** in detecting probable PTSD across different populations, particularly among **veterans, military personnel, and primary care patients**. Key psychometric properties include:

Metric	Value
Sensitivity (cut-off = 4)	**0.95** (95%) (Prins et al., 2016)
Specificity (cut-off = 4)	**0.85** (85%) (Prins et al., 2016)
Positive Predictive Value (PPV)	**0.63-0.72**, (Bovin et al., 2021)
Negative Predictive Value (NPV)	**0.98** (98%) (Bovin et al., 2021)
Internal Consistency (Cronbach's Alpha)	**0.83** (Good reliability) (Bovin et al., 2021)

Key Research Findings

- The **PC-PTSD-5** performs **comparably** to **longer PTSD screening tools**, such as the **PTSD Checklist for DSM-5 (PCL-5)**, while being significantly shorter and more practical for **routine medical settings** (Prins et al., 2016).

- The tool shows **high accuracy** in **military and veteran populations** but requires **cut-point adjustments** in **civilian and female populations** to enhance detection (Bovin et al., 2021).

Clinical Utility & Limitations

Advantages

- **Brief and Efficient:** Takes less than a **minute** to administer.
- **High Sensitivity:** Accurately detects probable PTSD cases with **minimal false negatives**.
  Validated Across Populations: Effective in **veteran, primary care, and trauma-exposed populations**.
  Easily Administered: Can be used in **self-report or interview** formats.

Limitations

- **Not Diagnostic:** Requires **further assessment** (e.g., CAPS-5) for formal PTSD diagnosis.
- **Potential False Positives:** In **high-risk populations**, false positives may strain **limited clinical resources**.
- **Cut-Point Variability:** May require **adjustment** for **women and non-veteran populations**.

References

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2. **Bovin MJ, Kimerling R, Weathers FW, Prins A, Marx BP, Post EP, Schnurr PP.** Diagnostic Accuracy and Acceptability of the Primary Care Posttraumatic Stress Disorder Screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) Among US Veterans. JAMA Netw Open. 2021 Feb 1;4(2):e2036733. doi: 10.1001/jamanetworkopen.2020.36733. PMID: 33538826; PMCID: PMC7862990.

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