

ESTSS Special Interest Group

“Aging & Life Cycle”

Factsheet

Throughout human life, potentially traumatic events occur. Disrupting experiences, such as domestic violence (including sexual abuse), physical attacks, warfare or natural disasters, can leave persisting psychological distress. In a minority of those involved, symptoms persist as post-traumatic stress disorder or PTSD (American Psychiatric Association; APA, 2013). Frequently, comorbid depression, anxiety, somatic complaints and problems with psychosocial adjustment play an additional role (Van Zelst, De Beurs, Beekman, Van Dyck, & Deeg, 2006). In later life, age-specific changes may reactivate or worsen earlier symptoms. If left untreated, PTSD may present high burdens to individuals (both adults and older adults) and society (Kessler, 2000; Van Zelst et al., 2006). We also know that trauma-related symptoms increase the risks of partner-related problems and tensions within families, potentially resulting in intergenerational transmission of maladaptive interaction patterns (Danieli, Norris, & Engdahl, 2016). Finally, PTSD was found to be associated with increased risks of comorbid anxiety (Spitzer et al., 2008); cardiovascular disease (Edmondson & Cohen, 2013), and dementia (Lohr et al., 2015).

Older adults with PTSD symptoms present a growing population in society and in mental healthcare services. Due to underrecognition in primary care (Ehlers, Gene-Cos, & Perrin, 2009; Van Zelst et al., 2006) and pessimistic expectations regarding psychotherapy in later life (Laidlaw & Pachana, 2009), this population runs the risk to be underserved. Among older adults, PTSD is a serious, but frequently hidden psychiatric disorder with various potential trajectories (Bonnanno, 2004), which requires an effective and evidence-based therapy. Although the percentage of older adults suffering from PTSD appears to be lower than among younger adult groups (Reynolds, Pietrzak, Mackenzie, Chou, & Sareen, 2016), further research is needed to develop evidence based treatment approaches for this population. Such research is justified by cohort-specific symptom presentation, the frequency of comorbid disorders (Averill & Beck, 2000; Busuttill, 2004) and the different trajectories of trauma-related symptoms, requiring a life-span perspective in assessment and treatment.

To date, available controlled trials regarding trauma-focused treatment among older adults has yielded mixed results (Bichescu et al., 2007; Gamito et al., 2010; Kneavelsrud et al., 2017; Lely et al., 2019; Ready et al., 2010; Thorp et al., 2019). Consequently, international practice guidelines for the treatment of PTSD (American Psychological

Association; APA, 2017; National Institute for Clinical Excellence; NICE, 2018) could not yet specify whether recommended interventions for adult patients may be generalized to older adults. In this domain, many questions remain. Do disorder-specific interventions require an age-specific approach to show full potential effect among older adults (Böttche, Kuwert, & Knaevelsrud, 2012)? Can increased arousal exacerbate physical conditions (Thorp, Glassmann, & Wells, 2015)? Can a life-review approach (Knaevelsrud, Böttche, Pietrzak, Freyberger, & Kuwert et al., 2017) serve as a helpful adaptation for older adults? Other issues arise in psychodiagnostics. Can we rely on general cut-off scores of diagnostic instruments for older adults? Do we need adaptations in DSM-5 diagnostic criteria (APA, 2013) for older adults?

During and after therapy, clinicians may observe renewed growth among older adults. Advancing age does not predict treatment response (Sabey, Jensen, Major, Zinbarg, & Pinosof, 2018). Aging patients who gain access to treatment can achieve clinically significant treatment outcomes (Knaevelsrud et al., 2017; Lely et al., 2019; Thorp et al., 2019). Following treatment, a new understanding between (grand)parents and children may develop, potentially correcting previous intergenerational transmission of maladaptive interaction patterns (Lely, De la Rie, Knipscheer, & Kleber, 2019). For therapists, treating older adults can provide interesting and rewarding therapy experiences. Unfortunately, we often see that senior patients are missing in trauma-oriented evidence and that attention for trauma is lacking in treating older adults.

It would be a great opportunity to combine these two areas in a Special Interest Group Aging and Life Cycle within the ESTSS. We think that action is needed in the following domains: developing research on assessment and treatment of trauma in later life, sharing best practices in those areas, and ultimately working towards treatment recommendations from the international guidelines concerning interventions for older adults. The ESTSS supports the idea of creating a platform in which clinicians and researchers from all over Europe (and also other parts of the world) get to know each other, exchange ideas, collaborate, and share knowledge about trauma and older adults, using a lifespan perspective. The first activity of the ESTSS Special Interest Group (SIG) Aging & Life Cycle will be a network meeting and workshop at the ESTSS conference of 2021 in Belfast.

If you are interested, you can subscribe to the e-mail list of the ESTSS SIG Aging & Life Cycle by filling out form [here](#).

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: APA.

- American Psychological Association (2017). *Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults*. Retrieved from <https://www.apa.org/ptsd-guideline/ptsd.pdf>.
- Averill, P. M., & Beck, J. G. (2000). Post-traumatic Stress Disorder in Older Adults: A Conceptual Review. *Journal of Anxiety Disorders, 14*, 133-156.
- Bichescu, D., Neuner, F., Schauer, M., & Elbert, T. (2007). Narrative exposure therapy of political imprisonment-related chronic posttraumatic stress disorder. *Behaviour Research and Therapy, 45*(9), 2212-2220. doi:10.1016/j.brat.2006.12.006.
- Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist, 59*, 20-28. doi:10.1037/0003-066X.59.1.20.
- Böttche, M., Kuwert, P., & Knaevelsrud, C. (2012). Post-traumatic stress disorder in older adults: an overview of characteristics and treatment approaches. *International Journal of Geriatric Psychiatry, 27*, 230-239. doi:10.1002/gps.2725.
- Busuttill, W. (2004). Presentations and management of Post Traumatic Stress Disorder and the elderly: a need for investigation. *International Journal of Geriatric Psychiatry, 19*. 429-439. doi:10.1002/gps.1099.
- Danieli, Y., Norris, F. H., & Engdahl, B. (2016). Multigenerational Legacies of Trauma: Modeling the What and How of Transmission *American Journal of Orthopsychiatry 86*(6), 639-561. doi:10.1037/ort0000145.
- Edmondson, D., & Cohen, B. E. (2013). Posttraumatic Stress Disorder and Cardiovascular Disease. *Progress in Cardiovascular Diseases, 55*(6), 548-556. doi:10.1016/j.pcad.2013.03.004.
- Ehlers, A., Gene-Cos, N., & Perrin, S. (2009). Low Recognition of Post-traumatic Stress Disorder in Primary Care. *London Journal of Primary Care (Abingdon), 2*, 36-42. PMID: [PMC3695460](https://pubmed.ncbi.nlm.nih.gov/193695460/).
- Gamito, P., Oliveira, J., Rosa, P., Morais, D., Duarte, N., Oliveira, S., & Saraiva, T. (2010). PTSD Elderly War Veterans: A Clinical Controlled Pilot Study. *Cyberpsychology, Behavior and Social Networking, 13*(1), 43-48. doi:10.1089/cyber.2009.0237.
- Kessler, R. C. (2000). Post-traumatic stress disorder: the burden to the individual and to society. *Journal of Clinical Psychiatry, 61*(5), 4-14.
- Knaevelsrud, C., Böttche, M., Pietrzak, R. H., Freyberger, H. J., & Kuwert, P. (2017). Efficacy and Feasibility of a Therapist-Guided Internet-Based Intervention for Older Persons with Childhood Traumatization: A Randomised Controlled Trial. *The American Journal of Geriatric Psychiatry, 25*(8): 878-888. doi:10/1016/j.jagp.2017.02.024.
- Laidlaw, K., & Pachana, N. A. (2009). Aging, mental health, and demographic change: Challenges for psychotherapists. *Professional Psychology: Research and Practice, 40*(6), 601-608. doi:10.1037/a0017215.
- Lely, J.C.G., De la Rie, S.M., Knipscheer, J.W., & Kleber, R.J. (2019). Stronger than my ghosts: A qualitative study on cognitive recovery in later life. *Journal of Loss and Trauma 24*(4), 369-382. doi: 10.1080/15325024.2019.1603008.
- Lely, J.C.G., Knipscheer, J.W., Moerbeek, M., Ter Heide, F.J.J., Van den Bout, J., & Kleber, R.J. (2019). Randomised controlled trial comparing Narrative Exposure Therapy with Present-Centered Therapy for older Patients with post-traumatic stress disorder. *British Journal of Psychiatry 214*(6), 369-377. doi: 10.1192/bjp.2019.59.
- Lohr, J. B., Palmer, B. W., Eidt, C. A., Ailaboyina, S., Mausbach, B. T., Wolkowitz, O. M., ... Jeste, D. V. (2015). Is Post-Traumatic Stress Disorder Associated with Premature Senescence? A Review of the Literature. *American Journal of Psychiatry, 23*(7), 709-725. doi:10.1016/j.jagp.2015.04.001.

- National Institute for Health and Care Excellence (NICE), 2018. Post-traumatic stress disorder. NICE guideline. Retrieved from: www.nice.org.uk/guidance/ng116., December 5, 2018.
- Ready, D. J., Gerardi, R. J., Backschneider, A. G., Mascaro, N., & Rothbaum, B. O. (2010). Comparing Virtual Reality Exposure Therapy to Present-Centered Therapy with 11 U.S. Vietnam Veterans with PTSD. *Cyberpsychology, Behavior, and Social Networking*, *13*: 49-54. doi: 10.1089/cyber.2009.0239.
- Reynolds, K., Pietrzak, R. H., Mackenzie, C. S., Chou, K. L., & Sareen J. (2016). Post-Traumatic Stress Disorder Across the Adult Lifespan: Findings From a Nationally Representative Survey. *The American Journal of Geriatric Psychiatry*, *24*(1), 81-93. doi:10.1016/j.jagp.2015.11.001.
- Sabey, A. K., Jensen, J., Major, S., Zinbarg, R., & Pinsof, W. (2018). Are Older Adults Unique? Examining Presenting Issues and Changes in Therapy Across the Life Span. *Journal of Applied Gerontology*, 1-18, doi:10/1177/0733464818818048.
- Spitzer, C., Barnow, S., Völzke, H., John, U., Freyberger, H. J., & Grabe, H. J. (2008). Trauma And Posttraumatic Stress Disorder in the Elderly: Findings From a German Community Study. *Journal of Clinical Psychiatry*, *69*(5), 693-700. PMID: 18452344.
- Thorp, S. R., Glassman, L. H., & Wells, S. Y. (2015). PTSD and Trauma. In: N. A. Pachana (Ed.), *Encyclopedia of Gerontology* (pp. 1-8). Singapore, Springer Science.
- Thorp, S.R., Glassman, L.H., & Wells, S.Y., Walter, K.H., Gebhardt, H. Twamley, E., ... Wetherell, J. (2019). A randomized controlled trial of prolonged exposure therapy versus relaxation training for older veterans with military-related PTSD. *Journal of Anxiety Disorders* *64*, 45-54. Doi: 10.1016/j.janxdis.2019.02.003.
- Van Zelst, W. H., de Beurs, E., Beekman, A. T. F., van Dyck, R., & Deeg, D. J. H. (2006). Well-being, physical functioning, and use of health services in the elderly with PTSD and subthreshold PTSD. *International Journal of Geriatric Psychiatry*, *21*: 180-188. doi:10.1002/gps.1448.