Do older adults suffering from clinically significant post-traumatic stress symptoms fit into the existing disorder-specific classification systems?

Epidemiologic research regarding PTSD during the life course generally uses identical criteria for younger and older age groups. The resulting findings show decreasing prevalences of PTSD from middle adulthood to old age. Could we collect more clinically significant data from older PTSD-patients in order to get a better understanding of symptom severity and quality of life? This is the central question in a recent publication from Andreas Maercker (University of Zürich). Evidence showed that the following age-specific signs of PTSD may supplement the core symptom clusters of PTSD (re-experiencing, avoidance and hypervigilance):

1. Post-traumatic nightmares and reenactments
2. Impaired sleep
3. Painful memories of close attachment figures lost traumatically
4. Hypervigilance including elevated startle response
5. Weakness or exhaustion / accelerated aging
6. Somatoform pain or chronic primary pain
7. In males: Reckless or self-destructive behaviour.

Further elaboration on and introduction of such transdiagnostic features have the potential to strongly improve the clinical assessment of senior PTSD patients.

Read more:


Would you like to give feedback, share local developments in the field of trauma treatment in later life or participate in the SIG Aging & Life Cycle? If so, you may contact the ESTSS secretariat (secretariat@estss.org) or Jeannette Lely, j.lely@centrum45.nl.