Using the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5) to Identify Prevalence Rates of Acute Stress Disorder in a National Sample of U.S. Adolescents: Findings from the National Comorbidity Survey- Adolescent Supplement (NCS-A)

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Abstract
This study examined prevalence rates of Acute Stress Disorder (ASD) in a national sample of adolescents using data from the National Comorbidity Survey – Adolescent Supplement (NCS-A). The sample consisted of 10,148 youth aged 13-

discussion since being added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in 1994. According to the DSM-5, Acute Stress Disorder can occur in people who experienced, witnessed, or were involved in a situation in which "actual or threatened death, serious injury, or actual or threatened physical or sexual violation" occurred (2013). To be diagnosed with ASD, someone who experienced a traumatic even must have eight of the fourteen symptoms, including, but not limited to, a sense of detachment or numbing, recurrent memories of the event, avoidance of thoughts, and

questions related to the each updated DSM-5 ASD specific symptom criteria. After the mapping process was completed, the Statistical Package for the Social Sciences (SPSS) computer program was used to conduct statistical analyses to identify estimated national prevalence rates of ASD using the NCS-A. Data were analyzed in terms of age, gender, race, birth in the United States, and urbanicity of residence.

Results

Analyses were conducted to show the estimated number of youth in the NCS-A sample (*N* = 10,148) that met criteria for Acute Stress Disorder. Descriptive analyses revealed a rather bell-curve shaped distribution of prevalence rates based on age. However, the percentage of males with ASD was smaller than the percentage of females with the disorder, 0.4% and 1.6%, respectively. Furthermore, youth not born in the United States made up a larger percentage (1.9%) of youth with ASD in comparison to those who were born in the United States (0.1%). These results are displayed in Table 1.

Table 1

Table 1[a]

Acute Stress Disorder Prevalence

	Total N = 10,148 (%)
Age	
13	16 (0.2%)
14	27 (0.3%)
15	40 (0.4%)
16	39 (0.4%)
17	45 (0.5%)
18	25 (0.3%)
Gender	
Male	36 (0.4%)
Female	156 (1.6%)
Race	
Hispanic	35 (0.4%)
Black	31 (0.3%)
Other	10 (0.1%)
White	116 (1.2%)
Not born in the U.S.	
False	185 (1.9%)
True	7 (0.1%)
Urbanicity**	
Metro	[illegible]
Other Urban	77 (0.8%)
Rural	29 (0.3%)

[a] Table does not account for survey design or sampling weights

* Acute stress disorder is a lifetime diagnosis

** Metropolitan means a county with a population greater than t10(e)-4(1b-4(.e1)-4(.)]TJ 0 8)(y)23(S)4s16u

that ASD is a positive predictive factor for PTSD, meaning that a large portion of those diagnosed with ASD are eventually re-diagnosed with PTSD (Bryant 2011). This study provides data that can help pinpoint those youth most at risk for ASD and develop potential early intervention/treatment strategies to ensure ASD is treated and does not intensify in severity and duration. The prevalence rates of ASD in adolescents gained from this study allow for further studies to be conducted to more accurately determine risk and protective factors for this mental health disorder.

References

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