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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METHOD

RESULTS

CONCLUSION

INTRODUCTION

Since being added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in 1994, Acute Stress Disorder (ASD) has become a topic of discussion. The most recent study concluded that 8-19% of adolescent trauma survivors have ASD (Meiser-Stedman et al., 2007). Research has shown that youth with ASD demonstrated greater emotional problems, higher subjective threat appraisal at time of their trauma exposure, and reported more cognitive misappraisals than trauma-exposed youth without an ASD diagnosis (Salmond et al., 2011). These studies highlight the importance of proper identification and treatment of youth with ASD. The current study utilizes data from the National Comorbidity Survey (NCS-A) (Merikangas et al., 2009) to identify updated prevalence estimates of ASD among youth in

Mapping from the DSM-IV to the DSM-5

The focus of this study was Acute Stress Disorder, which is currently a DSM-5 recognized trauma disorder. Criteria of Acute Stress Disorder, listed in the DSM-5 were compared to the diagnostic criteria in the DSM-IV (NOTE: Trauma was not a category of disorders in the DSM-IV, but instead was recognized as an Anxiety Disorder). Differences in criteria between Acute Stress Disorder in the DSM-IV and the DSM-5 were recorded. The DSM-5 criteria for Acute Stress Disorder was then mapped to the NCS-A survey questions to locate 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.

interviews, computer-assisted telephone and telephone interviews. The response rate of adolescents from the household sample was 85.9 percent, which included 904 interviews and the response rate of adolescents in the school sample was 74.7 percent, including 9,244 interviews. Survey data were weighted for within household probability of selection (only in the household sample) and for residual discrepancies between the sample and population on a wide range of census sociodemographic and geographic variables.

REFERENCES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders, 5th Edition.

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