

Oral presentation

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## Post-traumatic stress symptoms two years after severe multiple injuries – self-reported disability and psychosocial functioning

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### Background

Severe multiple injuries cause post-traumatic stress symptoms (PTSS). In a biopsychosocial rehabilitation perspective knowledge about the patients' mental health and PTSS is important. Factors predicting PTSS should be identified and implemented into the rehabilitation processes. Aims were to describe PTSS status for multiple trauma patients at 2 years postinjury, and relations between PTSS and factors related to the person, the injury and physical and psychosocial functioning, and to identify predictors of PTSS at 2 years.

### Methods

A prospective cohort study. 99 patients with a New Injury Severity Score (NISS) >15, age 18–67 admitted to a regional trauma centre were included consecutively in 2002–2003. Outcomes were assessed 6 weeks after discharge, 1 and 2 years post-injury. Post-Traumatic Symptom Scale (PTSS-10), Self-reported functioning and health by SF-36, WHO Disability Assessment Schedule II (WHO-DAS II) cognitive subscale/the Cognitive Function Scale (COG). Coping by Brief Approach/Avoidance Coping Questionnaire (BACQ) and Questions from structured interview.

### Results

Mean age was 35.3 years (SD 14.2), 83% were male. NISS was 34.9 (SD 12.7).

Mean PTSS-10 score at 2 years was 25.6 (SD 12.2), and 20 persons (20%) had a PTSS-High score indicating post-traumatic stress disorder (PTSD). Significant predictors of PTSS were sex (female), younger age, more avoidant coping, bodily pain, mental health and perceived cognitive functioning at discharge. These variables explained 71% of the variation in PTSS-10 score.

### Conclusion

20% had a PTSS-High score indicating PTSD 2 years postinjury. Rehabilitation goals and measures should comprise follow-up assessments of mental health and PTSS.