

Abstract 8: Longitudinal analysis of percentage distribution and Stress Anxiety Spectrum (SAS) among nine medical conditions over time following recalled traumatic and stressful events, insights from 1465 patients, Chiren Therapy Centre, Limerick, Ireland. September 2019 – September 2023.

Objectives: To analyse the longitudinal variations in percentage distribution and SAS intensity among nine medical conditions after recall of a traumatic and stressful events over time.

Background:


In clinical practice, we encounter a diverse range of patients presenting with one or multiple medical conditions. Understanding the relationship between the time elapsed since trauma stress exposure and the progression of these conditions is crucial. Do natural transitions occur from acute pain to more chronic disorders? What is the distribution of stress exposure over time among different medical conditions? By exploring these questions, we can potentially describe the evolution of medical conditions over time and gain valuable insights into the long-term effects of trauma and stress on individuals' health and well-being. This approach not only enhances our ability to provide better care and support to those affected but also contributes to a broader understanding of the impact of trauma and stress on chronic health conditions.

Methods:

Data was collected from the Chiren Therapy Centre in Limerick, Ireland, spanning from September 2019 to September 2023. Initial assessments captured patients' chief complaints, which were subsequently classified and recorded according to the International Classification of Diseases version 11 (ICD-11). For this study, we selected the top nine most prevalent ICD-11 codes. Patients were asked whether they recalled any physical or emotional trauma or stressful situations before or during the onset of symptoms. If affirmative, they were asked to provide an estimated date, categorized into four recall periods (No recall, ≤ 10 years, >10 to 20 years, >20 years). Percentage distribution by ICD 11 by recall periods. A comprehensive list of 40 symptoms associated with anxiety and stress was compiled. Each symptom's intensity was gauged on a scale of 0 to 10, contributing to the calculation of the Stress-Anxiety Spectrum (SAS). Data organization and analysis were performed using Oracle Analytics.

Findings:


Observing the distribution of recall periods, we note significant variations across different timeframes, accompanied by corresponding Stress Anxiety Spectrum (SAS) scores. In the "No Recall" group, comprising patients with no specific recollection of traumatic events, prevalent conditions include ME82 (Pain in joint, hip joint), ME86 (Symptom or complaint of a body part), and ME84 (Spinal pain), with respective percentages of 72%, 50%, and 48%, and SAS scores of 44, 33, and 43. Conversely, in the " ≤ 10 Years" group, conditions such as 6B40 (Post-traumatic stress disorder), RA02 (Post COVID-19 condition), and 6B00 (Generalised anxiety disorder) dominate, with percentages of 58%, 49%, and 40% respectively, accompanied by higher SAS scores of 71, 81, and 76. Notably, as the recall period extends, a shift in prevalent conditions is evident. In the "10 to 20 Years" group, mixed depression-anxiety (19%), PTSD (18%), and Stress (16%) emerge as prominent conditions, with SAS scores of 102, 110, and 89 respectively. Similarly, the ">20 Years"



group is characterized by a prevalence of mixed depression-anxiety (25%), chronic pain (24%), and PTSD (16%), with corresponding SAS scores of 101, 95, and 94. These findings underscore the evolving nature of trauma-related conditions over time, offering insights into the longitudinal impact of stress on individuals' health and well-being (Figure 1).

Interpretation:

The findings suggest a dynamic relationship between the duration since the onset of traumatic or stressful events and the manifestation of various medical conditions. In patients with recent or recent-to-moderate recall periods (≤ 10 years), there's a higher prevalence of conditions such as post-traumatic stress disorder (PTSD), post-COVID-19 condition, and generalized anxiety disorder (GAD), indicating a more acute impact of recent traumas on mental health. These conditions are often associated with elevated tiredness, fatigue, stress, and anxiety levels, as reflected in the higher Stress Anxiety Spectrum (SAS) scores observed in this group. However, even in the "No recall" group, where patients do not explicitly recall traumatic events, significant symptomatology persists, particularly concerning joint pain, body part complaints, and spinal pain. This observation suggests that trauma or stress may not always be consciously recalled by patients yet can still manifest in physical symptoms, hinting at potential underlying stress-related conditions. As the recall period extends (>10 years), there's a shift towards conditions like mixed depression-anxiety and chronic pain, including Fibromyalgia, suggesting a transition towards more chronic and complex health issues. This shift may reflect the long-term neurophysio-pathological effects of prolonged stress exposure, leading to the development of enduring health conditions. Overall, the findings highlight the importance of considering the temporal dimension of trauma exposure in understanding its impact on health outcomes, guiding clinicians in early intervention and long-term management strategies tailored to the evolving needs of patients.



References

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Figure 1 Percentage distribution and Stress Anxiety Spectrum (SAS) among nine medical conditions over time following recalled traumatic and stressful events, insights from 1465 patients, Chiren Therapy Centre, Limerick, Ireland. September 2019 – September 2023.

