Challenges in the evaluation and treatment of PTSD, including unintended consequences of changing the PTSD definition in DSM-5 and ICD-11.

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Over the last two decades, there have been major advances in understanding the neurobiology of PTSD, and in the development and validation of PTSD treatments. Strong evidence has emerged for treatments with exposure and/or cognitive restructuring components based primarily on cognitive-behavioral and extinction-learning models. Although there are few head-to-head comparisons between trauma-focused psychotherapy and medications, there is growing consensus that trauma-focused psychotherapy should be first line treatment for PTSD. Despite the enormous advances, however, many challenges remain, including high rates of treatment drop-out, and high co-morbidity and chronicity that often leads to partial or non-response to treatment. This has led to multiple efforts to enhance access to care and identify novel treatment approaches, and debate has emerged over policies within U.S. DoD and VA health care systems that have emphasized delivery of Prolonged Exposure or Cognitive Processing Therapy over other therapeutic strategies. A particularly urgent issue involves changing definitions of PTSD in DSM-5 and ICD-11. Virtually all of this foundational research has been based on the DSM-IV definition of PTSD (or closely related DSM-IIIR definition), and there is evidence of high discordance between DSM-IV, DSM-5, and ICD-11 definitions. This talk review highlights from emerging knowledge of PTSD and discuss current challenges in evaluation and treatment of PTSD, including unintended consequences of changing the PTSD definition.