The growth of PTSD in anxiety disorder research

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Abstract

This article examines the growth in PTSD research. PTSD research has expanded dramatically since its introduction in 1980. There are now over 350 articles indexed in Medline each year which refer to PTSD in their title. PTSD accounted for 16% of anxiety disorder research in the early 1980s, growing to one third by 2005.

KEYWORDS: posttraumatic stress disorder, anxiety disorders
1. Introduction

Anxiety disorder research has expanded in both absolute (Boschen, in press; Norton, Cox, Asmundson & Maser, 1995) and relative terms (Pincus, Henderson, Blackwood & Dial, 1993) since the 1980s. In absolute terms, anxiety disorder research has expanded dramatically since 1980, with publication output growing more than thirty-fold for some conditions like panic disorder (Boschen, in press). In relative terms, anxiety disorder research has grown from 1.5% of the overall psychiatric literature in 1970, to 16.1% in 1990 (Pincus et al., 1993). This expansion of research publication output is used as a measure of research interest in many areas (e.g., Blashfield & Intoccia, 2000; Boschen, in press; Boschen & Warner, submitted; Fava, Guidi & Sonino, 2004; Zurián, Aleixandre & Castellano, 2004; Pincus et al., 1993).

Post-Traumatic Stress Disorder (PTSD) was introduced as a novel diagnostic category into the nomenclature of the Diagnostic and Statistical Manual of Mental Disorders in 1980 (APA, 1980). Journals such as the Journal of Traumatic Stress have been produced to fulfil the need for publication of trauma-related research. This investigation sought to examine whether PTSD research had grown at a rate similar to that of research into other anxiety disorders.

2. Method

2.1 Procedure

The method used to examine publication output was based on that of previous authors who have examined publication trends as a measure of research activity (Boschen, in press; Boschen & Warner, submitted; Mendlowicz et al., 2006). The
most popular database of English-language medical literature, Medline, was used as a representative sample of the overall research literature. The number of articles published into each anxiety disorder, including PTSD, was estimated by searching for the disorder name within the article title. The search terms used were: “PANIC” for panic disorder; “AGORAPHOBIA*” for agoraphobia; “SPECIFIC PHOBI* OR SIMPLE PHOBI* OR PHOBIA” for specific phobias; “(SOCI* ANXI*) OR (SOCI* PHOBI*)” for social phobia; “OCD OR OBSESSI* OR COMPULSI*” for obsessive compulsive disorder; “ACUTE STRESS DISORDER” for acute stress disorder; “GENERALIZED ANXIETY OR GAD” for generalized anxiety disorder; and “POST-TRAUM* OR POSTRAUM* OR PTSD” for PTSD. Each retrieved article was then individually checked for relevance, and duplicates were removed. Only original and review articles were tallied, while letters and commentaries were not counted. Judgments were made for each anxiety disorder to reduce false positives. For example, articles focused on compulsive gambling or drug use were excluded from the PTSD tally. The number of articles retrieved for PTSD was compared with that of other anxiety disorders.

3. Results

The number of articles published into PTSD has expanded since the introduction of the diagnosis in 1980. The number of articles published each year is shown in Figure 1, along with projections to 2010 and 2015. The linear regression ($r = .97, p < .001$) accounts for 95.7% of the variance.

Total research output in PTSD as a proportion of overall anxiety disorder research has also grown. Over consecutive five-year periods, commencing with 1981-1985, PTSD has grown to increasingly dominate anxiety disorder research

4. Discussion

PTSD was introduced into the diagnostic nomenclature in 1980. As a way of judging the success of the new diagnostic category, the growth in research publication output was examined. PTSD has grown in both absolute and relative terms. There were 384 articles indexed in Medline in 2005 referring to PTSD in their title. PTSD now accounts for around 38% of the overall research output into specific anxiety disorders.

Several limitations should be considered in interpreting this research. Firstly, only one electronic database of relevant literature was used in the search. Other databases such as PsycInfo and Web of Science also index large bodies of anxiety disorder publications. The results of the current research should be considered as a representative sample, rather than an exhaustive search of PTSD and anxiety disorder research. Secondly, the search strategy used was conservative, only searching for those articles with disorders such as PTSD mentioned in their title. Other strategies such as keyword searches, or exhaustive examination of the contents of individual journals would likely arrive at somewhat different results, with a reduced number of false negatives. There is likely to be a large body of research that has not been located with the current search method, and so again, the current results should be considered as representative, not exhaustive.
Although the current survey has limitations it is presented as valid evidence of the growth in PTSD research output. PTSD has clearly been a successful diagnostic category, when judged in terms of overall research interest. This research interest is projected to continue into the near future.
References


Figure Captions

Figure 1. Publication Rates of PTSD-Related Articles: 1980-2005 with Projections to 2010 and 2015.