







# The self rating inventory for post-traumatic stress disorder may aid diagnosis among older people in the community

van Zelst WH, de Beurs E, Beekman ATF, *et al.* Criterion validity of the self-rating inventory for posttraumatic stress disorder (SRIP) in the community of older adults. *J Affect Disord* 2003;**76**:229–35.

**Q** Does the self rating inventory for post-traumatic stress disorder effectively diagnose post-traumatic stress disorder in older adults living in the community?

## METHODS

	<b>Design:</b> Two stage longitudinal study.
	<b>Setting:</b> 11 municipalities in the Netherlands; 1998 to 1999.
	<b>People:</b> 1721 older people (aged 55 to 85 years) living in the community. Participants were randomly selected from the population registers.
	<b>Test:</b> The self rating inventory for post-traumatic stress disorder (SRIP) includes 22 items based on DSM-IV criteria for post-traumatic stress disorder (PTSD). Each item is rated on a 4 point scale (1 = not at all to 4 = extremely) and total SRIP scores range from 22 to 88. A score of 52 or above is the advised threshold for diagnosis of PTSD. Separate interviewers administered the SRIP and the validating diagnostic interviews.
	<b>Diagnostic standard:</b> All SRIP screen positives (47 people) and a randomly chosen subset of screen negatives (381 people) completed the Dutch Revision version of the comprehensive international diagnostic interview (CIDI) incorporating DSM-IV criteria.
	<b>Outcomes:</b> Sensitivity, specificity (determined using a weighted receiver operator curve). Correction for verification bias was performed; samples were weighted for sampling probability and non-response.

## MAIN RESULTS

Of the 47 SRIP screen positives, 41 were tested with the CIDI and 7 were confirmed positive. Of the 381 SRIP screen negatives, 7 tested positive with the CIDI. The weighted sensitivity of the SRIP was 22.6% and the specificity was 97.7% (for a threshold score of 52). The optimum threshold score was 39, which gave a sensitivity of 74.2% and a specificity of 81.4% (see table).

## CONCLUSION

SRIP adequately identifies PTSD in older community-dwelling adults.

## NOTES

Authors note that the low number of true PTSD cases is a limitation of this study. In addition, CIDI rules were applied very strictly and therefore may have missed sub-threshold cases.

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**Table** SRIP validity of criteria at different cut off scores

SRIP cut off score	32	33	34	39	52
Sensitivity (%)	100.0	87.1	74.2	74.2	22.6
Specificity (%)	56.8	61.5	64.4	81.4	97.7
Positive predictive value (%)	4.5	4.4	4.0	7.4	17.1
Negative predictive value (%)	100.0	99.6	99.2	99.4	98.4

## Commentary

The work by van Zelst *et al* is one of many recent papers that aim to show the utility of a screening instrument for PTSD. Interest in this area is a reflection of increasing appreciation of the problem of under recognition and under treatment of PTSD. van Zelst *et al* have extended previous work by focusing on older adults (age 55–90). This is important because good psychometric information about diagnostic instruments for older adults is scarce. More broadly, it draws attention to the seldom studied problem of traumatisation of older adults.

This work suggests that the Self-Rating Inventory for Posttraumatic Stress Disorder (SRIP) can be reasonably applied as a screening instrument for older adults. Consistent with other recent work,<sup>1</sup> these data suggest that scores lower than the cut off typically used in mental health settings may indicate a positive screening for PTSD. At 22 items, the SRIP is longer than other self report PTSD symptom inventories (eg, the 17 item PTSD Checklist) that have been validated for screening purposes.<sup>2</sup> This, in combination with the use of trained interviewers to administer the measure, limits the feasibility of broadly applying this work. This study is limited by the exclusion of individuals with subsyndromal PTSD, which has been shown to be similar to the full disorder in terms of impairment and distress.<sup>3</sup> This work is also limited by the use of community dwelling older adults because it excludes the older individuals who may be at greatest risk; disability and cognitive impairment are risk factors for maltreatment among the elderly.<sup>4</sup> Future work should focus on very brief instruments that can be applied to a fuller range of older adults, and cut offs should be identified for full and partial PTSD.

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- Lang AJ, Laffaye C, Satz LE, *et al.* Sensitivity and specificity of the PTSD Checklist in detecting PTSD in women veterans in primary care. *J Trauma Stress* 2003;**16**:257–64.
- Walker EA, Newman E, Dobie DJ, *et al.* Validation of the PTSD checklist in an HMO sample of women. *Gen Hosp Psychiatry* 2002;**24**:375–80.
- Stein MB, Walker JR, Hazen AL, *et al.* Full and partial posttraumatic stress disorder: findings from a community survey. *Am J Psychiatry* 1997;**154**:1114–19.
- Lachs MS, Williams C, O'Brien S. Risk factors for reported elder abuse and neglect: a nine-year observational cohort study. *Gerontologist* 1997;**37**:469–74.