

Did You Think You Would Die? Patient-Reported Fear of Death and its Impact on the Development of Posttraumatic Stress Disorder After Traumatic Injury

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Purpose: Posttraumatic stress disorder (PTSD) is prevalent following traumatic injury and may hinder recovery. Patient-specific factors may influence PTSD development post-injury and warrant further examination. This study investigates the potential association between patient-reported fear of death at time of injury and development of PTSD.

Methods: Over a 35-month study period, 855 patients who visited the emergency department were prospectively identified. Of these, 250 patients (29%) were screened for PTSD at their first post-hospitalization orthopaedic, trauma, or burn clinic visit and were asked "Did you think you were going to die from this injury?" (yes or no). PTSD screening was conducted using the PTSD checklist for Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5) (PCL-5) questionnaire. A score of 33 (range, 0-80) was considered clinically positive for PTSD and patients were offered ancillary psychiatric services. Retrospectively, medical records were reviewed for baseline demographics and injury information.

Results: 43 patients (17% of 250) indicated a fear of death. The average age was 46 years, with patients who feared death being considerably younger (36 vs 48, $P < 0.001$) and 62% were male. The most common mechanisms of injury were motor vehicle or motorcycle collisions (30%) and ground level falls (21%). Gunshot wounds (GSWs) were more common among patients who feared death from trauma (44% vs 7%, $P < 0.001$). PTSD questionnaires were completed a median of 26 days after injury, with an average score of 12.6 (standard deviation [SD] = 16.9). PTSD scores were significantly higher for patients with a fear of death from trauma (32.7 vs 8.5) and they required more acute interventions (47% vs 7%), both $P < 0.001$. Following multivariable logistic regression, patients who thought they would die from their trauma had >13-times higher odds of developing PTSD (odds ratio [OR]: 13.42, $P < 0.0001$). Apart from positive psychiatric history (OR: 5.46, $P = 0.001$), there were no other factors (age, sex, mechanism of injury, or any injury or treatment characteristics) that were predictive of positive PTSD scores on regression.

Conclusion: Patients who reported fear of death at time of injury were 13 times more likely to develop PTSD. Simply asking patients if they believed they would die at time of their injury may be an efficacious means of prospectively assessing PTSD risk.