

Reply to: Removing the A2 Criteria Will Not Rescue Posttraumatic Stress Disorder

To the Editor:

We thank Professors Nielssen and Large for their letter (1) but we disagree with every one of their five points.

First, Nielssen and Large summarize the conclusion of our study by saying that we found Criterion A2 in the DSM-IV diagnosis of posttraumatic stress disorder (PTSD) (that the person's response involves intense fear, helplessness, or horror) to be "largely redundant." Our position was more subtle: that A2 is better conceptualized as an early predictor of PTSD than as a component of the diagnosis.

Second, Nielssen and Large state that removal of A2 from the criterion set would leave the remaining criteria unable to "define the proximity of the person to a potentially traumatic experience." This is incorrect, because A2 has nothing to do with proximity. For example, a mother could respond with horror at the revelation that her daughter had been raped even if the rape occurred months or years earlier. The example given by Nielssen and Large of the Hillsborough Stadium incident is similarly misconceived.

Third, Nielssen and Large state that the A1 (the person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others) and A2 criteria are both "out of place" in DSM because they assume a particular cause of symptoms. It is true that PTSD is relatively unique in that it assumes a particular cause of symptoms, although a number of other DSM diagnoses imply stress-related causes (e.g., adjustment disorder, phobia). In all these cases, however, exposure is better conceptualized as a precipitant than as a sole cause. Furthermore, contrary to the claim of Nielssen and Large, the possibility of PTSD being related to a number of different events (e.g., PTSD occurring to soldiers returning from a combat zone in which they were exposed to a number of different traumatic experiences over an extended period) is encompassed by the DSM definition.

Fourth, Nielssen and Large say that their main complaint with our report is that we did not address the problem that PTSD cannot be "reliably distinguished from other disorders in subjects who were not selected because they were known to have experienced a traumatic event." We did not address this problem because it does not exist. Contrary to the empiric claims of Nielssen and Large, data show very clearly that PTSD can be distinguished from other disorders both in general population samples (2,3) and in clinical (4) samples that do not restrict the subjects to those who were exposed to a trauma.

Fifth, Nielssen and Large argue that Criterion A1 should be removed from the definition of PTSD along with Criterion A2 so the disorder "could be diagnosed on the basis of the symptoms of the patient." This suggestion makes no sense, because all five of the PTSD Criterion B symptoms (reexperiencing) and three of the seven Criterion C symptoms (avoidance) refer to a precipitating event. None of these criteria, which represent nearly one-half of the DSM symptoms of PTSD, could be assessed in the absence of a precipitating event.

We want to be clear that our disagreements with Nielssen and Large do not imply that we are unaware of the important debates in the litera-

ture about how (and indeed, whether) PTSD should be diagnosed. Our report addressed only one of these debates: the one regarding the utility of Criterion A2 and the implications of removing this requirement from the diagnosis of PTSD. Similarly targeted empiric evaluations are needed to resolve other debates about PTSD criteria and proposed changes to these criteria. However, the arguments of Nielssen and Large concerning the low reliability of the diagnosis of PTSD (presumably suggesting that the diagnosis should not exist) and the argument that Criterion A1 should be removed as a criterion (presumably suggesting, contrary to their first suggestion, that the diagnosis should exist) do not meet the standards required of serious empiric evaluation. Indeed, the subset of the Nielssen-Large claims that are amenable to empiric test are all inconsistent with the available evidence.

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Please also see associated correspondence, doi:10.1016/j.biopsych.2010.08.037.

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