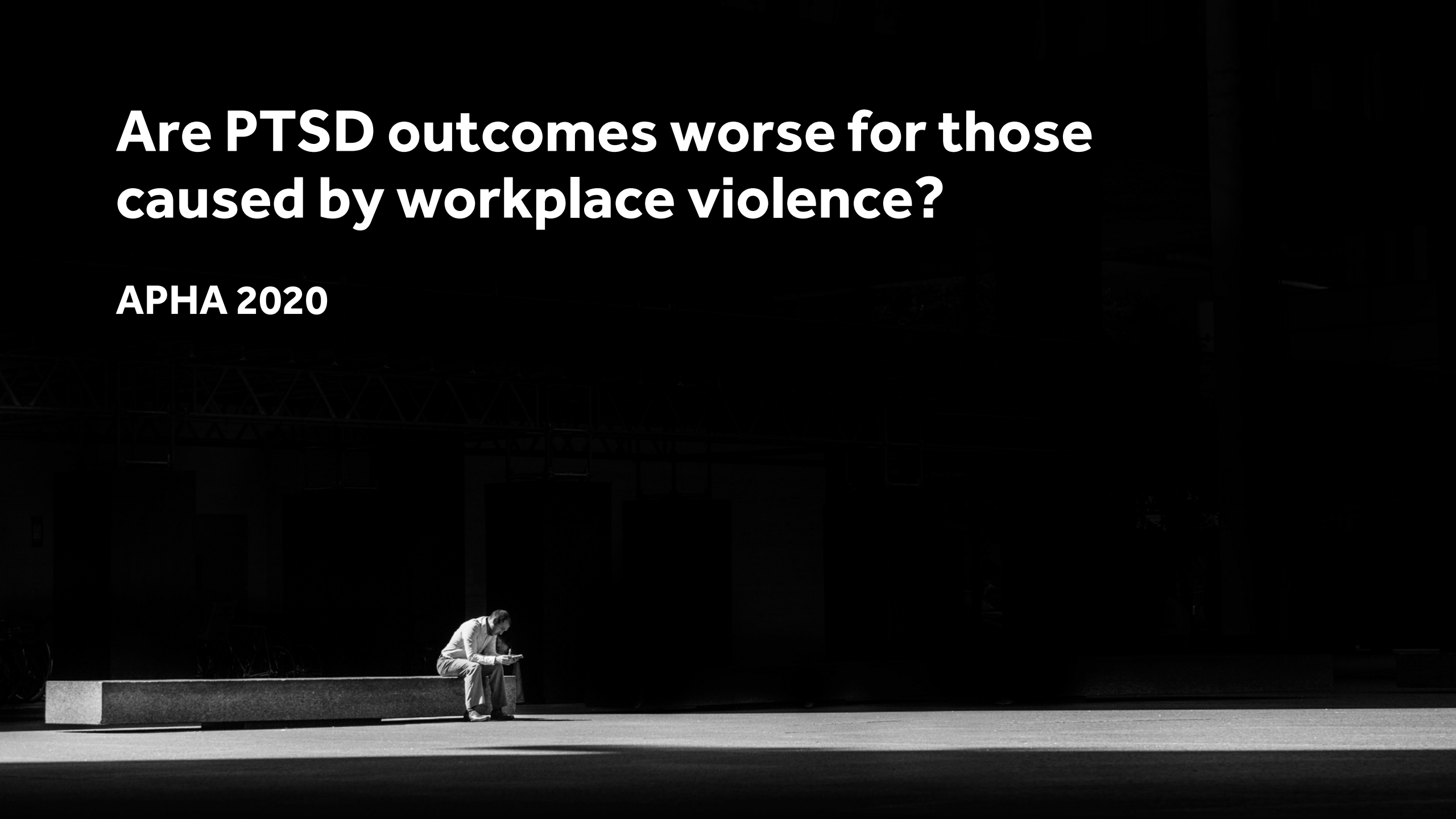


Are PTSD outcomes worse for those caused by workplace violence?

APHA 2020



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Conflicts of interest

Kerri Wizner & Fraser Gaspar work for MDGuidelines, which is the sole proprietor of American College of Occupational and Environmental Medicine (ACOEM) Clinical Practice Guidelines, used in this analysis

Carolyn Dewa, nothing to disclose

Katherine Cunningham, nothing to disclose

Disclaimer:

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the University of California, the Veterans Affairs, or the United States government or any of the institutions with which the authors are affiliated.

Research Questions

1. What is the prevalence of occupational PTSD in the California workers' compensation system?

2. Are there differences between cases of PTSD caused by workplace violence, such as physical violence, harassment, or intimidation versus other traumatic events such as vehicle crashes, machine accidents, and falls?

- treatments

- outcomes



Methods

Retrospective cohort study design from California workers' compensation claims during 2007-2018

Cases were included with billable, diagnostic codes indicating post-traumatic stress disorder (PTSD) using ICD-9 code 309.81 or ICD-10 codes F43.10, F43.11, or F43.12.

Cases were defined as primary PTSD if they had both:

- No physical health conditions
- Body part injured was Brain or No Physical Injury

Cases were defined as workplace violence if the injury description contained words like:

- | | | |
|---------------|----------------|-----------------|
| • assault | • violent | • punch |
| • harassed | • verbal abuse | • robbery, etc. |
| • intimidated | • gunpoint | |



Results

29,031 claims with a PTSD diagnosis
(~3% of all claims)

4,502 cases had PTSD as the primary
diagnosis

- 46% were due to workplace violence

PTSD due to workplace violence more
common in:

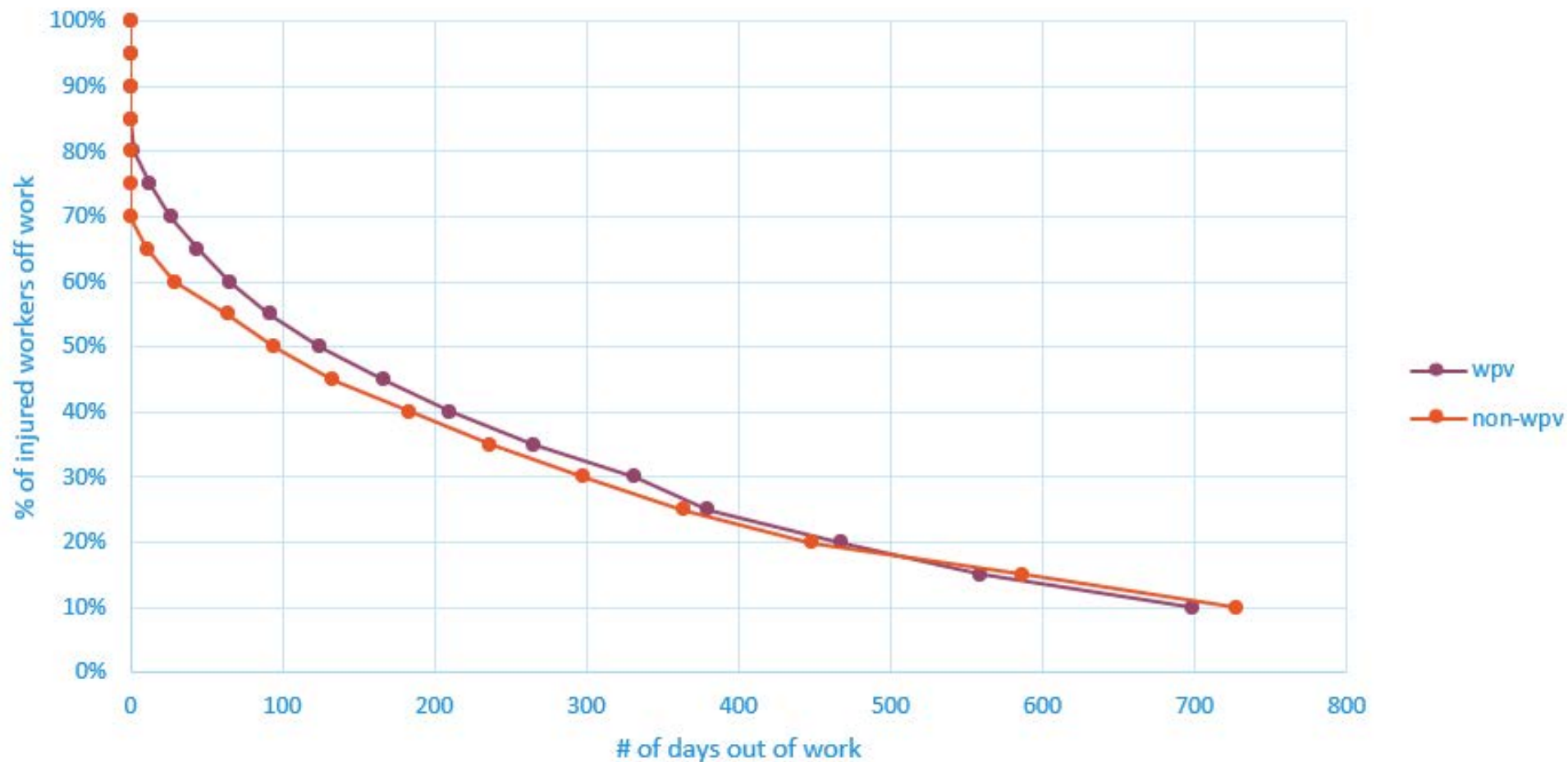
- Females, 18-30, in Retail or Finance,
salary less than \$25,000

Average # of days were longer for WPV
claims

Average cost was less for WPV claims

		Workplace violence (n=2101)	Non-workplace violence (n=2401)	pvalue
Gender	Male	674	1007	<0.001
	Female	1412 (67%)	1377 (57%)	
Age	18-30	580	322	<0.001
	31-40	556	585	
	41-50	506	755	
	51-65	420	706	
Industry	Public Administration	438 (21%)	789 (33%)	<0.001
	Retail Trade	380	210	
	Finance & Insurance	247	102	
	Health Care & Social Assistance	97	162	
	Accommodation & Food Services	143	77	
Income	Less than 25000	698 (33%)	385	<0.001
	25000- 49999	607	655 (27%)	
	50000-74999	309	583	
	75000+	307	582	
Cost	(average, US dollars)	\$ 9595	\$ 10751	
Duration	(average lost workdays)	125	95	

Those with a workplace violence PTSD cases stayed on disability longer than those without a workplace violence cause



Workplace violence cases were less likely to receive the most frequent treatments than cases not involving violence.

Using the American College of Occupational and Environmental Medicine (ACOEM) treatment guidelines, the most frequent procedures/treatments were recommended or had not enough evidence to make a recommendation.

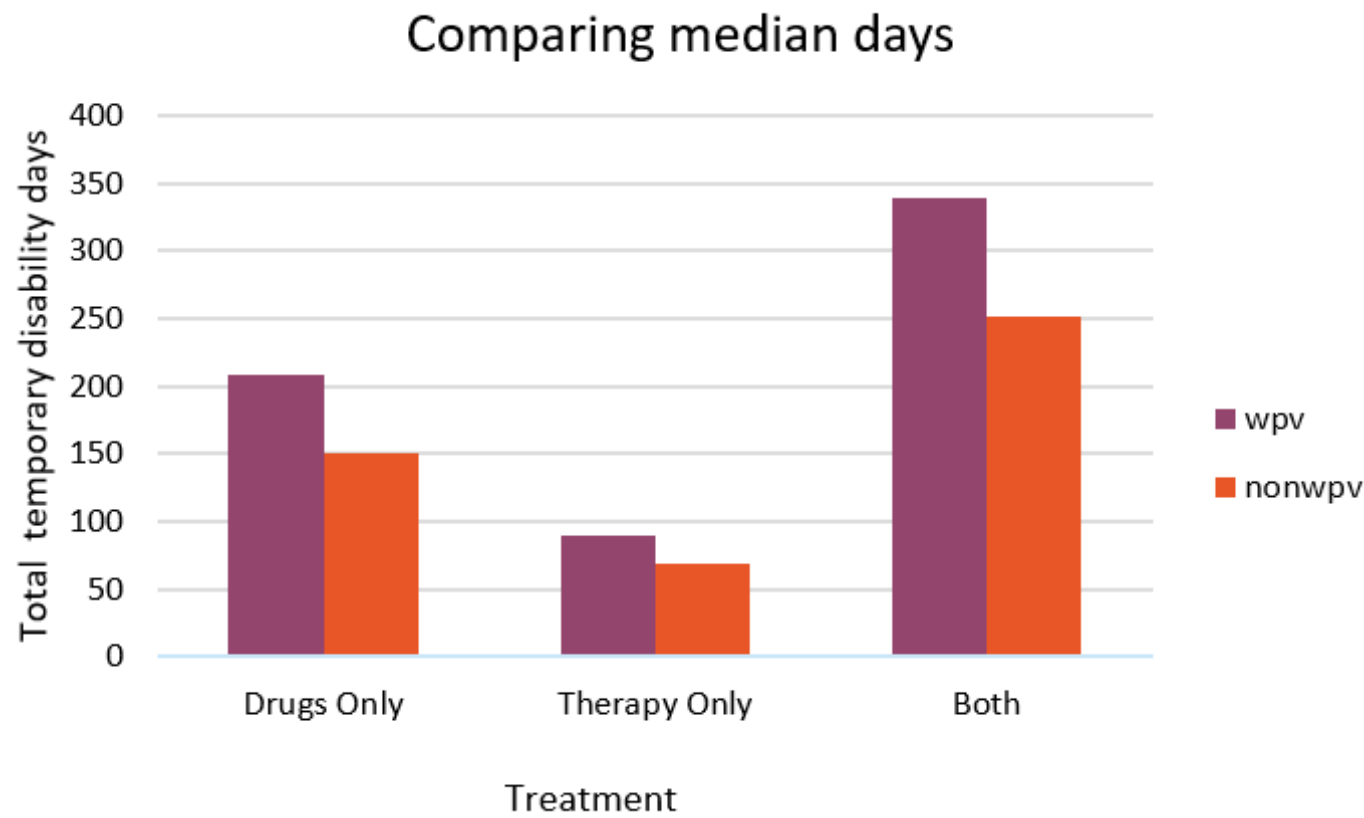
ACOEM treatment guidance	Top 5 most frequent diagnostic procedures/ treatment	WPV cases (%)	Non-WPV cases (%)
Recommended	Cognitive Behavioral Therapy	22.48%	25.06%
Recommended	Psychological Evaluation	19.33	24.55
Recommended	Psychiatric Assessment	9.31	10.75
No Recommendation	Biofeedback	6.12	7.53
No Recommendation	Group Therapy	3.84	5.56

Workplace violence cases got more non-recommended benzodiazepines than non-violence related cases.

3 of the top 5 most frequently prescribed medications are not recommended.

ACOEM Treatment Guidance	Most frequently prescribed drugs (type)	WPV cases (%)	Non-WPV cases(%)
Not Recommended	Alprazolam (Benzodiazepines)	6.10%	5.42%
Recommended	Sertraline HCL (Antidepressants)	4.68	5.60
No Recommendation	Trazodone HCL (Antidepressants)	3.73	5.06
Not Recommended	Bupropion HCL (Antidepressants)	2.82	4.29
Not Recommended	Clonazepam (Benzodiazepines)	3.47	3.00

Workplace violence cases went on longer than cases caused by non-violence, regardless of treatment



Severity of diagnosis likely impacts treatment recommendations and outcomes.

Conclusions

PTSD cause by workplace violence went on longer than cases with caused by non-violence events

When treating those with PTSD caused by workplace violence:

- Consider if there are adverse effects to potential treatments, such as group therapy or massage, that may cause workplace violence patients to feel unsafe or revisit traumatic event
- Consider referral to a violence specialist as early interventions can prevent chronic PTSD

When considering return-to-work options:

- Is reoccurring violence in the workplace still possible from internal or external individuals?
- Is workplace culture contributing to inability to return to work?

Thank you.

Contact information

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