

Validation of the PCL-5 in Dutch trauma-exposed adults

Chris Hoeboer¹, Miranda Olff^{1,2}, Ira Karaban^{1,2}, Jeanet Karchoud¹ & Mirjam van Zuiden^{1,3}

- 1. Amsterdam UMC location University of Amsterdam, Department of Psychiatry, Amsterdam, the Netherlands
- 2. ARQ National Psychotrauma Centre, Diemen, the Netherlands
- 3. Utrecht University, Department of Clinical Psychology, Utrecht, the Netherlands

Introduction

- PTSD is often not recognized and left untreated.
- PCL-5 is a self-report questionnaire measuring Post-traumatic stress disorder (PTSD).
- PCL-5 can be used to screen for PTSD diagnosis.
- Information about optimal cut-off for PCL-5 in the Netherlands is lacking.

Aims

- 1. Validate the PCL-5 in Dutch traumaexposed individuals.
- 2. Establish the optimal cut-off for probable PTSD diagnosis.

Instruments

PCL-5 - PTSD Checklist for DSM-5

CAPS-5 - Clinician Administered Interview for PTSD

QIDS - Quick Inventory of Depressive Symptomatology

IES-R - Impact of Events Scale-Revised

WHO-QOL - World Health Organisation Quality Of Life

EQ-6D - EuroQol-6 Dimensions

Results

- Optimal PCL-5 total score cut-off for PTSD: 16 (sensitivity: 1.00; specifity: .90)
- High internal consistency ($\alpha = .94$).
- Good convergent validity with CAPS-5, QIDS, IES-R, WHO-QOL and EQ-6D.

Method

- Trauma-exposed individuals from TraumaTips cohort (N = 185).
- Long-term follow-up 12-15 years post-trauma
- Participants were predominantly male (66%) on average 54 years old (SD = 12.41).
- PTSD diagnoses were established with CAPS-5 (interrater Cohen's kappa = 1).

The PCL-5 shows excellent screening abilities in Dutch trauma-exposed individuals

False PTSD
9
18

False no PTSD
0
158

Contact: c.m.hoeboer@amsterdamumc.nl