National Institute for Health and Care Excellence

Final

Post-traumatic stress disorder

Supplement 2: NGA staff, Glossary, and Abbreviations

NICE guideline NG116

Supplement

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Final

These supplementary materials were developed by the National Guideline Alliance, hosted by the Royal College of Obstetricians and Gynaecologists

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Glossary

Term	Definition
Abstract	Summary of a study, which may be published alone or as an introduction to a full scientific paper.
Active monitoring	Also known as watchful waiting. This refers to regular monitoring of an individual who may have some symptoms and who has not been offered (or accepted) intervention for the condition.
Acute Stress Disorder	Acute stress disorder is a DSM-5 diagnosis that applies in the first month after a traumatic event. It requires the presence of 9 or more symptoms from any of the 5 categories of intrusion, negative mood, dissociation, avoidance and arousal. These can be starting or worsening after the traumatic event.
Acute Stress Reaction	This refers to the development of transient emotional, cognitive and behavioural symptoms following a traumatic event. They are considered a normal response given the severity of the stressor.
Baseline	The initial set of measurements at the beginning of a study (after run-in period where applicable) with which subsequent results are compared.
Case-control study	A study to find out the cause(s) of a disease or condition. This is done by comparing a group of patients who have the disease or condition (cases) with a group of people who do not have it (controls) but who are otherwise as similar as possible (in characteristics thought to be unrelated to the causes of the disease or condition). This means the researcher can look for aspects of their lives that differ to see if they may cause the condition. Such studies are retrospective because they look back in time from the outcome to the possible causes of a disease or condition.
Clinician	A healthcare professional who provides patient care. For example a doctor, nurse or physiotherapist.
Clinically Important Symptoms	Clinically important symptoms of PTSD refer to those with a diagnosis of PTSD according to DSM, ICD or similar criteria or those with clinically-significant PTSD symptoms as indicated by baseline scores above clinical threshold on a validated scale. These are typically referred to or seen in studies which have not used a clinical interview to arrive at a formal diagnosis of PTSD and instead have only used self-report measures of PTSD symptoms.
Cochrane Review	The Cochrane Library consists of a regularly updated collection of evidence-based medicine databases including the Cochrane Database of Systematic Reviews (reviews of RCTs prepared by the Cochrane Collaboration).
Cohort	A group of people sharing some common characteristic (e.g. patients with the same disease), followed up in a research study for a specified period of time.
Cohort study	A study with 2 or more groups of people – cohorts – with similar characteristics. One group receives a treatment, is exposed to a risk factor or has a particular symptom and the other group does not. The study follows their progress over time and records what happens.
Comparative group	The group in the study who do not receive the treatment/procedure or who receive the norm treatment. This group is used to measure against the treatment/procedure being investigated.
Complex PTSD	Complex PTSD arises in a subset of people who meet criteria for PTSD. It is a diagnosis in the forthcoming ICD-11, which defines it as arising “after exposure to a stressor event typically of an extreme or prolonged nature and from which escape is difficult or impossible. The disorder is characterised by the core symptoms of PTSD as well as the

Term	Definition
	development of persistent and pervasive impairments in affective, self and relational functioning, including difficulties in emotion regulation, beliefs about oneself as diminished, defeated and worthless, and difficulties in sustaining relationships". The traumatic events are typically interpersonal in nature; that is, they involve human mistreatment. DSM-5 does not include a diagnosis of complex PTSD. It covers the complexity of presentation through a wider range of core PTSD symptoms (such as 'negative mood and cognitions') and the potential specifier of a 'dissociative subtype'.
Confidence interval (CI)	There is always some uncertainty in research. This is because a small group of patients is studied to predict the effects of a treatment on the wider population. The confidence interval is a way of expressing how certain we are about the findings from a study, using statistics. It gives a range of results that is likely to include the 'true' value for the population. The CI is usually stated as '95% CI', which means that the range of values has a 95 in 100 chance of including the 'true' value. For example, a study may state that "based on our sample findings, we are 95% certain that the 'true' population blood pressure is not higher than 150 and not lower than 110". In such a case the 95% CI would be 110 to 150. A wide confidence interval indicates a lack of certainty about the true effect of the test or treatment – often because a small group of patients has been studied. A narrow confidence interval indicates a more precise estimate (for example if a large number of patients have been studied).
Confounding factor	Something that influences a study and can result in misleading findings if it is not understood or appropriately dealt with. For example, a study of heart disease may look at a group of people who exercise regularly and a group who do not exercise. If the ages of the people in the 2 groups are different, then any difference in heart disease rates between the 2 groups could be because of age rather than exercise. Therefore age is a confounding factor.
Conjoint CBT	Cognitive Behavioural Conjoint Therapy for PTSD is a time-limited therapy for PTSD that involves working with an individual with PTSD and their partner/spouse. It is trauma-focused but not imaginal-exposure based. The aim is to reduce PTSD symptoms and to enhance the intimate relationship functioning.
Continuous outcome	Data with a potentially infinite number of possible values within a given range. Height, weight and blood pressure are examples of continuous variables.
Control group	A group of people in a study who do not receive the treatment or test being studied. Instead, they may receive the standard treatment (sometimes called 'usual care') or a dummy treatment (placebo). The results for the control group are compared with those for a group receiving the treatment being tested. The aim is to check for any differences. Ideally, the people in the control group should be as similar as possible to those in the treatment group, to make it as easy as possible to detect any effects due to the treatment.
Cost-effectiveness model	An explicit mathematical framework which is used to represent clinical decision problems and incorporate evidence from a variety of sources in order to estimate the costs and health outcomes.
Counselling	Counselling takes place when a counsellor sees a client in a confidential setting to explore a difficulty the client is having, or distress they may be experiencing
Cross-over study design	A study comparing two or more interventions in which the participants, upon completion of the course of one treatment, are switched to another. A problem with this study design is that the effects of the first treatment

Term	Definition
	may carry over into the period when the second is given. Therefore a crossover study should include an adequate 'wash-out' period, which means allowing sufficient time between stopping one treatment and starting another so that the first treatment has time to wash out of the patient's system.
Cross-sectional study	The observation of a defined set of people at a single point in time or time period – a snapshot. (This type of study contrasts with a longitudinal study, which follows a set of people over a period of time.)
Debriefing	This is defined as questioning someone after an event or activity to gain and examine information about it. It is used in a wide number of contexts including military, research, diplomatic, governmental etc. More specifically, within the context of traumatic experiences, this is an umbrella term used to describe early interventions provided to individuals or groups. In this people may be asked to describe and reflect on their experience, in the context of being provided information about reactions to trauma and further support. 'Debriefing' is used in different ways by different authors so it is important to understand the detail of what is being referred to in any particular setting or study.
Diagnostic study	A study to assess the effectiveness of a test or measurement in terms of its ability to accurately detect or exclude a specific disease.
Delayed treatment	An intervention initiated >3 months after trauma
Dichotomous outcomes	Outcome that can take one of 2 possible values, such as dead/alive, smoker/non-smoker, present/not present (also called binary data).
Disaster Plan	A document or collection of documents that sets out the overall framework for the initiation, management, coordination and control of staff and other resources to reduce, control or respond to the effects of an emergency.
Dominance	A health economics term. When comparing tests or treatments, an option that is both less effective and costs more is said to be 'dominated' by the alternative.
Early prevention	Intervention initiated within 1st month of trauma
Early treatment	Intervention initiated 1-3 months post-trauma
Economic evaluation	An economic evaluation is used to assess the cost effectiveness of healthcare interventions (that is, to compare the costs and benefits of a healthcare intervention to assess whether it is worth doing). The aim of an economic evaluation is to maximise the level of benefits – health effects – relative to the resources available. It should be used to inform and support the decision-making process; it is not supposed to replace the judgement of healthcare professionals. There are several types of economic evaluation: cost–benefit analysis, cost–consequence analysis, cost-effectiveness analysis, cost-minimisation analysis and cost–utility analysis. They use similar methods to define and evaluate costs, but differ in the way they estimate the benefits of a particular drug, programme or intervention.
Effect (as in effect measure, treatment effect, estimate of effect, effect size)	A measure that shows the magnitude of the outcome in 1 group compared with that in a control group. For example, if the absolute risk reduction is shown to be 5% and it is the outcome of interest, the effect size is 5%. The effect size is usually tested, using statistics, to find out how likely it is that the effect is a result of the treatment and has not just happened by chance.
Effectiveness	How beneficial a test or treatment is under usual or everyday conditions.

Term	Definition
Effectiveness reviews	Evaluation of how beneficial a test or treatment is under everyday conditions.
Efficacy	How beneficial a test, treatment or public health intervention is under ideal conditions (for example in a laboratory).
Epidemiological study	The study of a disease within a population, defining its incidence and prevalence and examining the roles of external influences (for example infection, diet) and interventions.
Evidence	Information on which a decision or guidance is based. Evidence is obtained from a range of sources including RCTs, observational studies, expert opinion (of clinical professionals or patients).
Evidence based	The process of systematically finding, appraising and using research findings as the basis for clinical decisions.
Evidence table	A table summarising the results of a collection of studies which, taken together, represent the evidence supporting a particular recommendation or series of recommendations in a guideline.
Exclusion criteria (clinical study)	Criteria that define who is not eligible to participate in a clinical study.
Exclusion criteria (literature review)	Explicit standards used to decide which studies should be excluded from consideration as potential sources of evidence.
Extended dominance	If Option A is both more clinically effective than Option B and has a lower cost per unit of effect when both are compared with a do-nothing alternative, then Option A is said to have extended dominance over Option B. Option A is therefore more cost effective and should be preferred, other things remaining equal.
Extrapolation	An assumption that the results of studies of a specific population will also hold true for another population with similar characteristics.
False negative	A diagnostic test result that incorrectly indicates that an individual does not have the disease of interest, when they do actually have it.
False positive	A diagnostic test result that incorrectly indicates that an individual has the disease of interest, when they actually do not have it.
Forest plot	A graphical representation of the individual results of each study included in a meta-analysis together with the combined meta-analysis result. The plot also allows readers to see the heterogeneity among the results of the studies. The results of individual studies are shown as squares centred on each study's point estimate. A horizontal line runs through each square to show each study's confidence interval. The overall estimate from the meta-analysis and its confidence interval are shown at the bottom, represented as a diamond. The centre of the diamond represents the pooled point estimate, and its horizontal tips represent the confidence interval.
GRADE, GRADE profile	A system developed by the GRADE Working Group to address the short-comings of present grading systems in healthcare. The GRADE system uses a common, sensible and transparent approach to grading the quality of evidence. The results of applying the GRADE system to clinical trial data are displayed in a table known as a GRADE profile.
Harms	Adverse effects of an intervention.
Health economics	Study or analysis of the cost of using and distributing healthcare resources.
Heterogeneity	The term is used in meta-analyses and systematic reviews to describe when the results of a test or treatment (or estimates of its effect) differ
Imprecision	Results are imprecise when studies include relatively few patients and few events and thus have wide confidence intervals around the estimate of effect.

Term	Definition
Inclusion criteria (clinical study)	Specific criteria that define who is eligible to participate in a clinical study.
Inclusion criteria (literature review)	Explicit criteria used to decide which studies should be considered as potential sources of evidence.
Incremental cost	The extra cost linked to using one test or treatment rather than another. Or the additional cost of doing a test or providing a treatment more frequently.
Indirectness	The available evidence is different to the review question being addressed, in terms of population, intervention, comparison and outcome (PICO).
Meta-analysis	A method often used in systematic reviews. Results from several studies of the same test or treatment are combined to estimate the overall effect of the treatment.
Methodology	Systematic, theoretical analysis of the methods applied to a field of study.
Minimal important difference (MID)	Threshold for clinical importance which represents the minimal important difference for benefit or for harm; for example the threshold at which drug A is less effective than drug B by an amount that is clinically important to patients.
Minimally invasive surfactant treatment (MIST)	Administration of surfactant through a small endotracheal catheter without insertion of an endotracheal tube or ventilation
Network meta-analysis (NMA)	Meta-analysis in which multiple treatments (that is, 3 or more) are being compared using both direct comparisons of interventions within RCTs and indirect comparisons across trials based on a common comparator.
Opportunity cost	The loss of other healthcare programmes displaced by investment in or introduction of another intervention. This may be best measured by the health benefits that could have been achieved had the money been spent on the next best alternative healthcare intervention.
Outcome	The impact that a test, treatment, policy, programme or other intervention has on a person, group or population. Outcomes from interventions to improve the public's health could include changes in knowledge and behaviour related to health, societal changes (for example a reduction in crime rates) and a change in people's health and wellbeing or health status. In clinical terms, outcomes could include the number of patients who fully recover from an illness or the number of hospital admissions, and an improvement or deterioration in someone's health, functional ability, symptoms or situation. Researchers should decide what outcomes to measure before a study begins.
p value	The p value is a statistical measure that indicates whether or not an effect is statistically significant. For example, if a study comparing 2 treatments found that one seems more effective than the other, the p value is the probability of obtaining these results by chance. By convention, if the p value is below 0.05 (that is, there is less than a 5% probability that the results occurred by chance) it is considered that there probably is a real difference between treatments. If the p value is 0.001 or less (less than a 1% probability that the results occurred by chance), the result is seen as highly significant. If the p value shows that there is likely to be a difference between treatments, the confidence interval describes how big the difference in effect might be.
Pairwise analysis	A process of comparing entities in pairs to judge which of each entity is preferred, or has a greater amount of some quantitative property.
Peer group support	Support provided to someone with a particular condition by another person who has lived experience of that condition. Support may be

Term	Definition
	practical, emotional and/or social. The reciprocal nature of the relationship is found to beneficial to both participants (or more if in a group setting)
Placebo	A fake (or dummy) treatment given to participants in the control group of a clinical trial. It is indistinguishable from the actual treatment (which is given to participants in the experimental group). The aim is to determine what effect the experimental treatment has had over and above any placebo effect caused because someone has received (or thinks they have received) care or attention.
Placebo effect	A beneficial (or adverse) effect produced by a placebo and not due to any property of the placebo itself.
Primary care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
Protocol (review)	A document written prior to commencing a review that details exactly how evidence to answer a review question will be obtained and synthesised. It defines in detail the population of interest, the interventions, the comparators/controls and the outcomes of interest (PICO).
Quality adjusted life year (QALY)	A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality-of-life. One QALY is equal to 1 year of life in perfect health. QALYS are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a scale of 0 to 1). It is often measured in terms of the person's ability to perform the activities of daily life, and freedom from pain and mental disturbance.
Randomised controlled trial (RCT)	A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug or treatment. One group (the experimental group) receives the treatment being tested, the other (the comparison or control group) receives an alternative treatment, a dummy treatment (placebo) or no treatment at all. The groups are followed up to see how effective the experimental treatment was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.
Retrospective study	A research study that focuses on the past and present. The study examines past exposure to suspected risk factors for the disease or condition. Unlike prospective studies, it does not cover events that occur after the study group is selected.
Review question	The plan or set of steps to be followed in a study. A protocol for a systematic review describes the rationale for the review, the objectives and the methods that will be used to locate, select and critically appraise studies, and to collect and analyse data from the included studies.
Stakeholder	An organisation with an interest in a topic on which NICE is developing a clinical guideline or piece of public health guidance. Organisations that register as stakeholders can comment on the draft scope and the draft guidance. Stakeholders may be: • manufacturers of drugs or equipment • national patient and carer organisations • NHS organisations • organisations representing healthcare professionals.

Term	Definition
Stepped Care	A model of service delivery where following assessment, the least intensive intervention is delivered initially. More intensive interventions are offered as clinically required (being 'stepped up').
Supported Psycho-education	Psycho-education where the use and access to the resources is facilitated by a practitioner.
Symptom Specific CBT	CBT focused on specific symptoms of the PTSD presentation, such as sleep, anger or dissociation, rather than a focus on core re-experiencing symptoms directly through trauma-focused approaches.
Systematic review	A review in which evidence from scientific studies has been identified, appraised and synthesised in a methodical way according to predetermined criteria. It may include a meta-analysis.
Trauma focused CBT	Trauma focused CBT (TF-CBT) is a psychological therapy typically offered to individuals that involves: psychoeducation about reactions to trauma, strategies for managing arousal and safety planning; elaboration and processing of the trauma memories; restructuring trauma-related meanings for the individual; providing help to overcome avoidance. There are a number of named therapies that fall under this term: Cognitive Processing Therapy, Cognitive Therapy for PTSD, Narrative Exposure Therapy, Prolonged Exposure.
Traumatic event	ICD-11 defines a traumatic event as an extremely threatening or horrific event or series of events. DSM-5 defines a traumatic event as **"**the person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): direct exposure; witnessing the trauma; learning that a relative or close friend was exposed to a trauma; indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)". Traumatic events will thus include, but not be limited to, the following events: serious accidents; physical and sexual assault; abuse, including childhood or domestic abuse; work-related exposure to trauma; traumatic childbirth; war and conflict; torture.
Telehealth	The provision of healthcare remotely by means of telecommunications technology

Abbreviations

Abbreviation	Definition
BDI-II	The Beck Depression Inventory
CBT	Cognitive Behavioural Therapy
CI	Confidence interval
DSM5	Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye movement desensitization and reprocessing
GRADE	Grading of Recommendations Assessment, Development and Evaluation
ICD-11	International Classification of Diseases
MSTR	Motivation-adaptive skills trauma
PICO	Patient/Problem, Intervention, Comparison, Outcome
POMS	Profile of Mood States
PPQ	Perinatal Post-traumatic stress disorder questionnaire
PTSD	Post-Traumatic Stress Disorder
QUALY	Quality Adjusted Life Years
RCTs	Randomised Control Trials
TAU	Treatment as usual
TF-CBT	Trauma Focused Cognitive Behavioural Therapy
BME	Black and minority ethnic
CBCL	The Child Behaviour Checklist
RCI	Reliable change indices
EMDR	Eye movement desensitisation and reprocessing
GAF	Global functioning at endpoint
SCCIP	Surviving cancer competently intervention program
SSET	Support for students exposed to trauma
CT-PTSB	Cognitive therapy
TRT	Teaching recovery techniques
EFT	Emotional Freedom Technique
NR	Not reported
NET	Narrative Exposure Therapy
OCD	Obsessive Compulsive Disorder
ADHD	Attention Deficit Hyperactivity Disorder
DYFS	Division of Youth and Family Services
PE	Prolonged exposure
LES	Modified Life Experience Surveys
BME	Black and minority ethnic
DSM	Diagnostic and Statistical Manual of Mental Disorder
GAD	Generalised anxiety disorder
ICD	International Classification of Disease
MDD	Major depressive disorder
NA	Not applicable
NR	Not reported
OCD	Obsessive compulsive disorder

Abbreviation	Definition
SD	Standard deviation
SSRIs	Selective serotonin reuptake inhibitors
AUD	Alcohol use disorders
CBT	Cognitive behavioural therapy
MDD	Major depressive disorder
MVA	Motor vehicle accidents
PE	Psychoeducation
BDI	Beck Depression Inventory
CAPS	Clinician Administered PTSD Scale
CGI-I	Clinical Global Impression scale-Global Improvement
CI	Confidence interval
DES	Dissociative Experiences Scale
DTS	Davidson Trauma Scale
GAF	Global Assessment of Functioning
HAM-A/D	Hamilton Anxiety Rating scale-Anxiety/Depression
IES-R	Impact of Event Scale-Revised
IIP	Inventory of Interpersonal Problems
MADRS	Montgomery-Asberg Depression Rating Scale
PSQI	Pittburgh Sleep Quality Index
Q-LES-Q-SF	Quality of Life Enjoyment and Satisfaction Questionnaire
RR	Risk ratio
SDS	Sheehan Disability Scale
SI-PTSD	Structured Interview for PTSD
TOP-8	Treatment Outcome PTSD scale
TLFB-DDD/HDD	Alcohol timeline feedback-drinks per drinking days/heavy drinking days
HAM-D	Hamilton Depression Rating Scale-Depression
CES-D	Short Self-report scale measuring depressive symptomatology
HADS	Hospital Anxiety and Depression Scale
STAIR	Skills Training in Affective and Interpersonal Regulation Followed by Exposure
M-CET	Multiple channel exposure therapy
SUD	Substance use disorder
OIF	Operation Iraqi Freedom
OEF	Operation Enduring Freedom
TFCT	Trauma-focused group therapy
PCT	Present-centered therapy
PSQI	Pittsburg Sleep Quality Addendum for PTSD
IES	Impact of event scale
DASS	The depression anxiety stress scale
IES-R	Impact of event scale
HSC-L	Anxiety, Hopkins symptoms checklist-25
HTQ	Harvard trauma questionnaire
PDS	Post-traumatic diagnostic PCL, 20-item self-report measure

Abbreviation	Definition
PSS-SR	PTSD Symptom Scale
SPTSS	Screen for post-traumatic stress syndrome
STAI	Skills training in affect and interpersonal regulations
MPSS	Modified PTSD symptom scale