The Prevalence of Depression and Posttraumatic Stress Disorder in Adults with Traumatic Upper Extremity Amputations
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INTRODUCTION: Despite the advancements in surgical procedures and prostheses now available to improve function for upper limb amputees, it is important to recognize the psychosocial component of these patients’ care. While it is increasingly recognized that mental health plays a central role in the overall functional outcomes after operative management of upper extremity amputation, little is known about the prevalence of posttraumatic stress disorder (PTSD) and depression in this population. We hypothesized a high prevalence of depression and PTSD in adults with traumatic upper extremity amputation.

METHODS: In this prospective single-center study, all adult patients >18 years of age evaluated for traumatic amputations from 2016 to 2019 were asked to complete the Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire, Visual Analog Scale for Pain (VAS), Primary Care PTSD Screen (PC-PTSD), and the Center for Epidemiologic Studies Depression Scale (CES-D) during clinic visits. All data underwent descriptive statistical analysis.

RESULTS: Thirty-seven adult patients treated for upper extremity traumatic amputation at our center met eligibility criteria with adequate completion of patient-reported outcomes questionnaires including CES-D and PC-PTSD scores. In total, 83.8% of patients were male; 54% had partial hand amputations, 35% had transradial amputations, and 11% had transhumeral amputations. In this cohort, the average patient age at the time of amputation was 40.8 years. The median DASH score was 49.6, median VAS score was 4.4. 65%, and 48.6% of patients screened positive for PTSD and depression respectively at some point in their care.

DISCUSSION AND CONCLUSION: Mental health has a significant impact on outcomes after upper extremity surgery. There is a high prevalence of depression and PTSD in traumatic upper extremity amputee patients. There is a need for multidisciplinary treatment in this patient population. Specialized clinic environments that optimize multidisciplinary care after traumatic upper-extremity amputations may be of benefit in improving outcomes.