

Depression intensifies anger in veterans with PTSD

May 13 2015

The tendency for veterans with post-traumatic stress disorder to lash out in anger can be significantly amplified if they are also depressed, according to research published by the American Psychological Association.

"Our study findings should draw attention to [anger](#) as a major [treatment](#) need when [military service members](#) screen positive for PTSD or for depression, and especially when they screen positive for both," said lead author Raymond Novaco, PhD, professor of psychology and social behavior at the University of California, Irvine. The study appeared in the journal *Psychological Trauma: Theory Research, Practice and Policy*.

The researchers studied the behavioral health data of 2,077 U.S. soldiers (1,823 men and 254 women) who were deployed to Iraq and Afghanistan and subsequently sought behavioral health services at a large military installation. They screened the participants for PTSD and [major depressive disorder](#), placing them in one of four groups: PTSD-only, MDD-only, PTSD and MDD combined or neither. They also measured the veterans' anger and whether they said they were considering harming others.

Anger and self-rated risk of harm were both significantly higher in the group with both PTSD and MDD compared to the other three groups. The researchers also found that PTSD was commonly paired with depression. Approximately 72 percent of those who screened positive for PTSD also screened positive for MDD.

One reason the authors chose to conduct this research is that anger has been given insufficient attention as a clinical problem among combat veterans and trauma populations in general, said Novaco. "PTSD and depression dominate the landscape, but these, of course, are formal psychiatric disorders," he said. "There is no diagnostic category for anger, nor do I think there should be, so anger slips from research attention."

Previous studies conducted with both military members and civilians who have experienced trauma have shown anger in the context of PTSD to be far more than a symptom; it can predict PTSD severity but also interfere with PTSD treatment. A 2010 study of more than 18,000 soldiers returning from Iraq found approximately 40 percent had physical bursts of anger, more than 30 percent threatened someone with physical violence and over 15 percent got into a physical fight.

"Anger is a driver of violent behavior but it is responsive to anger-focused psychological treatment," said Novaco, adding that this is one reason why soldiers presenting with PTSD, depression or, most important, both should receive treatment focusing on anger. He noted that numerous studies have been published on the effectiveness of cognitive behavior therapy for anger treatment, including anger treatment done with combat veterans.

More information: "Anger Intensification with Combat-Related PTSD and Depression Comorbidity," *Psychological Trauma: Theory Research, Practice and Policy*, 2015.

Provided by American Psychological Association

Citation: Depression intensifies anger in veterans with PTSD (2015, May 13) retrieved 19

January 2023 from <https://medicalxpress.com/news/2015-05-depression-anger-veterans-ptsd.html>

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