
Anhang

Im Folgenden finden sich Materialien, die hilfreich für die primärärztliche Versorgung von Patientinnen und Patienten mit PTBS sein können. Neben einem idealtypischen Versorgungsalgorithmus (Abb A.1) betrifft dies Hinweise zur Gesprächsführung und zu traumaspezifischen Screeningverfahren.

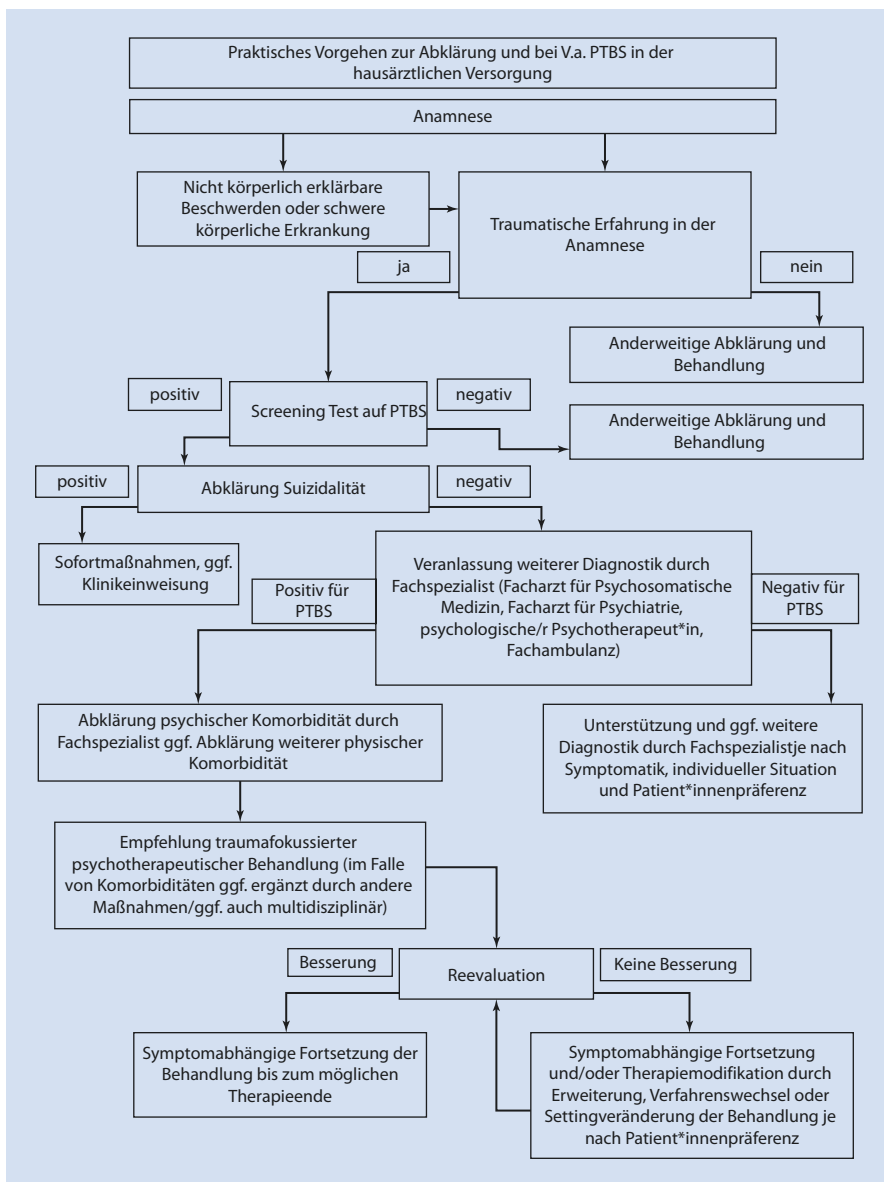


Abb. A.1 Versorgungsalgorithmus

Traumainformierte Gesprächsführung

Die Abklärung in der primärärztlichen Versorgung beinhaltet zunächst eine behutsame (eher globale) anamnestische Abklärung traumatischer Erfahrungen, wenn

diese nicht aus der Anamnese bekannt sind, insbesondere in Fällen ausgeprägter somatischer, vegetativer ebenso wie somatisch nicht erklärbarer Beschwerden sowie in Fällen mit schwierigen Verläufen (z. B. schlechte Adhärenz). Grundsätzlich sind geeignete Kommunikationstechniken erlernbar [356] und ein Training ist erfolgversprechend [359]. Hilfreich ist das Konzept der traumainformierten Gesprächsführung und Betreuung (Abb. A.2).

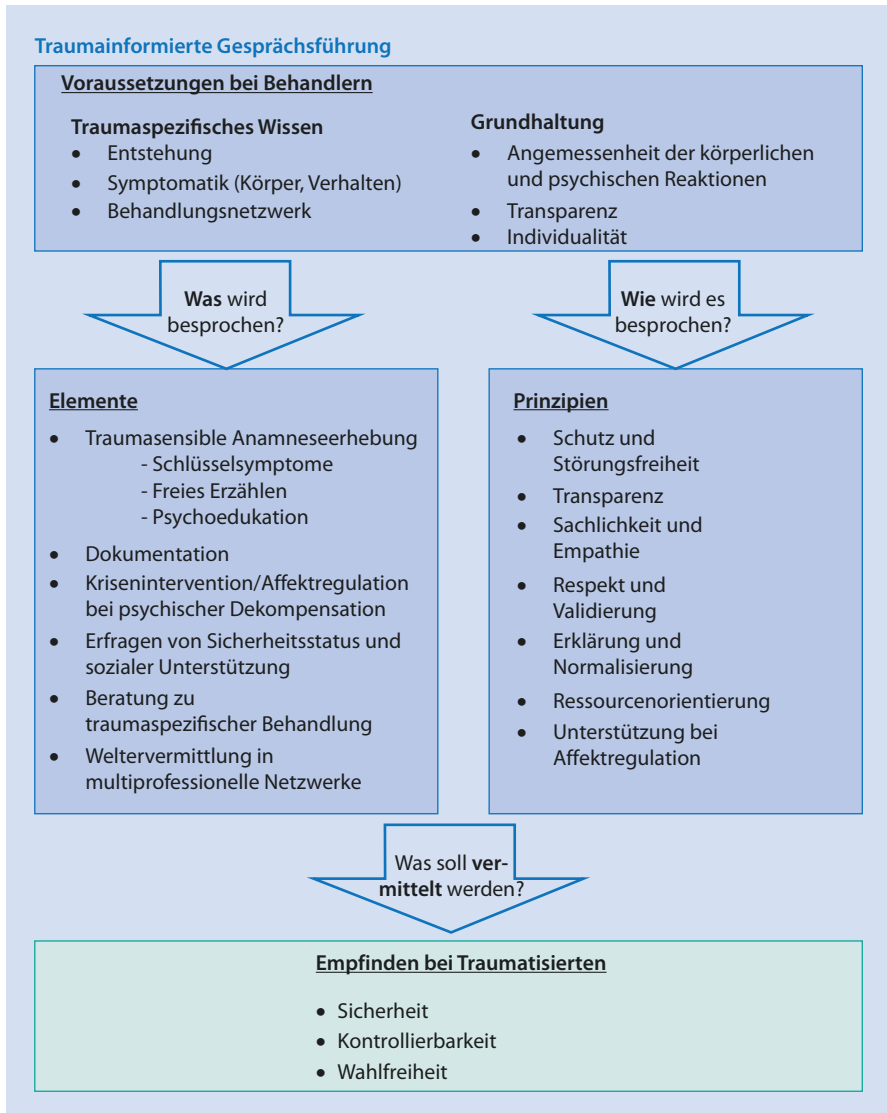


Abb. A.2 traumainformierte Gesprächsführung (mod. nach [308])

Screeningverfahren für die Praxis

Der Einsatz einfacher Screeningtests kann bei entsprechenden anamnestischen Hinweisen empfohlen werden (anlassbezogenes Screening). In Bezug auf traumatische Erfahrungen in der Kindheit kann z. B. die deutsche Fassung der „Adverse Childhood Experiences Scale“ zum Einsatz kommen [360] (online verfügbar unter www.zep-hh.de). Zu Traumafolgestörungen wie der PTBS liegen ebenfalls Screeningskalen vor. So ist die kurze Screening Skala für PTBS [361] in deutscher Sprache in verschiedenen Settings evaluiert, für die hausärztliche Praxis durchaus bewährt und online verfügbar: http://www.psychologie.uzh.ch/dam/jcr:7d0a6468-1f53-47d4-94de-b8654f5bba4f/7itemskala__PTBS_Fragebogen.pdf (letzter Zugriff 03.10.2019)

Eine noch kürzere, für den hausärztlichen Bereich entwickelte Screening-Skala ist die „Primary Care – PTSD Scale“, die ebenfalls online verfügbar ist (www.zep-hh.de;letzter Zugriff 03.10.2019) [362].

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