



## Impact of Event Scale–Revised: Knowing When to Use It

Online-only content for “The Impact of Event Scale–Revised,” by Kathryn Hyer, PhD, MPP, and Lisa M. Brown, PhD, in the *American Journal of Nursing*, November 2008, p. 60-68.

### How do I know whether symptoms of anxiety or depression are caused by stress or another psychological condition?

When assessing a patient with any symptoms of anxiety or depression, we recommend that you also administer a depression screening tool such as the Geriatric Depression Scale (see “The Geriatric Depression Scale: Short Form,” October 2007). You may want to ask directly about anxiety and look for signs of agitation. The Impact of Event Scale–Revised (IES-R) correlates highly with the State–Trait Anxiety Inventory.<sup>1</sup>

### How do I know whether the symptoms are caused by stress or another medical problem?

A number of other medical conditions and medications can induce feelings of anxiety or depression. A medical evaluation should rule out physical conditions first. For example, older adults can feel more anxious and depressed if they have a thyroid condition. A physician or NP should review these possible comorbidities when ruling out physiologic reasons for the complaints.

### Does sleep medication affect a patient’s responses?

Yes, sleep medications may influence the distress experienced during the seven days prior to taking the IES-R because it changes normal sleep patterns. It’s important to take a full history and evaluate

current medications. If a person is taking a medication for a condition such as insomnia, the insomnia should not be counted in the IES-R.

### How do I approach administration of the IES-R if the patient has been exposed to trauma?

If the person has been exposed to a trauma, it’s essential for the clinician to establish physical and psychological safety. Physical safety requires that assessment occur in a place that is nonthreatening. A person who’s been abused or is homeless or incarcerated should be interviewed in an environment that is comfortable and doesn’t evoke hypervigilance. A patient with posttraumatic stress disorder relies on avoidance and hypervigilance to provide physical and psychological safety—in other words, for survival—in the environment. In order to attain psychological safety, the person has to be able to discuss the trauma and be able to express strong emotions. That can only occur when the health care provider has gained the patient’s trust.<sup>2</sup>

### REFERENCES

1. Spielberger CD, et al., editors. *Manual for the State–Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press; 1983.
2. Newman E, et al. Assessment of posttraumatic stress disorder in clinical and research settings. In: Van der Kolk BA, et al., editors. *Traumatic stress: the effects of overwhelming experience on mind, body, and society*. New York City: Guilford Press; 1996. p. 242-75.