

Review article

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**POST-TRAUMATIC STRESS DISORDER IN CHILDREN
AND ADOLESCENTS - CLINICAL PRESENTATION, DIAGNOSIS
AND THERAPY**

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In children and adolescents psychological phenomena resulting in trauma may vary or not be fully manifested because of the way the children manifest symptoms of re-experiencing or emotions related to a traumatic event(s). The reason is underdevelopment of abstract thinking and relatively small capacities of the verbal expressiveness. That is why PTSD in children may be undiagnosed or are misdiagnosed as depression, generalized anxiety disorder, or mixed conduct and emotional disorder. Studies have shown that diagnostic criteria must be behaviorally based and developmentally sensitive, especially when it comes to preschool children, which is why the DSM-5 diagnostic classification provides an overview of diagnostic criteria for children 6 years old and younger, which represents a significant innovation in the field of diagnosis of this disorder. PTSD therapy includes various interventions directed towards the child, parents or guardians with the support of an expert team from school. The lack of controlled pharmacological studies examining drug introduction at the beginning of treatment, or during chronic manifestations of the disorder opens a wide research field for the future. *Acta Medica Medianae* 2017;56(3):62-69.

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