<table>
<thead>
<tr>
<th>Author, year of publication</th>
<th>Impairment details</th>
<th>Cause of impairment</th>
<th>Key findings</th>
<th>Limitations</th>
<th>Quality rating summary score</th>
</tr>
</thead>
</table>
| Abeyasinghe et al. 2012     | Physical          | Extremity amputation, Spinal cord injury (SCI) | Trauma       | 1. Overall diagnosis of PTSD: 41.7%.  
2. Diagnosis of PTSD among lower limb amputees: 42.5%.  
3. Diagnosis of PTSD among upper limb amputees: 33.3%.  
4. Diagnosis of PTSD among SCI participants: 45.7%. | 1. Cross-sectional design.  
2. Convenience sampling.  
4. Small sample size. | 1 |
| Abrams et al. 2006          | Hearing           | Hearing loss, Tinnitus | Not reported | 1. Diagnosis of depression: 29.3% of the hearing impaired (HI) participants compared to 6.5% of those without HI.  
2. Participants with HI were older, more likely to be depressed and less independent. | 1. Only univariate analysis for association HI and depression  
2. Identification depression and HI using physician-generated problem lists and ICD codes.  
3. Response rate not reported. | 2 |
| Boakye et al. 2013          | Physical          | SCI                  | Not reported | 1. Self-reported depression: 46.4%.  
2. Self-reported PTSD: 25.6%.  
3. Self-reported alcoholism or IV drug use: 26.2%.  
4. BDI scores increased with decreased age and increased pain. | 1. Data retrieved from routinely collected survey data.  
2. Missing data on other factors e.g. social support, coping strategies, time since impairment. | 2 |
| Delimar et al. 1998 Sivik et al. 2000 | Physical | Extremity amputation | Trauma | 1. Diagnosis of PTSD among soldiers with non-disabling injury 52.9%; permanent disabling injury 29.4%; active soldiers without an impairment: 17.7%.  
Sivik et al. 2000  
1. Active soldiers and soldiers with non-disabling injuries scored substantially higher on hysteria and depression than soldiers with permanently disabling injuries and active soldiers without an impairment. | 2. Small sample size.  
3. Response rate not reported. | 3 |
| Desmond et al. 2006, Desmond 2007 | Physical | Extremity amputation | Trauma | 1. Diagnosis of possible clinical depression: 28.3%  
2. Diagnosis of possible clinical anxiety: 35.5%.  
Desmond 2006 (upper and lower limb amputations)  
1. Diagnosis of possible clinical depression: 32.0%.  
2. Diagnosis of possible clinical anxiety: 34.0%.  
2. Low response rate.  
3. Limited generalizability; members of a charity organisation. | 2 |
<table>
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<tr>
<th>Study</th>
<th>Type</th>
<th>Condition/Location</th>
<th>Trauma</th>
<th>Findings</th>
<th>Notes</th>
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</table>
| Doukas et al., 2013                                                   | Physical        | Lower limb amputation               | Trauma                                                                 | 1. Probable major depression among those with an unilateral lower limb amputation: 13.3%  
  2. Probable major depression among those with a bilateral amputation: 10.3%  
  3. Screened positive PTSD among those with an unilateral lower limb amputation: 14.8%  
  2. Consecutive sampling.                                                                                                                                                                                                 | 2                                                                                                                                                      |
| Ebrahimzadeh et al. 2009                                              | Physical        | Above knee amputation               | Trauma                                                                 | 1. Self-reported diagnosis of PTSD: 32.3%.  
  2. Self-reported diagnosis of depression: 9.7%.  
  2. Small sample size.  
  3. Consecutive sampling.  
  4. Response rate not reported.                                                                                                                                                                                                 | 1                                                                                                                                                      |
| Fagelson et al. 2007                                                  | Hearing         | Tinnitus                            | Not reported                                                          | 1. Diagnosis of both PTSD and tinnitus: 34% | 1. Data retrieved from hospital charts.  
  2. Only crude analysis for associations between PTSD, tinnitus, sleep disruption, concentration etc.                                                                                                                                                     | 2                                                                                                                                                      |
| Gregurek et al. 1996                                                  | Physical        | SCI                                 | Trauma                                                                 | 1. Diagnosis of PTSD: 18.9%  
  2. Anxiety levels were substantially higher in participants with PTSD compared to those without PTSD. | 1. Cross-sectional design.  
  2. Small sample size.  
  3. Convenience sampling.  
  4. Response rate not reported.                                                                                                                                                                                                 | 3                                                                                                                                                      |
| Gunawardena et al. 2007                                               | Physical        | Extremity amputation                 | Trauma                                                                 | 1. 36.0% of the soldiers with an amputation had psychological symptoms of psychological distress, compared to 8.9% of the non-amputee controls.  
  2. 13.4% had somatic symptoms of psychological distress compared to 2.8% of the non-amputee controls.  
  3. Substance abuse was higher among amputees (2.2%) than non-amputee controls (0.7%). | 1. No information about the timing of psychological distress symptoms or their duration.  
  2. Recall bias due to long duration since injury.  
  3. Response rate not reported.                                                                                                                                                                                                 | 3                                                                                                                                                      |
| Hume et al. 1994                                                      | Physical        | Bullet/Shrapnel wound Head injury Extremity amputation Eye injury SCI | Trauma                                                                 | 1. Diagnosis of psychological distress among war wounded personnel (GHQ): 33.3%  
  2. Diagnosis of psychological distress among non-war wounded personnel (controls): 9.8%.  
  3. Diagnosis of PTSD among war wounded personnel: 18.0%.  
  4. Diagnosis of PTSD among ex-contra’s (all with severe disabilities): 20.0%  
  5. Alcoholic problems among war wounded: 5.6%. | 1. Moderate sample size.  
  2. Response rate not reported.                                                                                                                                                                                                 | 2                                                                                                                                                      |
| Kasturiaratchi, et al. 2004                                           | Physical        | Extremity amputation SCI             | Not reported                                                          | 1. 49.3% scored positive for psychological symptoms of psychological distress.  
  2. 29.2% scored positive for somatic symptoms of psychological distress.  
  3. Increased alcohol consumption was also substantially associated with positive GHQ status* | 1. Cross-sectional design.  
  2. Only univariate analysis for associations between positive GHQ and positive BSI status.  
  3. Response rate not reported.                                                                                                                                                                                                 | 3                                                                                                                                                      |
| Kim et al. 2006                                                       | Physical        | Lumbar disc herniation (LDH)        | Not reported                                                          | 1. Depression was more common among LDH conscripts compared to healthy conscripts as well | 1. Moderate sample size.  
  2. Consecutive sampling.                                                                                                                                                                                                                                         | 2                                                                                                                                                      |
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<tr>
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<th>Injury Type</th>
<th>Prevalence</th>
<th>Notes</th>
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| Martz et al. 2001      | Physical      | SCI Amputation| [Extensive burns, major chest trauma, heart failure, shock, cardiac arrest] | Not reported | 1. Participants who were diagnosed with PTSD were more likely to experience a physical impairment, spinal disorder, burns or an amputation.  
2. Diagnosis of clinical depression LDH conscripts: 40.8%.  
3. No information on factors that may be important in multivariate analysis e.g. social support.  
4. Response rate not reported. |
| Melcer et al. 2010, Melcer et al. 2013 | Physical      | Major limb amputations | Serious extremity injuries without amputation | Trauma | Melcer et al. 2010  
1. Diagnosis of PTSD: 18.1%.  
2. Diagnosis of anxiety disorder: 25.4%.  
3. Diagnosis of mood disorder: 20.4%.  
4. Depressive disorder accounted for more than 75% of the mood disorders.  
5. Diagnosis of substance abuse: 6.0%.  
Melcer et al. 2013  
1. Amputees were less often diagnosed with PTSD compared to non-amputees with serious extremity injuries (18.1% vs. 32.1%).  
2. No differences were identified between the prevalence of anxiety (25.4% vs. 23.0%), mood disorder (20.4 vs. 14.2) and substance abuse (6.0 vs. 8.4%) between the amputees and non-amputees with serious extremity injuries.  
3. Consecutive sampling. |
| Radnitz et al. 1998, Radnitz et al. 1998 | Physical      | SCI Other traumatic injuries | Trauma Accidents | 12% diagnosed with current PTSD and 29% with lifetime PTSD.  
Radnitz et al. 1998  
1. Diagnosis of current PTSD in participants with paraplegia: 22%.  
2. Diagnosis of current PTSD in those with quadriplegia: 2%.  
3. Diagnosis of current PTSD in controls who experienced traumatic injuries other than SCI: 21%.  
4. Diagnosis of lifetime PTSD in participants with paraplegia: 44%.  
5. Diagnosis of lifetime PTSD in those with quadriplegia: 13%.  
6. Diagnosis of lifetime PTSD in controls who experienced traumatic injuries other than SCI: 26%.  
1. Convenience sampling.  
2. Moderate sample size.  
3. Response rate not reported. |
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<td>3. Self-reported diagnosis of PTSD Vietnam War participants: 37.6%.</td>
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<td>4. Self-reported diagnosis of PTSD OIF/OEF participants: 58.7%.</td>
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<td>4. Diagnosis of PTSD OIF/OEF participants: 37.7%.</td>
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<td>1. Worse QOL was substantially associated with PTSD and depression in the Vietnam and OIF/OEF group (42.9% &amp; 52.0% and 21.7% &amp; 35.3% respectively)*.</td>
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<td>Katon et al. 2013 (traumatic limb loss)</td>
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<td>1. Self-reported depression: 24%.</td>
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<td>2. Self-reported PTSD: 59%.</td>
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Ω Ex-contra guerrillas refer to soldiers who fought against the Nicaraguan government (and their government soldiers).

*Univariate analysis

# Statistically significant p<0.05