

INPLASY202530116  
doi: 10.37766/inplasy2025.3.0116  
Received: 27 March 2025  
Published: 27 March 2025

Boyle, A; Onate, K; Musa, E; Shahrokhi, S; Elloso, M.

**Corresponding author:**  
Amy Boyle

amy.boyle@medportal.ca

**Author Affiliation:**  
McMaster University.

**ADMINISTRATIVE INFORMATION**

**Support** - N/A.

**Review Stage at time of this submission** - Formal screening of search results against eligibility criteria.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202530116

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 March 2025 and was last updated on 27 March 2025.

**INTRODUCTION**

**Review question / Objective** What are the screening tools for PTSD, depression and anxiety among burn patients?

**Rationale** Burns can cause profound physical and psychological distress. Burn patients are vulnerable to developing psychological sequelae, such as post traumatic stress disorder (PTSD), depression, and anxiety. Early screening is essential to identify high risk patients and facilitate appropriate timely intervention. However, many different screening tools exist, and there is a lack of consensus regarding effective screening approaches. There is a need to summarize the existing screening tools for PTSD, depression and anxiety among burn patients, to understand their uses, benefits, and limitations.

**Condition being studied** Adult burns.

**METHODS**

**Participant or population** Adults (18 years or older) with primary diagnosis of burn.

**Intervention** Methods of assessing symptoms of PTSD, depression, or anxiety.

**Comparator** N/A.

**Study designs to be included** Case reports, case series, reviews, editorials, letters, poster presentations, or conference abstracts will be excluded. All other study designs will be included.

**Eligibility criteria** Non English studies will be excluded. Studies published before 2000 will be excluded.

**Information sources** Electronic databases will be searched.



**Main outcome(s)** Our primary outcome is identifying what assessment tools are used to measure symptoms of PTSD, depression, or anxiety in adult burn patients.

**Additional outcome(s)** Additionally we will identify the characteristics of studies that measured symptoms of PTSD, depression, or anxiety in adult burn patients.

**Data management** Covidence will be used for abstract screening, full text screening, and data extraction.

**Quality assessment / Risk of bias analysis** Risk of bias will be evaluated by two independent reviewers using the appropriate assessment tool corresponding to the study's design. Non-randomized interventional studies will be assessed with ROBINS-I and non-randomized observational studies will be assessed with ROBINS-E. Systematic reviews will be assessed with ROBIS and randomized controlled trials will be assessed with RoB2. Discrepancies will be resolved through discussion to consensus or a third party expert reviewer. Risk of bias will be evaluated by two independent reviewers using the appropriate assessment tool corresponding to the study's design. Systematic reviews will be assessed with ROBIS, randomized controlled trials will be assessed with RoB2, non randomized interventional studies will be assessed with ROBINS-I, and non randomized observational studies will be assessed with ROBINS-E. Discrepancies will be resolved through discussion to consensus or a third party expert reviewer.

**Strategy of data synthesis** Similarities in study design, population, and methods of assessing PTSD, depression, and anxiety symptoms will be identified to facilitate analysis and synthesis. Results will be systematically summarized and reported in the final review. The variety of assessment tools used will be reported with frequency counts. Secondary outcomes, including study and population characteristics will be reported using univariable statistics, such as mean, standard deviation, median, counts, and proportions, as appropriate.

**Subgroup analysis** Studies will be classified into subgroups based on measurement of PTSD, anxiety, or depression. Again, PTSD, anxiety, and depression assessment tools and study characteristics will be described with univariable statistics as applicable.

**Sensitivity analysis** We will perform sensitivity analyses to explore possible sources of heterogeneity as follows:

- Risk of bias (by omitting studies that are judged as being high risk of bias).

**Language restriction** We will exclude non-English studies.

**Country(ies) involved** Canada.

**Keywords** burn; PTSD; depression; anxiety.

**Dissemination plans** The intention is to publish the final review in English.

#### **Contributions of each author**

Author 1 - Amy Boyle.

Email: amy.boyle@medportal.ca

Author 2 - Margarita Elloso.

Email: ellosom@mcmaster.ca

Author 3 - Kanecy Onate.

Author 4 - Ervis Musa.

Author 5 - Shahriar Shahrokhi.

Email: shahrs6@mcmaster.ca