Post Traumatic Stress Disorder

Epidemiology of PTSD

- **Prevalence**
  - 8% of US population
  - 13%, or more, of soldiers deployed to Afghanistan or Iraq
  - Lifetime much higher in women (11.4%) than men (4%)
  - May be underestimated because of denial, fear of (military) career loss, stigma, or lack of adequate inquiry by clinicians

Goals of Acute Stress Management: Ra, Rb, Rc

- **Return to full activity/functioning**
- **Regain behavioral/emotional control**
- **Restore interpersonal communication**

Addressing Basic Needs via ERASE

- **Reduce Exposure to stress** (eg, finding secure place)
- **Restore physiological needs** (food, drink, hygiene)
- **Provide Access to information/orientation**
- **Locate source of Support** (eg, family, friends)
- **Emphasize the expectation of returning back to normal**
### What Not to Do: The 4Ps
- Do not Pathologize
- Do not Psychologize (i.e., do not force emotional reaction via group therapy, critical incident stress debriefing, etc.)
- Do not Pharmacologize
- Do not push for Professional contact

### Treatment of PTSD
- Education
- Support
- Anxiety management
  - Pharmacotherapy
  - Psychotherapy
- Lifestyle modification

### Early Intervention and Prevention
- Immediately after exposure:
  - Normalize distress
  - Educate patient, family and significant others
  - Repeated retelling of the event, on the victim’s terms
  - Provide emotional support
  - Relieve irrational guilt
  - Refer to peer support group or trauma counseling
  - Consider short-term sleep medication for insomnia

### Psycho-education for Survivors and Rescue Workers
- Get adequate rest, food and sleep
- Avoid exposure to trauma cues, including TV and Internet
- Seek support from loved ones
- Talk about events and feelings only if this feels comfortable
- Return to normal routine at a reasonable pace

### PSYCHOTHERAPY
- Cognitive Behavioral Therapy
  - Helps process irrational/dysfunctional thoughts/beliefs
  - Individual vs. Group
- Exposure Therapy
  - Virtual Reality, as per Barbara Rothbaum, PhD, of Emory U.
  - Helps to confront painful memories and feelings
  - Hopefully desensitizes, but is this “healing?”

### Alternative Psychotherapy View
- Popularized by Bessel Van der Kolk of Harvard and Boston Trauma Center
- See NY Times Magazine 5/25/14
- Psychomotor therapy
  - Not evidence-based or well-studied
  - Amygdala fires in chronic/traumatic/complex stress
  - Focuses upon learning to tolerate bodily sensations
  - May incorporate Eye Movement Desensitization and Reprocessing (EMDR)
Pharmacotherapy

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Tricyclic antidepressants
- Anticonvulsants
- Atypical antipsychotics
- Buspirone
- Benzodiazepines?
  - Estimates are that 30-50% of PTSD patients receive BZDs or sedative hypnotics

Experimental Medications

- Prazosin
  - Alpha blocker which has shown some benefit of reducing nightmares
  - Dose titrated to 1-5 mg qhs, occasionally higher
- IV Ketamine
  - Randomized, double-blind trial vs. IV Midazolam
  - Ketamine dosed at 0.5 mg/kg, a subanesthetic dose
  - JAMA Psychiatry April, 2014 study (Ferer, et al) showed positive initial result after 24 hours for Ketamine, not for active control group

Expert Consensus Guidelines

Medication Plan

- SSRIs x 8 weeks, possibly longer. Evaluate response every 1-2 weeks and increase dose as needed
- After 8+ week SSRI trial:
  - No response: SNRI, e.g. Venlafaxine
  - Partial response: mood stabilizer (i.e. divalproex) vs. atypical antipsychotic

Recommended SSRI Doses

<table>
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<th>Medication</th>
<th>Starting</th>
<th>Maximum</th>
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<tr>
<td>Sertraline</td>
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<td>Paroxetine</td>
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<td>40</td>
</tr>
<tr>
<td>Escitalopram</td>
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</tbody>
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Combined Approach

- Likely to be superior, but no good long-term, randomized, controlled trials
- Start with either therapy, especially in milder cases, or psychotherapy alone
- Avoid BZDs, which may impair new learning
  - Recent trial of Alprazolam vs. Placebo added to 6-session virtual reality treatment showed WORSE outcome with Alprazolam