

OPTIMIZING PTSD TREATMENT:

A Guide for Mental Health Prescribing Clinicians

There are several effective treatments for PTSD. This quick guide offers tips to implement key recommendations of the VA/DoD Clinical Practice Guideline (CPG) in your work with Veterans.

SCREEN FOR PTSD

PTSD commonly occurs with other mental health problems. Conduct periodic screening of PTSD using the Primary Care PTSD Screen for *DSM-5* ([PC-PTSD-5](#)). This 5-item screening measure is designed to identify individuals with probable PTSD.

CONFIRM THE DIAGNOSIS

To diagnose PTSD, the CPG suggests using validated, structured clinician-administered interviews, such as the Clinician-Administered PTSD Scale for *DSM-5* ([CAPS-5](#)). See our [CAPS-5 Training Curriculum](#) to gain a comprehensive understanding of the assessment and its administration.

MONITOR PTSD

PTSD symptom severity changes over time. To assess changes over time and response to treatment plan changes, use the [PTSD Checklist for DSM-5 \(PCL-5\)](#) or another validated instrument.

PRIMARY TREATMENT RECOMMENDATIONS

The CPG recommends 3 specific trauma-focused psychotherapies over other pharmacologic and somatic interventions for the primary treatment of PTSD:

- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)

Some patients might prefer to take medication. The medications that are most helpful for treating PTSD with the strongest support are:

- Paroxetine
- Sertraline
- Venlafaxine



CO-OCCURRING CONDITIONS

The CPG recommends that the presence of co-occurring conditions (e.g., substance use disorder, depression, chronic pain, sleep disturbances, etc.) should not prevent a Veteran from participating in an evidence-based treatment for PTSD.

PHARMACOTHERAPY AND SOMATIC THERAPY RECOMMENDATIONS FOR PTSD

MONOTHERAPY		
Recommend For	- paroxetine	- sertraline - venlafaxine
Insufficient Evidence to Recommend For or Against	PHARMACOTHERAPY: - amitriptyline - bupropion - buspirone - citalopram - desvenlafaxine - duloxetine - escitalopram - eszopiclone - fluoxetine - imipramine	SOMATIC THERAPY: - hyperbaric oxygen therapy - neurofeedback - repetitive transcranial magnetic stimulation - stellate ganglion block - transcranial direct current stimulation
Suggest Against	PHARMACOTHERAPY: - divalproex - guanfacine - ketamine - prazosin	SOMATIC THERAPY: - electroconvulsive therapy - vagus nerve stimulation
Recommend Against	- benzodiazepines	- cannabis or cannabis derivatives
AUGMENTATION		
Insufficient Evidence to Recommend For or Against	- MDMA-assisted psychotherapy	
PHARMACOTHERAPY RECOMMENDATIONS FOR PTSD-ASSOCIATED NIGHTMARES		
Suggest For	- prazosin	

LEARN MORE

Health care providers working with Veterans in any setting can contact the PTSD Consultation Program for free, personalized support on any question related to assessment and treatment of trauma and PTSD. Our team of experts can respond via email, phone or video. Reach out to PTSDconsult@va.gov or 866-948-7880.



The [National Center for PTSD website](#) offers [CPG resources](#) as well as [webinars](#) and [courses](#) on the CPG with free continuing education credits. Other resources include the online [PTSD Treatment Decision Aid](#), a tool to help Veterans clarify treatment goals.