National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

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CLINICIAN'S TRAUMA UPDATE

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Treatment

Effects of D-cycloserine and alprazolam on virtual reality

A recent study led by investigators at Emory University compared the effects of D-cycloserine (DCS) and alprazolam on virtual reality exposure therapy for PTSD in OEF/OIF Veterans. DCS, a partial NMDA receptor agonist that enhances extinction learning in animals and exposure therapy for some anxiety disorders in humans, has shown limited benefit in PTSD. Alprazolam and other benzodiazepines, which impair extinction learning in animals, also have had mixed effects on exposure therapy for PTSD. The investigators randomized 148 male and 8 female OEF/OIF Veterans with war-related PTSD to receive either 50 mg DCS, .25 mg alprazolam, or pill placebo 30 minutes before each of the 5 virtual reality exposure sessions in a 6-session protocol. Average pre-post change was substantial on the CAPS (d = 1.56) and the self-report PTSD Symptom Scale (PSS; d = 1.16). However, there was some evidence that treatment effects were reduced in the Veterans who took alprazolam. The alprazolam group improved less than the placebo group at posttreatment on the CAPS but not the PSS; the groups did not differ on either outcome at 12 months. The DCS and placebo groups did not differ on either outcome at either time but Veterans who received DCS showed greater evidence of extinction learning. What does this mean for clinicians using exposure therapy to treat PTSD? The investigators describe the DCS results as inconclusive. But these findings suggest that clinicians should inform patients who are taking benzodiazepines—which are not recommended for PTSD—about the potentially reduced benefit if medication is taken before an exposure session. Read the article… http://dx.doi.org/10.1176/appi.ajp.2014.13121625

Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., . . . Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war Veterans. *American Journal of Psychiatry*. Advance online publication. PILOTS ID: 42150

Benefit of D-cycloserine during exposure may depend on personality

Previously, investigators from the Netherlands reported that D-cycloserine may improve exposure therapy for PTSD for patients who might not otherwise respond well to treatment (see June 2012 *CTU-Online*). Building on that study, the investigators recently examined which indi-

Special Notice

Intimate partner violence among women Veterans

Investigators from the VA concisely summarize the epidemiology of, risk factors associated with, and evidence-based treatments for intimate partner violence among women Veterans, and offer recommendations for research and clinical efforts. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42151.pdf

Gerber, M. R., Iverson, K. M., Dichter, M. E., Klap, R., & Latta, R. E. (2014). Women Veterans and intimate partner violence: Current state of knowledge and future directions. *Journal of Women's Health, 23*, 302-309. PILOTS ID: 42151

vidual characteristics of those specific patients predict positive response to DCS supplementation. Participants were 67 adults with PTSD due to various traumas who were randomized to receive Prolonged Exposure with or without DCS. Although patients' demographic and clinical characteristics were unrelated to DCS effectiveness, certain personality factors played an important role. For more conscientious participants and less extroverted participants, those who took DCS prior to each therapy session showed larger reductions on the PTSD Symptom Scale at posttreatment than patients who did not take DCS. DCS is believed to work by speeding up extinction learning. The investigators suggest that patients with these personality traits may have difficulty with extinction learning, a process that allows patients to gradually feel less fearful as they practice exposure. Read the article… http://dx.doi.org/10.1016/j.jpsychires.2013.10.008

de Kleine, R. A., Hendriks, G. J., Smits, J. A. J., Broekman, T. G., & van Minnen, A. (2014). Prescriptive variables for D-cycloserine augmentation of exposure therapy for posttraumatic stress disorder. *Journal of Psychiatric Research, 48*, 40-46. PILOTS ID: 42062

Use of CPT and PE on the rise in VA residential PTSD programs

Approximately seven years have passed since the start of VA's nationwide roll-outs of Cognitive Processing Therapy and Prolonged Exposure. A primary question currently is whether these dissemination efforts have resulted in sustained adoption of the treatments. To investigate, a study led by investigators at the National Center for PTSD and Yale School of Medicine examined change in the delivery of CPT and PE over time. A total of 190 providers at 38 VA residential PTSD treatment programs completed interviews regarding use of CPT and PE during 2008-2011 and again approximately two years later. The proportion of clinics implementing these treatments for at least some patients increased from 57.9% to 81.6% for CPT and from 26.4% to 52.6% for PE. However, PE and CPT were not always delivered according to protocol. Providers described using only certain elements of the treatments, altering session length or frequency, tailoring worksheets based on patients' cultural or educational needs, and delivering PE in a group format (although PE is designed as an individual treatment.) Given that at least some providers are altering the standard CPT and PE protocols, an important next step will be to understand if and how these adaptations affect treatment effectiveness. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42061.pdf

Cook, J. M., Dinnen, S., Thompson, R., Simiola, V., & Schnurr, P. P. (2014). Changes in implementation of two evidence-based psychotherapies for PTSD in VA residential treatment programs: A national investigation. *Journal of Traumatic Stress*. Advance online publication. PILOTS ID: 42061

Study shows no benefit of yoga for PTSD

Complementary and alternative treatments are growing in popularity, yet very little research has examined their efficacy for PTSD. The first published randomized controlled trial of yoga for PTSD, led by the National Center for PTSD, found that yoga was feasible and acceptable but failed to find a benefit for PTSD symptoms. Thirty-eight Veteran and civilian women with at least subthreshold PTSD (70.7% met full criteria) were randomized to receive 12 sessions of group-based yoga or to complete 12 weekly group-based symptom assessments. The intervention consisted of 75-minute sessions of Kripalu yoga and was informed by guidelines for trauma-sensitive yoga. Dropout did not differ between the yoga and assessment-only groups and no adverse events occurred. Based on intent to treat analyses, both the yoga and the control groups reported clinically significant reductions in total PTSD at 12-weeks and 1-month follow-up. Although yoga appears to be a feasible intervention for PTSD, these findings suggest that it is not effective for treating symptoms; the investigators did not assess functioning and quality of life, so the potential benefit on these outcomes is unknown. However, the lack of benefit for symptoms may be due to the limited amount of yoga practice, the fact that participants were not experienced practitioners, and the trauma-sensitive modifications used to enhance feasibility and acceptability: more sessions and more advanced practice of standard yoga may have greater therapeutic benefit. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42064.pdf

Mitchell, K. S., Dick, A. M., DiMartino, D. M., Smith, B. N., Niles, B., Koenen, K. C., & Street, A. (2014). A pilot study of a randomized controlled trial of yoga as an intervention for PTSD symptoms in women. *Journal of Traumatic Stress*. Advance online publication. PILOTS ID: 42064

Baclofen as an add-on to citalopram for PTSD

Patients with PTSD who do not respond adequately to antidepressants may benefit from medications with a different mechanism of action. Building on a positive open-label trial of baclofen, a GABA-ergic agent, investigators from Iran have reported on a randomized controlled trial of adjunctive baclofen, but study limitations prevent firm conclusions. Forty Iranian combat Veterans with PTSD received 8 weeks of 20-60 mg/day of citalopram, an SSRI, and either 40 mg/day baclofen or placebo. Compared with those on placebo, Veterans who received baclofen had greater improvements posttreatment in total CAPS score, as well as the CAPS hyperarousal and avoidance subscales, general anxiety, depression, and functioning. Although suggestive, these findings need to be interpreted with caution. For one, data analysis was restricted to the 23 study completers (13 in the baclofen group); thus, differential reasons for dropout within each treatment group may have biased the outcomes. Second, mean baseline scores on the CAPS indicated a moderate level of PTSD (61.0 in the baclofen and 61.8

in the placebo group); study findings may not generalize to participants with higher initial PTSD severity. Lastly, the investigators selected citalopram based on its low risk for adverse effects, but the research support for citalopram for PTSD is not strong; citalopram is not among the first-line SSRIs recommended by the *VA/DoD Clinical Practice Guideline for PTSD*. Baclofen added to citalopram may not improve outcomes compared to a recommended antidepressant alone. Read the article… http://dx.doi.org/10.1097/JCP.0000000000000089

Manteghi, A. A., Hebrani, P., Mortezania, M., Haghighi, M. B., & Javanbakht, A. (2014). Baclofen add-on to citalopram in treatment of posttraumatic stress disorder. *Journal of Clinical Psychopharmacology, 34*, 240–243. PILOTS ID: 42065

Assessment

Gender plays important role in age-related differences in PTSD symptoms

Epidemiological studies suggest that PTSD is less common among older than younger adults and that symptoms are less severe among older adults with PTSD. New data from National Center for PTSD investigators show that age differences in PTSD are not the same in men and women. Investigators used baseline data from two large PTSD treatment trials with Veterans; one study enrolled women (n = 284) and the other enrolled men (n = 360). In both trials, older Veterans (age 60+) reported symptoms that were either equal to or less severe than symptoms reported by younger Veterans, depending on the symptom cluster—but men and women had different patterns. Older men had lower overall PTSD and numbing symptoms than younger men on the CAPS. Men's scores on the PTSD Checklist, a self-report measure, showed similar age differences in numbing symptoms, but not in overall PTSD. The only age difference within the female sample was lower hyperarousal on the CAPS among older women. There are several potential explanations for the observed age differences: there may be true differences in PTSD symptoms across the lifespan, clinicians may underdiagnose PTSD symptoms in older patients, and older patients may underreport some symptoms. Regardless of the cause, this study indicates that age is only part of the story. Broad generalizations about age differences in PTSD symptoms should be avoided, given that the nature of these differences seems to vary by gender. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42063.pdf

Lunney, C. A., Schnurr, P. P., & Cook, J. M. (2014), Comparison of clinician- and self-assessments of posttraumatic stress symptoms in older versus younger Veterans. *Journal of Traumatic Stress*. Advance online publication. PILOTS ID: 42063

Comorbidity

CBT for Insomnia improves sleep for patients with PTSD

Sleep problems often do not remit after first-line PTSD treatment yet sleep medications may be contraindicated for many patients with PTSD. Cognitive Behavioral Therapy for Insomnia (CBT-I), an evidence-based approach, has been examined in individuals with PTSD but only in conjunction with nightmare imagery rehearsal. A study led by investigators from the San Francisco VA is the first to examine stand-alone CBT-I among individuals with PTSD. The investigators randomly allocated 45 male and female Veterans and civilians with chronic PTSD and insomnia to 8 weeks of CBT-I or a waitlist assessment-only group. All participants were currently in psychotherapy or on a stable dose of antidepressant medications. Compared with waitlist, CBT-I led to greater improvements at posttreatment and 6-month follow-up in self-reported sleep outcomes, a sleep diary, and polysomnography. The percentage of participants with remitted insomnia after CBT-I (41%) was similar to that found in a trial of CBT-I among individuals without psychiatric comorbidities. CBT-I did not improve PTSD symptoms and its effect on nightmares was mixed; the treatment outperformed waitlist on a general measure of sleep disturbances that included nightmares but not on the CAPS nightmare item. CBT-I appears to be a good nonpharmacological option for individuals with PTSD. Providers and patients planning to use CBT-I may find the recently released CBT-I mobile phone treatment-companion app useful. Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id42060.pdf

Talbot, L. S., Maguen, S., Metzler, T. J., Schmitz, M., McCaslin, S. E., Richards, A., . . . Neylan, T. C. (2014). Cognitive behavioral therapy for insomnia in posttraumatic stress disorder: A randomized controlled trial. *Sleep, 37*, 327-341. PILOTS ID: 42060

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