

Psychiatric Care Providers

Key Recommendations from the VA/DoD Clinical Practice Guideline (CPG) for PTSD

There are several effective treatments for PTSD. This quick guide can help you work with Veterans with PTSD to choose an effective treatment option.



THE CPG FOR PTSD RECOMMENDS:



Individual, manualized trauma-focused psychotherapy over other pharmacologic and non-pharmacologic interventions for the primary treatment of PTSD. The best evidence is for Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR).



Pharmacotherapy or individual non-trauma-focused psychotherapy, when individual trauma-focused psychotherapy is not readily available or not preferred.

+ MEDICATION MONOTHERAPY FOR THE TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH OF EVIDENCE

Quality of Evidence*		Recommend For	Suggest For	Suggest Against	Recommend Against	No Recommendation For or Against
	Moderate	Sertraline [^] Paroxetine [^] Fluoxetine Venlafaxine		Prazosin (excluding the treatment of PTSD associated nightmares)		Prazosin for the treatment of PTSD associated nightmares
	Low		Nefazodone [±]	Quetiapine Olanzapine Citalopram Amitriptyline	Divalproex Tiagabine Guanfacine	Eszopiclone
	Very Low		Imipramine Phenelzine [±]	Lamotrigine Topiramate	Risperidone Benzodiazepines D-cycloserine Hydrocortisone Ketamine	Bupropion Desipramine D-serine Escitalopram Mirtazapine
	No Data †					Antidepressants Doxepin Duloxetine [‡] Desvenlafaxine Fluvoxamine [‡] Levomilnacipran Nortriptyline Trazodone Vilazodone Vortioxetine Anxiolytic/Hypnotics Buspirone [‡] Cyproheptadine Hydroxyzine Zaleplon Zolpidem

*The Work Group determined there was no high quality evidence regarding medication monotherapy

[^]FDA approved for PTSD

[±]Serious potential toxicity, should be managed carefully

[†]No data were captured in the evidence review for the CPG and were not considered in development of this table

[‡]Studies of these drugs did not meet the inclusion criteria for the systematic evidence review due to poor quality

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MEDICATION AUGMENTATION AND COMBINATION* PHARMACOTHERAPY FOR THE TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH OF EVIDENCE

	Recommend For	Suggest For	Suggest Against	Recommend Against	No Recommendation For or Against
Quality of Evidence*	Moderate		Prazosin (excluding the treatment of PTSD associated nightmares)	Risperidone	Prazosin for the treatment of PTSD associated nightmares
	Low		Topiramate	Divalproex Olanzapine	Hydrocortisone
	Very Low		Baclofen Pregabalin D-cycloserine†		Mirtazapine and Sertraline^
	No Data‡			Other atypical antipsychotics	Any drug not listed

*Combination means treatments are started simultaneously; augmentation means one treatment is started after another treatment. All treatments are augmentation unless otherwise noted.

±The Work Group determined there was no high quality evidence regarding medication augmentation and combination therapy

†Outside of a research setting

^Combination treatment

‡No data were captured in the evidence review for this CPG and were not considered in development of this table

LEARN MORE

- Contact the [PTSD Consultation Program](#) for free, personalized consultation on treating Veterans with PTSD.
- Encourage your patients to explore and compare treatment options with the [PTSD Treatment Decision Aid](#).
- Visit the [National Center for PTSD](#) for more information on treating patients with PTSD.