

Effective Treatments for PTSD: Consider Cognitive Behavioral Therapy (CBT) as First Line Treatment



Learn How to Talk to Your Patients About:

- Recommended first line treatments for PTSD
- Recommended treatment options for insomnia and anxiety symptoms related to PTSD
- New information about anti-anxiety medications and PTSD

Additional Resources

National Center for PTSD:
www.ptsd.va.gov

VA/DoD Clinical Practice Guidelines:
www.healthquality.va.gov/ptsd

AboutFace Campaign
(learn about PTSD and PTSD treatment from Veterans):
www.ptsd.va.gov/apps/AboutFace

Contact Your Local Evidence Based Psychotherapy Coordinator:

PTSD Overview

Posttraumatic stress disorder, or PTSD, can occur after someone goes through or sees a traumatic event like combat, physical or sexual abuse, assault, serious accidents or natural disasters. A person may have PTSD if their reactions to these events do not go away after time and they disrupt their daily life. Exposure to trauma is common in the Veterans you treat. Nine percent of Veterans who are being seen at the VA have PTSD. Among Veterans who served in Iraq and Afghanistan, and who use VA care, the rate is much higher: one in four men and one in five women have PTSD. The good news is that there are effective treatments available for PTSD.

Recommended Psychotherapy Treatments

Cognitive behavioral therapy (CBT) is the most effective treatment for PTSD. CBT usually involves meeting with a therapist weekly for up to four months. The two most effective types of CBT for PTSD are Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

In CPT the therapist and patient examine what the patient is thinking and telling himself about the trauma and together they decide whether those thoughts are accurate or inaccurate. It can be done individually or in a group.

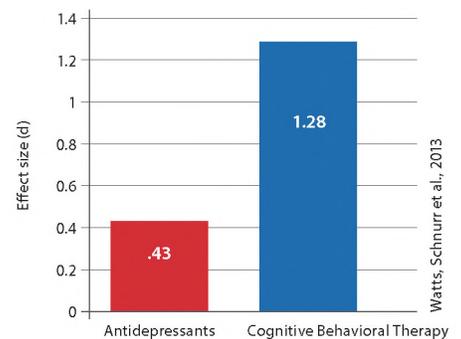
PE works through repeated exposure to thoughts, feelings, and situations that the patient has been avoiding and helps the patient learn that reminders of the trauma do not have to be avoided. PE is done individually with a therapist.

Recommended Medications

Recommended medications for PTSD include SSRIs and venlafaxine.

Treatments that Work

Both antidepressants and CBT have been shown effective for the treatment of PTSD.



Effects of Treatment on PTSD Severity

This graph shows effect sizes for antidepressants and cognitive behavioral therapy. An effect size tells us how big or noticeable a change is. An effect size of 0.8 is considered large which means that other people would notice that there has been a change.

Treatment Comparison Chart

	Cognitive Behavioral Therapy	Antidepressants	Prazosin	Trazodone
How it Works	Helps you learn about how your beliefs and memories about your trauma have impacted your life Focuses on symptoms such as anxiety or insomnia	Helps brain cells send and receive messages	Blocks adrenaline in the brain Reduces nightmares	Helps brain cells send and receive messages Limited effects on overall symptoms of PTSD Improves sleep
Potential Benefits	Decreases PTSD symptoms, anxiety, depression, and can improve sleep	Improves PTSD symptoms, but has variable effects on sleep	Significant improvement in sleep	Improves sleep disruption for PTSD patients
Potential Drawbacks	Talking about trauma can be difficult initially	May cause headaches, nausea, decreased sex drive, and fatigue	May cause lightheadedness	May worsen mood
Duration	8-15 weekly sessions with long-lasting effects	Usually need to continue indefinitely	Usually need to continue indefinitely	Usually need to continue indefinitely
Evidence of Success	Research shows this is one of the most effective treatments for PTSD	Significant overall improvement in PTSD-related symptoms and recommended for anxiety	Significant improvement in sleep and other PTSD-related symptoms	Helpful for sleep, but not for overall symptoms of PTSD

VA/DoD Clinical Practice Guideline Recommendations Medications for PTSD

Balance = Benefit - Harm

SR	Substantial	Somewhat	Unknown	None
A	SSRIs, SNRIs			
B		Mirtazapine, TCAs, MAOIs (phenelzine), Prazosin (nightmares), Nefazodone (caution)		
C			Prazosin (PTSD)	
D				Guanfacine, Topiramate, Valproate, Tiagabine Benzodiazepines (harm), Risperidone (adjunct)
I			Buspirone, Bupropion, Non-Benzodiazepine Hypnotics, Lamotrigine, Gabapentin, Clonidine, Trazodone (adjunct), Atypical antipsychotics (mono), Atypical antipsychotics (besides Risperidone) (adjunct) Conventional antipsychotics, Propranolol	

A A strong recommendation that clinicians provide the intervention to eligible patients.

B A recommendation that clinicians provide (the service) to eligible patients.

C No recommendation for or against the routine provision of the intervention is made. Intervention may be **considered**.

D A recommendation **against** routinely providing the intervention to asymptomatic patients.

I Insufficient evidence to recommend for or against routinely providing the intervention.

Treating Anxiety and Insomnia in Patients with PTSD

If you have traditionally prescribed benzodiazepines for anxiety or insomnia symptoms, there are better treatment options now available.

Anxiety

- Psychotherapy Treatment Option(s): Cognitive Behavioral Therapy (CBT), CBT for Anxiety
- Medication Option(s): SSRIs and venlafaxine

Insomnia

- Psychotherapy Treatment Option(s): Cognitive Behavioral Therapy for insomnia (CBT-I) is highly effective. Other forms of CBT may be helpful.
- Medication Option(s): low dose trazodone, prazosin, amitriptyline, doxepin, or diphenhydramine

Cautions about Benzodiazepines

- There is increasing evidence of harmful side effects from chronic benzodiazepine use
- Benzodiazepines do not help core PTSD symptoms
- If you are prescribing benzodiazepines to treat anxiety, other treatments including SSRIs and CBT are better options