

# POSTTRAUMATIC STRESS DISORDER

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# PRESENTERS

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# **PRESENTER DISCLOSURES**

No Conflicts of Interests to report.

No commercial interests to report.

The contents of this report do not represent the view of the Department of Veterans Affairs or of the United States Government.



PREVALENCE &  
SYMPTOMS OF  
PTSD



COMORBIDITY OF  
PTSD



TREATMENTS FOR  
PTSD

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# PRESENTATION OVERVIEW

# PTSD PREVALENCE

Approximately 90% of individuals are exposed to traumatic events

Only 8.7% of these individuals will develop PTSD (lifetime)

- Most people experience trauma, few develop PTSD



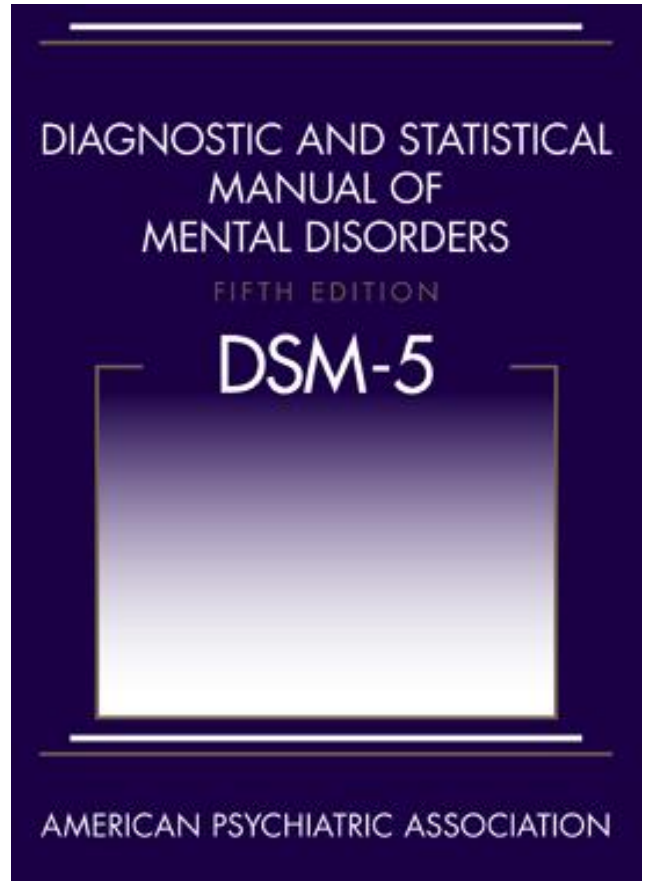
Rates of PTSD are higher among some groups

- Military Veterans, police officers, first responders
- Trauma types including rape, combat, captivity
- Higher among females than males



# PTSD KEY FEATURES

- A. Criterion A Event**
- B. Intrusion Symptoms**
- C. Avoidance**
- D. Alterations in Cognitions & Mood**
- E. Alterations in Arousal & Reactivity**



# PTSD DIAGNOSTIC CRITERIA

## A. Criterion A Event: exposure to *actual or threatened death, serious injury, or sexual violence*

- **Combat or other military experiences**
- **Sexual or physical assault**
- **Learning about the violent/accidental death/injury of loved one**
- **Child sexual or physical abuse**
- **Serious accidents, like a car wreck**
- **Natural disasters, like a fire, hurricane, or earthquake**
- **Terrorist attacks**



# PTSD DIAGNOSTIC CRITERIA

## **B. Intrusion Symptoms (1+)**

- 1. Recurrent, involuntary, and intrusive distressing memories**
- 2. Recurrent distressing dreams**
- 3. Dissociative reactions (e.g., flashbacks)**
- 4. Intense and prolonged psychological distress to reminders of trauma**
- 5. Marked physiological reactions to reminders of trauma**



# PTSD DIAGNOSTIC CRITERIA

## C. Avoidance (1+)

1. Avoidance of distressing memories, thoughts, or feelings related to trauma
2. Avoidance of reminders of trauma (e.g., people, places, situations, conversations)

# PTSD DIAGNOSTIC CRITERIA

## **D. Negative Alterations in Cognitions and Mood (2+)**

- 1. Inability to remember important aspect of trauma**
- 2. Exaggerated negative beliefs about oneself, others, world**
- 3. Distorted cognitions about cause or consequence (blame)**
- 4. Negative emotional state (e.g., fear, horror, guilt, shame)**
- 5. Diminished interest in significant activities**
- 6. Feelings of detachment/estrangement from others**
- 7. Difficulty experiencing positive emotions**

# PTSD DIAGNOSTIC CRITERIA

## **E. Alterations in Arousal or Reactivity (2+)**

- 1. Irritable behavior and angry outbursts**
- 2. Reckless or self-destructive behavior**
- 3. Hypervigilance**
- 4. Exaggerated startle response**
- 5. Problems with concentration**
- 6. Sleep problems**

# PTSD DIAGNOSTIC CRITERIA

- F.** Disturbance has lasted at least 1 month
- G.** Significant distress and impairment
- H.** Not better accounted for by another condition

# COMORBID CONDITIONS



Depression



Anxiety  
Disorder



Substance Use  
Disorder



Traumatic Brain  
Injury (TBI)

# TREATMENTS FOR PTSD

Trauma-Focused Psychotherapy

Medications

# TREATMENTS FOR PTSD



## Did You Know?



Trauma-focused  
Psychotherapy

**53** OUT OF **100**

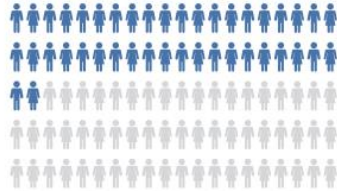
people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.



Medication

**42** OUT OF **100**

people who take medication will no longer have PTSD after about 3 months of treatment.



No Treatment

**BUT ONLY 9** OUT OF **100**

people who don't get treatment will no longer have PTSD after about 3 months.

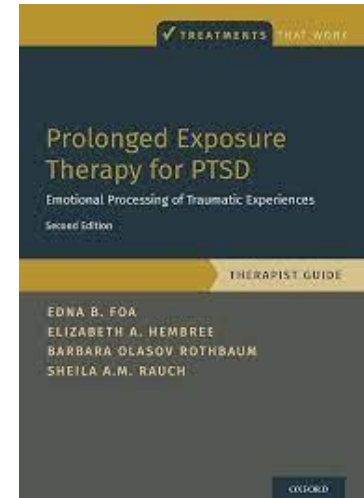


# PSYCHOTHERAPY



## Prolonged Exposure

- ❖ 8-15 weekly sessions (~3 months)
- ❖ Targets avoidance
  - Traumatic memories – imaginal exposure
  - People/places/Situations – in vivo exposure
- ❖ Risks: discomfort in talking about trauma
- ❖ Homework
  - Listen to recordings of sessions/trauma
  - Approach avoided situations/places



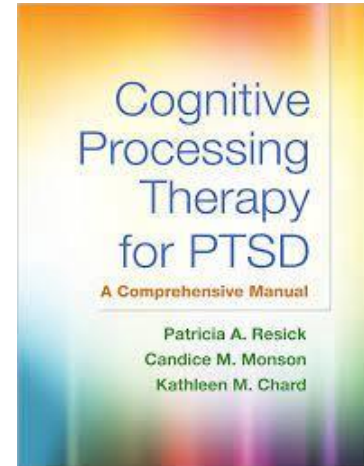


# PSYCHOTHERAPY



## Cognitive Processing Therapy (CPT)

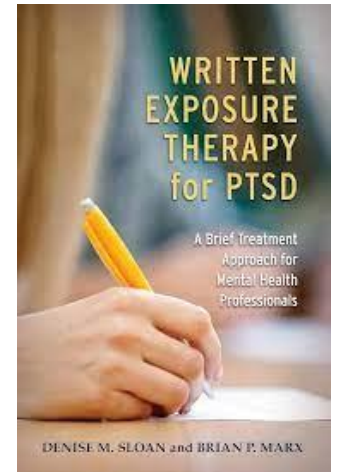
- ❖ 12 weekly sessions (~3 months)
- ❖ Targets negative thinking
  - Learn to challenge traumatic thoughts, like self-blame, inability to trust, and feeling unsafe
- ❖ Risks: discomfort in talking about trauma
- ❖ Homework
  - Worksheets aimed at changing your thoughts



# PSYCHOTHERAPY

## Written Exposure Therapy

- ❖ 5 weekly sessions (~5 weeks)
- ❖ Targets processing trauma
  - Write about the memory and the impact
- ❖ Risks: discomfort in writing about trauma
- ❖ Homework
  - None!



# MEDICATIONS

Three FDA Approved Options:

1. Sertraline (Zoloft) SSRI\*
2. Paroxetine (Paxil) SSRI\*
3. Venlafaxine (Effexor) SNRI\*

**SSRI- Selective Serotonin Reuptake Inhibitor**

**SNRI- Serotonin and Norepinephrine Reuptake Inhibitor**

**Each Medication has a brand name and generic name**



# ANTIDEPRESSANTS

**OTHER  
ANTIDEPRESSANTS MAY  
WORK ALSO**

**ONLY SERTRALINE,  
PAROXETINE, AND  
VENLAFAXINE HAVE  
UNDERONE SPECIFIC  
STUDIES TO DETERMINE  
EFFECTIVENESS IN PTSD**



# OTHER ANTIDEPRESSANTS

## Selective Serotonin Reuptake Inhibitors (SSRIs)

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil)
- Sertraline (Zoloft)

## ● Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

- Venlafaxine (Effexor)
- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)
- Milnacipran (Savella)
- Levomilnacipran (Fetzima)

# HOW DO THEY WORK?

PTSD may be related to changes in the brain that are linked to our ability to manage stress.

People with PTSD appear to have different amounts of certain chemicals (called neurotransmitters) in the brain than people without PTSD.

The 3 recommended SSRIs and SNRIs are believed to treat PTSD by putting these brain chemicals back in balance.

# HOW DO THEY WORK?

THESE MEDICATIONS INCREASE THE LEVEL OF SEROTONIN (SOME, NOREPINEPHRINE ALSO) IN THE BRAIN, WHICH CAN HELP SYMPTOMS OF PTSD, DEPRESSION, AND ANXIETY

ALSO APPROVED FOR TREATMENT OF ANXIETY AND DEPRESSION AND OFTEN ARE HELPFUL IN TREATING THESE COMORBID CONDITIONS



# HOW DO I START MEDICATION?

To receive medications for PTSD, you will need to meet with a provider who can prescribe these medications to you.

Many different types of providers including a family provider, a psychiatrist, physician assistants, and even some nurses can prescribe antidepressant medications for PTSD.

You can work with your provider to decide which antidepressant medication may be best for you.



# WHEN WILL I SEE IMPROVEMENT?

Once you fill your prescription, you will begin taking a pill at a regular time(s) each day.

It may take a few weeks before you notice the effects of the medication.

It is important to continue to take it even if you do not notice changes right away.

You will meet with your provider every few months or so. Your provider will monitor your response to the medication (including side effects) and change your dose, if necessary.

# WHAT ARE THE RISKS?

The risks of taking SSRIs and SNRIs are mild to moderate side effects such as upset stomach, fatigue, sweating, headache and dizziness.

Some people have sexual side effects, such as decreased desire to have sex (libido) or difficulty having an orgasm.

Some side effects are short-term, though others may last as long as you are taking the medication.

# HOW LONG DOES TREATMENT LAST?

1. You may start to feel better in about 4-6 weeks.
2. You will need to keep taking the medication to continue getting the benefits.
3. Deciding if/when to stop the medication should always be discussed with your provider

# TREATMENT OF NIGHTMARES?

First Line Treatment Option: Prazosin 1-15 mg

Inhibits the postsynaptic alpha-1 adrenoceptors.

Helps to reduce both the frequency and severity of nightmares

Most common side effect: Light-headedness

# TREATMENT OF NIGHTMARES?

Second-line Options for Nightmares:

- Gabapentin
- Topiramate
- Clonidine



# OTHER OPTIONS?

THERE ARE SOME OTHER TREATMENT OPTION BEING STUDIED BUT HAVE NOT BEEN APPROVED YET.

1. Marijuana/CBD
2. Ketamine
3. Psilocybin/hallucinogens
4. TMS- Transcranial Magnetic Stimulation
5. Ecstasy/MDMA

# BEST TREATMENT OPTION?

1. For more videos about the SSRIs and SNRI used for PTSD, and other treatments that work, get started with the [PTSD Treatment Decision Aid](#).
2. [www.ptsd.va.gov/apps/decisionaid](http://www.ptsd.va.gov/apps/decisionaid)

# RESOURCES

National Center for PTSD

PTSD Coach (free mobile phone app)

Veterans Crisis Line (988)



National Center for  
**PTSD**

POSTTRAUMATIC STRESS DISORDER



**Veterans  
Crisis Line**

DIAL 988 then **PRESS 1**