Management of Posttraumatic Stress Disorder and Acute Stress Disorder

CDR Angela J. Williams; Alia Creason, PhD; Laura Faulconer, MSW
Psychological Health Center of Excellence, Defense Health Agency (Research and Development-J9), Silver Spring, MD

Between 2000–2015, at least 153,000 active-duty service members were diagnosed with PTSD in the Military Health System

f = 5,000 active-duty service members

At least 124,000 of those were diagnosed following a deployment of 30 days or more
Source: Armed Forces Health Surveillance Branch

VA/DoD PTSD CLINICAL PRACTICE GUIDELINE (CPG)

- System-wide goal of developing evidence-based guidelines is to improve the patient’s health and well-being by guiding health care providers who are caring for patients with PTSD along the management pathways that are supported by evidence
- Current PTSD CPG updated in 2017 by the VA/DoD Evidence-Based Practice Work Group based on evidence and best practice as of March 2016
- Includes objective, evidence-based information on management of PTSD and related conditions to assist health care providers in all aspects of patient care, including diagnosis, treatment, and follow-up
- Intended for VA and DoD health care practitioners including primary care physicians, nurse practitioners, physician assistants, psychiatrists, psychologists, social workers, nurses, pharmacists, chaplains, addiction counselors, and others involved in the care of service members or veterans with PTSD

GENERAL GUIDELINES AND PREVENTION

GENERAL CLINICAL MANAGEMENT
1. Engage patients in shared decision making (SDM), which includes educating patients about effective treatment options.
2. For patients with PTSD who are treated in primary care, use collaborative care interventions that facilitate active engagement in evidence-based treatments.

PREVENTION OF PTSD
- Insufficient evidence to recommend trauma-focused psychotherapy or pharmacotherapy in the immediate post-trauma period.
- Patients with acute stress disorder (ASD): Use an individual trauma-focused psychotherapy that includes a primary component of exposure and/or cognitive restructuring.

DIAGNOSIS AND ASSESSMENT OF PTSD
- Perform periodic screening for PTSD using validated measures such as the Primary Care PTSD Screen (PC-PTSD) or the PTSD Checklist (PCL)
- Patients with suspected PTSD: Diagnostic evaluation should include determination of DSM criteria, acute risk of harm to self or others, functional status, medical history, past treatment history, and relevant family history
- Patients with a diagnosis of PTSD: Use a quantitative self-report measure of PTSD severity, such as the PCL-5, in initial treatment planning and to monitor treatment progress

THE FIRST LINE OF TREATMENT FOR PTSD SHOULD BE AN INDIVIDUAL, MANUALIZED TRAUMA-FOCUSED PSYCHOTHERAPY.
Trauma-focused psychotherapies impart greater change and longer lasting improvements in the core symptoms of PTSD when compared to pharmacotherapies. However, when unavailing or not preferred by the patient, pharmacotherapy or individual non-trauma-focused psychotherapy are still recommended as viable alternatives.

TREATMENT OF PTSD
- PTSD and co-occurring conditions: Presence of co-occurring disorder(s) should not prevent patients from receiving PTSD treatment
- Patients with sleep problems: undergo independent sleep assessment, particularly when problems pre-date PTSD onset or remain following successful completion of a course of treatment
  - Cognitive Behavioral Therapy for Insomnia (CBT-I) is recommended to treat insomnia in patients with PTSD unless underlying etiology or severe sleep deprivation warrants immediate use of medication to prevent harm

TREATMENT OPTIONS

PSYCHOTHERAPY
- Empirically-supported trauma-focused psychotherapies use cognitive, emotional, or behavioral techniques to facilitate processing of a traumatic experience
- Involves 8–16 sessions with the following core techniques:
  - Exposure to traumatic images or memories through narrative or imaginal exposure
  - Exposure to avoided or triggering cues in vivo or through visualization
  - Cognitive restructuring techniques focused on enhancing meaning and shifting problematic appraisals stemming from the traumatic experience
- Effective trauma-focused approaches for treatment of PTSD:
  - Prolonged Exposure (PE)
  - Cognitive Processing Therapy (CPT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Brief Eclectic Psychotherapy (BEP)
  - Narrative Exposure Therapy (NET)

PHARMACOTHERAPY
- No evidence to recommend use of medication in the early period following a trauma to prevent development of PTSD
- Initial pharmacological approach should include a first-line monotherapy trial of sufficient time for response
- Providers should monitor patients for outcomes and side effects
- Providers should consider patient’s response or side effect history, and comorbidities, when choosing medication and dosage
- Selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs) are the only medication classes strongly recommended
  - Recommended SSRIs include fluoxetine, paroxetine, or sertraline
  - Recommended SNRI is venlafaxine

REFERENCES:

FOR MORE INFORMATION
- DOWNLOAD THE CLINICAL PRACTICE GUIDELINE AND CLINICAL SUPPORT TOOLS
  - https://www.healthquality.va.gov/guidelines/MH/ptsd/

CLINICAL SUPPORT TOOLS FOR PROVIDERS

Clinician Summary
A quick reference for providers that summarizes the PTSD CPG

Pocket Guide
Tabbed guide to help providers assess and diagnose symptoms and to treat PTSD and ASD and co-occurring conditions as recommended in the 2017 clinical practice guideline

Pocket Card
A useful, quick reference summary for providers on what is trauma-informed care

CLINICAL SUPPORT TOOLS FOR PATIENTS AND FAMILIES

Patient Summary
A reference for patients on understanding PTSD and treatment recommendations and resources

Patient Guide
Booklet that describes symptoms and treatment options and provides additional resources

Family Guide
Brochure that describes symptoms and treatment options and offers healthy coping strategies and resources for family members of those diagnosed with PTSD

PROVIDERS

A useful, quick reference summary for providers on what is trauma-informed care

PATIENTS AND FAMILIES

A quick reference for providers

FOR MORE INFORMATION


Reprinted from the 59th Annual United States Public Health Service conference in June 2018. For more information, please contact angela.j.williams2@med.va.gov. The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the Psychological Health Center of Excellence, Defense Health Agency, Department of Defense, Department of Veterans Affairs, or any U.S. government agency. doi: 10.1007/898-84-731186-3-279