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

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.

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:

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 .08 is considered large which means that other people would notice that there has been a change.

January 2015
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

## Treatment Comparison Chart

<table>
<thead>
<tr>
<th>How it Works</th>
<th>Cognitive Behavioral Therapy</th>
<th>Antidepressants</th>
<th>Prazosin</th>
<th>Trazodone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps you learn about how your beliefs and memories about your trauma have impacted your life</td>
<td>Helps brain cells send and receive messages</td>
<td>Blocks adrenaline in the brain</td>
<td>Helps brain cells send and receive messages</td>
<td></td>
</tr>
<tr>
<td>Focuses on symptoms such as anxiety or insomnia</td>
<td>Reduces nightmares</td>
<td>Limited effects on overall symptoms of PTSD</td>
<td>Improves sleep</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Benefits</th>
<th>Decreases PTSD symptoms, anxiety, depression, and can improve sleep</th>
<th>Improves PTSD symptoms, but has variable effects on sleep</th>
<th>Significant improvement in sleep</th>
<th>Improves sleep disruption for PTSD patients</th>
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</thead>
</table>

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<thead>
<tr>
<th>Potential Drawbacks</th>
<th>Talking about trauma can be difficult initially</th>
<th>May cause headaches, nausea, decreased sex drive, and fatigue</th>
<th>May cause lightheadedness</th>
<th>May worsen mood</th>
</tr>
</thead>
</table>

| 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

<table>
<thead>
<tr>
<th>SR</th>
<th>Benefit - Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>SSA, SNRAs</td>
</tr>
<tr>
<td>B</td>
<td>Mirtazapine, TCAs, MAOIs (phenelzine), Prazosin (nightmares), Nefazodone (caution)</td>
</tr>
<tr>
<td>C</td>
<td>Prazosin (PTSD)</td>
</tr>
<tr>
<td>D</td>
<td>Guanfacine, Topiramate, Valproate, Tiagabine Benzodiazepines (harm), Risperidone (adjunct)</td>
</tr>
<tr>
<td>I</td>
<td>Buspirone, Bupropion, Non-Benzodiazepine Hypnotics, Lamotrigine, Gabapentin, Clonidine, Trazodone (adjunct), Atypical antipsychotics (mono), Atypical antipsychotics (besides Risperidone) (adjunct), Conventional antipsychotics, Propranolol</td>
</tr>
</tbody>
</table>

### Treating Anxiety and Insomnia in Patients with PTSD

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

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

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

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

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