

## Posttraumatic Stress Disorder: Treatment (reviewed Jan. 17, 2012)

There are 2 main ways of treating a person with posttraumatic stress disorder (PTSD): psychotherapy and medication.

### Psychotherapy

Therapy provides several benefits for people with PTSD. The therapeutic environment provides a safe place for people to go and discuss the traumatic event, their fears and reactions to the event, and their symptoms. This feeling of safety—where anything can be discussed regardless of how shocking or painful—is a way for people with PTSD to begin to reestablish a sense of trust with others. This is especially true for individual therapy (between one person and a therapist) and group therapy, where people who have experienced similar events come together to discuss their symptoms, learn more about PTSD, and provide support for each other.

Therapy also helps people with PTSD learn to manage their symptoms. The different types of therapy are:

**Cognitive-behavioral therapy (CBT)** involves teaching a patient specific stress coping techniques within a limited number of sessions (with “homework exercises” between sessions).

**Prolonged exposure therapy** is another form of CBT. It involves the patient being asked to recall specific traumatic events in a gradual and controlled and repeated fashion. This allows for eventual mastery of the traumatic memories and allows for return to activities that had previously been avoided.

**Cognitive-processing therapy** is similar to prolonged exposure therapy but also includes an emphasis on specific coping strategies that patients can use to combat irrational beliefs and fears that have arisen as a result of the trauma.

**Stress-inoculation training** is a further form of CBT and also involves forms of relaxation training.

**Eye-movement desensitization and reprocessing (EMDR)** is a therapy where patients are instructed to make eye movements and/or follow hand-tapping movements while they are telling the therapist about the traumatic events. EMDR has been somewhat controversial scientifically, because it is not clear how it works. Nevertheless, its effectiveness has been confirmed by studies.

### Medication

Two kinds of medications are often prescribed for anxiety disorders such as PTSD. The first group (technically known as benzodiazepines, but more commonly referred to as minor tranquilizers, sleeping tablets or anti-anxiety medications) provide fast relief of anxiety, but are also associated with dependence. When the person quickly discontinues medication, there is an increase in anxiety symptoms.

The second group is called antidepressants, a term that is somewhat inaccurate since these drugs are widely prescribed for relief of anxiety. These drugs may need to be taken for several weeks (4 to 8 weeks or longer in the case of PTSD) before a decrease in symptoms is noticed. These medications also may be associated with a withdrawal syndrome with abrupt discontinuation.

The U.S. Food and Drug Administration has approved 2 selective serotonin re-uptake inhibitors (SSRIs) for use in PTSD—paroxetine (Paxil<sup>®</sup>) and sertraline (Zoloft<sup>®</sup>).

In general, there is far more evidence for the use of antidepressants in PTSD than for the use of benzodiazepines. There is even a small amount of data indicating that although the benzodiazepines can provide immediate relief of symptoms, over the long haul they can make PTSD worse. The antidepressants are particularly useful in patients who also suffer from depression (although they can be

useful even in the absence of depression). They are also useful when there is a history of abuse of alcohol or other substances (as benzodiazepines are often avoided in such patients).

There is a range of other medications that may also be useful in certain patients. These include anticonvulsant medications, neuroleptics and other classes of medication. In general, such medications should be prescribed for PTSD only by a psychiatrist who is a specialist, rather than a primary care physician. Specialists may prescribe 2 medications at the same time for people with PTSD who fail to respond to various single medications.

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