

### Diagnosis | Four Core Symptoms

**Intrusive** Must have 1  
*Recurrent memories, disturbing dreams, flashbacks, reminders that evoke emotional distress, physical reactivity*

**Avoidance** Must Have 1  
*Reminders of event, feelings/conversations/thoughts of event*

**Negative Cog/Mood Changes** Must Have 2  
*Inability to recall trauma aspects, negative expectations, distorted cognitions about trauma and self-blame, greatly ↓ interest in activities, detachment or estrangement, inability to experience positivity*

**Changes in Arousal/Reactivity** Must Have 2  
*↓ concentration, easily startled, hypervigilance, sleep disturbances, irritability or anger, reckless behavior*

**Symptoms must occur ≥ 1 MONTH**

### Non-Pharm | FIRST LINE

PE	BEP	CPT
Written NE	Narrative Exposure	EDMR

### Pharm | SECOND LINE

Nefazodone	Avoid in liver dysfunction CYP3A4 DDIs
Phenelzine	
Imipramine	Avoid w/ acute MI CI in CAS and prostatic enlargement
Amitriptyline	Avoid w/ acute MI CI in CAS and prostatic enlargement
Nortriptyline	Avoid w/ acute MI CI in CAS and prostatic enlargement
Mirtazapine	

### Pharm | ADJUNCT

Prazosin	Nightmares
Antiseizure	irritability, aggression, hyperarousal
Atypical Antipsychotics	sleep, irritability, aggression, hyper-arousal, psychosis

### Anticonvulsants | Adjunctive Tx

MOA	modulates GABA and glutamate
Target symptoms	Irritability Aggression Hyperarousal <i>off-label use</i>
Examples	Carbamazepine Lamotrigine Topiramate Valproic Acid
<i>VA/DOD guideline recommends AGAINST use due to low-quality evidence</i>	

### Atypical Antipsychotics | Adjunctive Tx

MOA	Dopamine antagonism Histamine antagonist provides sedative-like effects α adrenergic antagonist properties in risperidone similar to prazosin
Target Symptoms	↓ irritability, aggression, and hyperarousal Sleep Psychosis
Examples	Quetiapine Olanzapine Risperidone
<i>VA/DOD guideline recommends AGAINST use due to low-quality evidence</i>	

### SUMMARY

#### 4 core sx make up the diagnostic criterion

Intrusion  
 Avoidance  
 Negative Mood or Cognition  
 Reactivity

#### First-Line Tx

SSRIs  
 SNRIs  
 Psychotherapy

#### Prazosin

Showed no significant difference in nightmares or sleep quality in a large clinical trial



### SUMMARY (cont)

Use should be individualized when nightmare affect QOL

*Diagnosis and Sx remission can be monitored by CAPS*

### Diagnosis and Assessment

#### CAPS (Gold Standard)

Remission	70% ↓ in sx for ≥ 3 months
Partial Response	25 to 50% ↓ in sx for ≥ 3 months
Non-Response	<25% ↓ in sx for ≥ 3 months

### Goals of Treatment

Short Term ↓ in core Sx; ↑ QOL; manage comorbid psych conditions

Long Term Remission

Remission = 70% ↓ in sx for ≥ 3 months

### Pharm | FIRST LINE

Fluoxetine

Sertraline ⇐ FDA APPROVED

Paroxetine ⇐ FDA APPROVED

Venlafaxine XR

Duloxetine

### Monitoring

Use CAPS

Med Trial: 8 to 12 weeks at maintenance dose

Duration: 12 months of Tx

0-3 mo: monitor Q week to QOW

3 to 6 mo: monitor Q month

6 to 12 mo: Q 1 to 2 months

### Benzodiazepines

#### Do not use in PTSD!

☹ This can worsen the response and doesn't provide sx relief

☹ No evidence of reduction in core sx

☹ No positive long-term data reported

*All PTSD guidelines recommend **against** use of benzo's*

### Prazosin | Adjunctive Tx

MOA α-1 adrenergic antagonists

Target PTSD nightmares

Symptom

*off-label use*

ADRs First-dose syncope

Orthostatic hypotension

Dizziness

Somnolence

Headache

Dosing Titrate slowly to minimize hypotension and syncope

*May be used as an adjunctive agent to an antidepressant to help reduce the frequency of nightmares*

### Prazosin | VA/DOD Guideline Trial

Largest trial to date; 13 VA medical centers

Conclusion: No significant difference in nightmares or sleep quality after 10 and 26 weeks of treatment

VA/DOD Guideline: no recommendation for OR against

Evaluate benefits, risks, and medication tolerability

### Duration of Treatment

Pharmacotherapy should be continued for ≥ 12 months

#### Monitoring

• 0 to 3 months Monitor QW to QOW

• 3 to 6 months Monitor Q month

• 6 to 12 months Monitor Q 1 to 2 months

*If symptoms persist, indefinite pharmacotherapy is an option*

#### Discontinuation of Treatment

⇒ ⇒ ⇒ ⇒ ⇒ Individualized

⇒ ⇒ ⇒ ⇒ ⇒ Taper Slowly

⇒ ⇒ ⇒ ⇒ ⇒ Monitor for Relapse

