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 glutamiate
Target symptoms	Irritability
	Aggression
	Hyperarousal
	off-label use
Examples	Carbamazepine
	Lamotrigine
	Topiramate
	Valproic Acid

VA/DOD guideline recommends AGAINST use due to low-quality evidence

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

VA/DOD guideline recommends AGAINST use due to low-quality evidence

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

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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 Symptom	PTSD nightmares
	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

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