Guidelines for: Post-Traumatic Stress Disorder in Adults

OBJECTIVE

To guide the appropriate diagnosis and treatment of post-traumatic stress disorder (PTSD) in adults.

DIAGNOSIS & ASSESSMENT

- Meets DSM-5 diagnostic criteria.
- Complete a thorough diagnostic evaluation that may include structured interviews such as the CAPS-S (www.ptsd.va.gov/professional/assessment/adult-int/caps.asp).
- Evaluate for comorbid diagnoses such as depression and substance use disorders that may include brief self-report scales such as the PHQ-9 or CAGE.
- Complete a functional assessment and determine the availability of basic care resources.
- Include medical history and current conditions.
- Provide periodic screening for PTSD using validated measures like the Primary Care PTSD Screen (PC-PTSD) or the PTSD Checklist (PCL).
- Using a quantitative self-report measure of PTSD severity, such as the PTSD Checklist (PCL-5), is recommended in initial treatment planning and to monitor treatment progress.

TREATMENT

MEDICATION MANAGEMENT

- SSRIs and SNRIs first line treatment.
- Fluoxetine.
- Paroxetine.
- Sertraline.
- Venlafaxine.
  - Second line pharmacotherapy options may include nefazodone, imipramine, and phenelzine if the recommended pharmacotherapy, trauma-focused psychotherapy, or non-trauma focused psychotherapy are ineffective, unavailable, or not in accordance with patient preference and tolerance.
- Mirtazapine or prazosin are recommended for sleep issues or nightmares.

PSYCHOTHERAPY

- Trauma-focused psychotherapy includes:
  - Cognitive behavioral therapy (CBT).
  - Cognitive processing therapy (CPT).
  - Cognitive therapy (CT).
  - Prolonged exposure therapy (PE).
- Other suggested therapies are:
  - Eye movement desensitization and reprocessing (EMDR).
  - Brief eclectic psychotherapy (BEP).
  - Narrative exposure therapy (NET).
  - Written narrative exposure.
- Stress inoculation therapy is an alternative to trauma-focused therapies.
- Augment with stress reduction and relaxation techniques.
- May need psychosocial rehabilitation services such as self-care, independent living, marriage and family skills training or social skills training.
- Cognitive behavioral therapy with a trauma focus (TF-CBT), Cognitive therapy (CT) and EMDR within the first three months of a traumatic event are recommended for the treatment of PTSD symptoms in adults.
- Primary treatment of PTSD includes individual, manualized trauma-focused psychotherapy over pharmacologic and non-pharmacologic interventions.
- It is recommended that members be involved and engaged in the decision making regarding their treatment.
- Share with and educate members what treatment is effective.
- Develop a collaborative model of treatment that has evidence-based treatment and interventions.
- Assess for co-occurring disorders that may need treatment outside those recommended for the diagnosis of PTSD.

REFERENCES

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

Posttraumatic Stress Disorder Prevention and Treatment Guidelines (2018), International Society for Traumatic Stress Studies (ISTSS)
Approved by MAC: 12/10/2014 Reviewed: 07/2020 APP0180 (7/20)