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- Thank you for attending

Introduction to VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder (PTSD)

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Guideline Work Group

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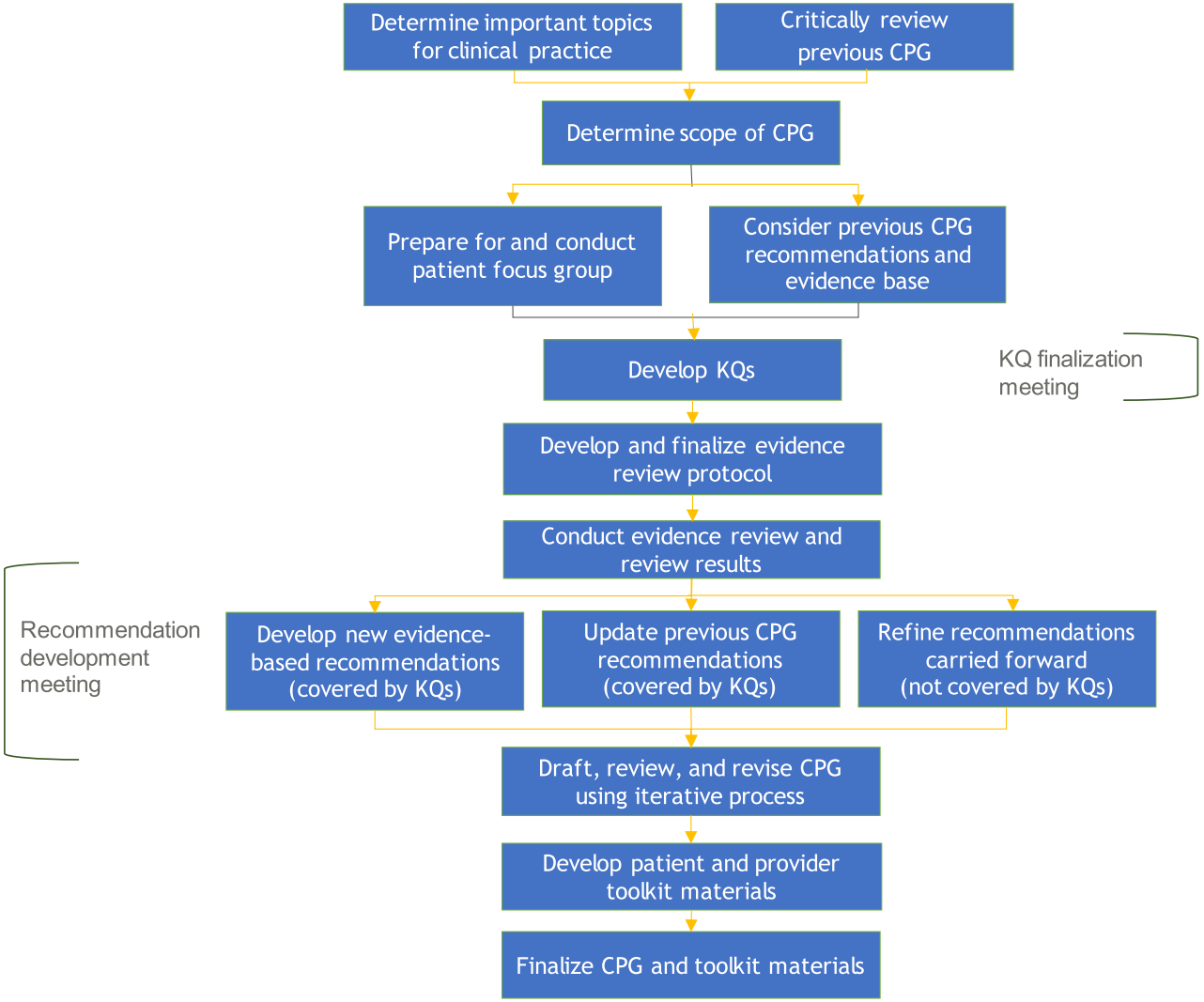
Overview of CPG Development Process



Grading Recommendations - GRADE

- Evidence-based clinical practice recommendations were developed based on the:
  - Evidence review, which was informed by 12 key questions
  - GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology and use of four decision domains to determine strength (*Strong* or *Weak*) and direction (*For* or *Against)* of each recommendation:
    - Confidence in the quality of evidence
    - Balance of desirable and undesirable outcomes
    - Values and preferences
    - Other implications, as appropriate (e.g., resource use)

Strength of a Recommendation

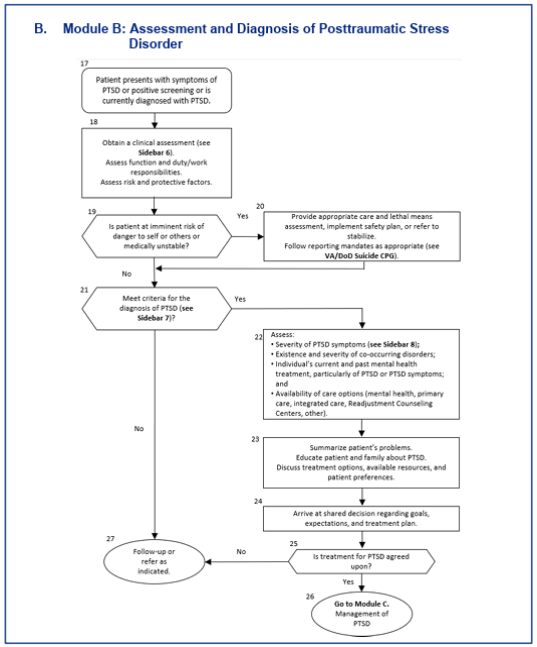
- Strength of a recommendation on a continuum:
  - ***Strong for*** (or "*We recommend*…")
  - ***Weak for*** (or "*We suggest*…")
  - ***Neither for nor against*** (or "*There is insufficient evidence*…")
  - ***Weak against*** (or "*We suggest against*…")
  - ***Strong against*** (or "*We recommend against*…")

Background and Statistics

- **PTSD can affect all aspects of a person's functioning and wellbeing.**
- Recent data from the 2018 Health Related Behavior Survey, a representative survey of active duty Service members, showed that 10.4% of the active component and 9.3% of reserve component active duty Service members report probable PTSD in the past 30 days based on the Primary Care PTSD Screen for DSM-5-TR. (14.15)
- According to the NESARC-III, which included more than 3,100 Veterans among the total participants, the lifetime prevalence of PTSD among Veterans is 6.9%. Lifetime prevalence in Veterans was higher among women (13.2%) than men (6.2.%). Lifetime prevalence also was higher among Veterans younger than 65 (ages 18–29: 15.3%; ages 30–44: 9.7%; and ages 45–64: 8.6%) than Veterans 65 or older (3.75%).

Assessment and Diagnosis of PTSD

- When screening for PTSD, **we suggest** using the Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5).
- For confirmation of the diagnosis of PTSD, **we suggest** using a validated structured clinician-administered interview, such as the Clinician-Administered PTSD Scale (CAPS-5) or PTSD Symptom Scale – Interview Version (PSS-I-5).
- To detect changes in PTSD symptom severity over time, **we suggest** the use of a validated instrument such as the PTSD Checklist for *DSM-5* (PCL-5), or a structured clinician-administered interview, such as the Clinician-Administered PTSD Scale (CAPS-5).



Assessment and Diagnosis of PTSD

PC-PTSD-5	PCL-5	CAPS-5	PSS-I-5
▪ 5 item ▪ Self-report ▪ Screen for PTSD in Primary Care ▪ Positive if 4 or more YES responses	▪ 20 item ▪ 5-10 minutes ▪ Self-report ▪ Monitor PTSD ▪ 33 cut-point score	▪ 30 item ▪ Structured interview ▪ Diagnose and monitor PTSD	▪ 24 item ▪ Structured interview ▪ Diagnose PTSD ▪ PTSD symptom cluster scoring algorithm

CAPS-5 Clinician Training:
https://ptsd.va.gov/PTSD/professional/continuing_ed/caps5_clinician_training.asp

Prevention of PTSD

- For the prevention of PTSD among individuals who have been exposed to trauma, there is **insufficient evidence** to recommend for or against psychotherapy or pharmacotherapy in the immediate post-trauma period.

- ☑ For the prevention of PTSD among patients diagnosed with ASD, **we suggest** trauma-focused cognitive behavioral psychotherapy.

- For the prevention of PTSD among patients diagnosed with acute stress reaction/ASD, there is **insufficient evidence** to recommend for or against any pharmacotherapy.

POLL Question #1

Proper screening and diagnostic instruments for PTSD

Poll Question:

Proper screening and diagnostic instruments for PTSD

What screening and diagnostic instruments for PTSD should be considered in treatment planning *(select all that apply)*?

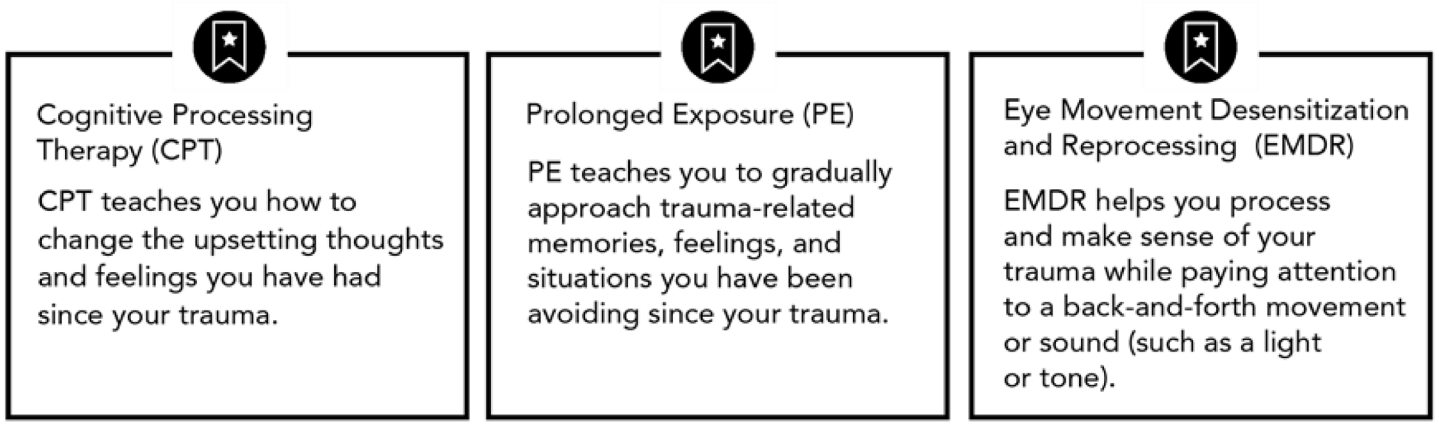
A. Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5)
B. Validated structured clinician-administered interview, such as the Clinician-Administered PTSD Scale (CAPS-5) or PTSD Symptom Scale – Interview Version (PSS-I-5)
C. Accelerated Resolution Therapy
D. Adaptive Disclosure

Recommendations for Psychotherapies for the Management of PTSD

Treatment of PTSD: Treatment Selection and Psychotherapy

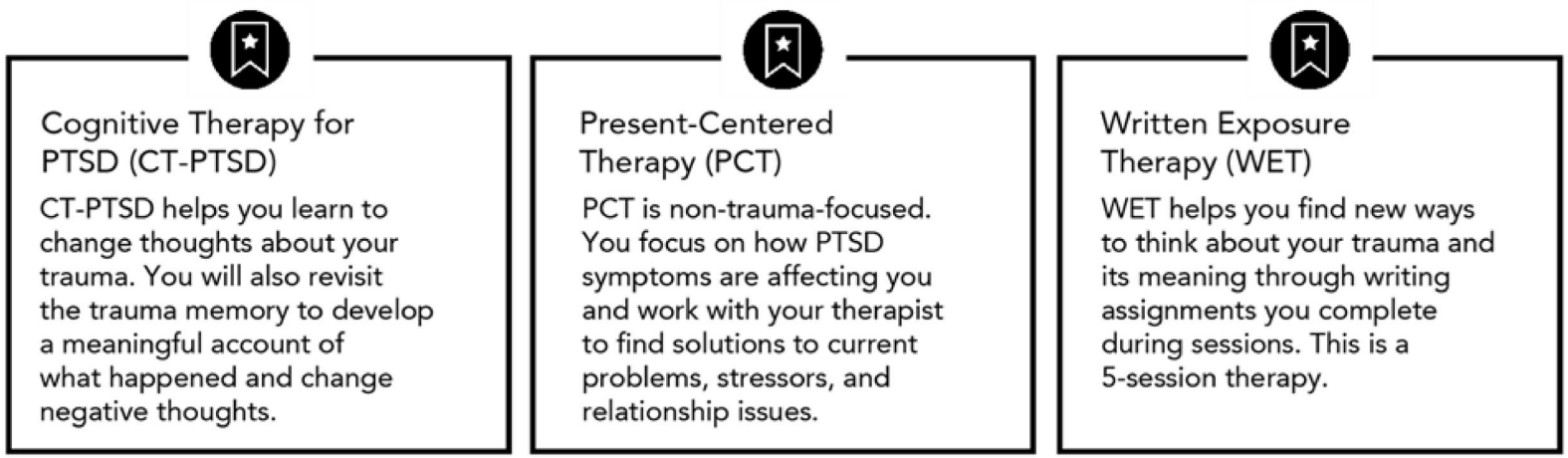
We recommend individual psychotherapies—Cognitive Processing Therapy (CPT), Eye Movement Desensitization (EMDR), and Prolonged Exposure (PE)—over pharmacologic interventions for the treatment of PTSD.

We recommend the following individual, manualized trauma-focused psychotherapies for the treatment of PTSD: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), or Eye Movement Desensitization and Reprocessing (EMDR).



Treatment of PTSD: Psychotherapy

We suggest the following individual, manualized psychotherapies for the treatment of PTSD: Ehlers' Cognitive Therapy for PTSD, Present-Centered Therapy (PCT), or Written Exposure Therapy (WET).



Treatment of PTSD: Psychotherapy

There is **insufficient evidence** to recommend for or against the following individual psychotherapies for the treatment of PTSD: Accelerated Resolution Therapy, Adaptive Disclosure, Acceptance and Commitment Therapy, Brief Eclectic Psychotherapy, Dialectical Behavior Therapy, Emotional Freedom Techniques, Impact on Killing, Interpersonal Psychotherapy, Narrative Exposure Therapy, Prolonged Exposure in Primary Care, psychodynamic therapy, psychoeducation, Reconsolidation of Traumatic Memories, Seeking Safety, Stress Inoculation Training, Skills Training in Affective and Interpersonal Regulation, Skills Training in Affective and Interpersonal Regulation in Primary Care, supportive counseling, Thought Field Therapy, Trauma-Informed Guilt Reduction, or Trauma Management Therapy.

Treatment of PTSD: Psychotherapy

- There is **insufficient evidence** to recommend using individual components of manualized psychotherapy protocols over, or in addition to, the full therapy protocol for the treatment of PTSD.
- There is **insufficient evidence** to recommend for or against any specific manualized group therapy for the treatment of PTSD.
- There is **insufficient evidence** to recommend using group therapy as an adjunct for the primary treatment of PTSD.
- There is **insufficient evidence** to recommend for or against the following couples' therapies for the treatment of PTSD: Behavioral Family Therapy, Structured Approach Therapy, or Cognitive Behavioral Conjoint Therapy (CBCT).

POLL Question #2

Recommendations for Psychotherapies

Recommendations for Psychotherapies

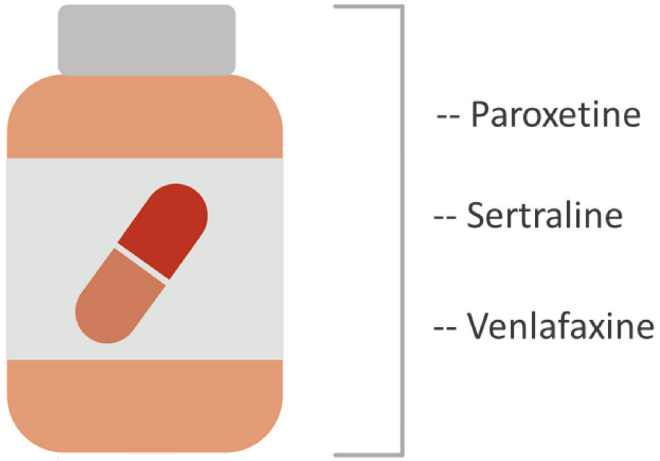
Which of the following psychotherapies are recommended for the treatment of PTSD?

(select all that apply)

A. Cognitive Processing Therapy (CPT)
B. Eye Movement Desensitization (EMDR)
C. Prolonged Exposure (PE)
D. Interpersonal Regulation in Primary Care

Treatment of PTSD: Medications

- **We recommend** paroxetine, sertraline and venlafaxine for the treatment of PTSD.



Treatment of PTSD: Pharmacotherapy

MEDICATION MONOTHERAPY FOR THE PRIMARY TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH OF EVIDENCE

QUALITY OF EVIDENCE*	Recommend For	Suggest For	Suggest Against	Recommend Against	Recommend Neither For Nor Against
Moderate	paroxetine^ sertraline^ venlafaxine				
Low		prazosin (only for the treatment of PTSD-associated nightmares)			
Very Low			divalproex guanfacine ketamine risperidone tiagabine vortioxetine prazosin (for the treatment of PTSD)	benzodiazepines cannabis (or cannabis derivatives) ‡	amitriptyline± bupropion± buspirone citalopram± desvenlafaxine duloxetine escitalopram eszopiclone± fluoxetine imipramine± lamotrigine± mirtazapine± nefazodone± olanzapine± phenelzine± pregabalin± quetiapine± rivastigmine topiramate±
No Data					ayahuasca‡ dimethyltryptamine ‡ ibogaine‡ lysergic acid diethylamide (LSD) ‡ psilocybin‡

1)Paroxetine, Sertraline and Venlafaxine are the only medications with a strong for recommendation

2) Fluoxetine was changed from a strong for in the previous guidelines to neither for nor against

3) Prazosin is neither for nor against for PTSD, but weak for treatment of nightmares in PTSD

4) Recommend agsinst for both cannabis and benzodiazepines

Treatment of PTSD: Augmentation Therapy (Pharmacotherapy)

MEDICATION AUGMENTATION AND COMBINATION* PHARMACOTHERAPY FOR THE TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH OF EVIDENCE

QUALITY OF EVIDENCE±	Recommend For	Suggest For	Suggest Against	Recommend Against	Recommend Neither For Nor Against
Moderate					
Low					3,4-methylenedioxymeth-amphetamine (MDMA)
Very Low			aripiprazole, asenapine, brexpiprazole, cariprazine, iloperidone, lumateperone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone		
No Data					

* Combination means 2 or more evidence-based treatments for PTSD are combined to improve outcomes. Augmentation means an intervention that has not demonstrated efficacy for PTSD itself is added to evidence-based treatment to enhance its effect.

± The Work Group determined there was no high- or moderate-quality evidence regarding medication augmentation and combination therapy.

Treatment of PTSD: Augmentation Therapy

There is **insufficient evidence** to recommend for or against the combination or augmentation of recommended or suggested psychotherapies or medications with any psychotherapy or medication for the treatment of PTSD.

We **suggest against** aripiprazole, asenapine, brexpiprazole, cariprazine, iloperidone, lumateperone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, or ziprasidone for augmentation of medications for the treatment of PTSD.

There is **insufficient evidence** to recommend for or against 3,4-methylenedioxymethamphetamine assisted psychotherapy for the treatment of PTSD.

Treatment of PTSD: Non-pharmacologic Biological Treatments

There is **insufficient evidence** to recommend for or against the following somatic therapies for the treatment of PTSD: capnometry-assisted respiratory therapy, hyperbaric oxygen therapy, neurofeedback, NightWare©, repetitive transcranial magnetic stimulation, stellate ganglion block, or transcranial direct current stimulation.

We **suggest against** electroconvulsive therapy or vagus nerve stimulation for treatment of PTSD.

POLL Question #3

Evidence-based pharmacologic treatment in PTSD

Poll Question:

Evidence-based pharmacologic treatment options in PTSD

Which of the following pharmacologic therapies are recommended for the treatment of PTSD?

(select all that apply):

A. Paroxetine
B. Sertraline
C. Venlafaxine
D. Prazosin

Treatment of PTSD: Treatment of Nightmares

We **suggest** prazosin for the treatment of nightmares associated with PTSD.

There is **insufficient evidence** to recommend for or against the following treatments for nightmares associated with PTSD: Imagery Rehearsal Therapy (IRT), Exposure Relaxation and Rescripting Therapy, Imaging Rescripting and Reprocessing Therapy, or NightWare.

Recommendations for Complementary/Alternative Treatments for the Management of PTSD

Treatment of PTSD: Complementary, Integrative and Alternative Approaches

We **suggest** Mindfulness-Based Stress Reduction (MBSR) for the treatment of PTSD.

There is **insufficient evidence** to recommend for or against the following interventions for the treatment of PTSD: recreational therapy, aerobic or non-aerobic exercise, animal-assisted therapy (e.g., canine, equine), and nature experiences (e.g., fishing, sailing).

Treatment of PTSD: Complementary, Integrative and Alternative Approaches

There is **insufficient evidence** to recommend for or against the following mind-body interventions for the treatment of PTSD: acupuncture, Cognitively Based Compassion Training Veteran version, creative arts therapies (e.g., music, art, dance), guided imagery, hypnosis or self-hypnosis, Loving Kindness Meditation, Mantram Repetition Program, Mindfulness-Based Cognitive Therapy, other mindfulness trainings (e.g., integrative exercise, Mindfulness-Based Exposure Therapy, brief mindfulness training), relaxation training, somatic experiencing, tai chi or qigong, Transcendental Meditation®, and yoga.

- It is important to clarify that we are not recommending against these treatments, but at this time, the research does not support the use of the above listed mind-body interventions for the *primary* treatment of PTSD. **We recognize their value to improve wellness and promote recovery.**

Treatment of PTSD: Technology-based Treatment

We recommend secure video teleconferencing to deliver the strong for psychotherapies—Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR)—and the weak for psychotherapies—Cognitive Therapy for PTSD, Present-Centered Therapy (PCT), Written Exposure Therapy (WET)—when that therapy has been validated for use with video teleconferencing or when other options are unavailable.

There is **insufficient evidence** to recommend for or against mobile apps or other self-help-based interventions for the treatment of PTSD.

There is **insufficient evidence** to recommend for or against facilitated internet-based cognitive behavioral therapy for the treatment of PTSD.

Treatment of PTSD With Co-occurring Conditions

We suggest that the presence of co-occurring substance abuse disorder and/or other disorder(s) not preclude recommended strong for psychotherapies—Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure (PE)—and weak for psychotherapies—Cognitive Therapy for PTSD, Present-Centered Therapy (PCT), Written Exposure Therapy (WET)—for PTSD.

- The evidence shows good tolerance and efficacy for trauma-focused PTSD treatments in patients with other common impairing comorbid conditions, including psychotic disorders, personality disorders, severe mental illness, dissociation, anger, suicidal ideation, TBI and depression.
- There were no studies for comorbid pain that met the inclusion criteria.
- Findings consistently showed that comorbidities, including substance use characteristics and suicidal ideation did not alter safety or effectiveness of interventions for PTSD.

POLL Question #4

Additional Evidence-Based Treatment Options

Poll Question:

Other Evidence-Based Treatment

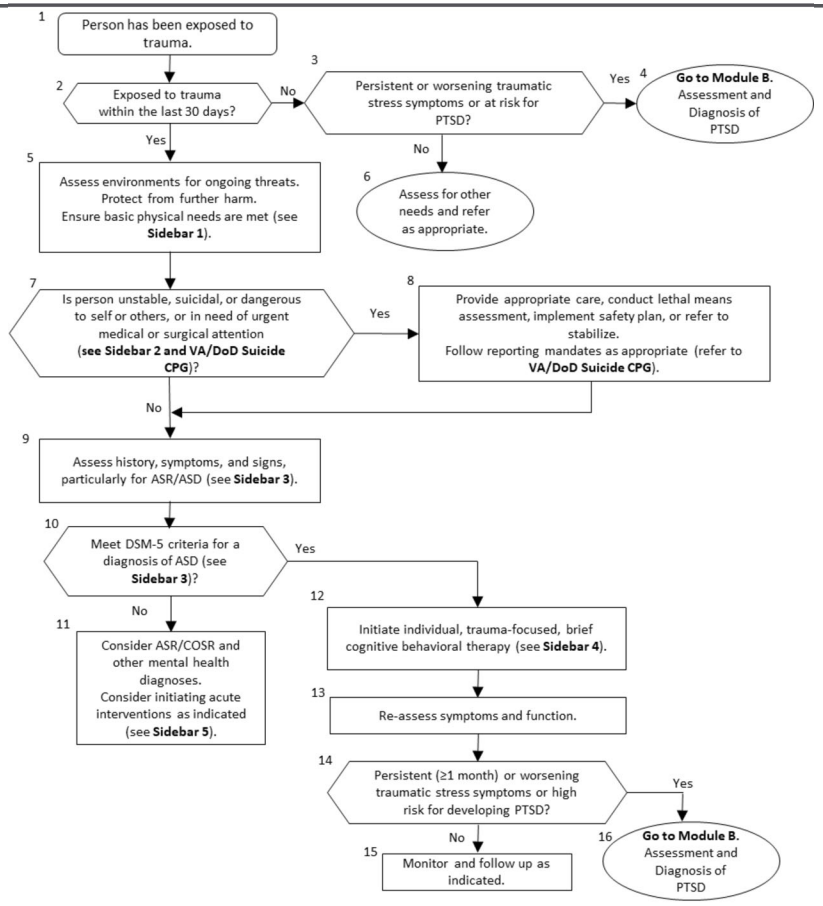
Which of the following interventions are suggested for the treatment of PTSD?

A. Mobile apps or other self-help-based interventions
B. Facilitated internet-based cognitive behavioral therapy
C. Animal assisted therapy
D. Mindfulness-Based Stress Reduction

Algorithm(s) for the Management of PTSD

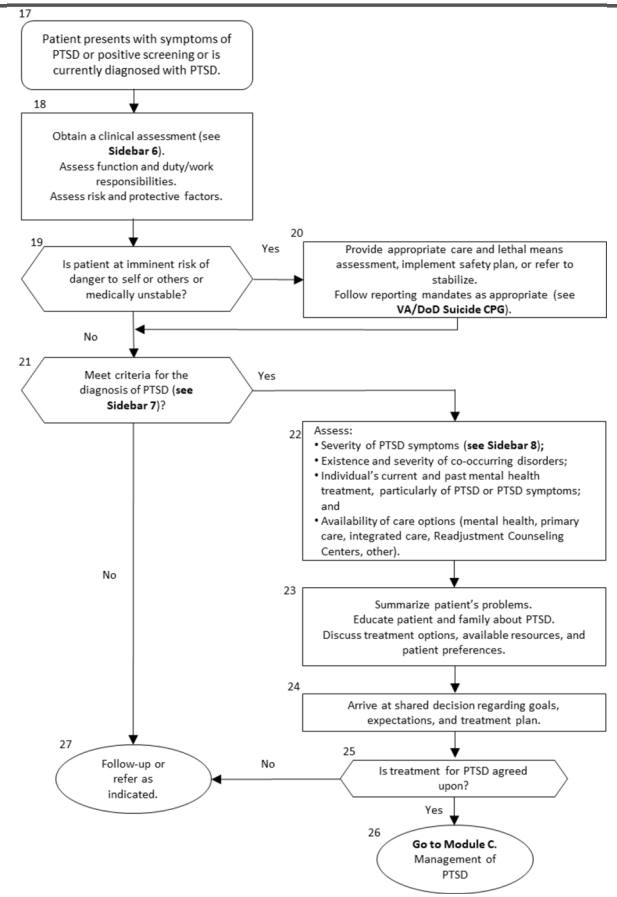
Algorithm – Module A: Acute Stress Reaction/Disorder

- Incorporates recommendations into flow of patient care
- The goal of Module A is assessment for acute stress reaction (ASR) or acute stress disorder (ASD)
- Key decision points:
  - Timing of trauma exposure
  - Determining whether the patient is unstable, suicidal, or dangerous
  - Does the patient meet criteria for a diagnosis of ASD?
- Initiate individual, trauma-focused, brief cognitive behavioral therapy



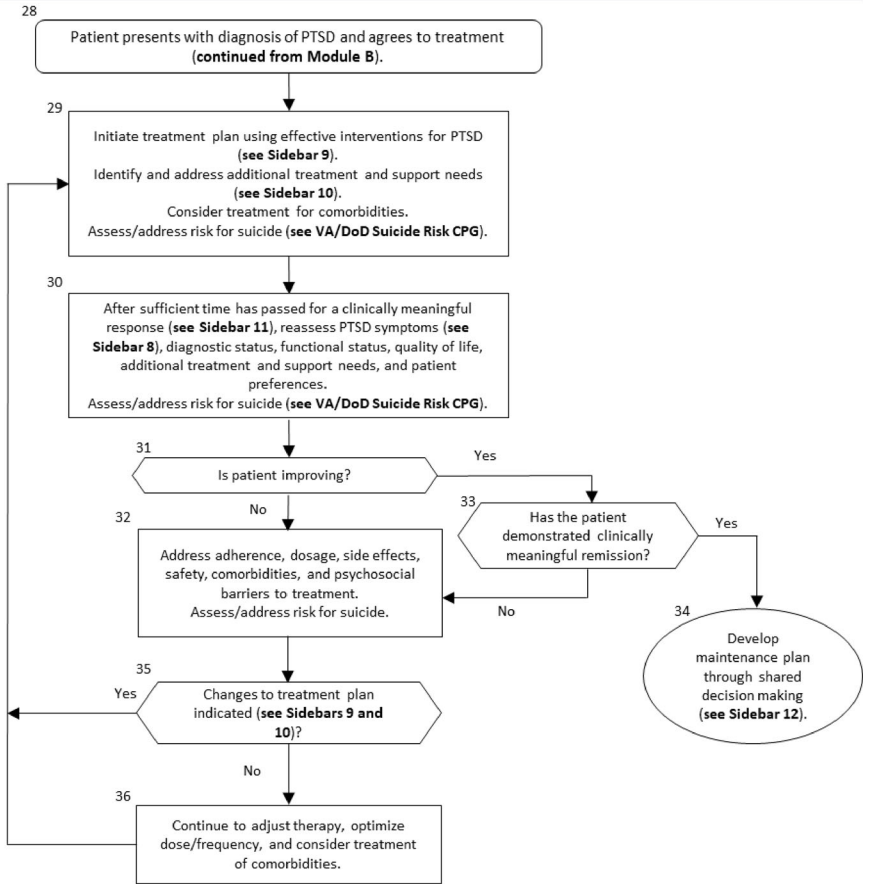
Algorithm – Module B: Assessment and Diagnosis of Posttraumatic Stress Disorder

- For patients presenting with symptoms or diagnosis of PTSD:
  - Complete comprehensive clinical assessment of presenting complaints and comorbid symptoms, safety, lethal means assessment, history, medications
  - Consider, in cases of diagnostic uncertainty, use of validated structured clinical interviews for PTSD (i.e., CAPS-5, PSSI)
  - Does the patient meet criteria for the diagnosis of PTSD?
  - If yes, assess for severity of PTSD symptoms using validated instruments such as the PCL-5 and CAPS-5
  - Shared decision regarding goals, expectations, and treatment plan



Algorithm – Module C: Management of Posttraumatic Stress Disorder

- Treatment selection in the following order:
  1. Recommended individual, manualized psychotherapy (CPT, PE, EMDR)
  2. Recommended pharmacotherapy (paroxetine, sertraline, or venlafaxine)
  3. Suggested psychotherapy (CT-PTSD, PCT, WET) or suggested complementary, integrative, and alternative approaches (MBSR)
  4. Other psychotherapies, pharmacotherapies, or complementary, integrative, and alternative approaches based on availability, preference, and review of current evidence
  5. Treat other disorders, issues, and reevaluate for PTSD treatment later

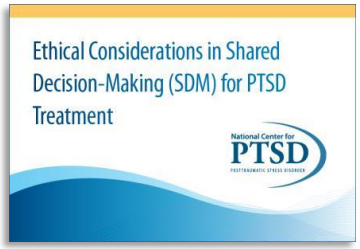


Resources Related to the CPG for PTSD

VA | U.S. Department of Veterans Affairs

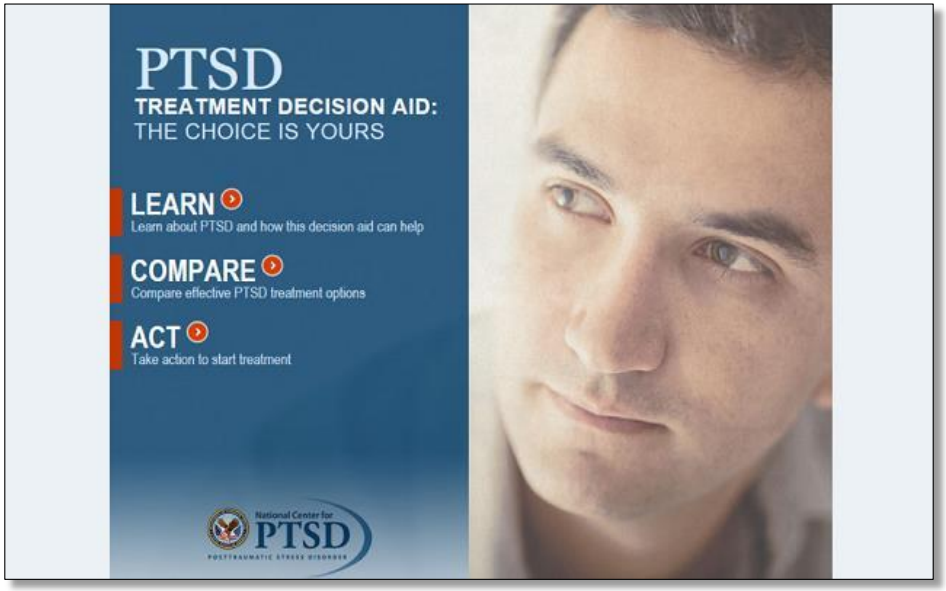
Shared Decision Making Courses

- Shared Decision-Making for PTSD



- Ethical Considerations in Shared Decision-Making (SDM) for PTSD Treatment

PTSD Treatment Decision Aid



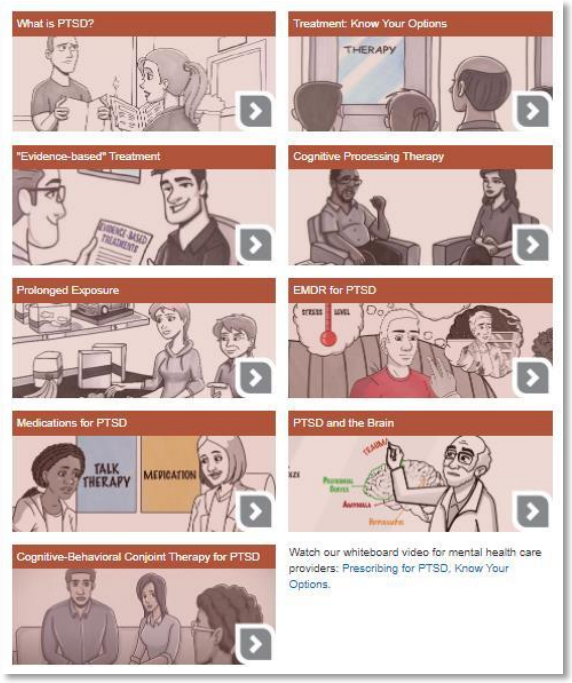
www.ptsd.va.gov/decisionaid

Using the PTSD Treatment Decision Aid with Your Patients

Download: PTSD Treatment Decision Aid Clinician's User Guide (PDF)

Animated Videos

- A series of animated videos, including one for providers about effective treatments for PTSD.
- Short (~3 minute), engaging videos that can be used to educate patients and family members.



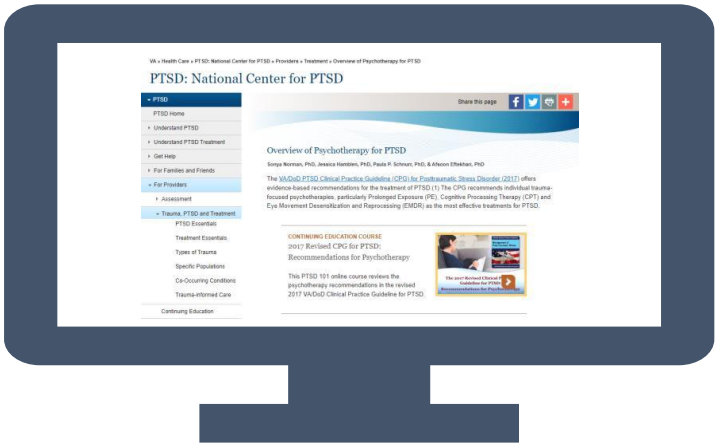
- Veterans talking about how EBPs for PTSD turned their lives around
- Browse videos or search by therapy type, era, service branch and more.
- For Providers: Using AboutFace: Real PTSD Stories

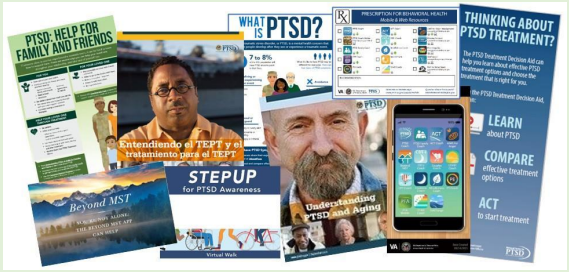
www.ptsd.va.gov/aboutface

Additional National Center for PTSD Resources

Webpages

- Clinical Practice Guideline for the Management of PTSD
- Overview of Psychotherapy for PTSD
- Cognitive Processing Therapy for PTSD
- Prolonged Exposure for PTSD
- Eye Movement Desensitization and Reprocessing (EMDR)
- Written Exposure Therapy (WET)
- Present-Centered Therapy for PTSD





Print Materials: Handouts and Brochures

- Educational flyers, handouts, brochures and other print materials can be used to help educate patients and family members.
- You can now order our print materials free from the US Government Publishing Office.

PTSD Consultation Program

We can help

- **Are you treating Veterans with PTSD?** We can help
- **Do you have questions about the Clinical Practice Guideline for PTSD?** We can help

PTSDconsult@va.gov

866-948-7880

www.ptsd.va.gov/consult

POLL Question #5

Patient/family education strategies with resources for PTSD

Poll Question:

Patient/family education strategies with resources for PTSD

All the following educations resources are available, except:

A. Online courses, articles, videos on the National Center for PTSD's webpage
B. An online PTSD Decision Aid to compare treatments that work
C. Live training for clinicians in all the recommended and suggested evidence-based PTSD treatments
D. A PTSD Consultation Program that responds to any question on PTSD treatment in Veterans (and active duty)

http://www.healthquality.va.gov

Audience Q&A