Returning Veterans with PTSD: When the War Comes Home

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The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

Discussion of evidence-based but non-FDA approved medications for the treatment of PTSD including fluoxetine, venlafaxine, nefazodone, imipramine, phenelzine and prazosin.

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Learning Objectives

1. Screen all new patients with a validated tool for symptoms of PTSD initially and then on an annual basis, or more frequently, if clinically indicated due to clinical suspicion, recent trauma exposure (e.g., major disaster), or history of PTSD.

2. Assess for co-morbid physical and psychiatric conditions

3. Develop a multidisciplinary treatment plan and initiate trauma-focused psychotherapy when available, and/or pharmacotherapy.

4. Assist patients in connecting with mental health resources, including medication and different types of therapy, to manage and understand symptoms and aid in recovery from PTSD.

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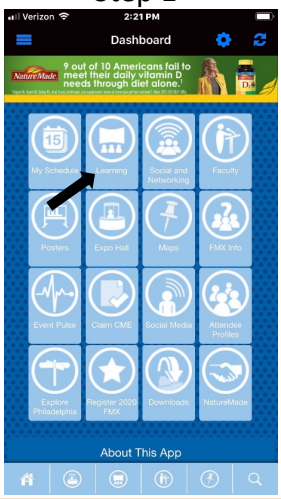
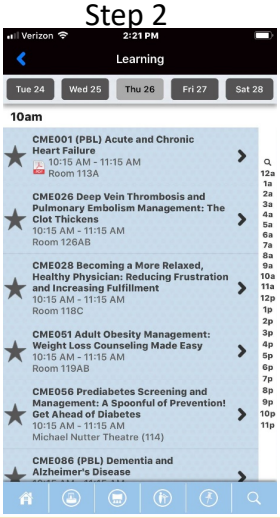
Audience Engagement System

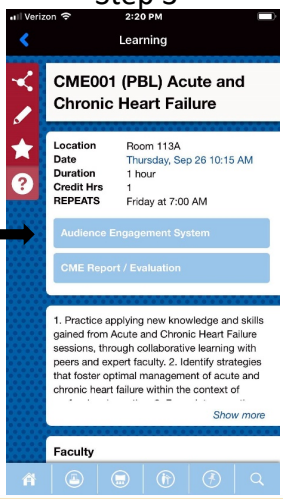
Step 1



Step 2



Step 3



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PTSD Definition

"Trauma is personal. It does not disappear if it is not validated. When it is ignored or invalidated the silent screams continue internally heard only by the one held captive. When someone enters the pain and hears the screams healing can begin."

— Danielle Bernock, Emerging with Wings: A True Story of Lies, Pain, and the Love That Heals

PTSD Incidence

- General Population – 1-5%
- Primary Care Clinic – 12%
- Post Deployment Military
  - Non combat unit rates similar to general population (5%)
  - Direct combat (13%)
  - High intensity combat units - up to 25%

Clinical Vignette

- CC: "Hip Pain"
- HPI:
  - 47 y/o active army male MSG
  - Symptoms since PCS to Fort Irwin 1 month ago
    - Losing temper, intense anxiety in crowds/avoidance, insomnia
    - Affecting relationship with wife and ability to perform duties
  - IED blast – 2008 – OIF
    - Witnessed the death of several soldiers

Clinical Vignette

- PMH/PSH:
  - Femur Fracture w/ ORIF - March 2009
  - Chronic Pain
  - Hypertension
  - Obstructive Sleep Apnea
  - Insomnia
  - mTBI: 1997 jump injury LOC < 1 hour
- Medications:
  - Amlodipine 5 mg daily
  - Zolpidem 10 mg QHS

Clinical Vignette

- Social
  - Operations group
  - Married
  - Mild EtOH use, no tob or drugs
- Family history
  - Father – Hypertension

Clinical Vignette

- PE
  - Gen: Vitals reviewed, A/Ox3, NAD
  - Appearance: Normal
  - Behavior: Normal. Cooperative. Good eye contact.
  - Mood: “I’m in pain”
  - Affect: Broad, nearly tearful at times. Appropriate. Congruent with mood.
  - TP: Normal. Goal directed.
  - TC: No SI/HI. No delusions or hallucinations.
  - J/I: Normal.

Traumatic Stress Reaction Spectrum

- Acute Stress Reaction
  - Hours to days
- Acute Stress Disorder (ASD) *
  - Two days to one month
- Post Traumatic Stress Disorder (PTSD) *
  - Lasting > 1 month after trauma
    - Delayed onset (6 months after trauma)
    - Chronic (lasting > 3 months) – Not in DSM-5

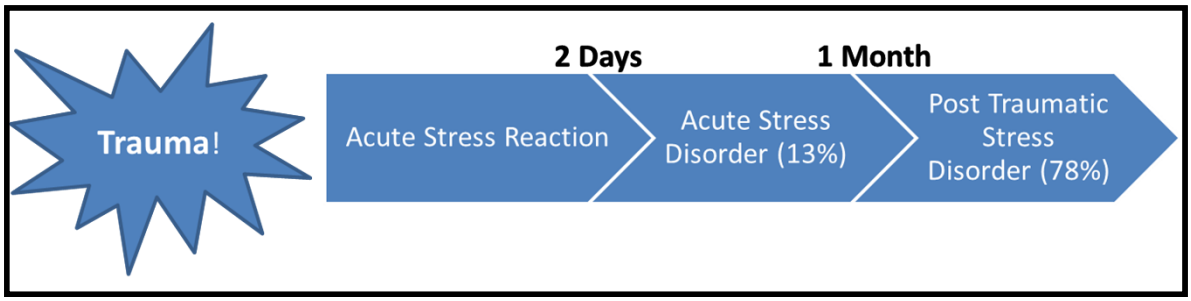
Poll Question 1

What percent of patients with ASD will go on to develop PTSD?

A. 5 – 10%
B. 20 – 25%
C. 50 – 60 %
D. 70 – 80%

Rate of Progression

Study of Motor Vehicle Accidents



Only 30 – 60% who developed PTSD met criteria for ASD previously

Ursano RJ, et al. Am J Psychiatry. 1999

Risk Factors

Pre-Traumatic

- Ongoing life stress
- Lack of social support
- Young age at time of trauma
- Pre-existing psych disorder
- Female gender
- Low socioeconomic status
- Prior trauma exposure
- Family history

Peri-Traumatic

- Severe trauma
- Interpersonal nature of trauma
- High perceived threat to life
- Community (mass) trauma
- Peri-traumatic dissociation

Post-Traumatic

- Ongoing life stress
- Lack of social support
- Bereavement
- Major loss of resources
- Children at home and distressed spouse

Poll Question 2

Which has NOT shown potential to prevent PTSD in survivors of trauma?

A. Morphine
B. Benzodiazepines
C. Propranolol
D. Psychological First Aid
E. Targeted Brief CBT

Prevention

Beneficial	Some Benefit	Potential Benefit	No Benefit	Harmful
• Targeted, brief Cognitive Behavioral Therapy	• Social support • Psycho-education and normalization	• Psychological first aid • Propranolol • Prazosin • Morphine	• Group psychological debriefing	• Individual psychological debriefing • Benzodiazepines

Poll Question 3

How often do you screen your patients for PTSD?

A. Never
B. If they have other psych diagnosis
C. Once a year or more frequently
D. Every visit

Screening Recommendations

- VA/DOD Joint Guideline (2010)
  - Universal screening initially then yearly
  - Paper or computer-based screening tool
- Institute of Medicine Report (2012)
  - Yearly screening for all deployed in VA or DOD

Screening Tools

- GAD-7
  - Seven questions
  - Validated for GAD, Panic Disorder, Social Anxiety Disorder and PTSD
- PC-PTSD
  - Four questions
- PCL-5
  - Screening – cut off > 33
  - Diagnostic tool
  - Score can be followed

GAD-2 and GAD-7

Over the past two weeks, how often have you been bothered by the following problems?

	Not at all	*Several days*	*More than one half of the days*	*Nearly every day*
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Total GAD-2 score		_____ + _____ + _____		
Worrying too much about different things	0	1	2	3
Having trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid, as if something awful might happen	0	1	2	3
Total GAD-7 score		_____ + _____ + _____		

- Sensitive for GAD, panic disorder, social anxiety disorder and PTSD
- GAD-2 > 3
- GAD-7 > 8

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- *A serious accident or fire*
- *A physical or sexual assault or abuse*
- *An earthquake or flood*
- *A war*
- *Seeing someone be killed or seriously injured*
- *Having a loved one die through homicide or suicide*

Have you ever experienced this kind of event?
If yes… In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
3. Been constantly on guard, watchful, or easily startled?
4. Felt numb or detached from people, activities, or your surroundings?
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Prins A, et al. J Gen Intern Med. 2016

PCL-5

- Full DSM-5 Diagnostic Criteria
- Can grade severity
- Can be followed longitudinally

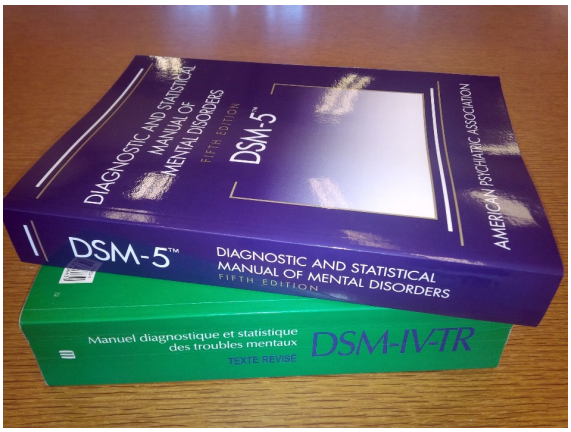
- Scoring
  - Screen Positive if 33 or greater
  - 5 point change is reliable
  - 10 point is clinically significant

	In the past month, how much were you bothered by:	*Not at all*	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
Intrusion (1)	1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
	2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
	3. Suddenly feeling or acting as if the stressful experience were actually happening again *(as if you were actually back there reliving it)*?	0	1	2	3	4
	4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
	5. Having strong physical reactions when something reminded you of the stressful experience *(for example, heart pounding, trouble breathing, sweating)*?	0	1	2	3	4
Avoidance (1)	6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
	7. Avoiding external reminders of the stressful experience *(for example, people, places, conversations, activities, objects, or situations)*?	0	1	2	3	4
Cognition and Mood (2)	8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
	9. Having strong negative beliefs about yourself, other people, or the world *(for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)*?	0	1	2	3	4
	10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
	11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
	12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
	13. Feeling distant or cut off from other people?	0	1	2	3	4
	14. Trouble experiencing positive feelings *(for example, being unable to feel happiness or have loving feelings for people close to you)*?	0	1	2	3	4
Arousal (2)	15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
	16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
	17. Being "superalert" or watchful or on guard?	0	1	2	3	4
	18. Feeling jumpy or easily startled?	0	1	2	3	4
	19. Having difficulty concentrating?	0	1	2	3	4
	20. Trouble falling or staying asleep?	0	1	2	3	4

Blevins CA, et al. J Trauma Stress. 2015.

Diagnosis / DSM-5

- History of trauma
- Symptoms
  - Intrusion (1)
  - Avoidance (1)
  - Neg cognition/mood (2)
  - Increased arousal (2)
- Duration > 1 month
- Clinically significant impairment
- Not attributable to a substance



Clinical Vignette

- PCL: 75
- PHQ-9: 13
  - No significant depressive symptoms
  - No suicidal ideation

Diagnosis / DSM-IV TR

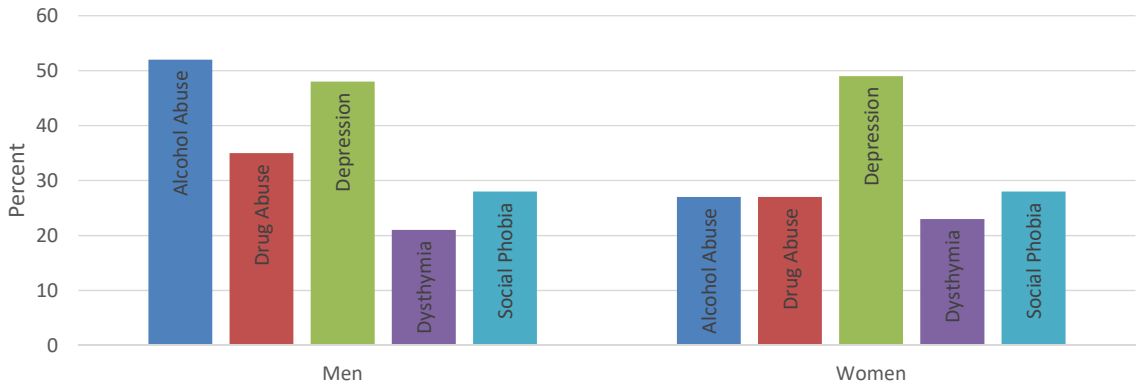
- History of trauma ☑
- Symptoms
  - Re-experiencing (1) ☑
  - Avoidance / numbing (3) ☑
  - Increased arousal (2) ☑
- Duration > 1 month ☑
- Clinically significant impairment ☑

Poll Question 4

In men with PTSD, what is the most common psychiatric co-morbidity?

A. Major Depressive Disorder
B. Substance Use Disorder
C. Social Anxiety Disorder
D. Dysthymia

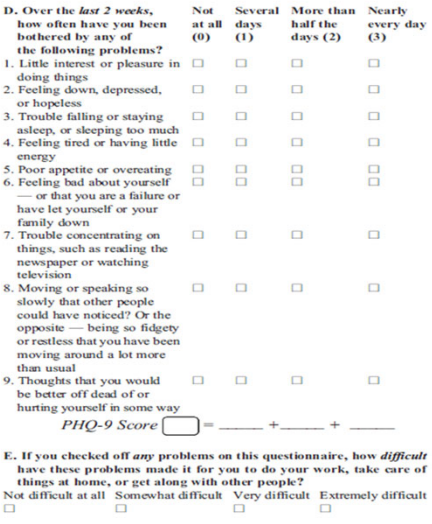
Psychiatric Comorbidities



Kessler RC, et al. Arch Gen Psychiatry 1995

PHQ-9

- Diagnosis
  - DSM-5 Criteria
- Severity Rating
  - 10 – 15: Mild
  - 15 – 20: Moderate
  - ≥ 20: Severe
- Longitudinal tracking tool
  - 5 point decline is significant
  - Response to treatment: improvement of 50 percent from baseline
  - Remission: 4 or less, maintained for at least 1 month



D. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead of or hurting yourself in some way	☐	☐	☐	☐

PHQ-9 Score ☐ = _____ + _____ + _____

E. If you checked off *any* problems on this questionnaire, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐

Kurt, et al. The patient health questionnaire Somatic, Anxiety and Depressive Symptoms Scales: A systematic Review. Gen Hosp Psych 2010

CAGE-AID Questionnaire

Item	Text
1.	Have you ever felt you ought to cut down on your drinking *or drug use*?
2.	Have people annoyed you by criticizing your drinking *or drug use*?
3.	Have you ever felt bad or guilty about your drinking *or drug use*?
4.	Have you ever had a drink *or used drugs* first thing in the morning to steady your nerves or to get rid of a hangover?

Brown RL, et al. Wis Med J. 1998.

Other Co-morbidities

- Chronic pain
- Insomnia
- Post-Concussive Syndrome (TBI)
  - Cognitive complaints
- Cardiovascular disease
  - Autonomic and neuroendocrine dysregulation

Suicidality

- PTSD is a risk factor for suicide
  - 20% per year attempt
- Predictors
  - Aggressiveness in men
  - Depressive symptoms in women

Acierno et al 2000

Poll Question 5

Patients with symptoms of PTSD who do not meet full DSM criteria are at increased risk of suicide.

A. True
B. False

Subthreshold PTSD

- Do not meet DSM-5 criteria
- Linear increase with PTSD symptoms
  - Increased risk for suicide
  - Increased co-morbidities
  - Increased functional impairment

Treatment

- Everyone
  - Psychoeducation
  - Self management
  - Symptom-specific treatment
- Psychotherapy or pharmacotherapy
- Regular follow-up
  - At least every 3 months for chronic PTSD

Psycho. vs Pharm. Therapy

- Pharmacotherapy alone was inferior to psychotherapy alone or combined therapy
- VA/DOD CPG recommends psychotherapy first line

Merz, J., et al. JAMA Psychiatry. 2019

Poll Question 6

Which form of therapy has the LEAST evidence for treatment of PTSD?

A. Prolonged Exposure Therapy
B. Eye Movement Desensitization and Reprocessing
C. Psychodynamic Therapy
D. Cognitive Behavioral Therapy

Treatment - Psychotherapy

- Trauma-focused psychotherapies:
  - Prolonged Exposure
  - Cognitive Processing Therapy
  - Eye Movement Desensitization and Reprocessing
  - Cognitive behavioral therapies for PTSD,
  - Brief Eclectic Psychotherapy
  - Narrative Exposure Therapy
  - Written narrative exposure

Poll Question 7

Which medication is FDA approved for treatment of PTSD?

A. Fluoxetine
B. Paroxetine
C. Venlafaxine
D. Amitriptyline
E. Diazepam

Treatment - Pharmacotherapy

Education

- It only works if taken every day
- It is not habit forming or addictive
- Benefits appear slowly
- Mild side effects are common and usually will improve
- Contact prescriber before stopping medication
- The goal is remission, which may take a few tries
- Does not preclude deployment

Treatment - Pharmacotherapy

<u>First Line</u>

- SSRIs
  - Paroxetine★
  - Sertraline ★
  - Fluoxetine
- SNRIs
  - Venlafaxine

<u>Second Line</u>

- Nefazodone
- TCA
  - Imipramine
- MAOI
  - Phenelzine
- Alpha Blocker
  - Prazosin
  - Adjunctive treatment of sleep/nightmares

★ FDA Approved for PTSD

The Management of Posttraumatic Stress Disorder Work Group. VA / DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF POST-TRAUMATIC STRESS.; 2017.

Initial Treatment

Severity / PCL-5 Score	Treatment
Sub-Threshold < 33	• Consider pharm or psychotherapy. • Or follow closely. • Follow up in 4 weeks.
Mild-Moderate 33 - 55	• Start psychotherapy +/- pharm • Follow up in 2-4 weeks.
Severe > 55	• Start combination pharm and psychotherapy. • Follow up in 2-4 weeks.

Follow up

PCL-5 Score Change	Treatment Changes
Decreases 10 points or more	• No change. • Follow up in 4 weeks.
Decrease of 5 to 10 points	• Increase dose. • Or follow closely. • Follow up in 4 weeks.
Decrease of less than 5 points	• Consider augmentation or switching with or to pharm or psychotherapy.

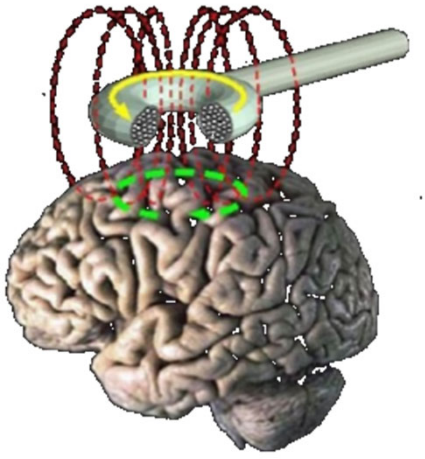
Poll Question 8

What percent of patients treated for PTSD are in remission 1 year after diagnosis?

A. Less than one half
B. One half to three quarters
C. Greater than nine out of ten

Future Directions for Treatment

- SMART-CPT
- Cannabidiol
- Transcranial Magnetic Stimulation
- MDMA Assisted Psychotherapy



Jak AJ, et al. J Neurol Neurosurg Psychiatry. 2019
Bitencourt RM, et al. Front Neurosci. 2018
Am J Psychiatry. Published online June 24, 2019
https://maps.org/research/mdma

Prognosis

- Untreated
  - 1/3 in remission at one year
  - Average duration of 64 months
  - 1/3 still symptomatic at ten years
- Treated
  - ½ in remission at one year
  - Average duration of 36 months
- Maintenance
  - 5% vs 26% relapse on sertraline at 28 weeks

Davidson et al Am J Psychiatry. 2001;158(12):1974

Clinical Vignette

- Started on low-dose SNRI
- 4 week follow up
  - PCL 61 → 56
- 8 week follow up
  - PCL 64
  - Added on prazosin for nightmares
  - Agreed to start in clinic PTSD group
- 6 month follow up
  - Endorsing significant improvement
  - PCL 51

Best Practice Recommendations

- PTSD can be managed in primary care
- Screen for PTSD
- Make diagnosis with PCL tool / DSM-5
- Screen for co-morbidities
- Screen for suicidality at EVERY visit
- Treat with psychotherapy +/- SSRI/SNRI first line
- Assess response with repeat PCL scores

Contact Information

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Questions

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