Diagnosis & Treatment of PTSD in Primary Care

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Disclosures/Conflicts

I have no financial disclosures or actual/potential conflict of interest in relation to this presentation.
Objectives

At the conclusion of the presentation attendees will be able to:

- Identify incidence of PTSD in the primary care setting
- Recognize symptomatology using DSM-5 Diagnostic Criteria
- Review intrinsic factors influencing individual response to stress
- Define appropriate screening tools for an accurate diagnosis
- Select appropriate therapeutic treatment modalities
post-traumatic-stress-syndrome
catastrophic-stress-disorder
post-Vietnam-syndrome
battle-fatigue
combat-neurosis
combat-exhaustion
gross-stress-reaction
Vietnam-combat-reaction
post-traumatic-stress-disorder
Prevalence of PTSD

- Adolescents
- Adults

NIH Post-Traumatic Disorder (last update 2017)
Meet Randy….

6 months ago Randy, 15 year old, was attacked by a group of guys on the way to a football game. Since then he has been experiencing headaches and goes out of his way to avoid groups of people along his path. He enjoyed hanging out with friends but is afraid to go to the park because of the number of people there. He reports being watchful in his surroundings and becomes agitated when people approach him quickly. He was a A-B student but is having difficulty maintaining his grades which is a problem as he needs a college scholarship; but now he is questioning the point of trying to get into College. He is on no medications, no alcohol, or other drugs. His older brother has started walking with him to help protect him.
<table>
<thead>
<tr>
<th>Anxiety Disorders</th>
<th>OCD &amp; Related Conditions</th>
<th>Trauma and Stressor-Related Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic Disorder</td>
<td>OCD</td>
<td>Reactive Attachment Disorder</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>Body Dysmorphic Disorder</td>
<td>Disinhibited Social Engagement Disorder</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>Hoarding Disorder</td>
<td>PTSD</td>
</tr>
<tr>
<td>Social Anxiety (Social Phobia)</td>
<td>Trichotillomania (Hair Pulling Disorder)</td>
<td>Acute Stress Disorder</td>
</tr>
<tr>
<td>Selective Mutism</td>
<td>Excoriation (Skin-Picking Disorder)</td>
<td>Dissociative Identify Disorder</td>
</tr>
<tr>
<td>GAD</td>
<td>Substance or Medication Induced OCD and related disorder</td>
<td>Dissociative Amnesia</td>
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<tr>
<td></td>
<td></td>
<td>Depersonalization or Derealization Disorder</td>
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</tbody>
</table>
DSM-5 Diagnostic Criteria--PTSD

- **Criterion A (one required)**
  - exposed to: death, threatened death, actual/threatened serious injury, or actual/threatened sexual violence
- **Criterion B (one required)**
  - event is persistently re-experienced
- **Criterion C (one required)**
  - avoidance of trauma-related stimuli after the trauma
- **Criterion D (two required)**
  - negative thoughts or feelings that began or worsened after the trauma
- **Criterion E (two required)**
  - trauma-related arousal and reactivity that began or worsened after the trauma
- **Criterion F (required):**
  - Symptoms last for more than 1 month.
- **Criterion G (required):**
  - Symptoms create distress or functional impairment (e.g., social, occupational).
- **Criterion H (required):**
  - Symptoms are not due to medication, substance use, or other illness.

**Qualifiers:** Dissociative symptoms vs Hyperarousal
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The Hypothalamo-Pituitary-Adrenocortical Axis (HPA)-Axis

Fight or flight
- Tachycardia
- Sweating
- Rapid breathing
- Tremors
- Hyperarousal
Core PTSD Symptoms

- Intrusion (flashbacks, intrusive imagery, nightmares)
- Avoidance (triggers)
- Negative alterations in cognitions and mood (panic attacks, anxiety, phobias, depression, mood swings, personal disenfranchisement)
- Alterations in arousal and reactivity (Hyperarousal & hypervigilance)
Why doesn’t everyone get PTSD?

Resilience
What is Resilience?

- A staunch acceptance of reality
- A deep belief, often buttressed by strongly held values, that life is meaningful
- An uncanny ability to improvise
Clinical Impact for Primary Care

- Common in primary care
- Comorbid with mood disorders
  - Major Depressive Disorder >50%
- Complicated diagnosis and treatment
  - Shares some of same symptoms of MDD
    - Trouble remembering key features of the traumatic event
    - Negative thoughts about oneself or the world
    - Distorted feelings like guilt or blame
    - Loss of interest in enjoyable activities
- Commonly unrecognized and undertreated in primary care
# PTSD Screening

<table>
<thead>
<tr>
<th>Tool</th>
<th>Items</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)</td>
<td>5</td>
<td>Begins by clinician asking about exposure to trauma. If yes, responds to 5 questions regarding affect over past month</td>
</tr>
<tr>
<td>PTSD Checklist for DSM-5 (PSL-5)</td>
<td>20</td>
<td>Self-report measure assesses the 20 DSM-5 symptoms</td>
</tr>
<tr>
<td>Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)</td>
<td>30</td>
<td>(Gold Standard for PTSD Assessment)---assesses 20 symptoms plus:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Onset/duration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Subjective distress</td>
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<tr>
<td></td>
<td></td>
<td>● Impact on social and occupational functioning</td>
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<tr>
<td></td>
<td></td>
<td>● Improvement in symptoms</td>
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<tr>
<td></td>
<td></td>
<td>● Overall response</td>
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<tr>
<td></td>
<td></td>
<td>● Overall PTSD severity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Specifications for dissociative subtype</td>
</tr>
<tr>
<td>Depression Screen</td>
<td>PHQ-2, PHQ-9</td>
<td></td>
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</tbody>
</table>
Treatment Goals

- Reduce Severity of Symptoms
- Prevent or treat comorbid conditions related to trauma
- Improve adaptive functioning
- Restore trust and safety
- Protect against relapse
Non-Pharmacologic Treatments

- Cognitive Behavioral Therapy (CBT)
- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)
Cognitive Behavioral Therapy

- Strongly recommended by the APA
- Delivered over 12-16 sessions (group or individual)
- Focuses on relationship among thoughts, feelings, and behaviors
  - Targets current problems/symptoms
  - Focuses on changing patterns of behaviors, thoughts and feelings
  - Encourage patients to re-evaluate distortions in thinking
Prolonged Exposure (PE)

- Strongly recommended by the APA
- Conducted over 2-3 months (8-15 sessions)
- Help individuals confront fears
- Teaches individuals to gradually approach trauma-related memories, feelings and situations
- Can be very anxiety provoking
Cognitive Processing Therapy (CPT)

- Strongly recommended by the APA
- Conducted over 12 sessions (group or individual)
- Help individuals challenge and modify unhelpful beliefs
- Helps individual identify “automatic thoughts”
- Develop skills to continue to evaluate and modify beliefs related to trauma
Eye Movement Desensitization and Reprocessing (EMDR) Therapy

- Conditionally recommended by the APA
- Conducted over 6-12 sessions (individual)
- Based on Adaptive Information Processing model
  - Past disturbing experiences continue to cause distress because memory not adequately processed
  - These memories contain emotions, thoughts, beliefs, and physical sensations as at time of event
- Focuses directly on the memory to change way memory is stored in the brain
- Incorporates use of eye movement or other bilateral stimulation (tones/taps) to reduce vividness and emotion of the memory
- Does not include extended exposure to event, reliving trauma, challenging of dysfunctional beliefs
## Pharmacologic Treatment

<table>
<thead>
<tr>
<th>Medication</th>
<th>Target Dose Range (mg/day)</th>
<th>Helpful Hints</th>
<th>Drug Interaction Potential/Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRIs</td>
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<tr>
<td>Paroxetine (Paxil)*</td>
<td>20-50</td>
<td>Most sedating, sexual dysfunction</td>
<td>CYP450 (2D6 &amp; 3A4)-anticoagulants, beta blockers, increase level of BZDs &amp; Buspar, pimozide</td>
</tr>
<tr>
<td>Sertraline (Zoloft)*</td>
<td>50-200</td>
<td>The more anxious the lower the starting dose (increase agitation, anxiety initially)</td>
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<tr>
<td>Fluoxetine (Prozac)</td>
<td>20-80</td>
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<tr>
<td>SNRIs</td>
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<tr>
<td>Venlafaxine (Effexor)</td>
<td>75-300 (Taper for withdrawal)</td>
<td>Increase anxiety go slow! Monitor BP- Lower dose: Renal/Liver impairment</td>
<td>CYP450 (2D6-weak inhibitor) Tramadol, MAOIs, anticoagulants, tagamet</td>
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</tbody>
</table>
### Other Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage (mg/day)</th>
<th>Helpful Hints</th>
<th>Drug Interaction Potential/Side Effects</th>
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</thead>
<tbody>
<tr>
<td>Tricyclic Antidepressants (TCAs)</td>
<td></td>
<td></td>
<td>CYP450 (2D6 &amp; 1A2)-Tramadol, anticholinergics, SSRIs, cimetidine, clonidine</td>
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<tr>
<td></td>
<td>Imipramine (Tofranil) 150-300mg</td>
<td>Monitor liver function, greater OD potential (QT prolongation)</td>
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<tr>
<td>Buspirone (BuSpar)</td>
<td>20-30 mg</td>
<td>Not effective immediately, scheduled dosing</td>
<td>CYP450 3A4 -SSRIs, MAOIs, tegretol, valium</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td></td>
<td>Relatively contraindicated</td>
<td>CYP450 3A4--fluoxetine, grapefruit juice, “azole” antifungals, macrolides, tegretol</td>
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### Other Medications (cont)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage (mg/day)</th>
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<tr>
<td>Beta Blockers</td>
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<td>Potential with anti-hypertensive agent, Bradycardia, hyper/hypoglycemia, prolonged PR Interval</td>
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<tr>
<td></td>
<td>Atenolol</td>
<td>Targets PTSD symptoms: (rapid heart rate, a trembling voice, sweating, dizziness, and shaky hands.)</td>
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<td></td>
<td>Propranolol</td>
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<tr>
<td>Prazosin (nightmares)</td>
<td>3-15 mg HS</td>
<td>Research mixed on use for nightmares</td>
<td>Potential with anti-hypertensive agent</td>
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<tr>
<td>Mood Stabilizers</td>
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<td>No evidence supporting use</td>
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<tr>
<td>Atypical Antipsychotics</td>
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<td>No evidence supporting use</td>
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Follow-up

- Weekly-biweekly
  - Wait on med adjustment!
  - Assess for side effects
- Continuing patient education/reinforcement
- Continue assessment for depression
- Follow-up on rating scales to document progress
- Assess for suicidality--have written action plan
  - What patient agrees to do
  - Who they will call
References


Questions & Answers?