

Evidence-based treatment options for Posttraumatic Stress Disorder (PTSD)

Guidance for Psychiatrists, Family Physicians, and Nurse Practitioners



Developed by:

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According to the Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (2014), the following psychological and pharmacological approaches could be beneficial for individuals with Posttraumatic Stress Disorder (PTSD):

A. Psychological treatment:

Psychological therapies for PTSD generally include education about the disorder and its treatment and exposure to cues relating to the traumatic event. Psychological treatments that are found to be effective in treating PTSD symptoms are Individual Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), stress management, and group Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Cognitive processing therapy (CPT) is an effective protocol that combines cognitive therapy and written accounts. CPT can be beneficial for individuals with PTSD. Prolonged exposure (PE) is a type of CBT approach used to treat PTSD.

Internet-based cognitive behavioral therapy (iCBT) and Virtual reality exposure (VRE) therapy can also be effective.

B. Pharmacological treatment:

1. First line:

Pharmacological interventions that have good evidence for efficacy in treating PTSD include fluoxetine, paroxetine, sertraline, and venlafaxine XR.

2. Second-line:

Antidepressants like fluvoxamine, mirtazapine and phenelzine can be effective in treating PTSD. Caution is needed when using MAOIs because of the dietary restrictions and potential for drug interactions.

3. Third-line:

a. Antidepressants: amitriptyline, bupropion SR, buspirone, desipramine, duloxetine, escitalopram, imipramine, moclobemide, reboxetine, risperidone, tianeptine, trazodone

b. Anticonvulsants: carbamazepine, topiramate and lamotrigine

c. Atypical antipsychotics: risperidone, aripiprazole and quetiapine

d. Other therapies: trazodone, buspirone, and memantine

4. Adjunctive therapy:

a. Second-line: eszopiclone, olanzapine, risperidone

b. Third-line: aripiprazole, clonidine, gabapentin, levetiracetam, pregabalin, quetiapine, reboxetine, tiagabine