Regarding Preventive Approaches

Preventive treatment with propranolol or sertraline and trauma-focused cognitive behavioural therapy are recommended for early intervention to prevent PTSD after a potential traumatic event. Relaxation techniques and advice about sleep hygiene are also recommended for patients with acute insomnia.

Regarding Treatment Approaches

Selective serotonin reuptake inhibitors (SSRIs; fluoxetine, paroxetine, and sertraline) and serotonin norepinephrine reuptake inhibitors (SNRIs; venlafaxine) are recommended as first-line pharmacological treatment of PTSD, while cognitive behavioural therapy, stress management therapy, and eye movement desensitization and reprocessing are recommended as psychological approaches for PTSD. One guideline did not recommend the combination of drug and psychological approaches as initial treatment for PTSD, while the rest of the guidelines did not mention combination therapy.

There are no guidelines that have specific recommendations for OSI or CIS.

References


DISCLAIMER

The information in this document is intended to help health care decision-makers, patients, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve quality of health care services. This information should not be used as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process nor is it intended to replace professional medical advice. While the Canadian Agency for Drugs and Technologies in Health (CADTH) has taken care in the preparation of this document to ensure that its contents are accurate, complete, and up-to-date, CADTH does not make any guarantee to that effect. CADTH is not responsible for any errors or omissions or injury, loss, or damage arising from or as a result of the use (or misuse) of any information contained in or implied by the information in this document. CADTH takes sole responsibility for the final form and content of this report. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government. Reproduction of this document for non-commercial purposes is permitted provided appropriate credit is given to CADTH.

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PTSD GUIDELINE COMPARISON

October 2015

Bottom Line

Regarding Preventive Approaches

The BAP, WHQ, and VA/DoD guidelines have recommendations for prevention of PTSD in individuals who have been recently exposed to traumatic events, and these recommendations may be relevant to the treatment of CIS.

Preventive treatment with propranolol or sertraline and trauma-focused cognitive behavioural therapy are recommended for early intervention to prevent PTSD after a potential traumatic event. Relaxation techniques and advice about sleep hygiene are also recommended for patients with acute insomnia.

Regarding Treatment Approaches

Selective serotonin reuptake inhibitors (SSRIs; fluoxetine, paroxetine, and sertraline) and serotonin norepinephrine reuptake inhibitors (SNRIs; venlafaxine) are recommended as first-line pharmacological treatment of PTSD, while cognitive behavioural therapy, stress management therapy, and eye movement desensitization and reprocessing are recommended as psychological approaches for PTSD. One guideline did not recommend the combination of drug and psychological approaches as initial treatment for PTSD, while the rest of the guidelines did not mention combination therapy.

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PTSD GUIDELINE COMPARISON
Table 1: Summary of Evidence-Based Recommendations Regarding the Prevention and Treatment of PTSD

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<td>Drug treatment</td>
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<td>Psychological treatment</td>
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<td>Alternative and complementary treatments</td>
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<td>TREATMENT</td>
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<tr>
<td>Drug treatment</td>
<td>For core symptoms of PTSD:</td>
<td>SSRIs (fluoxetine, paroxetine, and sertraline) and SNRIs (venlafaxine XR) are recommended as first-line treatment of PTSD. A number of other drugs are recommended as second-line, third-line, and alternative therapy, or not recommended (refer to the guideline).</td>
<td>For acute treatment of PTSD: SSRIs (paroxetine, sertraline) and SNRIs (venlafaxine) are recommended as pharmacological treatment. Drug treatment should be continued for at least 12 months in patients responding to treatment. A combination of drug and psychological approaches is not recommended for initial treatment. When initial therapy fails, consider increasing the dosage, switching to other evidence-based treatment, combining evidence-based pharmacological and psychological treatments, adding antidepressants (clonazepam, imipramine, or prazosin), or referring to regional or national specialist services.</td>
<td>For PTSD: SSRIs and SNRIs are not recommended as first-line treatment. They should be considered if stress management or EMDR have failed or are not available, or in cases of concurrent moderate-to-severe depression.</td>
<td>For pharmacological interventions of PTSD: SSRIs (fluoxetine, paroxetine, and sertraline) and SNRIs (venlafaxine XR) are strongly recommended as first-line psychotherapy.</td>
<td>For pharmacological treatment of PTSD-associated nightmares:</td>
<td>For pharmacological treatment of PTSD: SNRIs (fluoxetine, paroxetine, and sertraline) and SNRIs (venlafaxine) are recommended as first-line treatment. The efficacy of other drugs was noted with lower levels of evidence (refer to the guideline).</td>
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<td>Psychological treatment</td>
<td>For acute treatment of PTSD:</td>
<td>Trauma-focused individual CBT is recommended as psychological treatment is recommended. A combination of drug and psychological approaches is not recommended for initial treatment.</td>
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<td>Alternative and complementary treatments</td>
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| CAM = complementary and alternative medicine; CBT = cognitive behavioural therapy; EMDR = eye movement desensitization and reprocessing; PTSD = post-traumatic stress disorder; SSRIs = selective serotonin reuptake inhibitor; SNRIs = serotonin norepinephrine reuptake inhibitor; TCAs = tricyclic antidepressant.