

Posttraumatic Stress Disorder Treatment Guide Summary

CONDITION	OPTIONS
If PTSD severe or comorbid condition	Start with trauma-focused psychotherapies + first-line medication (see Table 9.2, p. 132) Start with first-line medication alone
If PTSD mild to moderate and no comorbid condition	Start with TF-CBT alone
If first-line medication: The bulk of the trial should occur at the typical average effective dose (target dose). Allow a total of 4–6 weeks on average target dose to assess response, assessing every 2 weeks.	
If no response or partial response, titrate every 1–2 weeks until maximum dose is reached. Allow an additional 6–8 week trial, where appropriate, on maximum effective dose to determine effectiveness.	
If no response or partial response to TF-CBT alone	Add a first-line medication Add more TF-CBT with changes in approach
If no response to first-line medication, with or without TF-CBT	Switch to another first-line medication Add or modify TF-CBT Referral may be considered
If partial response to first-line medication, or unable to tolerate maximum dose, with or without TF-CBT	Consider second-line medication (see Table 9.2, p. 132) Add adjunctive therapy Add or modify TF-CBT Referral may be considered
If inadequate response to above	Refer*
If response	Continue treatment for a minimum of 1 year

*Consider referral if you feel uncomfortable with any part of this suggested management (e.g., substance use disorder comorbidity, augmentation).

Trauma-Focused Psychotherapies (TF-CBT)

Includes in the treatment narrative exposure, in vivo exposure (i.e., directly confronting anxiety triggers), cognitive restructuring, and relaxation techniques (may be useful at any point in treatment). Examples include prolonged exposure, cognitive processing therapy, and eye-movement desensitization and reprocessing (EMDR).

Medication Guidelines

Consider including medication if a comorbid condition is present.

Adjunctive treatment with prazosin is recommended if sleep disturbance is present.

Adjunctive treatment with benzodiazepines and atypical antipsychotics—risks may outweigh benefits; consider referral or consultation with psychiatrist.

Other Considerations

Active treatment during early stages of PTSD is important to help prevent chronic PTSD.

Consider referral early to a dual diagnosis treatment program if substance use disorder is present and screen for suicidality; as many as 1 in 5 patients may attempt suicide.