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Post Traumatic Stress Disorder
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Definition of PTSD

• Anxiety Disorder which occurs when the person has been exposed to a traumatic event in which they were faced with an event that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others AND the person’s response involved intense fear, helplessness, or horror. (APA definition)
A. Exposure

• 1. Directly experiencing the traumatic event
• 2. Witnessing, in person, the event as it occurred to others
• 3. Learning that the traumatic event occurred to a close family member or friend- (must have been violent or accidental)
• 4. Experiencing repeated or extreme exposure to aversive details of a traumatic event
Intrusion Symptoms

B. Presence of one or more Intrusion symptoms

- Recurrent, involuntary and intrusive memories of the event(s)
- Nightmares in which content and/or affect of the dream are related to the traumatic event(s)
- Flashbacks= Acting or feeling as if the event were recurring
- Intense psychological distress when exposed to internal or external cues
- Marked physiological distress at exposure to internal or external cues that symbolize or resemble an aspect of the trauma.
Avoidance Symptoms

C. Presence of one or both of the following:
   • Persistent avoidance of stimuli associated with the trauma (memories, thoughts, or feelings)
   • Avoiding thoughts, feelings, activities, places, people that arouse recollections of the trauma
Negative Change in cognitions and mood

D. Must have 2 or more of the following:

- Feelings of detachment from others
- Inability to experience positive emotions.
- Persistent negative emotional state
- Diminished interest in previously enjoyed activities
- Inability to remember an important part of the trauma (dissociation)
- Persistent, exaggerated negative beliefs about oneself, others, or the world
- Persistent, distorted thoughts about the trauma leading to blame self or others
Persistent Symptoms of Arousal

E. Must have 2 or more of the following:

• Irritability or outbursts of anger
• Reckless or self-destructive behavior
• Difficulty concentrating
• Hypervigilance
• Exaggerated startle response
• Sleep Disturbance- (difficulty falling or staying asleep or restless sleep)
Other Criteria

F. Duration of the symptoms must be more than 1 month

G. Symptoms cause significant distress or impairment in social, occupational, or other areas of functioning (old axis 4)

H. The disturbance is not attributable to substance use or other medical condition

(My addition: Reluctance to talk about the spiritual/moral injury)
Examples of Trauma

- Physical abuse or sexual abuse
- Motor vehicle accidents
- Combat exposure
- Witnessing violence
- Rape
- Occupational accidents
- Others
• Women are about twice as likely to develop PTSD as men, even though men are about four times more likely to experience traumatic events (Annals of General Psychiatry, 2008)
• Women with PTSD are more likely than men to be detached and withdrawn (British Journal of Psychiatry, 2012)
• Male PTSD is usually characterized by irritability and impulsive behavior.
• PTSD is more likely to be associated with depression in women and anxiety in men.
• 1 in 5 people experiencing trauma end up with Post Traumatic Stress Disorder.
Don’t Forget!!

• Assess for stimulant use (caffeine, Nicotine, Amphetamines, Ginseng) which can make anxiety and insomnia worse. Nicotine (cigs, patches, chewing tobacco, Vapor) can cause nightmares.

• Assess for “downers” (alcohol or Benzo’s) which can make depression worse. Using to self-medicate.

• Don’t forget about other mind altering things like MJ, spice, potpourri, OTC meds, and herbals, etc. that could have varied effects depending on the person.

Always assess for these and educate patients about the risks of these!
Treatment for PTSD

• Therapy
• Pharmacologic treatments
• Nonpharmacologic options
Some Specific Therapies

- Evidence-based
- Cognitive-Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Cognitive Behavioral Therapy (CBT)
- CBT-insomnia

Usually done by social workers, psychologists, counselors. Sometimes by prescribers if they can get the time and reimbursement!
Adjunct Therapies

- Didactic like Trauma Symptom Management
- Mindfulness-Based Stress Reduction, Yoga, Meditation, Visual Imagery
- Pain-Management
- TBI- Traumatic Brain Injury
- Substance Abuse Treatment
- Treatment of other addictions- Gambling, Porn, Eating Disorders
- Anger Management
- Couples Therapy
Pharmacologic treatments

• Anxiety
• Depression
• Insomnia
• Nightmares
• Flashbacks
• Startle reflex
“Could we up the dosage? I still have feelings.”
Medications used to treat Anxiety

- Benzodiazepines have commonly been prescribed for anxiety and insomnia
- Benzodiazepines have negligible action on core PTSD symptoms
- Use is associated with negative results-addiction, depression
- Studies indicate that early benzodiazepine administration fails to prevent PTSD and may increase the incidence

Anxiety

SSRI’s!!! Selective Serotonin reuptake Inhibitors have supplanted benzodiazepines for treatment of PTSD. May cause sexual dysfunction-5-9%.

• Propranolol has been successfully used to treat anxiety, but heart rate and blood pressure must be monitored on initiation and increase.

• Hydroxyzine, an antihistamine, is also used to treat anxiety and problems with sleep initiation and maintenance. Very long half-life which may cause somnolence during the day. Safer PRN than Benzodiazepines.
Depression

• For women, the primary emotion of depression is usually sadness.

• For men, it is more typically anger or irritability, often coupled with recklessness.

• As a result, male depression is often mistaken for general frustration and restlessness rather than a serious disorder in need of intervention.
Men and Women

- The sex hormones estrogen and testosterone interact differently with the neurotransmitters responsible for feelings of stress and well-being. As a result, men and women vary in their experience of depression and their response to antidepressants.

Research

• Kornstein, a psychiatrist at Virginia Commonwealth University, published a study showing that men did not respond as well as women did to SSRIs (Prozac, Zoloft, Lexapro, etc)

• Men responded better to antidepressants such as imipramine (Tofranil) and bupropion (Wellbutrin) that target the neurotransmitters dopamine and norepinephrine instead of serotonin

• Still, SSRI’s are the current gold standard for PTSD treatment.
Anxious Depression

• defined as depression with high levels of anxiety—is associated with poorer outcomes than “non-anxious depression”

• bupropion (Wellbutrin) can exacerbate anxiety so be cautious when using with patients who have both anxiety and depression. Has a caffeine-type stimulation so also should be dosed AM and noon not pm.
Some data demonstrate a superior response to SSRIs (over bupropion) for patients with “anxious depression”.

A 2001 study assessed pre-treatment anxiety levels and response to sertraline or bupropion. **Conclusion** - anxious and depressed patients who received sertraline didn’t experience a superior anxiolytic or antidepressant response when compared to bupropion.

Other antidepressants

– Bupropion: Contraindicated if patient has a seizure disorder or at risk for seizures due to alcohol withdrawal. May cause wt loss-concern with eating disorders.

– Mirtazapine- helps with sleep and depression but I haven’t seen a lot of effect with anxiety. SE’s*

– Venlafaxine- helpful for depression, chronic pain

– Buspar to help with anxiety or as adjunct to boost antidepressants (off-label)

– Antipsychotics (off-label) as adjunct to antidepressants
How do you feel the new antidepressant combo is working?

I’ll tell ya Doc, I’ve got a splitting headache. My tongue feels like dry leather. I can’t hold anything down. I’m anxious, restless, and even lost my sex drive!

So then IT’s WORKING.

Medication Management
Effects vs Side Effects

• Try to find something with the fewest side effects and most good effects for the patient.
• Try to kill 2-3 birds with one stone. Use SE’s of meds to our advantage.

Example: If patient has depression but also struggles with constipation, try sertraline as its main SE is loose stools.

Example: If patient has depression, insomnia, and loss of appetite, try mirtazapine.
“I've thrown in some prescription drugs that don't interact well.”
Insomnia

• Definition: A condition characterized by difficulty in falling asleep or staying asleep or by seriously disturbed sleep. (from Barron’s Dictionary of Medical Terms 1989).

• Can be caused by physical or psychological causes- sleep apnea, depression, anxiety, pain, thyroid disorders, restless legs, etc.

• Non-Pharmacologic treatments- visual imaging, massage, yoga, relaxation techniques, sleep hygiene.
Pharmacologic treatment of insomnia

- Antihistamines- Benadryl, cyproheptadine, hydroxyzine
- Antidepressants- Trazodone, Mirtazapine, TCA’s, Doxepin
- Sleep agents- Ambien, Lunesta
- Benzodiazepines- LA vs SA- Clonazepam, Temazepam, Diazepam, Ativan, Xanax
- Others- Topamax, Seroquel (off label), Valproic Acid
Nightmares

• Definition: A dream that arouses feelings of fear, terror, panic or anxiety (from Barron’s Dictionary of Medical Terms 1989).

• In PTSD, it is a nightmare specifically related to a past traumatic event (in content or emotion).

• Pharmacologic options: Effects & Side Effects
  – Prazosin (Alpha blocker)-start at 1mg at bed. Only med I have seen to help startle and flashbacks.
  – Cyproheptadine (Poor Man’s Haldol)- 4mg or 8mg.
  – Trazodone-50-400mg.
  – Topamax- 50-400mg
Speaking of Nightmares!
Questions?

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