

Improving Posttraumatic Stress Treatment in Primary Care

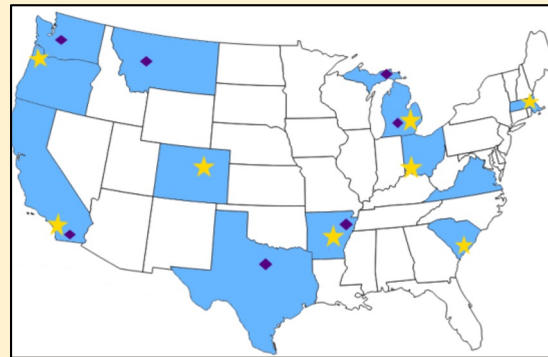
People with PTSD can be feasibly and effectively treated in primary care settings with either medications or brief trauma-focused psychotherapy.

The Problem:

PTSD is highly prevalent in primary care, but it often goes undetected and untreated. This is highly problematic because many patients with PTSD prefer receiving care in primary care settings, and less than half are successfully referred to a specialty mental health setting.

The Solution:

Effective pharmacotherapy and psychotherapy treatments for PTSD can improve outcomes.



Conducted in **8** VA Medical Centers and **7** FQHCs

700 patients enrolled who screened positive for PTSD

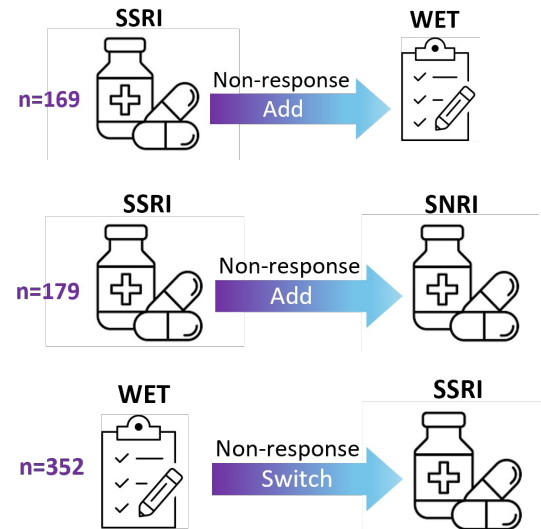
★ VA Medical Centers

◆ FQHCs

The Research Question:

Is it more effective to prescribe medication or therapy initially, and for those not responding to medication, is it more effective to switch to another medication or switch to therapy?

- 1) Compare outcomes among patients randomized to initially receive selective serotonin reuptake inhibitors (SSRIs) or brief Written Exposure Therapy (WET).
- 2) Compare outcomes among patients randomized to treatment sequences (i.e., switching or augmenting) for patients not responding to the initial treatment.
- 3) Examine variation in treatment outcomes among different subgroups.



Pharmacotherapy Intervention

Selective serotonin reuptake inhibitors (SSRIs) prevent the reabsorption of serotonin in the brain, which increases the levels of this neurotransmitter. They are often used as first-line pharmacotherapy for depression and numerous other psychiatric disorders due to their safety, efficacy, and tolerability.

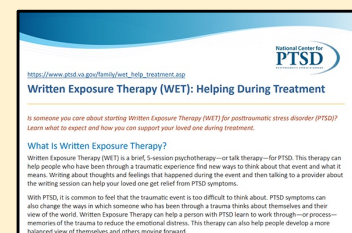
Serotonin and norepinephrine reuptake inhibitors (SNRIs) prevent the reabsorption of serotonin and norepinephrine in the brain, which increases the levels of these neurotransmitters. SNRIs are often used when a person doesn't respond to SSRIs, but they are also more likely to cause side effects.

Psychotherapy Intervention: Written Exposure Therapy (WET)

A short-term, individual therapy that addresses trauma memories in a safe and supportive environment guided by a trained therapist. In recent trials, WET was found to be as effective as longer, more intensive forms of psychotherapy, and patients found the treatment more acceptable.

Six 30-minute sessions over 6 weeks and these sessions include:

- Education from your therapist about PTSD
- Writing about your trauma in session
- Briefly reviewing the experience of writing your trauma with your therapist



Characteristics of Patients

700 TOTAL PATIENTS

Participants completed surveys at baseline, 4 months, and 8 months. The primary outcome is PTSD symptom severity as measured by the PTSD Checklist (PCL-5).

PARTICIPANTS WHO SWITCHED TREATMENT BY ARM:

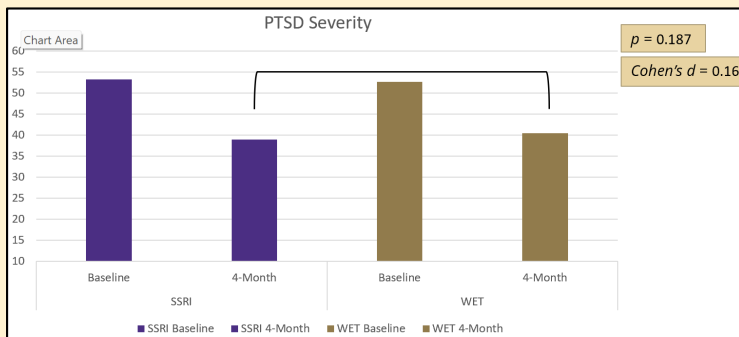
- SSRI → WET: **39.0%**
- SSRI → SNRI: **35.7%**
- WET → SSRI: **41.2%**



Clinical Outcomes:

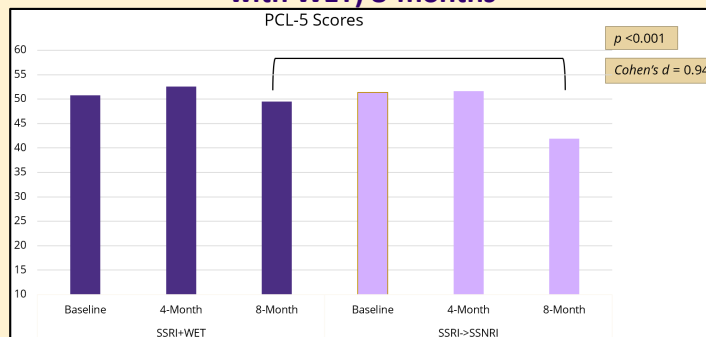
WET and Pharmacotherapy are Equally Effective for PTSD in Primary Care

Primary Hypothesis 1a (SSRI vs WET) 4-months



Adjusted Difference in 4-month PCL-5 scores = 1.82
(CI₉₅ = -0.89, 4.52)

Primary Hypothesis 2a (Switch to SNRI vs Augment with WET) 8-months



Adjusted Difference in 8-month PCL-5 scores = 10.82
(CI₉₅ = (5.60, 16.03))

What are the risk factors for non-response?

- Veteran Status - **NO**
- Combat trauma exposure - **NO**
- Benzodiazepines use - **NO**
- Current antidepressant Use - **NO**
- Drug or Alcohol Problems - **NO**

Which patient characteristics lead to worse WET outcomes?

- Gender (Man) - **NO**
- Perceived access to mental health care - **NO**
- Cannabis use - **NO**

Conclusions

- Evidence-based treatments for PTSD are feasible for primary care
- WET and SSRIs are equally effective for PTSD in primary care, and both have high patient acceptability
- Patients not improving on SSRIs did better if they switched to venlafaxine (SNRI) than if they augmented with WET

Qualitative Outcomes:

"It's one thing saying your trauma out loud ... when you write it, that's a different thing ... I feel like that helped me personally just really lay out my emotions"

[Primary Care Patient]

Barriers: side effects of medications, negative clinical interactions, lack of social support, stigma, and logistical barriers

Facilitators: motivation to treat PTSD, positive clinical interactions, and social support

Video for patients (10m): <https://www.youtube.com/watch?v=ptSljPTHPoA>

Video for providers- (10m): <https://www.youtube.com/watch?v=DNuC68b6t9Y>



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