

# Posttraumatic Stress Disorder

What are the treatments for PTSD?

## **PTSD can interfere with daily living.**

PTSD is a mental health condition caused by experiencing or witnessing a traumatic event ([Mayo Clinic 2022](#)). Symptoms can last for months or years and interfere with day-to-day functioning. Symptoms are categorized as intrusive memories (e.g., nightmares), avoidance (e.g., avoiding trauma reminders), negative changes in thinking and mood (e.g., emotional numbness), and changes in physical and emotional reactions (e.g., easily scared).

People with PTSD have higher levels of certain hormones that can lead to a “fight or flight” response, with a higher heart rate, blood pressure, and awareness and startle response ([Cleveland Clinic 2023](#)). They also have changes in their brain that changes how they regulate and process motivation, emotion, learning, memory, and fear.

About 5% of U.S. adults have PTSD in any given year ([U.S. Department of Veterans Affairs \(VA\) a](#)). Women are twice as likely as men to develop PTSD, partially because women are more likely to experience sexual assaults ([U.S. Department of VA a](#)). Veterans are more likely than civilians to develop PTSD ([U.S. Department of VA a](#)).



## Research Highlights

**Posttraumatic Stress Disorder (PTSD)** interferes with day-to-day activities through intrusive thoughts, depression, and increased reactivity.

Cognitive behavioral therapies, psychotherapies, and medication are used to treat PTSD.

Treatment for PTSD is effective when patients finish treatment, but 20-30% of patients drop out of treatments.

## **Some form of talk therapy is the recommended PTSD treatment.**

The American Psychological Association (APA) strongly recommends cognitive behavioral therapy, which includes cognitive processing therapy, cognitive therapy, and prolonged exposure therapy as interventions for adults with PTSD (**Table 1**; [APA 2017](#)). The VA also recommends eye movement desensitization and reprocessing (EMDR) as a treatment for PTSD ([U.S. Department of VA b](#)).

The APA conditionally recommends brief eclectic psychotherapy, narrative exposure therapy, and medication as treatment ([APA 2017](#)). These treatments are conditionally recommended because evidence of their effects is not as strong as other treatments, there may be different pros and cons for each patient, or the intervention is not suitable across all settings. Medications for treating PTSD include Fluoxetine, Paroxetine, Sertraline, and Venlafaxine. Only Paroxetine and Sertraline are FDA-approved for PTSD treatment ([APA 2017](#)). These medications are selective serat-

**Table 1.** Cognitive behavioral therapy and psychotherapy treatments for PTSD. Descriptions from [APA 2017](#).

Treatment	Description
Cognitive Processing Therapy	Helps patients change unhelpful thoughts related to the traumatic event.
Cognitive Therapy	Helps patients change their negative thoughts and memories about the traumatic event. The goal is to stop the thought and behavioral patterns that interfere with daily life.
Prolonged Exposure	Teaches patients to deal with trauma-related memories and feelings gradually. The goal is to help patients learn not to avoid trauma-related memories.
Eye Movement Desensitization and Reprocessing Therapy	This treatment has the patient focus on a trauma memory while experiencing eye movement stimulation at the same time. This can lead to a decrease in the vividness and emotions associated with the trauma memory.
Brief Eclectic Psychotherapy	This focuses on changing feelings of shame and guilt.
Narrative Exposure Therapy	This helps patients create a life narrative to contextualize traumatic experiences.

onin reuptake inhibitors, also known as SSRIs, which increase the levels of serotonin in the brain ([Mayo Clinic](#)). Serotonin, a neurotransmitter, regulates learning, memory, and mood.

## Recommended treatments have been shown to help PTSD.

Cognitive behavioral therapy is effective for reducing PTSD symptoms when patients complete treatment, however treatment requires 12-16 sessions and dropout rates range from 20-30% (personal communication Bruce).

Among U.S. veterans, cognitive processing therapy led to significant improvement in PTSD symptoms, depression, anxiety, guilt, and social adjustment ([U.S. Department of VA c](#)). Forty percent of veterans that entered treatment with cognitive processing therapy lost their PTSD diagnosis by the end of treatment.

Patients that received cognitive therapy showed significant improvements in their clinical PTSD symptoms and quality of life compared to patients that received support therapy ([Ehlers et al. 2014](#)). Support therapy is used for people with mental health and emotional challenges and uses guidance and encouragement for patients to develop their own resources for their

mental health ([American Psychiatric Association 2023](#)).

Prolonged exposure has been found effective for reducing PTSD symptoms and issues such as anger, guilt, negative health perceptions, and depression ([Rauch et al. 2012](#), [McLean et al. 2022](#)). In Vietnam War veterans, prolonged exposure was particularly effective for reducing intrusive thoughts ([Rothbaum & Schwartz 2002](#)).

Eye movement desensitization and reprocessing has led to similar reductions in PTSD symptoms as CBT ([Seilder & Wagner 2006](#), [Kar 2011](#)).

Brief eclectic psychotherapy has also been shown to significantly reduce PTSD and general anxiety symptoms ([Lindauer et al. 2005](#)). When compared to support therapy, narrative exposure therapy significantly reduced PTSD symptoms ([Robjant & Fazel 2010](#)). For medication treatment, one study on Paroxetine showed that it significantly improved PTSD symptoms and social functioning ([Marshall et al. 2001](#)).

Although few studies have documented the effect of PTSD treatments on suicidal ideation, symptoms for depression improve when PTSD symptoms improve (personal communication Bruce).

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