Acute Stress Disorder And Posttraumatic Stress Disorder At A Glance*

Because there are increasing numbers of disaster victims and returning combat veterans with PTSD, it is crucial to support and expand efforts to identify effective treatment modalities as well as ways to increase access to care.

Further epidemiological studies will help identify risk factors and clarify the natural course of the illness, the impact of early intervention on the trajectory of illness, and the relationship between Acute stress disorder (ASD) and posttraumatic stress disorder PTSD.

TREATMENT

The evidence from recent research supports the use of exposure-based psychotherapies and pharmacological intervention for treatment of acute stress disorder and (PTSD). Emerging evidence suggests that psychotherapy may be facilitated by at least one recently identified pharmacological agent (d-cycloserine).
Recently published studies also suggest that in certain populations new pharmacotherapeutic options, such as prazosin, may be more effective than other widely prescribed medications (e.g., selective serotonin reuptake inhibitors) indicated for PTSD.

Pharmacotherapy

Research has demonstrated he superiority of selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors(SNRIs) over placebo for non-combat-related PTSD. A 2006 Cochrane meta-analysis found the most convincing evidence of efficacy for the SSRIs, across all symptom clusters and for co-occurring depression and disability.

SSRIs is no longer be recommended with the same level of confidence for veterans with combat-related PTSD as for persons with non-combat-related PTSD. In one study, fluoxetine was significantly superior to placebo for symptoms of co-occurring depression as measured by the Hamilton Depression Rating Scale (HAM-D), but change in total PTSD score did not differ between placebo and fluoxetine. In another study, during the relapse prevention phase of the trial, fluoxetine was superior to placebo in sustaining .improvement

Negative results with older combat veterans (in contrast to positive results with fluoxetine among younger veterans) may be due to the chronicity of their PTSD (and co-occurring disorders) rather than a unique resistance to SSRI treatment among individuals with combat-related PTSD.

In summary, there is relatively robust evidence for pharmacological treatment with antidepressant medications (particularly SSRIs and SNRIs for noncombat PTSD) compared to other classes of medications. However, the data also suggest that more effective pharmacological treatments must be identified,

particularly for veterans with combat-related PTSD.

It is also important to note that comparison of other pharmacotherapies with the SSRIs and SNRIs is complicated by methodological differences in the available studies. While the SSRIs and SNRIs have mostly been studied in rigorous trials compared with placebo, other agents have been studied against "treatment as usual" conditions or as augmentation agents in patients with refractory illness.

Psychotherapeutic Interventions

Recent research demonstrates benefit from exposure-based cognitive behavioral therapy for PTSD and Eye Movement Desensitization and Reprocessing (EMDR) continues to be examined as a treatment for persons who have experienced trauma, such as witnesses to accidents and persons who have been assaulted, however there is not yet evidence that this modality is effective for combat veterans.

Research evaluating other types of psychotherapy, including coping skills therapy, eclectic psychotherapy, psychodynamic psychotherapy,cognitive restructuring, and brainwave neurofeedback, have been published, but the utility and generalizability of the conclusions from these studies are limited by methodological problems such as lack of formalized diagnostic procedures, inclusion of non-PTSD patients, very high dropout rates, unspecified handling of dropouts or missing data, and lack of blinding of assessors.

*Adapted from Guideline Watch (March 2009): Practice Guideline For The Treatment Of Patients With Acute Stress Disorder And Posttraumatic Stress Disorder (Beedek DM, Friedman MJ, Zatzick D, Ursano RJ. APA Practice Guidelines)