Practicing within VA/DoD Clinical Practice Guidelines (CPGs) for the Management of PTSD: A Case Review & Outcomes from a Civilian Provider Serving Military Personnel in Europe

#4025
Catherine Stuart, APRN, CNS, FPMHNP
catherine.stuart@va.gov

Learning Objectives
Objective 1: Appreciate the challenges and importance of integrating Clinical Practice Guidelines for PTSD into an ethos that would prevent one from doing otherwise.

Objective 2: Review 1st and 2nd line EBT for PTSD with and without comorbid conditions as well as adjuncts for medical management.

Objective 3: Introduce the changes in criteria for PTSD for DSM-5 and related developments in psychometrics.

Objective 4: Recognize that outcome measurement can be good for the patient as well as the provider and organization.

Disclosure Statements
• The presenter has no real or potential conflict of interest related to the VA/DoD Clinical Practice Guidelines; or the related medications and psychotherapies in this presentation.

• Off-label use of medication will be identified as discussed.

Number of Veterans with Mental Disorders in OEF/OIF/OND Veterans Evaluated at VA Facilities since FY 2002 - 1st Qtr 2014

<table>
<thead>
<tr>
<th>Diagnosis (ICD-9-CM)</th>
<th>Veterans(OEF/OIF/OND)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>311,688</td>
</tr>
<tr>
<td>Depressive Disorders</td>
<td>248,891</td>
</tr>
<tr>
<td>Neurasthenic Disorders</td>
<td>153,354</td>
</tr>
<tr>
<td>Affective Disorders</td>
<td>151,987</td>
</tr>
<tr>
<td>Alcohol Dependence Syndrome</td>
<td>75,055</td>
</tr>
<tr>
<td>Abuse of Drugs</td>
<td>53,899</td>
</tr>
<tr>
<td>Drug Dependence</td>
<td>46,690</td>
</tr>
</tbody>
</table>

3VA Health Care Utilization among OEF/OIF/OND Veterans
Cumulative from 1st Qtr FY 2002-1st Qtr FY 2014, Released March 2014

Symptoms common to both...
• mTBI
  - Insomnia
  - Memory Deficits
  - Poor Concentration
  - Depressed Mood
  - Anxiety
  - Irritability
  - Headache
  - Dizziness
  - Fatigue
  - Noise/Light Intolerance

• PTSD
  - Insomnia
  - Memory Deficits
  - Poor Concentration
  - Depressed Mood
  - Anxiety
  - Irritability
  - Intrusive symptoms
  - Emotional Numbing
  - Hyper-arousal
  - Avoidance behavior

As of March 2014, there were 34,651 incident cases of PTSD in the US military for people who had not previously deployed. Among people who had been deployed, there were 121,014 incident cases of PTSD.


Permission granted for photo - CPL D. Stuart USMC

PTSD in DSM-5

1. Re-experiencing covers spontaneous memories of the trauma, recurrent dreams, flashbacks or intense/prolonged distress. Avoidance refers to distancing memories, thoughts, feelings or external reminders of the event.

2. Negative cognitions and mood represents feelings, from a persistent/distorted sense of guilt, to a markedly diminished interest in activities or others, to not remembering aspects of the event.

3. Arousal is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, or hyper-vigilance. DSM IV emphasized the "flight" aspect associated with PTSD; the criteria of DSM-5 also accounts for the "fight" reaction often seen.

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Va/DoD Clinical Guideline Meds

<table>
<thead>
<tr>
<th>Indication</th>
<th>Medication Class</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperarousal: Mood, irritability, rage, impulsive control, h/a</td>
<td>Anticonvulsant</td>
<td>250-1000mg</td>
</tr>
<tr>
<td></td>
<td>lamotrigine</td>
<td>100-300mg</td>
</tr>
<tr>
<td></td>
<td>topiramate</td>
<td>100-200mg</td>
</tr>
<tr>
<td>Re-experiencing</td>
<td>As blockers</td>
<td>1-15mg</td>
</tr>
<tr>
<td></td>
<td>prazosin</td>
<td>1-15mg</td>
</tr>
<tr>
<td></td>
<td>propranolol</td>
<td>10-40mg</td>
</tr>
<tr>
<td></td>
<td>cyproheptadine</td>
<td>4-12mg</td>
</tr>
<tr>
<td>Nightmares, flashbacks, insomnia, sleep latency</td>
<td>Tetracyclines</td>
<td>50-200mg</td>
</tr>
<tr>
<td></td>
<td>Trazodone</td>
<td>25-150mg</td>
</tr>
<tr>
<td>Somatic symptoms: Post trauma headache, IBS symptoms, pelvic pain</td>
<td>Tricyclines</td>
<td>50-100mg</td>
</tr>
<tr>
<td></td>
<td>Amitriptyline</td>
<td>100-200mg</td>
</tr>
<tr>
<td>Negative Symptoms: decreased libido, energy loss</td>
<td>Antihistamines</td>
<td>75-300mg</td>
</tr>
<tr>
<td></td>
<td>Bupropion</td>
<td>NDRI</td>
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<tr>
<td></td>
<td>Venlafaxine</td>
<td>SNRI</td>
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</tbody>
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Discouraged/contraindicated...

Atypical anti-psychotics: Not recommended unless clinically indicated (paranoia, hallucinations, irrationality, disassociation, co-morbid bi-polar illness, etc.). Risperidone is "contraindicated for use as an adjunctive agent – potential harm (side effects) exceeds benefit.”

Psychostimulants: insufficient evidence to recommend as an adjunctive agent.

BENZODIAZEPINES: STRONGLY DISCOURAGED.

See CPG for multiple warnings
- "evidence against"
- "significant adverse effects"
- "significant risk of dependency"

2. Oct, 2010 VA/DoD CPG for Management of PTSD Module 1-2 Treatment Interventions For PTSD page 154

Essentials of Prolonged Exposure Therapy

- Manual
- Trained provider
- Recording device
- Worksheets
- Clock
- PCLs

Behavioral Health Data Portal

Includes 24 questions measuring mental health distress and six subscales for the following: Depression and Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. Completed on every visit.

- The PHQ-9: self-report screening tool developed to aid in quickly diagnosing depression, monitoring depression symptom severity through treatment and validating remission.

- GAD-7: For Generalized Anxiety Disorder with higher scores that were strongly associated with interviewer validated functional impairment.

- PCL-C: Reliable and routinely used for PTSD diagnosis and to track progress
Catherine Stuart, APRN, CNS, FPMHNP

**A Case Study demonstrating results of care turned around with treatment under the umbrella of VA/DoD CPGs for PTSD**

26 yr. old male USA SSG, TIS: 8 yrs.

**Deployments:** 3 (2 OIF, 1 OEF)

**CC:** “I’m always angry… and I don’t want to be like my stepfather” Seen at base clinic 2 days post d/c from a local hospital after a suicidal attempt/gesture.

**Psych(Social Hx):** PTSD, new dx of ADHD w/o hx of scholastic/behavior problems during childhood or pre-military. Physical abuse from step-father in adolescence. Alcohol abuse after deployment. Current relational difficulties with pregnant wife of 2½ child.

**Relevant Medical Hx:** mTBI w/ hx of seizure, chronic headaches, norm BMI. New dx of mild hypertension untreated, cervicalgia

**Meds:** sertraline 100mg, tramadol 50mg prn; both d/c’d after seizure 6 months prior. Amphetamine/dextroamphetamine XR 20mg qam and 20mg at noon. alprazolam 0.5mg prn for “panic” 3-4 times daily prn.

**Improvement of PTSD symptoms in SSG with VA/DoD CPG Med MGMT and Psychotherapy**

- H/A’s decreased to 1-2 per month from 3-4 per week
- Sleep duration increased from 2-3 hrs. to 6-7 hours per night
- Marriage satisfaction scores increased by 40%

**Improvement of overall functioning**

- N=48

**Patient Checklist for PTSD (PCL) Changes**

**DSM IVR PCL**
- PCL for DSM-IV has three versions, PCL-M (military), PCL-C (civilian), and PCL-S (specific)
- Vary slightly in wording of instructions and referring to the index event
- All versions are a 17-item questionnaire and rely on a 1-5 rating scale

**DSM 5 PCL**
- PCL has only one version: PCL-5
- PCL-5 is most similar to the PCL-S (specific) version.
- The PCL-5 is a 20-item questionnaire, based on DSM-5 symptom criteria for PTSD.
- New versions relies on a 0-5 rating scale

The earlier versions of the PCL and PCL-5 are not interchangeable!


**Objective Data:**

1. Extensive/silencing /hyper arousal
2. Agitation/anger
3. H/A’s decreased to 1-2 per month from 3-4 per week
4. Sleep duration increased from 2-3 hrs. to 6-7 hours per night
5. Marital satisfaction scores increased by 40%

**Subjective Symptoms:**

1. Re-experiencing
2. Avoidance
3. Hyper arousal
4. Hopelessness
5. Self-criticism
6. Loss of interest
7. Difficulty falling or staying asleep
8. Nightmares
9. Loss of interest
10. Depressed mood
11. Anxious mood
12. Irritability
13. Outbursts of anger
14. Difficulty concentrating
15. Exaggerated startle response
16. Difficulty relaxing
17. Hypervigilance
18. Dermatologic symptoms
19. Cognitive symptoms

**A Case Study (continued)**

**Subjective Symptoms:**

- Anger with poor impulse control, irritability, nightmares, attention/concentration, anxiety and hopelessness

**Objective Data:**

- PCL: C totaled 6/7 with high scores in hyper arousal and avoidance symptoms, moderate scores for re-experiencing.

**Medical Management:**

1. Citalopram with quick titration to qmg over 2 weeks. D/C’d amphetamine.
2. Conversion of alprazolam to clonazepam with reductions of 0.25mg per week , then D/C’d.
3. Divalproex 500mg for mood stabilization and headache prophylaxis

**Psychotherapy:**

1. Prolonged Exposure Therapy 5 sessions over 2 months
2. Cognitive-Behavioral Couples Therapy for Posttraumatic Stress Disorder (CBCT for PTSD) 9 sessions over 8 months

**Conversion**

- Clonazepam 0.25mg prn for “panic” 3-4 times daily prn.
- Prazosin for nightmares with eventual titration to 6 mg. Trazodone pm for sleep.

**Improvement of PTSD symptoms in SSG with VA/DoD CPG Med MGMT and Psychotherapy**

- PCL-C Scores

1. Initial 89
2. 4 weeks 52
3. 8 weeks 35

**Improvement of overall functioning**

- N=48

Patients completing BHDP with >2 visits from 4.30.13 - 10.01.13
www.healthquality.va.gov/guidelines

MENTAL HEALTH

Major Depressive Disorder (MDD)
Bipolar Disorder in Adults
Substance Use Disorder
Concussion mTBI
Post Deployment Health (PDH)
Post Traumatic Stress Disorder (PTSD)
Assessment and Management of Patients at Risk for Suicide (new)

Other Clinical Practice Guidelines

Pain

- Chronic Pain
- Postoperative Pain
- Neuropathic Pain
- Cancer Pain

- First Line Medications:
  1. SSRI
  2. SNRI
  3. TCA
  4. Adjuncts

- Second Line Medications:
  1. Adjuncts
  2. Other Medications

- Third Line Medications:
  1. Psychological therapies
  2. Consult Guidelines for Psychotherapy when Ready

- Fourth Line Medications:
  1. Consult Guidelines for Psychotherapy when Ready

- Fifth Line Medications:
  1. Consult Guidelines for Psychotherapy when Ready

- Sixth Line Medications:
  1. Consult Guidelines for Psychotherapy when Ready

- Seventh Line Medications:
  1. Consult Guidelines for Psychotherapy when Ready

References

- Jones et al. (2014) Trauma Redefined in the DSM-5: Rationale and Implications for Counseling Practice The Professional Counselor, 4(3):257-277

<table>
<thead>
<tr>
<th>PTSD Checklist Scores N=32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial PCL</td>
</tr>
<tr>
<td>Current PCL</td>
</tr>
</tbody>
</table>

89% of patients receiving treatment for PTSD a reduction in PCL-C scores
57% experienced a significant reduction in PCL-C scores

AD SM seen at SHCF for PTSD from 04.01 to 10.01 2013

www.healthquality.va.gov/guidelines

Acknowledgements

Special thanks to the following people who helped with the work or served as mentors in my training as well as those who have served or continue to Serve in our Nation's Military:

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- COL Charles Engel USA (Retired) Senior Health Scientist, Behavioral and Policy Science, RAND Corporation, Arlington, VA
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- CAPT Thomas Goddard USN (Retired) former Professor at NVCC, Alexandria, VA

VA/DoD Clinical Practice Guidelines (CPGs) for PTSD serve to

- Guide practice with EBT “rules & tools”
- Produce predictable outcomes.
- Foster confidence/competency in both provider and patient
- Enhance perceptions of the capability and expertise of Psychiatric Nurse Providers.

Putting it all together and doing the right thing....

Provider Performance
Tracking Progress
Patient Compliance

Summary

References