A Quick Walk Through the New VA/DoD Clinical Practice Guidelines for PTSD

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Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

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Agenda

- Guideline Work Group and Project Team
- Evidence-based Clinical Practice Guideline Development Process and Methodology
- Scope of the Guideline
- Key Questions
- Evidence-based Clinical Practice Recommendations
- Algorithm
- Questions

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Guideline Work Group

Department of Veterans Affairs	Department of Defense
Paula P. Schnurr, PhD (Champion)	**Marija Kelber, PhD (Champion)**
Jessica L. Hamblen, PhD (Champion)	**Jonathan Wolf, MD (Champion)**
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Katie Papke, LMSW, CAADC, CCTP, CHTVSP	
Ismene Petrakis, MD	
Brian Shiner, MD, MPH	
Ilse Wiechers, MD, MPP, MHS	

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VA and DoD Leadership

Department of Veterans Affairs	Department of Defense
James Sall, PhD, FNP-BC Director, Evidence Based Practice Office of Quality and Patient Safety Department of Veterans Affairs	Elaine Stuffel, MHA, BSN, RN Team Leader, DoD Program Management for VA/DoD Clinical Practice Guidelines Nurse Consultant/ CPG Coordinator Clinical Quality Improvement Program Clinical Quality Management Medical Affairs/Clinical Support Division Defense Health Agency
Jennifer Ballard-Hernandez, DNP, RN, FNP-BC Deputy Director, Evidence Based Practice. Office of Quality and Patient Safety Department of Veterans Affairs	Cynthia F. Villarreal, BSN, RN Chronic Disease Nurse Consultant/CPG Coordinator Clinical Quality Improvement Program Clinical Quality Management Medical Affairs/Clinical Support Division Defense Health Agency
René Sutton, BS, HCA Educational Program Specialist, Evidence Based Practice Program Office of Quality and Patient Safety Department of Veterans Affairs	Isabella Alvarez Nurse Admin Coordinator, DoD Program Management for VA/DoD Clinical Practice Guidelines Clinical Quality Improvement Program Medical Affairs/Clinical Support Division Assistant Director for Healthcare Administration Defense Health Agency

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Project Team

The Lewin Group		
Jennifer Weil, PhD Project Director/Manager		Clifford Goodman, PhD Senior Advisor
Charlie Zachariades, MSc Guideline Coordinator		Peter Baroff, BA Guideline Lead
Annie Zhang, BA Guideline Support		
Sigma Health Consulting		
Frances M. Murphy, MD, MPH Guideline Development Facilitator		James G. Smirniotopoulos, MD Guideline Development Co-facilitator
ECRI		
James Reston, PhD, MPH Lead Analyst	Amy Tsou, MD, MSc Co-lead Analyst	Rebecca Rishar, BA, MLIS Literature Searcher
Duty First Consulting		
Kate Johnson, BA Wiki Website and Logistical Support, Lead		Rachel Piccolino, BA Wiki Website and Logistical Support

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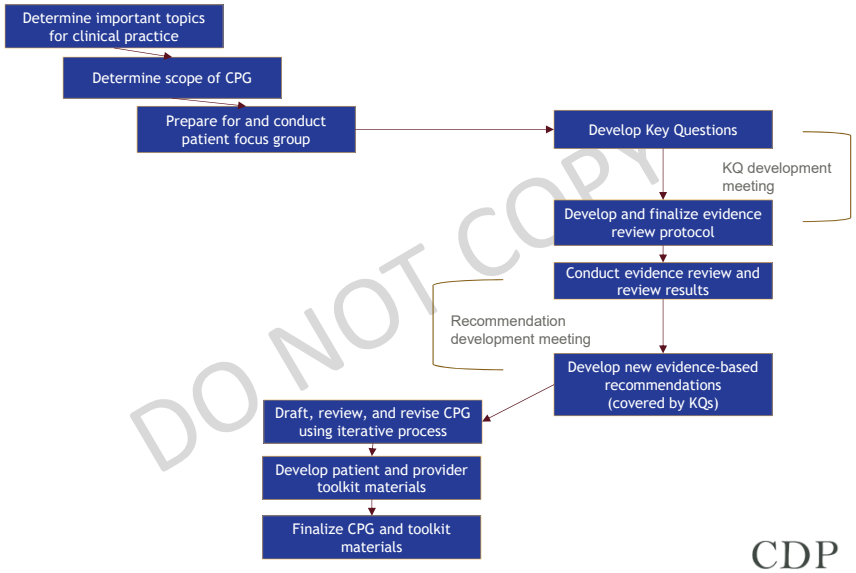
Overview of CPG Development Process



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Grading Recommendations - GRADE

- Evidence-based clinical practice recommendations were developed based on the:
  - Evidence review- informed by 12 key questions
  - GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology
  - Use of four decision domains:
    - Confidence in the quality of evidence
    - Balance of desirable and undesirable outcomes
    - Values and preferences
    - Other implications, as appropriate (e.g., resource use)

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Strength of a Recommendation

- Strength of a recommendation on a continuum:
  - ***Strong for*** (or "*We recommend…*")
  - ***Weak for*** (or "*We suggest…*")
  - ***Neither for nor against*** (or "*There is insufficient evidence…*")
  - ***Weak against*** (or "*We suggest against…*")
  - ***Strong against*** (or "*We recommend against…*")

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Scope of the Guideline

- Audience
  - Providers and others involved in the care of active duty Serve members and Veterans with PTSD.
- Population
  - Adults with PTSD or ASD caused by any type of trauma who are eligible for care in VA or DoD health care delivery systems.

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Highlights in this Guideline

- Outcome Prioritization: Improvement in global PTSD severity based on CAPS, SPRINT, PSS-I, or other validated structured clinical interviews was rated as a critical outcome
  - Self-reported PTSD was an important outcome
- In the 2023 CPG, the evidence on trauma-focused psychotherapies was reviewed for each treatment individually, rather than as a class, to parallel review of medications.
  - In the 2017 VA/DoD PTSD CPG, trauma-focused psychotherapies were evaluated as a class.
- This review, combined with the more rigorous application of GRADE and accumulated new evidence, resulted in the downgrading of some specific treatments.

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PTSD CPG Recommendation Topics

- Assessment and Diagnosis of PTSD
- Prevention of PTSD
  - Selective Prevention of PTSD
  - Indicated Prevention of PTSD
- Treatment of PTSD
  - Treatment selection
  - Psychotherapy
  - Pharmacotherapy
  - Augmentation Therapy
  - Non-pharmacologic Biological Treatments
  - Complementary, Integrative, and Alternative Approaches
  - Technology-based Treatment
  - Treatment of Nightmares
  - Treatment of PTSD with Co-Occurring Conditions

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Evidence Review – Key Questions

1. **For adults diagnosed with PTSD, what is the effectiveness, comparative effectiveness, and safety of pharmacotherapy treatments for improving PTSD symptoms?**

a) **What is the effectiveness of pharmacotherapy for improving PTSD symptoms?**

b) **What is the comparative effectiveness of pharmacotherapies for improving PTSD symptoms?**

c) **For adults with PTSD, what is the effectiveness, comparative effectiveness, and safety of the treatment of nightmares as a symptom of PTSD?**

2. For adults diagnosed with PTSD, what is the effectiveness, comparative effectiveness and safety of psychotherapy treatments for improving PTSD symptoms?

a) Effectiveness of psychotherapy?

b) Comparative effectiveness of psychotherapy?

c) For the therapies that are effective, is the efficacy of the components of psychotherapies equivalent to the full therapy protocol or components of combined protocols?

d) What is the safety and effectiveness of brief interventions to be delivered in primary care or any setting where full interventions are not feasible for improving PTSD symptoms?

e) Effectiveness, comparative effectiveness, and safety of psychotherapy treatments of nightmares as a symptom of PTSD?

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2. **For adults diagnosed with PTSD, what is the effectiveness, comparative effectiveness and safety of psychotherapy treatments for improving PTSD symptoms?**

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b) **Comparative effectiveness of psychotherapy?**

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d) **What is the safety and effectiveness of brief interventions to be delivered in primary care or any setting where full interventions are not feasible for improving PTSD symptoms?**

e) **Effectiveness, comparative effectiveness, and safety of psychotherapy treatments of nightmares as a symptom of PTSD?**

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Evidence Review – Key Questions

3. For adults diagnosed with PTSD, what is the effectiveness and safety of non-pharmacological biological treatments, as primary treatments or adjunctive to standard treatment, for improving symptoms?
4. For adults diagnosed with PTSD, what is the effectiveness and safety of complementary and integrative treatments and other therapies (e.g., recreational therapy, animal-assisted therapy, self-help), as primary treatments or adjunctive to standard treatments, for improving PTSD symptoms?
5. For adults diagnosed with PTSD, what combined treatment approaches are safe and effective in enhancing treatment response? a) Combination of two or more medication monotherapies b) Augmenting psychotherapy or medication treatment to enhance outcomes c) Combination of psychotherapy with medication d) Combination of two or more psychotherapies
6. For adults diagnosed with PTSD, what is the comparative effectiveness of medication and psychotherapy?

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a) **Combination of two or more medication monotherapies**
b) **Augmenting psychotherapy or medication treatment to enhance outcomes**
c) **Combination of psychotherapy with medication**
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c) Combination of psychotherapy with medication
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Evidence Review – Key Questions

7. For adults diagnosed with PTSD, what is the effectiveness and safety of CBT (TFP or non-TFP), psychodynamic therapy, supportive psychotherapy, or peer psychotherapy treatments delivered in a group therapy setting? **a) What is the effectiveness of group therapy versus individual therapy setting?** **b) What is the effectiveness of group interventions as an adjunct to individual psychotherapy?**
8. What is the effectiveness, comparative effectiveness, and safety of treatment delivered via technology-based modalities?
9. What treatments are safe and effective for acute stress disorder or acute stress reaction? a) In adults with acute stress disorder or acute stress reaction, what treatments are effective in preventing development of PTSD?
10. For adults diagnosed with PTSD and a co-occurring condition, is treatment safety and effectiveness altered by presence of co-morbidities?

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Evidence Review – Key Questions

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Evidence Review – Key Questions

7. For adults diagnosed with PTSD, what is the effectiveness and safety of CBT (TFP or non-TFP), psychodynamic therapy, supportive psychotherapy, or peer psychotherapy treatments delivered in a group therapy setting?

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8. What is the effectiveness, comparative effectiveness, and safety of treatment delivered via technology-based modalities?

9. What treatments are safe and effective for acute stress disorder or acute stress reaction?

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Evidence Review – Key Questions

11. For adults diagnosed with PTSD, what sequence of treatments is safest and most effective in enhancing treatment response?
12. What is the accuracy of specific interviews/questionnaires for screening, diagnosing, or monitoring symptoms of PTSD?

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Evidence Review – Key Questions

11. For adults diagnosed with PTSD, what sequence of treatments is safest and most effective in enhancing treatment response?
12. What is the accuracy of specific interviews/questionnaires for screening, diagnosing, or monitoring symptoms of PTSD?

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Assessment and Diagnosis of PTSD		
1.	When screening for PTSD, we suggest using the Primary Care PTSD Screen for DSM-5.	Weak for	Reviewed, New-replaced
2.	For confirmation of the diagnosis of PTSD, we suggest using a validated structured clinician-administered interview, such as the Clinician-Administered PTSD Scale or PTSD Symptom Scale - Interview Version.	Weak for	Reviewed, New-replaced
3.	To detect changes in PTSD symptom severity over time, we suggest the use of a validated instrument, such as the PTSD Checklist for DSM-5, or a structured clinician-administered interview, such as the Clinician-Administered PTSD Scale.	Weak for	Reviewed, New-replaced

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information.
[b] See Recommendation Categorization section of the PTSD CPG for additional information.

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Prevention of PTSD		
	Selective Prevention of PTSD		
4.	For the prevention of PTSD among individuals who have been exposed to trauma, there is insufficient evidence to recommend for or against psychotherapy or pharmacotherapy in the immediate post-trauma period.	Neither for nor against	Not Reviewed, Amended
	Indicated Prevention		
5.	For the prevention of PTSD among patients diagnosed with acute stress disorder, we suggest trauma-focused cognitive behavioral psychotherapy.	Weak for	Reviewed, New-replaced
6.	For the prevention of PTSD among patients diagnosed with acute stress reaction/acute stress disorder, there is insufficient evidence to recommend for or against any pharmacotherapy.	Neither for nor against	Reviewed, New-replaced
	Treatment of PTSD		
	Treatment Selection		
7.	We recommend individual psychotherapies, listed in Recommendation 8, over pharmacologic interventions for the treatment of PTSD.	Strong for	Reviewed, New-replaced

a See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information.
b See Recommendation Categorization section of the PTSD CPG for additional information.

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Psychotherapy		
8.	We **recommend** the individual, manualized trauma-focused psychotherapies for the treatment of PTSD: **Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, or Prolonged Exposure**.	Strong for	Reviewed, New-replaced
9.	We **suggest** the following individual, manualized psychotherapies for the treatment of PTSD: **Ehlers' Cognitive Therapy for PTSD, Present-Centered Therapy, or Written Exposure Therapy**.	Weak for	Reviewed, New-replaced
10.	There is **insufficient evidence** to recommend for or against the following individual psychotherapies for the treatment of PTSD: Accelerated Resolution Therapy, Adaptive Disclosure, Acceptance and Commitment Therapy, Brief Eclectic Psychotherapy, Dialectical Behavior Therapy, Emotional Freedom Techniques, Impact on Killing, Interpersonal Psychotherapy, Narrative Exposure Therapy, Prolonged Exposure in Primary Care, psychodynamic therapy, psychoeducation, Reconsolidation of Traumatic Memories, Seeking Safety, Stress Inoculation Training, Skills Training in Affective and Interpersonal Regulation, Skills Training in Affective and Interpersonal Regulation in Primary Care, supportive counseling, Thought Field Therapy, Trauma-Informed Guilt Reduction, or Trauma Management Therapy.	Neither for nor against	Reviewed, New-replaced

a See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information.
b See Recommendation Categorization section of the PTSD CPG for additional information.

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Psychotherapy		
11.	There is **insufficient evidence** to recommend using **individual components** of manualized psychotherapy protocols over, or in addition to, the full therapy protocol for the treatment of PTSD.	Neither for nor against	Reviewed, Not Changed
12.	There is **insufficient evidence** to recommend for or against any **specific** manualized **group therapy** for the treatment of PTSD.	Neither for nor against	Reviewed, New-replaced
13.	There **is insufficient evidence** to recommend using **group therapy as an adjunct** for the primary treatment of PTSD.	Neither for nor against	Reviewed, New-replaced
14.	There is **insufficient evidence** to recommend for or against the following **couples therapies** for the treatment of PTSD: Behavioral Family Therapy, Structured Approach Therapy, or Cognitive Behavioral Conjoint Therapy.	Neither for nor against	Reviewed, Not Changed

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
[b] See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Pharmacotherapy		
15.	We **recommend paroxetine, sertraline, or venlafaxine** for the treatment of PTSD.	Strong for	Reviewed, New-replaced
16.	There **is insufficient evidence** to recommend for or against amitriptyline, bupropion, buspirone, citalopram, desvenlafaxine, duloxetine, escitalopram, eszopiclone, fluoxetine, imipramine, mirtazapine, lamotrigine, nefazodone, olanzapine, phenelzine, pregabalin, rivastigmine, topiramate, or quetiapine for the treatment of PTSD.	Neither for nor against	Reviewed, New-replaced
17.	There is **insufficient evidence** to recommend for or against **psilocybin, ayahuasca, dimethyltryptamine, ibogaine, or lysergic acid diethylamide** for the treatment of PTSD.	Neither for nor against	Reviewed, New-added
18.	We **suggest against divalproex, guanfacine, ketamine, prazosin, risperidone, tiagabine, or vortioxetine** for the treatment of PTSD.	Weak against	Reviewed, New-replaced
19.	We **recommend against benzodiazepines** for the treatment of PTSD.	Strong against	Reviewed, New-replaced
20.	We **recommend against cannabis or cannabis derivatives** for the treatment of PTSD.	Strong against	Reviewed, Amended

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
[b] See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Augmentation Therapy		
21.	There is **insufficient evidence** to recommend for or against the **combination or augmentation of psychotherapy** (see Recommendation 8 and Recommendation 9) **or medications** (see Recommendation 15**) with any psychotherapy or medication** for the treatment of PTSD (see Recommendation 22 for antipsychotic medications and Recommendation 23 for 3,4-methylenedioxymethamphetamine).	Neither for nor against	Reviewed, New-replaced
22.	**We suggest against** aripiprazole, asenapine, brexpiprazole, cariprazine, iloperidone, lumateperone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, or ziprasidone for augmentation of medications for the treatment of PTSD.	Weak against	Reviewed, New-replaced
23.	There is **insufficient evidence** to recommend for or against **3,4-methylenedioxymethamphetamine** assisted psychotherapy for the treatment of PTSD.	Neither for nor against	Reviewed, New-added

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
[b] See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Non-pharmacologic Biological Treatments		
24.	There **is insufficient evidence** to recommend for or against the following **somatic therapies** for the treatment of PTSD: capnometry-assisted respiratory therapy, hyperbaric oxygen therapy, neurofeedback, NightWare©, repetitive transcranial magnetic stimulation, stellate ganglion block, or transcranial direct current stimulation.	Neither for nor against	Reviewed, New-replaced
25.	We **suggest against electroconvulsive therapy or vagus nerve stimulation** for treatment of PTSD.	Weak against	Reviewed, New-replaced

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
b See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Complementary, Integrative, and Alternative Approaches		
26.	We **suggest Mindfulness-Based Stress Reduction®** for the treatment of PTSD.	Weak for	Reviewed, New-replaced
27.	There is **insufficient evidence** to recommend for or against the following mind-body interventions for the treatment of PTSD: acupuncture, Cognitively Based Compassion Training Veteran version, creative arts therapies (e.g., music, art, dance), guided imagery, hypnosis or self-hypnosis, Loving Kindness Meditation, Mantram Repetition Program, Mindfulness-Based Cognitive Therapy, other mindfulness trainings (e.g., integrative exercise, Mindfulness-Based Exposure Therapy, brief mindfulness training), relaxation training, somatic experiencing, tai chi or qigong, Transcendental Meditation®, and yoga.	Neither for nor against	Reviewed, New-replaced
28.	There is **insufficient evidence** to recommend for or against the following interventions for the treatment of PTSD: recreational therapy, aerobic or non-aerobic exercise, animal-assisted therapy (e.g., canine, equine), and nature experiences (e.g., fishing, sailing).	Neither for nor against	Reviewed, New-replaced

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
b See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of PTSD (cont.)		
	Technology-based Treatment		
29.	We **recommend secure video teleconferencing to deliver treatments** in Recommendation 8 and Recommendation 9 when that therapy has been validated for use with video teleconferencing or when other options are unavailable.	Strong for	Reviewed, New-replaced
30.	There is **insufficient evidence** to recommend for or against **mobile apps or other self-help-based interventions** for the treatment of PTSD.	Neither for nor against	Reviewed, New-added
31.	There is **insufficient evidence** to recommend for or against **facilitated internet-based cognitive behavioral therapy** for the treatment of PTSD.	Neither for nor against	Reviewed, New-replaced

[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
b See Recommendation Categorization of the PTSD CPG for additional information

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Clinical Practice Recommendations

	Recommendation	Strength[a]	Category[b]
	Treatment of Nightmares		
32.*	We **suggest prazosin for** the treatment of **nightmares** associated with PTSD.	Weak for	Reviewed, Amended
33.	There is **insufficient evidence** to recommend for or against the following treatments for nightmares associated with PTSD: Imagery Rehearsal Therapy, Exposure Relaxation and Rescripting Therapy, Imaging Rescripting and Reprocessing Therapy, or NightWare.	Neither for nor against	Reviewed, New-added
	Treatment of PTSD with Co-Occurring Conditions		
34.	We **suggest** that **the presence of co-occurring substance use disorder** and/or other disorder(s) **not preclude treatments** in Recommendation 8 and Recommendation 9 **for PTSD.**	Weak for	Reviewed, New-replaced

* The Work Group revisited the evidence supporting Recommendation 32 on June 12 and decided to upgrade the strength of the recommendation from "Neither for nor against" to "Weak for."
[a] See Determining Recommendation Strength and Direction section of the PTSD CPG for additional information
b See Recommendation Categorization of the PTSD CPG for additional information

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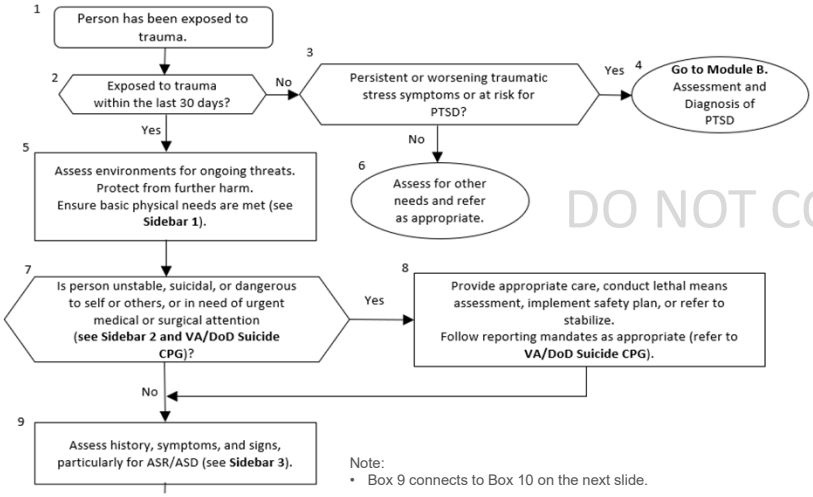
Algorithm – Module A: Acute Stress Reaction/Disorder



Note:
- Box 9 connects to Box 10 on the next slide.

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Abbreviations: ASR: Acute Stress Reaction; COSR: Combat and Operational Stress Reaction; DSM: Diagnostic and Statistical Manual of Mental Disorders

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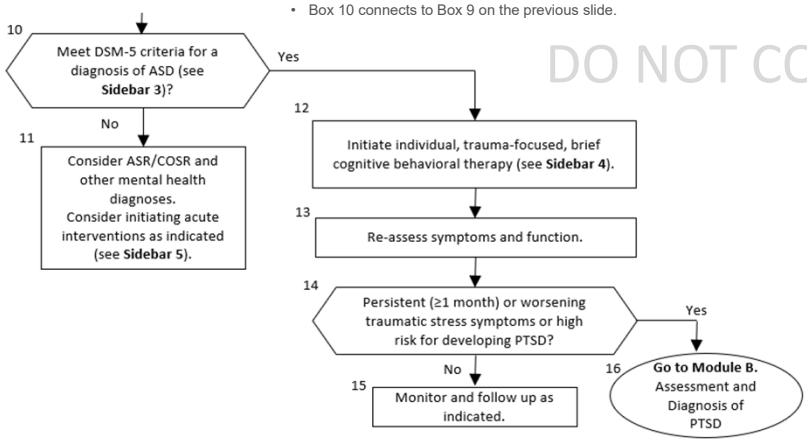
Algorithm – Module A: Acute Stress Reaction/Disorder

Note:
- Box 10 connects to Box 9 on the previous slide.



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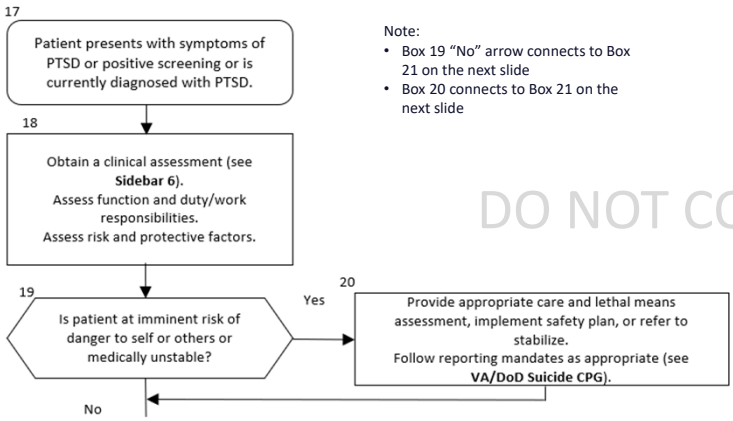
Algorithm – Module B: Assessment and Diagnosis of Posttraumatic Stress Disorder



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- Box 20 connects to Box 21 on the next slide

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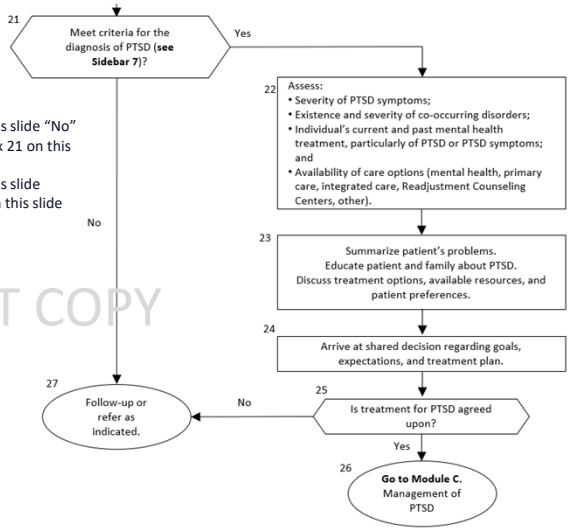
Algorithm – Module B: Assessment and Diagnosis of Posttraumatic Stress Disorder



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- Box 19 on the previous slide "No" arrow connects to Box 21 on this slide
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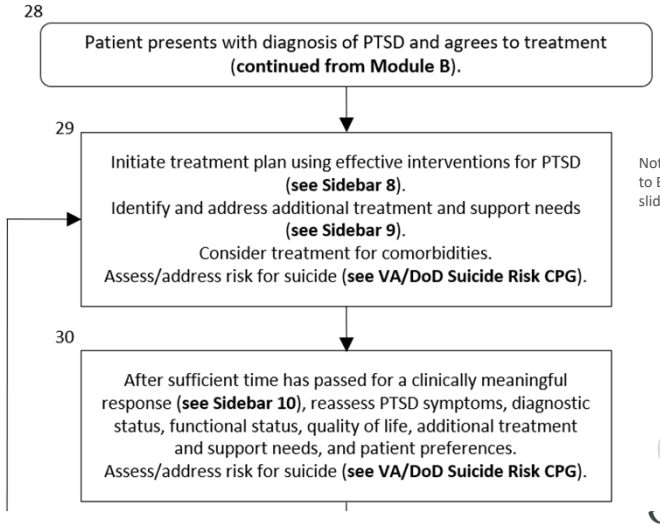
Algorithm – Module C: Management of Posttraumatic Stress Disorder



Note: Box 30 connects to Box 31 on the next slide

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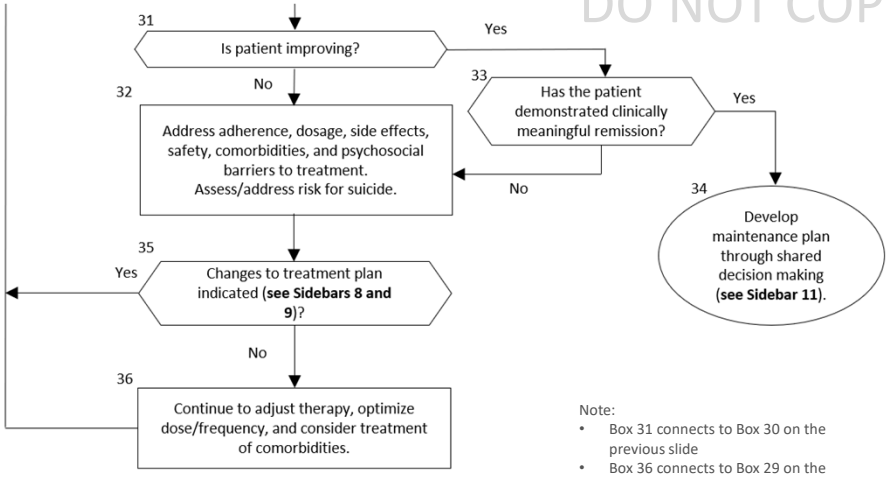
Algorithm – Module C: Management of Posttraumatic Stress Disorder



Note:
- Box 31 connects to Box 30 on the previous slide
- Box 36 connects to Box 29 on the previous slide

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