

# Psychiatric NP Cheat Sheet: Post-Traumatic Stress Disorder (PTSD)



## Diagnostic Criteria (DSM-5)



### Trauma Exposure (Criterion A)

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:

- Directly experiencing the traumatic event
- Witnessing, in person, the event occurring to others
- Learning that the event occurred to a close family member or friend
- Experiencing repeated or extreme exposure to aversive details of traumatic events



### Symptom Clusters



#### Intrusion Symptoms ( $\geq 1$ required)

- Recurrent, involuntary, intrusive memories
- Traumatic nightmares
- Dissociative reactions (flashbacks)
- Intense or prolonged psychological distress at exposure to cues
- Marked physiological reactions to trauma-related stimuli



#### Avoidance ( $\geq 1$ required)

- Avoidance of trauma-related thoughts or feelings
- Avoidance of trauma-related external reminders



## Negative Alterations in Cognition and Mood (≥2 required)

- Inability to remember important aspects of the trauma
- Persistent negative beliefs about oneself, others, or the world
- Persistent distorted cognitions about cause or consequences of the trauma
- Persistent negative emotional state
- Markedly diminished interest in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions



## Alterations in Arousal and Reactivity (≥2 required)

- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance



## Additional Criteria

- Duration of symptoms >1 month
- Clinically significant distress or functional impairment
- Not attributable to substance or medical condition



## Specifiers

- **With dissociative symptoms:**
  - Depersonalization: Feeling detached from oneself
  - Derealization: Feeling surroundings are unreal
- **With delayed expression:** Full criteria not met until >6 months after trauma



# Assessment Tools

PTSD Assessment Tools	
Screening Measures	
Tool	Description
PC-PTSD-5	5 items, $\geq 3$ positive indicates need for further
TSQ-5	Trauma Screening Questionnaire, 6 items
Diagnostic Measures	
CAPS-5	Clinician-Administered PTSD Scale
PCL-5	PTSD Checklist, self-report measure

PC-PTSD-5 = Primary Care PTSD Screen; TSQ-5 = Trauma Screening Questionnaire; CAPS-5 = Clinician Administered PTSD Scale; PCL-5 = PTSD Checklist for DSM-5



## Differential Diagnosis

### Medical Conditions

- Traumatic brain injury
- Seizure disorders
- Sleep disorders
- Thyroid disorders
- Cardiac conditions
- Chronic pain

### Psychiatric Conditions

- Acute stress disorder (duration <1 month)
- Adjustment disorder
- Major depressive disorder
- Anxiety disorders
- Borderline personality disorder
- Dissociative disorders



## Substance-Induced Considerations

- **Intoxication:** Stimulants, cannabis, hallucinogens
- **Withdrawal:** Alcohol, benzodiazepines, opioids
- **Medications:** Corticosteroids, interferon, certain antibiotics



## Recommended Workup

### Initial Evaluation

- **Laboratory:** CBC, CMP, TSH, urine toxicology
- **Consider:** Neuroimaging if head trauma history
- **Screening tools:** PC-PTSD-5, TSQ-5
- **History:** Detailed trauma history, symptom onset, course, comorbidities
- **Risk assessment:** Suicidality, homicidality, substance use, self-harm
- **Rule out:** Medical conditions, substance-induced symptoms



## Treatment Approaches



### Psychotherapy

#### First-Line Treatments

- **Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT):** Addresses trauma-related thoughts and beliefs
- **Prolonged Exposure (PE):** Gradual exposure to trauma memories and reminders
- **Cognitive Processing Therapy (CPT):** Focuses on challenging distorted beliefs related to trauma
- **Eye Movement Desensitization and Reprocessing (EMDR):** Bilateral stimulation while processing trauma memories

#### Second-Line/Adjunctive Treatments

- **Stress Inoculation Training (SIT):** Anxiety management techniques
- **Present-Centered Therapy (PCT):** Focuses on current problems related to PTSD

- **Skills Training in Affective and Interpersonal Regulation (STAIR):** Emotion regulation and interpersonal skills
- **Mindfulness-Based Stress Reduction (MBSR):** Mindfulness practices to reduce stress



## Pharmacotherapy

### First-Line Medications

- **SSRIs:**
  - Sertraline: 50-200 mg/day (FDA-approved)
  - Paroxetine: 20-60 mg/day (FDA-approved)
  - Fluoxetine: 20-80 mg/day
- **SNRIs:**
  - Venlafaxine XR: 75-300 mg/day

### Second-Line Medications

- **Other antidepressants:**
  - Mirtazapine: 15-45 mg/day
  - Nefazodone: 200-600 mg/day
- **Atypical antipsychotics:**
  - Quetiapine: 25-300 mg/day
  - Risperidone: 0.5-3 mg/day
  - Olanzapine: 2.5-15 mg/day

### Third-Line/Adjunctive Medications

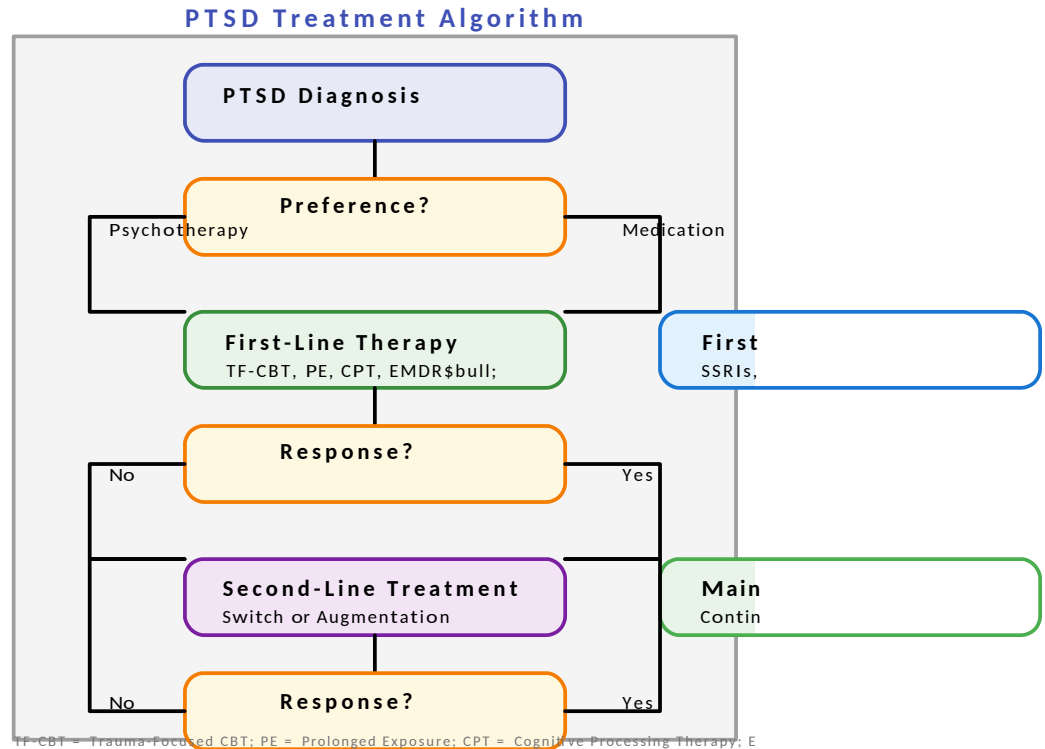
- **Prazosin:** 1-15 mg/day (for nightmares)
- **Mood stabilizers:** Lamotrigine, topiramate, valproate
- **Alpha-2 agonists:** Clonidine, guanfacine
- **Beta-blockers:** Propranolol (for hyperarousal symptoms)

### Medications to Avoid/Use with Caution

- **Benzodiazepines:** Not recommended as first-line; may worsen outcomes
- **Stimulants:** May exacerbate anxiety and hyperarousal
- **Medications with abuse potential:** Risk of substance use disorders



# Treatment Algorithm



## Special Considerations



### Pregnancy/Postpartum

- Trauma history increases risk for perinatal complications
- Careful risk-benefit analysis required for medications
- SSRIs generally considered safer options if medication needed
- Paroxetine: Avoid in pregnancy (cardiac malformations)
- Psychotherapy preferred first-line treatment
- Screen for comorbid depression
- Consider impact of trauma on attachment and parenting



### Elderly

- Late-onset PTSD possible (reactivation of earlier trauma)




- Medical comorbidities may complicate treatment
- Start low, go slow with medications
- Increased risk of drug interactions
- Cognitive impairment may affect therapy approach
- Adapt psychotherapy for cognitive limitations if needed

## Children/Adolescents






- Symptoms may present differently than in adults
- May manifest as behavioral problems, regression, somatic complaints
- TF-CBT is first-line treatment
- Family involvement essential
- Limited data on medication use
- SSRIs may be considered for severe symptoms
- School-based interventions often helpful


## Monitoring

### Follow-Up Schedule

-  **Initial phase:** Every 2-4 weeks
-  **Maintenance phase:** Every 1-3 months
-  **Medication adjustments:** More frequent monitoring

### Monitoring Parameters

-  **Symptom severity:** PCL-5 or other validated measures
-  **Side effects:** Sexual dysfunction, GI issues, activation
-  **Treatment adherence:** Assess barriers and address concerns
-  **Functional improvement:** Work, relationships, avoidance behaviors
-  **Suicidality:** Regular assessment

-  **Substance use:** Monitor for self-medication



## Comorbidities

### Common Comorbidities

- **Major depressive disorder:** 30-50%
- **Substance use disorders:** 20-40%
- **Anxiety disorders:** 30-60%
- **Traumatic brain injury:** Common in combat veterans
- **Chronic pain:** 20-30%
- **Sleep disorders:** 70-90%

### Treatment Implications

- Address both PTSD and comorbid conditions
- Consider integrated treatment approaches
- Medication selection may target multiple conditions
- Substance use may require concurrent treatment
- Sleep disturbances often require specific interventions
- Higher risk of suicidality with comorbidities



## References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)
2. American Psychological Association. Clinical Practice Guideline for the Treatment of PTSD
3. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder
4. International Society for Traumatic Stress Studies. PTSD Prevention and Treatment Guidelines
5. National Institute for Health and Care Excellence (NICE). Post-traumatic stress disorder: management



## References

- American Psychological Association. (2017). PTSD Assessment Instruments. *Https://Www.apa.org*.  
<https://www.apa.org/ptsd-guideline/assessment>
- Angelakis, S., Weber, N., & Nixon, R. D. V. (2020). Comorbid posttraumatic stress disorder and major depressive disorder: The usefulness of a sequential treatment approach within a randomised design. *Journal of Anxiety Disorders*, 76, 102324. <https://doi.org/10.1016/j.janxdis.2020.102324>
- Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. *The Journal of Clinical Psychiatry*, 61(7), 22–32.  
<https://pubmed.ncbi.nlm.nih.gov/10795606/>
- Center for Substance Abuse Treatment (US). (2019). *DSM-5 diagnostic criteria for PTSD*. National Library of Medicine; Substance Abuse and Mental Health Services Administration (US).  
[https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1\\_ch3.box16/](https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/)
- Fariba, K., & Gupta, V. (2024, April 20). *Posttraumatic Stress Disorder In Children*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK559140/>
- Mann, S. K., Marwaha, R., & Torrico, T. J. (2024). *Posttraumatic stress disorder (PTSD)*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK559129/>
- Mayo Clinic. (2024). *Post-traumatic stress disorder (PTSD) - diagnosis and treatment - mayo clinic*. Mayoclinic.org; Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/diagnosis-treatment/drc-20355973>
- Schrader, C., & Ross, A. (2021). A Review of PTSD and Current Treatment Strategies. *Missouri Medicine*, 118(6), 546–551. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8672952/>