

# 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 ( $\geq 2$ 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 ( $\geq 2$ 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 assessment
TSQ-5	Trauma Screening Questionnaire, 6 items

Diagnostic Measures	
CAPS-5	Clinician-Administered PTSD Scale
PCL-5	PTSD Checklist, self-report measure



# 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

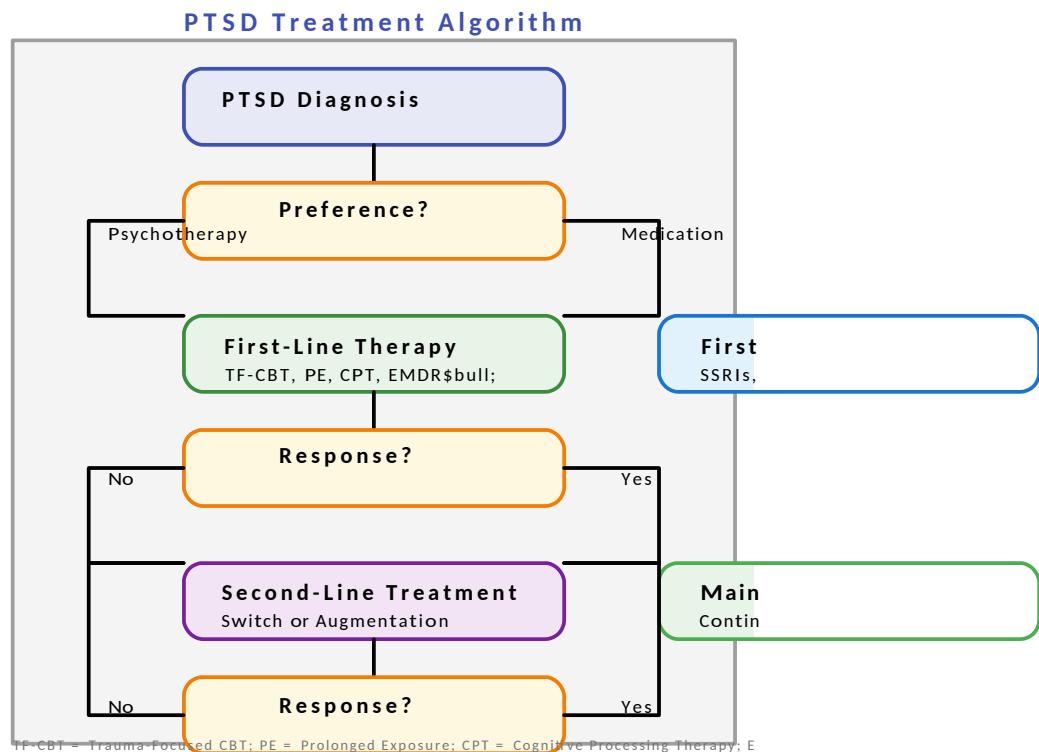
- **Prazosin:** 1-15 mg/day (for nightmares)
- **Mood stabilizers:** Lamotrigine, topiramate, valproate
- **Alpha-2 agonists:** Clonidine, guanfacine
- **Beta-blockers:** Propranolol (for hyperarousal symptoms)

### 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

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