

## PTSD Bytes – Transcript

Episode #:	7
Title:	#7: Treatments for PTSD 4: Medications
Guest(s):	Paul Holtzheimer, MD

Pearl:

Welcome and thank you for tuning in to PTSD Bytes, the podcast where we invite experts to talk about PTSD and mental health and how technology like mental health apps can help. We'll cover a new topic every other week in bite-sized episodes. I'm your host, Pearl McGee Vincent, and I'm a Clinical Psychologist at the Veterans Affairs National Center for PTSD.

In today's episode, we continue our discussion of effective treatments for PTSD and will be talking about medications. My guest today, Dr. Paul Holtzheimer is a Professor of Psychiatry at the Geisel School of Medicine and Deputy for Research at the National Center for PTSD. Welcome Dr. Holtzheimer.

Paul:

Thank you. Very happy to be here.

Pearl:

We really want to learn from you today about what does the science say about medications for PTSD?

Paul:

Sure. So all psychiatric disorders are disorders of the brain, and you can think about when those chemicals are out of balance in the brain that leads to dysfunction that can then result in depression, anxiety, hyperarousal, and other PTSD symptoms. That then leads to the idea that you can use medications to hopefully correct that imbalance. So the science says that serotonin and norepinephrine are dysfunctional in PTSD, and that you can correct those with these medications. And we have evidence that that works for about half the patients that take the medications.

Pearl:

Wow. So if somebody has PTSD, regardless of the cause, what's going on inside of their brain is some sort of an imbalance of neurochemicals. And there are medications that can help put things back in balance, so to speak. Am I understanding that, am I over-, I'm probably oversimplifying that, but is that the gist of it?

Paul:

Yeah. And we kind of have to oversimplify it in some ways <laughs>, because the brain is extraordinarily complex. But we have evidence that yes, these medications and they're actually, so there are four there's sertraline that goes by the name Zoloft, paroxetine, which goes by the name Paxil, fluoxetine, which goes by the name Prozac, and then venlafaxine, which goes by the name Effexor, have all shown very clear evidence that they work for treating PTSD.

Pearl:

And so if somebody gets a prescription for one of these medications, Zoloft, Paxil, Prozac, or Effexor to treat their PTSD, what results can they reasonably expect?

Paul ([02:52](#)):

Most of the studies have shown that if the medications work, patients should see improvements in pretty much all of their symptoms. So the re-experiencing symptoms such as nightmares and flashbacks, avoidance symptoms, they be more likely to be willing to go out and interact with people in the community. It's not uncommon though, that patients may find that some symptoms get a lot better than others, but generally speaking, people should expect that the symptoms of PTSD should improve. And the fact that these medications are antidepressant medications as well, if the person also has depression, which is very common in PTSD, they should expect the depressive symptoms to improve also.

I want to make a big caveat here that we often really try to get patients with PTSD into our best treatments for PTSD, which are the evidence-based psychotherapies. So trauma-focused psychotherapies such as prolonged exposure, cognitive processing therapy, perhaps EMDR – if a patient has tried those and they haven't worked, we will then maybe decide to go to medications. Once we've decided to go with medications, we will pick one that seems to make the most sense for that patient.

Pearl:

Great. So it sounds like the number one recommendation for someone with PTSD is to participate in an evidence-based psychotherapy or a talk-based therapy that is trauma-focused, and then they can add a medication or take medication in addition to that, if the therapy is not effective?

Paul:

Correct. However, what's important to know is that the medications don't necessarily help the talk therapies work better. And this is very different than what we see in treating depression, where when you actually combine psychotherapy and medications for depression, you actually see more improvement than you would see with either alone. The studies that have looked at that in PTSD haven't shown that.

Pearl:

And if you have someone that you're working with who has PTSD, what information do you provide this person to help them make a decision about whether or not they want to pursue taking medication?

Paul:

Yeah, it's a really important question. So we strongly recommend the use of what is called shared decision-making. And that process is educating the patient about what the different treatments do, how likely they are to work, what the side effects or downsides of the treatment might be. And then getting the patient's preferences about what matters to them about side effects they're willing to tolerate, how much improvement is going to be meaningful. Are they willing to take a pill every day? Are they willing to come into psychotherapy every week? And then we sometimes would use a tool, for example, at the National Center for PTSD, we developed the PTSD Decision Aid, and so this is actually an online resource, but you can also use it in the office very easily as well, that goes through the process I just described. I think most physicians and psychologists do that very process. They go through and say, here are the options we have. Here's what we know about them in terms of how well they work and what the downsides might be, learn from the patient, what they prefer and then try to make the best fit.

Pearl:

What do you tell people who are concerned about side effects?

Paul:

For these medications, we know the side effects very, very well. In most cases, the side effects if they occur are mild. And so when I talk to patients about side effects, I will describe effectively that – here are the potential side effects, the common ones, most patients tolerate them well, they're very likely to go away if we just stick with the medication, and we can also adjust the dose of the medication. And so that's generally the process we would go through.

Pearl:

Thank you. And if somebody takes medication for PTSD and they're tolerating it well, meaning they're not having any difficult side effects and they're benefiting from it, does that mean they need to take it for life?

Paul:

Generally when somebody starts a medication for PTSD, if they are going to benefit, they should see the benefits within the first four to 12 weeks. And if they do get significant benefit, the general recommendation is to continue the medication at least for another several months. And then at some point, if the patient feels that, 'you know, I've been taking this for a while, I'd like to see how I'm doing without it,' if they want to try to come off the medication, we can taper it, see how they do. And if symptoms come back, then we can always add it back on.

Pearl:

And what do you say to someone who is maybe benefiting from medication, but feels like they don't want to take meds because it means something negative about them or that there's a stigma associated with it?

Paul:

That's common. One of the things I will try to explain to patients is that the brain is just like any other organ in the body, your heart, your lungs, your liver, your kidneys. And if the organ is having dysfunction and medications are helping to correct that dysfunction, then there really shouldn't be any stigma about that because it's not you as a person that is somehow done anything wrong or failed. It isn't any different than taking a medication for your blood pressure or for diabetes, because it is basically a system in your body that just works better when you add this medication in. And that should be okay.

Pearl:

I think that's really important for people to hear, thank you. Who can someone talk to about medication options for PTSD or other mental health issues? Do they have to start with therapy or see a psychiatrist or can a primary care doctor prescribe?

Paul:

The conversation can start a lot of different ways. Yes, family practitioner, primary care provider is a great place to start. They may be comfortable starting and prescribing the medications themselves. It doesn't necessarily have to be a psychiatrist. So there are a lot of different ways to get information about it. And then in terms of making the decision that effectively though would need to be a medical

doctor, an MD, whether it's a again, primary care or psychiatrist that would end up prescribing the medication.

Pearl:

You mentioned that PTSD Decision Aid as one online resource that can be helpful to psychiatrists and their patients. Are there any other technology tools that you recommend?

Paul:

Yeah, so the National Center has actually developed a surprising number of mobile apps and other technologies to assist in educating and treating PTSD. Two of the ones that I think are most relevant to the discussion here, and kind of just thinking about treatment of PTSD and associated symptoms are PTSD Coach and Insomnia Coach. So PTSD Coach has a lot of information in it about PTSD, about treatments for PTSD, and then a lot of useful tools for tracking PTSD symptoms, setting alerts and reminders, practicing skills you might have learned in psychotherapy, et cetera. There's just so much within the app. It's, it's a highly rated and highly downloaded app. And then Insomnia Coach is really designed to help manage insomnia and the idea that there are ways that you can train your brain to better sleep and train it to get to sleep, stay asleep, get back to sleep, et cetera. Please, if you haven't already, go check out the website, look at our mobile app options, they're all free to download. I will stop there.

Pearl:

Thank you so much for joining us today, Dr. Holtzheimer, this has been an informative and enlightening discussion on medications for PTSD.

Paul:

Absolute pleasure to be here. Thank you for having me

Pearl:

For folks who are interested in checking out the PTSD Decision Aid, that is available at [ptsd.va.gov](https://ptsd.va.gov). Dr. Holtzheimer also mentioned two National Center for PTSD mobile mental health apps, PTSD Coach and Insomnia Coach. Both are available for download wherever you get your apps.

This has been an episode of PTSD Bytes. The podcast that delivers bite-sized expertise on issues related to PTSD, mental health and technology. Catch new episodes every other week by following or subscribing to PTSD Bytes on your preferred podcast app. Thank you for joining us.