ASD & PTSD

As of 19 Jan 2016

DSM

In April, 2014, the ABPN has said that they will use DSM-IV-TR in their written exams until 2017, so the following does not include DSM-5 criteria or nomenclature.

sources

Unless otherwise indicated, these answers are based on 1] DSM-IV-TR, 2] APA Practice Guidelines and 3] website: http://www.USUHS.Mil/CSTS., 4] Kaplan and Sadock, 10th edition.

CSTS = Center for the Study of Traumatic Stress, a huge resource on PTSD, a site that is kept current.

Dx – PTSD – trauma

- Q. In diagnosing PTSD, what is required as to the trauma?

Dx – PTSD - trauma

- Ans. Both of the following are required:
- 1] Pt experienced an event that threatened the physical integrity of self or others
- 2] Pt response to the event includes intense fear or helplessness [not part of DSM-5's criteria set.]

Dx – PTSD – signs - general

- Q. PTSD’s signs are divided into some major headings. What are they?

Dx – PTSD – signs - general

- Ans. Three major headings:
- 1] Re-experiencing
- 2] Avoidance behavior
- 3] Arousal signs

Dx – PTSD – Re-experiencing

- Q. List 5 re-experiencing symptoms.

Dx – PTSD – re-experiencing

- Ans. DSM requires one or more of the following:
- 1] Intrusive distressing recollections of the event
- 2] Distressing dreams of the event
- 3] A sense of reliving the experience
- 4] Distress at exposure to triggers
- 5] Untoward physiological reactivity to triggers.

DX – PTSD - Avoidant

- Q. DSM-IV requires 3 of 7 avoidant responses. What are the 7?

Dx – PTSD - avoidant

- Ans. 1. Effort to avoid thoughts associated with the trauma
  2. Efforts to avoid activities, places or people associated with the event.
  3. Amnesia as to recalling an important aspect of the event.
  4. Diminished interest activities.
  5. Feeling of detachment from others
  6. Affect restriction
  7. Sense of foreshorten future

Dx – PTSD - arousal

- Q. DSM-IV expects at least two of five signs of arousal. List five.

Dx – PTSD - arousal

- Ans.
- 1. insomnia
- 2. irritability/uncontrolled anger
- 3. difficulty concentrating
- 4. hypervigilence
- 5. exaggerated startle response

Dx – PTSD - duration

- Q. What duration of sign and symptoms does DSM-IV expect before one can dx PTSD?

Dx – PTSD - duration

- Ans. At least 30 days.

Dx – PTSD – Acute/chronic

- Q. What is definition of “acute” and “chronic” relative to PTSD?

Dx – PTSD – acute/chronic

- Ans.
- Acute = < 3 months
- Chronic = > 3 months
- [note that in most of the other disorders, “chronic” = > 2 years]

“delayed onset”

- Q. What does “delayed onset” mean as a PTSD DSM specifier?

“with delayed onset”

- Ans. Symptoms and signs onset is > 6 months after the event.

Dx - ASD

- Q. How does the criteria of Acute Stress Disorder differ from PTSD?

Dx - ASD

- Ans.
- 1. < 30 days since event.
- 2. Requires signs of dissociation.

Dissociation

- Q. For the dx of Acute Stress Disorder, DSM expects at least three of five dissociative signs. List the five.
- [Note dissociative signs are part of ASD, but not necessary for PTSD]

Dissociative signs

- Ans.
- 1] numbing, detachment, lack of emotional responsiveness
- 2] decreased awareness of one’s surrounding
- 3] derealization
- 4] depersonalization
- 5] amnesia as to important aspects of the trauma

Exacerbation

- Q. Symptoms of PTSD may be exacerbated under what conditions or situations?

Exacerbated

- Ans.
- 1. re-exposure to the trauma
- 2. perception of being in unsafe setting
- 3. being in an abusive relationship

Most Likely to Occur in?

Besides the trauma per se, what characterized those who are most likely to develop PTSD?

Most Likely to Occur in . . .

Not now married

Socially withdrawn

Low economic status

Other psychiatric conditions

Children

Children exposed to the same trauma as adults are more, less of equally likely to develop PTSD?

Children

More likely.

Risk Factors as to the Trauma Itself ?

What about the trauma impacts the risk?

Risk Factors as to the Trauma Itself - Ans

Severity of the trauma

Duration of the trauma

Proximity of the trauma

Comorbidity?

What is the comorbidity/ies?

Comorbidity.

2/3 have two other conditions, e.g.:

MDD

Substance-related

Other anxiety disorders

Bipolar

Tortured?

PTSD seen in what percentage of those tortured?

Tortured

36%

After Being Badly Burned?

Prevalence of PTSD is those badly burned,

Adults?

Children?

After Being Badly Burned

Adults: 30%

Children: 80%

[Question likely to be less specific]

Initially Develops?

How long after the trauma can signs of PTSD first develop?

How Long Till Develops.

One week to 30 years.

Lab findings

Q. Name some lab findings in pts with PTSD.

Lab findings

Ans.

1. Elevated 24-hour excretion of epinephrine and norepinephrine. Elevated CSF of norepinephrine many years after trauma's
2. Elevated 24-hour plasma samples of norepinephrine

[There are others, especially studies that show different responses to substances such as yohimbine.]

Prevalence

Q. What is the life-time prevalence of PTSD in the US?

Prevalence

Ans.

8%

Comorbid disorders

Q. What percentage of pts with PTSD have a comorbid psychiatric disorder?

Comorbid disorders

Ans. The vast majority have another psychiatric disorder. If asked to list some, MDD and alcoholism are probably the two most common.

Formulation

Q. Common formulations for ASD/PTSD?

Formulation -- 1

Ans. A common concept today is that all of us have an ability for psychological repair after a trauma, but her or his ability for psychological repair has been insufficient:

1] has not been able to fully repair or return to stasis, e.g., ability to forget seems impaired

2] has a set point to react to dangers has been reset at disabling hypersensitive level.

See next screen

Formulation -- 2

Ans. Continued.

In providing a formulation, the severity of the trauma, past traumas before the one that precipitated this PTSD [early childhood traumas especially], long hx of pessimism, and social isolation can reduce resilience.

FDA Approved for ASD/PTSD?

For Adults

FDA Approved

Clomipramine
Fluoxetine
Fluvoxamine
Paroxetine
Sertraline

Approved for Children

Fluoxetine

Fluvoxamine

Sertraline

ASD -Meds

- Q. What class of medications is first-line for acute stress disorder?

ASD - Meds

- Ans. SSRIs.

PTSD - meds

- Q. What class of meds is first choice for PTSD?

PTSD - Meds

- Ans. SSRIs.

Class NOT TO use?

Class Not to Use

Benzodiazepines

PTSD - SSRIs

- Q. Which of the following symptom clusters does SSRIs address:
- Re-experiencing?
- Avoidance?
- Hyperarousal?

PTSD - SSRIs

- Ans. All three.

Full Benefit?

To know full benefit of these meds, takse how long?

Full Benefit

May take 12 weeks, even longer.

Other antidepressants

- Q. What about other antidepressants?

Other antidepressants

- Ans. The following five are listed in the APA Practice Guideline which says that the first two have more evidence:
- Tricyclics
- MAOIs
- Venlafaxine
- Mirtazapine
- Bupropion

SSRI plusses

Q. In addition to treating the three groupings of signs of PTSD, what are some other benefits of using an SSRI?

SSRI plusses

Ans. The comorbid condition is likely to be MDD or anxiety disorder in which an SSRI is also indicated.

Likely to reduce impulsive and aggressive symptoms that the pt may have in addition to a DSM Disorder.

SSRI impact

Q. You prescribe an SSRI for PTSD. When do you expect to see some improvements. Answer as to which signs you expect the med to help with in the first week.

SSRI impact

Ans. Even in the first week of taking the med, a decrease in impulsivity and anger is likely. For other symptom targets, improvements are expected in 2 – 4 weeks or longer.

Ways SSRIs help?

What ways does SSRIs's help?

Ways Help.

1] Ameliorate signs of all three clusters [avoidance, re-experiencing, and hyper-alert]

2] Often the appropriate med for associated anxiety or mood disorder.

3] Reduces aggression or impulsivity associated with PTSD

SSRI -- gender

Q. SSRI positive impact is equal as to pt gender?

SSRI -- gender

Ans. Greater impact with women.

Tricyclics

Q. Which tricyclic/s is/are recommended?
Which tricyclic/s is/are not recommended?

Tricyclics

Ans. Recommended: amitriptyline and imipramine.

Not recommended: desipramine.

Anticonvulsants

Q. Anticonvulsants are used for which symptom complex and the experimental results are what?

Anticonvulsants

Ans. Valproate, carbamazepine, topiramate, and lamotrigine have been used for re-experiencing symptoms with mixed results.

MAOIs

Q. Which MAOI has been used in a controlled study with positive results in PTSD?

MAOI

Ans. Phenelzine has had a positive controlled study. Others might work, but have not had controlled study.

Insomnia/nightmares

Q. What med is recommended specifically for insomnia or nightmares?

Insomnia/nightmares

Ans. Prazosin [Minipress]

Prazosin

Q. Prazosin’s medication class?

Prazosin

Ans. Alpha 1 blocker.

Role of benzodiazepines

- Q. What is the role of benzodiazepines in PTSD?

Benzodiazepines -- 1

- Ans. APA Practice Guideline is not enthused because of addiction potential and return of signs and symptoms when benzodiazepines are discontinued. {The key study found a higher incidence of PTSD signs at 1 month and at 6 month follow up when benzodiazepines had been used in comparison to placebos [J Clin Psychiatry 1996; 57:390-394]}
- See next screen

Benzodiazepines -- 2

Ans. Continued.

In discussing the use of benzodiazepines, the issue of insomnia may come up and authorities suggest finding another med to address the insomnia.

Anticonvulsants

- Q. What about use of carbamazepine, lamotrigine, topiramate, and valproate?

Anticonvulsants

- Ans. May be useful for reducing re-experiencing symptoms.

Antipsychotics

- Q. When are antipsychotics useful?

Antipsychotics

- Ans. When pt is also psychotic and as an augmentation. Practice guideline is not very specific.

Alpha 2 adrenergic agonists

- Q. Do alpha 2 adrenergic agonists have a role?

Alpha 2 agonists

- Ans. “May be helpful in treating specific symptoms clusters.”
- [Practice Guideline]

Beta-adrenergic blockers

- Q. Role of beta-adrenergic blockers?

Beta-adrenergic blockers

- Ans. “may be helpful in treating specific symptoms clusters” [Practice Guideline]. Concept that giving beta blockers at time of trauma will prevent PTSD is not yet an established approach.

CBT

- Q.
- 1] Role of CBT?
- 2] When to begin using it?

CBT

- Ans. May speed recovery, even prevent PTSD, if begun 3 weeks after event. Not recommended to begin before two weeks as that may interfere with the normal psychological healing process. For the treatment of PTSD, it is the psychological treatment with the best evidence.

CBT - focus

- Q. What is focus of CBT? Name three techniques.

CBT - focus

- Ans. Desensitize the pt to trauma-related triggers, often through repeated exposure, although CBT does have other techniques to desensitize through a focus on information processes of the pt. Techniques used:
- -- stress inoculation
- -- imagery rehearsal
- -- prolonged exposure

CBT advantages

Q. In deciding whether to include CBT in your treatment plan, what will tilt you to select CBT? What are the advantages of CBT?

CBT advantages

Ans. Advantages:

1. Works in about 4 out of 5.
2. Lower relapse rate than those treated with meds
3. Most pts like it.
4. Low price
5. Few side effects

CBT disadvantages

Q. What findings in your pt will lead you to not select CBT for your pt? What are the disadvantages of using CBT?

CBT disadvantages

Ans.

1. For some pts, the increased active effort needed by them is a disadvantage.
2. Not as available as meds.
3. Harder to administer.
4. May not be covered by insurance
5. Pt may be too anxious, too severely ill, comorbid disorder prohibits, or is too cognitively impaired.

EMDR

- Q. What does “EMDR” = ?

EMDR

- Ans. EMDR = eye movement desensitization and reprocessing. Therapist ask the patient to think about the trauma and follow the lateral movement of the therapist ginger.

EMDR – effective?

- Q. Does EMDR work?

EMDR – effective?

- Ans. Regarded as effective in PTSD. Criticized as not adding anything to what will be achieved with CBT alone without the eye movements.

Psychodynamic therapy

- Q. Role of psychodynamic therapy?

Psychodynamic therapy -- 1

Ans.

1. Management of transference can be very important, e.g., the pt was traumatized by the same gender, maybe same race and ethic background as the therapist.
2. Management of countertransference can be important, e.g., compassion burnout when managing many traumatized pts.

Psychodynamic therapy -- 2

Ans. Continued.

3. Need for the pt, especially in chronic PTSD to address the following themes in terms of
   - 1. Meaning of the trauma for that pt.
   - 2. Impact of recent trauma in relation to prior traumas
   - 3. Self-esteem and self-observing functions.

Just traumatized

Q. Basic approaches to people who have just been traumatized.

Just traumatized

Ans. “Psychological First Aid”

1] Achieve sense of safety, assure basic needs.

2] Calming techniques of relaxation, rest and sleep encouragements

See next screen

Just traumatized

Ans. Continued

3. Facilitating connectiveness to relative, friends, and agency or private resources.
4. Facilitating empowerment/self efficacy with practical suggestions that steer people towards helping themselves.
5. Facilitating hopefulness with usual supportive psychotherapy approaches.

Just traumatized, DO NOTS

Q. What are some of the do NOTS when carrying out Psychological First Aid.

Just traumatized, DO NOTS

Ans.

1. Avoid forcing people to share their story with you.
2. Don’t give reassurances like, “everything will be OK.”
3. Don’t tell people what you think they should be feeling, thinking or doing.

See next screen

Just traumatized – DO NOTS

Ans. Continued

4. Don’t tell people why you think they have suffered by giving reasons about their personal behaviors or beliefs.
5. Don’t make promises that may not be kept.
6. Don’t criticize existing services or relief activities in front of people in need of these services.

Early supportive interventions

- Q. Role of early supportive interventions?

Early supportive interventions

- Ans. Early supportive interventions of:
  - Case management
  - Education
  - Supportive techniques – encourage the traumatized to relay on inner strengths

  Can:

  Reduce the need for further intervention

  [note difference between this and psychological debriefing]

Psychological Debriefing

Q. Status of psychological debriefing?

Psychological Debriefing

Ans.

Not recommended immediately after the trauma.

DID

Q. Treatment goal in treating dissociative identity disorder?

DID

Combine, integrate, the personalities.

Early Trauma

Q. Early physical and sexual trauma associated with which disorders in adults?

Early Trauma

Ans.

Borderline P. D.

And Diffuse identify disorder

Early Abuse and Suicidal

Q. Which abuse is associated with suicidal events?

Early Abuse and Suicidal

Ans. Sexual abuse [more so than physical or verbal abuse]

Group therapy

- Q. Group therapy help?

Group therapy

- Ans. May help reduce severity of signs and symptoms.