DEPRESSION AND ANXIETY WITH CONCURRENT PTSD

Assessment, diagnosis, and treatment recommendations in a Primary Care Setting

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Depression and Anxiety with Concurrent PTSD

PTSD can masquerade as anxiety and depression. Screening and treatment for PTSD must be initiated concurrently when treating anxiety and depression.
Clinical Scenario

While preparing for a new patient encounter with Andrew, age 32, you review his allergies (lithium), current diagnoses (COPD, mixed depression anxiety disorder, hypertension) and medications:

- Quetiapine 150 mg qhs
- Trazodone 100 mg qhs prn
- Verapamil 360 mg daily
- Amlodipine 5 mg daily
- Lisinopril 30 mg daily
- Multiple Inhalers (DaiResp, Spiriva, Albuterol)
Objectives

- Identify PTSD in the primary care setting with co-occurring anxiety and depression
- Review DSM V criteria
- Identify barriers to treatment/co-morbidities that require Rx
- Explore treatment options
- Review potential modalities for treatment

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Depression and Anxiety with Concurrent PTSD
Chief Complaint

- Anxiety
- Depression
- Mood Swings
- Chest pain, palpitations
- Symptoms of Panic Attack
- Insomnia
Focused History – Non Medical Clues

- Social History – Military Service, Work History, Residence (s),
- Family History – Parents, marital status, relationships with parents/siblings
- Personal – relationships, activities

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PTSD DSM-5 Diagnostic Criteria

- Exposure to actual/threatened death, serious injury, or sexual violence
- Presence of one or more intrusion symptoms
- Persistent avoidance of stimuli associated with the traumatic event
- Negative cognitions and mood
- Marked alteration in arousal
# PTSD Inciting Events

- War
- Crime
- Violence and Sexual Abuse
- Terrorism
- Disaster (Natural, Other)
- Accidents

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Sumatra–Andaman Tsunami 2004
PTSD Pathophysiology Theory

- Amygdala activated by threatening stimuli; **overstimulation** and **disinhibition** occurs

- Amygdala signals brain centers affecting:
  - memory of emotional events and spatial learning (hippocampus)
  - choice behaviors (orbital frontal cortex)
  - autonomic and fear reactions (locus coeruleus, thalamus, and hypothalamus)
  - avoidance behavior

- Disinhibition of the amygdala produces a spiral of recurrent fear conditioning
PTSD Epidemiology

- 7-8% of population during lifetime (10% Women, 4% Men)
- 15% Vietnam Veterans, 12% Gulf War, 11-20% OIF OEF
- Israeli military: PTSD rate as low as 1%
- 1 in 4 US children: some form of maltreatment
- Why some and not all (intensity, loss, control, risk factors)
Does PTSD increase suicide risk?

- Still not a conclusive association between PTSD and suicide risk
- Levels of intrusive memories, anger, impulsivity can predict the relative risk of suicide
- Specific cognitive styles of coping (suppression) may be predictive of suicide risk in individuals with PTSD
PTSD – “A crisis of connection and disruption”*

- Alienation – “I am different than everyone because of this experience”
- Missing the war/comradery – “I was part of a team / mission”
- Isolation and Lack of Social Support – “What I went through isn’t relevant to you”
- “If I don’t have to talk about it, it doesn’t exist; it will go away”

* Gary Barker, founder of Promundo
Overlap of Symptoms: PTSD Anxiety Depression

Avoidance  Fatigue  Panic  Insomnia
Hopelessness  Sadness  Anhedonia  Guilt
Indecisiveness  Anger  Overeating  Anhedonia
Emotional Numbing  Nightmares  Palpitations
Worry  Irritability  Muscular Tension  Alienation
On-Edge  Memory Issues  Rumination
Vigilance  Low self-esteem  Flashbacks
Clinical Scenario
Screenings

- PTSD - Clinician-Administered PTSD Scale for DSM-5; 30 Items, 5 severity rankings
- Primary Care PTSD Screen (PC-PTSD) - 4 Item PTSD screen
- Patient Health Questions (PHQ-9) – 9 item depression screen
- Generalized Anxiety Disorder (GAD-7) – 7 item
Primary Care PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

■ Have had nightmares about it or thought about it when you did not want to? YES / NO
■ Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO
■ Were constantly on guard, watchful, or easily startled? YES / NO
■ Felt numb or detached from others, activities, or your surroundings? YES / NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.
If PTSD Screen is positive...immediate further assessment

- Are you feeling hopeless about the present/future? If yes, ask
- Have you had thoughts about taking your life? If yes, ask
- When did you have these thoughts and do you have a plan to take your life?
- Have you ever had a suicide attempt?
PTSD....Other signals

- Addictions
  - Pain medications
  - Benzodiazepines
  - Alcohol
  - Tobacco
  - Street Drugs
  - Marijuana
  - Food
  - Pornography
  - Over commitment
PTSD – other diagnostics

- Labs
- Pain Work up
- Memory Work up
- Insomnia Work up
Treatment of PTSD with Anxiety and Depression – Initial Approach

A disorder of recovery (not just symptoms)

- Focus on Family and Community
- Rebuilding Trust and Social Support
- Cohorts (Military, Other)
Treatment of PTSD with Anxiety and Depression – Barriers

- “Get Over It” mentality
- Returning to normal/Over commitment
- Substance Abuse
- Pain
- Traumatic Brain Injury
- Other Behavioral Health Comorbidities
Substance Abuse and PTSD

- Nearly 50% of those with PTSD have comorbid SUD
Treatment of PTSD with Anxiety and Depression – Barriers

■ Resistance to “Mental Health” treatment
■ Shortage of trained counselors
■ Talking about it
■ Fear of drug side effects
Treatment of PTSD with Anxiety and Depression – Initial Approach

- Cognitive Behavioral Therapy
  - Cognitive Processing Therapy
  - Prolonged Exposure

- Eye movement desensitization and reprocessing (EMDR)

- Medications (SSRI, Anxiety, & α and β Blockers)
Cognitive Behavioral Therapy (why this is appealing)

- All or none (results) versus incremental gains
- Pessimism versus empowerment
- Dependence on other providers/treatments versus self-management
- Techniques useful in multiple life situations
SSRIs

- Sertraline
- Citalopram
- Paxil

- How They Work
- Expectations for Relief
- Side Effect Advisement
Other Anxiety Medications

- Buspirone
- Hydroxyzine
- Gabapentin
- Benzodiazepines
Alpha and Beta Blockers

- Prazosin
- Propanolol
Sleep Aides for PTSD

- Sleep Hygiene
- Trazodone
- Ambien
- Mirtazipine
- Temazepam
Overcoming Resistance to Medications

Salient beliefs - Validate and Support
Short Term Follow-up (*Phone Call, or Secure Email, Focus Visit*)
Nothing to Lose

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Treatment of PTSD with Anxiety and Depression - CAM

- Mindfulness/Meditation
- Exercise / Yoga
- Therapy Animals
- Acupuncture
New Modalities to Treat PTSD

- Resilience Training - Battlemind
- Psychological First Aid
Ongoing Research into PTSD

- Comparative Effectiveness Research in Veterans with Posttraumatic Stress Disorder (CERV-PTSD): Comparison of PE and CPT
- Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD
- Medication Trials
Resources

- VA/DoD Clinical Practice Guideline for Management of PTSD
  The National Center for PTSD
- PILOTS  Published International Literature on Traumatic Stress
- PTSD Research Quarterly Newsletter.
- National Data Archive on Child Abuse and Neglect (Cornell University)
- PTSD Consultation Program for Providers who treat Veterans
  (866) 948-7880 or PTSDconsult@va.gov
- Wounded Warriors
Selected References

- http://www.ptsd.va.gov/professional