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Mini review

PTSD Treatment Literature: Old and Fresh Approaches

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ABSTRACT

PTSD is a brain disorder that exacts large costs to individuals, families, and society in general. Direct monetary costs that are associated with PTSD symptoms of U.S. military veterans have been increasing steadily. Less direct indicators of PTSD costs to society include the externalities of lower economic productivity, family dysfunction, PTSD comorbidities, drug, and alcohol addictions. Veteran awards linked to PTSD are conferred with the tacit assumption that "cures" for PTSD do not exist. Veterans Administration policies adopt the pharmacological strategy of dispensing drugs that have not been approved for PTSD usage by the U.S. Food and Drug Administration. Despite the existing government policies regarding PTSD treatment of veterans, emerging literature indicates that innovative PTSD treatments are available, that they deserve further scrutiny, and that they may present better alternatives to status quo options. In particular, noteworthy research regarding the use of stellate ganglion block or SGB appears to be promising. In addition to SGB research, literature has shown that approaches to PTSD such as physical activity, meditation, wilderness therapy, and self-help hold promise as treatments. Two treatment drugs, the selective serotonin reuptake inhibitor (SSRI) medications sertraline (Zoloft) and paroxetine (Paxil) have been approved by the Food and Drug Administration (FDA) for relieving symptom of PTSD. However, the U.S. Food and Drug Administration warned that these drugs are accompanied with the risk of suicidal thoughts, hostility, and agitation. Equally, if not more troubling, the literature indicates that physicians commonly prescribe benzodiazepine tranquilizers (such as Valium and Xanax) to veterans even though Veterans Administration guidelines advise against their use for PTSD. The Veterans Administration dispensed these drugs to almost a third of veterans being treated for PTSD even though they recognized the need to exercise caution in their use. A review of the literature indicates that PTSD is a growing societal problem; that existing treatments show signs of being problematic, and that innovative treatment strategies deserve greater attention.

Keywords: PTSD; Stellate ganglion block; Veteran's administration; Benzodiazepine tranquilizers

DESCRIPTION

Brain disorders such as PTSD exact high costs to society in terms of social dysfunction, direct payments to PTSD veterans, lost productivity, and relevant negative externalities [1]. Studies indicate a connection between military service, the incidence of PTSD, and suicides [2]. Treatments for PTSD are available that include Cognitive Behavioral Treatments (CBT) such as prolonged exposure therapy (PE), cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and Narrative Exposure Therapy (NET). According to the Mayo Clinic, Cognitive Behavioral Treatment is a common type of "talk therapy" that can help patients become aware of inaccuracies or negative thinking so that they can respond to challenging situations more effectively [3].

PE has been found to be effective in reducing PTSD symptoms for a wide range of populations including female rape survivors, veterans, and refugees [4]. A purported advantage of PE is that therapists without much prior experience can rapidly learn and implement treatment successfully [5]. CPT focused initially on rape victims however, the therapy has been used successfully

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with a range of other traumatic events [6]. Many advantages are associated with CPT including the contentions that it can be delivered via video. Its effectiveness has been demonstrated across diverse populations, and it has been shown to improve negative correlates of PTSD [7]. EMDR has grown in popularity for treating Post-Traumatic Stress Disorder (PTSD). EMDR uses a patient's own rapid, rhythmic eye movements that dampen the power of emotionally charged memories of past traumatic events. The American Psychiatric Association, Department of Veterans Affairs and Department of Defense place EMDR in the highest category of effectiveness and research support. NET is an approach that has proved to be successful in addressing the problems associated with PTSD. It has been found to be especially useful in places where sufficient numbers of university-educated counselors did not exist, however, the treatment is not without its critics who assert that claims of supporters are out of step with the majority of respected empirical studies [8].

Medications are nearly always used in conjunction with psychotherapy for PTSD patients. Several types of antidepressants are commonly prescribed, the most commonly prescribed class are SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants. SSRI drugs such as Zoloft and Paxil have demonstrated clinical efficacy [9]. Evidence also exists regarding the effectiveness of Serotonin Norepinephrine Reuptake Inhibitor (SNRI) drugs such as Effexor. While utilizing these medications, the Veterans Administration (VA) has concluded that most of the time, they do not eliminate but merely ameliorate symptoms. The VA asserts that trauma focused psychotherapy such as CPT, PE, and EMDR are the most effective treatments.

Aside from antidepressants, the U.S. military has relied on benzodiazepines or tranquilizers (including drugs such as Valium, Xanax, Ativan, and Klonopin) to help people manage PTSD. Some studies point to a potential positive impact of medical marijuana on PTSD symptoms however, the studies note that there is a notable lack of large-scale trials on effectiveness, making any final conclusions difficult to confirm [10]. Others support the use of cortisone or glucocorticoids for treating PTSD. To date, a great deal of rigorous clinical trials has not tested the effects of glucocorticoids on PTSD. However, some research finds that because of their ability to reduce the retrieval of aversive memories, glucocorticoids might be suited for the treatment of PTSD [11]. In recent years an array of "alternative" or novel treatments for PTSD have received attention. These treatment approaches include research on the impact of exercise [12], self-help [13], meditation [14], and wilderness therapy [15]. Novel approaches may prove to be a useful supplement to the more traditional approaches to PTSD treatment that are discussed in the literature.

DISCUSSION

A cursory review of PTSD treatment literature indicates that a variety of treatment options exist. However, some of these options appear to be in use despite clear warnings by government officials that their utilization is not recommended. Despite the absence of approval by the Food and Drug Administration (FDA), anti-depression medications such as the (SNRI) Effexor and the (SSRI) Prozac are prescribed by Veterans Administration physicians. Physicians at the Department of Veterans Affairs commonly prescribe benzodiazepine tranquilizers (such as Valium and Xanax) to veterans who have been diagnosed with PTSD in contravention of VA guidelines that advise against their use for PTSD. In the past, the Veterans Administration have dispensed these drugs to almost a third of veterans being treated for PTSD [16]. The VA continues widespread use of benzodiazepine/tranquilizer even though physicians encourage caution in their use. Some research posits that benzodiazepine/tranquilizer drugs does not improve PTSD-related outcomes and has serious side effects [17].

Some nontraditional treatment approaches are gaining traction. It appears that some "breakthroughs" may have been realized. In particular, research regarding the placement of an anesthetic agent on nerves in the back of a patient's neck (a procedure referred to as stellate ganglion block or SGB) has been shown to relieve the symptoms of PTSD. Lipov [18] asserted that while other PTSD treatments can take months or years to work with success rates of under 40 percent overall, success rates of the SGB treatment averaged 70-75 percent over the first nine years of use. SGB is purported to be well-tolerated, fast-acting, and inexpensive while providing prolonged relief. It offers great promise for patients with PTSD. These patients include veterans, victims of sexual assault, first responders, victims of crime, and others. Research indicates that SGB may not only improve the quality of life for millions of patients but also reduce the overall socioeconomic burdens of treating PTSD [19]. Several related studies support the utility of SGB treatment [20].

Research related to SGB as well as assertions from the U.S. National Center for PTSD fly in the face of contention that there is no "cure" for PTSD. According to the official website of the National Center for PTSD for every 100 people with PTSD who receive a trauma-focused therapy (such as CBT), 53 will no longer have PTSD after about three months, for every 100 people with PTSD who receive a trauma-focused therapy (such as EMDR) 53 will no longer have PTSD after about three months, and for every 100 people with PTSD who receive SSRI/SNRI pharmaceuticals, 42 will no longer have PTSD after about three months. Patients may still have some PTSD symptoms, but in most cases, symptoms will be manageable. Despite research that indicates the efficaciousness of various treatments, the number of PTSD veterans grow. According to Veterans Administration, the number of veterans from the wars in Iraq and Afghanistan receiving VA treatment for PTSD doubled between 2010 and 2016 [21].

CONCLUSION

Numerous therapies have shown success in treating PTSD. Innovative strategies are gaining attention and some research (such as the research surrounding SGB) appear to possess high potential. A review of the literature reveals a number of disturbing findings. First, the U.S. Veterans Administration appears to be dispensing large numbers of drugs (some of which have serious side effects) that have not been approved by the FDA. Remediation of this situation calls for greater public

attention, public pressure, evidence of the benefits of alternative treatments, and if more costly alternatives are shown to have greater efficacy, more funding is necessary. Second, ignoring FDA guidelines undermines the credibility of the government agency responsible for assessing the safety of medically prescribed drugs. Third, the consequences of long-term dependency on specific drugs may not be given adequate attention when considering the net benefits of different approaches. Finally, it appears that by dispensing drugs with questionable safety and by not fully examining alternative treatments, the government is not optimally serving the interests of veterans and other PTSD patients. Individuals diagnosed with PTSD deserve access to the best available medical treatments. The government should explore all treatment options treatments in order to implement more effective remedies for PTSD. Choice of options for PTSD treatments should be based on scientific inquiry. Policy makers must resist the temptation to adopt treatments advocated by politicians (e.g., medical marijuana) or pharmaceutical companies (e.g., benzodiazepines) rather than adopt treatments based on clinical trials.

REFERENCES

1. Koven SG. PTSD Treatment problems at the US Veterans Administration. Psychiatry International. 2021;2(1):25-31.
2. Koven SG. PTSD and suicides among veterans-recent findings. Public Integrity. 2017;19(5):500–512.
3. Koven SG. Post-traumatic stress disorder treatments and policy recommendations. Scholars Press. 2019.
4. Foa EB, Gillihan SJ, Bryant RA. Challenges and successes in dissemination of evidence-based treatments for posttraumatic stress: Lessons learned from prolonged exposure therapy for PTSD. Psychol Sci Publ Interest. 2013;14(2):65-111.
5. Foa EB, Humbree EA, Rothbaum BO. Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences. Clin Psychol. 2007;160.
6. Resick PA, Monson CM, Chard KM. Cognitive processing therapy: Veteran/military version. Clin Psychol.2006;74:898-907.
7. Galovsky TE, Norma SB, Hamblen JL. Cognitive processing therapy for PTSD. National Center for PTSD.
8. Etchison M, Kleist DM. Review of narrative therapy: Research and review. Fam J. 2000;8(1):61-66.
9. Alexander W. Pharmacotherapy for post-traumatic stress disorder in combat veterans focus on antidepressants and atypical antipsychotic agents. Pharmacy & Therapeutics. 2012;37(1):32-38.
10. Yarnell S. The use of medicinal marijuana for posttraumatic stress disorder: A review of the current literature. Prim Care Companion CNS Disord. 2015;17(3).
11. Dominique JF, Margraf J. Glucocorticoids for the treatment of post-traumatic stress disorder and phobias: A novel therapeutic approach. Eur J Pharmacol. 2008:583(2-3):365-371.
12. Harte CB, Vujanovic AA, Potter CM. Association between exercise and post-traumatic stress symptoms among trauma-exposed adults. Eval Health Prof. 2015;38(1):42-52.
13. Herman J. Trauma and recovery Basic Books New York. 1992.
14. Barnes VA, Monto A, Williams JL, Rigg JL. Impact of transcendental meditation on psychotropic medication use among active-duty military service members with anxiety and PTSD. Mil Med. 2016;181(1):56-63.
15. Good Therapy. 2016.
16. Olson W. Sedatives used for PTSD treatment Despite Warnings. 2019.
17. Guina J, Rossetter SR, DeRhodes BJ, Nahhas RW, Welton RS. Benzodiazepines for PTSD: A systematic review and meta-analysis. J Psychiatr Pract. 2015;21(4):281-303.
18. Lipov EG. Using stellate ganglion block (SGB) to treat post-traumatic stress disorder. 2019.
19. Lipov EG, Richie EC. A review of the use of stellate ganglion block in the treatment of PTSD. Curr Psychiatry Rep. 2015;17(8):1-5.
20. Navaie M, Keefe MS, Hickey AH, McLay RN, Ritchie EC, Abdi S. Use of stellate ganglion block for refractory post-traumatic stress disorder: A review of published cases. J Anesth Clin Res. 2014;5(403):2.
21. Sisk R. Some vets with PTSD are scamming the VA: Testimony. 2019.