

Post-traumatic stress disorder (PTSD): the treatment of PTSD in adults and children

**Understanding NICE guidance – information for
people with PTSD, their advocates and carers,
and the public**

March 2005



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Post-traumatic stress disorder (PTSD): the treatment of PTSD in adults and children

Understanding NICE guidance – information for people with PTSD, their advocates and carers, and the public

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on the treatment and care of people with post-traumatic stress disorder (PTSD). It is based on 'Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care', which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales. Although this information has been written mainly for people with PTSD, it may also be useful for family members, those who care for people with PTSD and anyone interested in PTSD or in healthcare in general.

In this document the term 'PTSD sufferer' is used to describe someone with PTSD. This term was chosen on the basis of a survey conducted by members of the group who wrote the NICE guideline and who have PTSD, although it is recognised that some people with PTSD may use alternative terms.

Clinical guidelines

Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health workers, people representing the views of those who have or care for someone with the condition, and scientists. The groups look at the evidence available on the best way of treating or managing the condition and make recommendations based on this evidence.

There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk). You can download the booklet 'The guideline development process – an overview for stakeholders, the public and the NHS' from the website, or you can order a copy by phoning the NHS Response Line on 0870 1555 455 (quote reference number N0472).

What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The areas that a guideline covers depend on the topic. They are laid out in a document called the scope at the start of guideline development.

The recommendations in 'Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care', which are also described here, cover:

- the care you can expect to receive from your GP or other healthcare professional
- the information you can expect to receive about your condition and its treatment
- what treatment you can expect, which may include psychological therapies and drug treatment
- the services that may help you with PTSD, including specialist mental health services.

If you have questions about the specific treatments and options covered, talk to your doctor or nurse (or another healthcare professional, depending on what it is you want to know).

How guidelines are used in the NHS

In general, healthcare workers in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations won't be suitable for someone because of his or her specific medical condition, general health, wishes, or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described on the pages that follow, you should talk to your doctor, nurse or other healthcare professional involved in your treatment.

You have the right to be fully informed and to share in making decisions about your healthcare, and the care you receive should take account of your individual needs.

What is PTSD?

Post-traumatic stress disorder (or PTSD for short) is the name given to the psychological and physical problems that can sometimes follow particular threatening or distressing events. These events might include:

- a major disaster
- war
- rape or sexual, physical or emotional abuse
- witnessing a violent death
- a serious accident
- traumatic childbirth
- other situations in which a person was very afraid, horrified, helpless, or felt that his or her life was in danger.

The trauma can be a single event or a series of events taking place over many months or even years.

PTSD may affect the person directly involved in a traumatic event or situation. It may also develop in members of the emergency services or in families of those involved in a traumatic event. PTSD is quite common—up to a third of people who have experienced a traumatic event may go on to develop PTSD and it may affect about 8%¹ of people at some point in their lives. It can develop in people of any age, including children.

One of the most common symptoms of PTSD is having repeated and intrusive distressing memories of the event. There may also be a feeling of reliving (or 're-experiencing') the event through 'flashbacks' or nightmares, which can be very distressing and disorientating. There can also be physical reactions, such as shaking and sweating.

Because the memory can be very intense and upsetting, some PTSD sufferers may avoid people or situations that remind them of the trauma, or try to ignore the memories and avoid talking about the event. Some people may also forget significant parts of the traumatic event. Other people will think about the event constantly, which stops them coming to terms with it (they may, for instance, ask themselves why the event happened to them or how it could have been prevented).

¹ This figure is based on studies in adult patients in the USA and Australia.

PTSD sufferers may have emotions or feelings that are difficult to deal with, such as guilt or shame, or they may feel that they do not deserve help. They may also feel anxious or irritable, and find it difficult to concentrate and sleep. For some people it can mean that doing ordinary things like going to work or school or going out with friends becomes very difficult.

It is not uncommon to have upsetting and confusing feelings and to experience very distressing symptoms in the first few weeks after a traumatic event. Sometimes these feelings pass after a few weeks or so, but if they persist for more than a month after the event, a person may have PTSD.

Some people, however, may not have an immediate reaction to a distressing event and may develop PTSD months or even years after the event.

It is thought that about 80–90% of PTSD sufferers also have other problems, such as depression (which is quite common) and anxiety disorders. Some people start to use recreational drugs or alcohol as a way to cope, especially if they have had PTSD or experienced trauma for a long time.

Where can I find help and treatment?

If you have experienced a trauma and have distressing symptoms, your GP is the best place to start. He or she should be aware of the types of trauma associated with the development of PTSD. When you first go to see your GP, he or she will want to find out about your general health, how you are feeling, and how life is at home, school or work.

If you see your GP about distressing symptoms in the first **4 weeks after** a traumatic event, you may be told it is very common to feel like this and not to be alarmed. You may not be offered any treatment at this stage, although your GP should offer you another appointment within 1 month. (If you do not have a further appointment you should go back to your doctor if you do not feel better.) However, if your symptoms are severe, your GP should offer you treatment straight away.

If you are a refugee or asylum seeker, you may be asked questions during your initial health assessment to determine if you have symptoms of PTSD. This is because refugees and asylum seekers have often experienced a major trauma and may be at risk of developing PTSD.

If you are advised that you have PTSD, your GP should give you clear information about the common reactions to traumatic events, how PTSD starts, the symptoms of PTSD and how it can be treated.

If your GP thinks that you need further treatment, you may be referred to someone who is trained and skilled in providing treatment for PTSD sufferers (this may be a counsellor, community psychiatric nurse, psychologist, or psychiatrist). You may be offered an assessment where you will be asked about your physical and psychological health and your social needs, and whether you have thoughts about harming yourself.

Ideally you should receive all your treatment from one healthcare professional, who should be appropriately trained in giving the treatment. (You may wish to ask what experience they have.) If you see more than one person about your PTSD, there should be a clear written agreement about who is monitoring your treatment and care. You, and your family and carers if appropriate, should be able to see this agreement.

All healthcare professionals should treat you with respect, sensitivity and understanding, and explain PTSD and its treatment to you simply and clearly.

If your first language is not English, you should be offered an interpreter if you need one and the healthcare professional treating you should be sensitive to your cultural needs. You should still be offered the same standard of care as any other patient, and told about all the treatments available to you.

Questions you might like to ask healthcare professionals about PTSD.

- Are all my problems because of PTSD?
- What treatment will I need?
- What choices do I have about my treatment?
- How long will I need treatment for?
- Can you provide information for my family?

If you are having trouble sleeping you may also want to ask your healthcare professional for advice about this.

What treatments are available for PTSD?

There are a number of treatments for PTSD that are helpful. Most involve psychological treatment, but medication can also be helpful for adults.

Many PTSD sufferers have had the symptoms for many months and sometimes years, but treatment can still be helpful. You should be offered treatment regardless of when the traumatic event happened. If you have developed symptoms recently you may get better with little or no treatment.

Your healthcare professional should give you enough information about the effective treatments for PTSD for you to decide if you want to have treatment or not, and which treatment you might prefer. Your own preference for a particular treatment is important and your healthcare professional should support your choice where possible.

See 'What treatments are available for young people' on page 29 for information about treatment for children and young people.

Will I be offered psychological treatment?

Depending on what your symptoms are and when you developed PTSD, you may be offered psychological treatments that are specific for PTSD sufferers. These are:

- trauma-focused cognitive behavioural therapy (CBT)

or

- eye movement desensitisation and reprocessing (EMDR).

Trauma-focused CBT

This is a psychological treatment for PTSD based on cognitive behavioural therapy (CBT). CBT focuses on a person's distressing feelings, thoughts (or 'cognitions') and behaviour and helps to bring about a positive change. In trauma-focused CBT, the treatment concentrates specifically on the memories, thoughts and feelings that a person has about the traumatic event.

If you are offered this treatment, your healthcare professional will encourage and help you to gradually recall and think about the trauma. This can be done in various ways including listening to recordings of your own account of the trauma. You will be given help to cope with any emotional distress and behavioural problems that may arise during treatment.

As the painful and traumatic memories begin to decrease, you may be encouraged and helped to start activities that you have been avoiding since the trauma, such as driving a car if you have avoided driving since an accident.

Eye movement desensitisation and reprocessing (EMDR)

This is another psychological treatment for PTSD, in which a healthcare professional will help you to look at your memories of the trauma (including all of the negative thoughts, feelings and sensations experienced at the time of the event). EMDR aims to change how you feel about these memories and helps you to have more positive emotions, behaviour and thoughts.

During EMDR, you will be asked to concentrate on an image connected to the traumatic event and the related negative emotions, sensations and thoughts, while paying attention to something else, usually the therapist's fingers moving from side to side in front of your eyes. After each set of eye movements (about 20 seconds), you should be encouraged to let go of the memories and discuss the images and emotions you experienced during the eye movements. This process is repeated, this time with a focus on any difficult, persisting memories. Once you feel less distressed about the image, you should be asked to concentrate on it while having a positive thought relating to it. It is hoped that through EMDR you can have more positive emotions, thoughts and behaviour in the future.

If you have developed PTSD within 3 months of a traumatic event you should be offered trauma-focused CBT. Depending on how you are feeling, a course of treatment is likely to be 8–12 sessions lasting for 60–90 minutes each. If your symptoms are severe, treatment may be started in the first month after the trauma and may take only 4 or 5 sessions. A delay in beginning treatment should not affect the success of the treatment. Trauma-focused CBT should normally be provided on an individual outpatient basis, which means that you will go to a hospital or clinic for your appointments but will not have to stay overnight.

If you have had PTSD for more than 3 months you should be offered a course of trauma-focused psychological treatment (trauma-focused CBT or EMDR). These treatments should normally be provided on an individual outpatient basis. If you have experienced a single trauma, a course of treatment is likely to be 8–12 sessions, usually lasting for 60–90 minutes each.

It may be necessary to have more than 12 sessions of treatment if you have experienced the traumatic death of a relative or friend, if the trauma has resulted in a long-term problem or disability, or if you have lived through a series of traumatic events.

General information about psychological treatment

Sessions should take place at regular intervals (usually at least once a week if you have developed PTSD recently).

During treatment you will be asked about your memories of the trauma, but you may not be asked to talk about it in the first few weeks. When the trauma is discussed you may be offered a slightly longer session (of about 90 minutes). Healthcare professionals should understand that it will be difficult and stressful for you to talk about the trauma, and should offer support so that the treatment is not too upsetting.

If you miss an appointment your healthcare professional may contact you to see how you are feeling and ask why you didn't go.

You should not usually be offered treatments on their own that have not been designed or properly tested for people who have experienced trauma. These include relaxation therapy, hypnotherapy, supportive therapy, non-directive therapy, systemic psychotherapy and psychodynamic therapy.

Is psychological treatment suitable for everyone with PTSD?

Psychological treatments designed for PTSD sufferers have been shown to be an effective way of helping most people feel better, but this depends on when the traumatic event occurred, when you developed PTSD, and how you are feeling.

You should **not** normally be offered a single session of psychological therapy (often called 'debriefing') immediately after a traumatic event such as a major disaster, because research has shown this is not very helpful and may make you feel worse later. Instead, you should be offered practical support and information about how to cope over the following weeks.

What if I don't feel better after psychological treatment?

Your healthcare professional may suggest you try a different psychological treatment, or offer you a course of medication while you are having the therapy.

Questions you could ask your healthcare professional if you do not feel better after psychological treatment.

- I had expected to feel differently from how I am feeling now. Can we discuss how I am getting on?
- Do we need to look at different types of treatment or do we need to extend the period of treatment?
- Can we discuss ways to help me cope better?

Will I be offered medication?

Medication may help to treat adults with PTSD but for most people it is not as helpful as trauma-focused psychological treatment. Healthcare professionals should usually offer you psychological treatment before medication, but you may also be offered medication if:

- you prefer not to have psychological treatment, or

- it would be very difficult for you to start psychological treatment because of threat of further trauma (for example, violence at home), or
- psychological treatment has not helped you.

You may be offered medication **in addition** to psychological treatment if the psychological treatment is not helping you or if you have depression.

See page 30 for information on the use of medication for children and young people.

What kind of medication can be used to treat PTSD?

The medication offered should be an antidepressant because, even if you are not suffering from depression, this type of medication has been shown to help people with PTSD. There are different types of antidepressants, but research has shown that the following can be effective for PTSD sufferers:

- paroxetine (a selective serotonin reuptake inhibitor, or SSRI)
- mirtazapine (a new kind of antidepressant)

- amitriptyline (a tricyclic antidepressant)
- phenelzine (a monoamine oxidase inhibitor, or MAOI).

Paroxetine and mirtazapine can be prescribed for PTSD by your GP, but generally amitriptyline and phenelzine should only be prescribed for PTSD under the supervision of a mental health specialist². With phenelzine, there are some specific cautions and advice about diet that you should be given on an advice card when the medicine is first prescribed. You should discuss these with your doctor.

What should I know about the medication?

Before you start taking antidepressant medication your healthcare professional should give you information about possible side effects. You should be told that when you first take antidepressants, particularly SSRIs, there is the possibility of symptoms such as anxiety, agitation, thoughts about suicide, and feeling as if you can't sit or stand still (called 'akathisia'). You should be advised to contact your healthcare professional immediately if

² Paroxetine is the only drug listed with a current UK product licence for PTSD at the date of publication (March 2005).

you have any of these side effects and they are distressing in any way.

Whichever medication you are taking, you should be told that you may experience unpleasant symptoms when you stop taking the medication (see page 24), miss doses or reduce the dose. These symptoms are usually mild, but can sometimes be severe, and occur more frequently with paroxetine than with the other antidepressants mentioned in this booklet.

If you are prescribed an antidepressant, your healthcare professional should usually see you 2 weeks after starting the medication and after that on a regular basis (this will depend on how you are feeling, but should usually be every 2–4 weeks in the first 3 months, and then less frequently after that). This is to make sure that the medication is helping you and not causing any major side effects.

If you are aged between 18 and 29 years you should usually be seen **1 week** after starting an antidepressant and then regularly after that. Whatever your age, if you have thoughts about suicide and are thought to be at risk, you should also be seen after 1 week and then regularly after that.

When you first start taking antidepressants (particularly SSRIs) your healthcare professional should ask you if you have felt very restless, anxious or agitated, and if you have had thoughts about suicide.

How long should I take the medication?

If the medication helps, you should be encouraged to continue with the treatment for at least 12 months. After this period of time the medication can be gradually reduced over 4 weeks and then stopped (for some people it may take longer). You may have a few mild symptoms when stopping the medication. If this happens, your healthcare professional should reassure you that this is common and check that your symptoms are not getting worse.

If you experience severe symptoms while reducing your medication, your healthcare professional may suggest you go back to the original dose, or offer another kind of similar antidepressant, and again gradually reduce the dose while monitoring your symptoms.

What happens if the medication prescribed has not helped me?

If the medication has not been helpful, your healthcare professional should usually consider offering you a different antidepressant (selected from those specifically recommended for PTSD), or offer you a medicine called olanzapine in addition to your current medication.

Can medication help me with sleep problems?

If you are having trouble sleeping your healthcare professional may offer you medication. This may be a sleeping tablet (for short-term use only), or one of the antidepressants (specifically recommended for PTSD) that helps with sleep.

If you are offered antidepressant medication you could ask the following questions.

- How will the medication help me?
- How long will it take before I start to feel better?
- How long will I have to take it for?
- Will it be easy to stop taking it?

You should be told about possible side effects of antidepressants, but if you are unsure you could also ask the following questions.

- Does this medication have any side effects?
- Will the side effects affect my daily life, or physical or psychological health?
- What should I do if I get any of these side effects?
- How long will the side effects last?
- Is there a leaflet or other written material about the medication that I can have?

I have other illnesses or problems besides PTSD. Will this affect my treatment for PTSD?

If you have PTSD and also have depression you should be offered treatment for both. Usually the PTSD will be treated first, because depression often improves as the symptoms of PTSD improve, but if you have severe depression, the depression will usually be treated first.

If healthcare professionals think that you may be at risk of harming yourself or others, they should try and deal with this problem first to make sure you are safe.

If you take recreational drugs and/or alcohol, this may affect your treatment for PTSD, so healthcare professionals should treat any drug or alcohol problem first.

If you have other personal and relationship problems that have been around for a long time you should still be offered trauma-focused psychological treatment, but you may receive treatment for longer than 8 sessions.

If you have lost a family member or friend due to an unnatural or sudden death your emotions may be overwhelming, and you may have what is sometimes called 'traumatic grief'. Your GP should also be able to provide you with information about professionals who have training and experience in this area. But if you think you have PTSD, it is best to see your GP.

Will my treatment be affected if I am seeking compensation?

No. Healthcare professionals should not delay treatment or refuse to treat you because you are seeking compensation as a result of a traumatic event.

Will I be offered any other kind of help by healthcare professionals?

In addition to any support you are receiving from family members and/or carers, healthcare professionals should give you information on where to get further practical and social support if you need it.

What treatments are available for young people?

If you are a child or young person you should be offered a type of psychological treatment for PTSD called 'trauma-focused cognitive behavioural therapy (CBT)' (for more information see page 14). You can receive this treatment if you have had PTSD for a short time or a longer time. It involves talking to a healthcare professional about what happened and how you are feeling. If this makes you feel very upset, your healthcare professional should try to understand and help you to take things slowly.

If you have developed PTSD recently (within the last month) and you feel very distressed, you should be offered psychological treatment (but this is not always appropriate for younger children).

If you have had PTSD for months or years you should also be offered psychological treatment. You should normally see your doctor between 8 and 12 times (at least once a week). Each meeting should usually last for 1 hour, but when you talk about what happened to you, the meeting should usually last for about an hour and half. The same doctor should see you for all of your meetings.

Usually, it is important that you receive most of your treatment on your own with the healthcare professional. But your healthcare professional may suggest that members of your family or carers are involved in your treatment if he or she thinks it may help. This should be agreed with you before it happens.

Healthcare professionals should tell you (and a member of your family if appropriate) that only psychological treatments that are designed for PTSD should be used to treat PTSD. There is little evidence at the moment to show that other treatments (such as play therapy, art therapy and family therapy) can help young people with PTSD.

You should not usually be offered medicines to treat your PTSD, because there is not enough supporting evidence to recommend such treatments in children and young people.

Information for families and carers

How can I support a family member with PTSD?

As a family member or a carer you can have an important role in providing practical and emotional support to someone with PTSD. If it is appropriate and the person with PTSD consents, healthcare professionals should give you full information about common reactions to traumatic events, including the symptoms of PTSD and its course and treatment.

How can I find support for myself?

Supporting a person with PTSD may be quite distressing. If this is the case, and you need further help, healthcare professionals should be sympathetic and understanding, and offer you further information about self-help groups, support groups and voluntary organisations. You can find information about the important role of carers at the website www.carers.gov.uk

If other members of the family have also experienced the traumatic event (for example a car accident, or the death or near death, of a relative) they may also develop PTSD. If so, care and treatment should address the needs of the whole family.

Where you can find more information

If you need further information about PTSD or the care that you are receiving, ask your doctor, nurse or other member of your healthcare team. You can discuss the NICE guideline or information in this booklet with them.

If you want to read the other versions of this guideline

There are four versions of this guideline:

- this one
- the full guideline, which has all the recommendations, information on how they were developed and the evidence on which they were based
- the NICE guideline, which has all the recommendations
- the quick reference guide, which is a summary of the NICE guideline.

All versions of the guideline are available from the NICE website (www.nice.org.uk/CG026). This version and the quick reference guide are also available from the NHS Response Line—phone 0870 1555 455 and give the reference number(s) of the booklets you want (N0849 for this version, N0850 for this version in English and Welsh, and N0848 for the quick reference guide).

If you want more information about PTSD

NHS Direct may be a good starting point for finding out more about PTSD. You can call NHS Direct on 0845 46 47 or visit the website at www.nhsdirect.nhs.uk or www.nhsdirect.wales.nhs.uk

There may be support groups for people with PTSD in your area. Your doctor or nurse should be able to give you more details. Information about local groups may also be available from NHS Direct or your local library or Citizens Advice Bureau.

If you want to know about related NICE guidance

Information for the public on the following related guidance can be found on the NICE website.

- Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. NICE Clinical Guideline No. 22 (December 2004). Available from www.nice.org.uk/CG022publicinfo
- Depression: management of depression in primary and secondary care. NICE Clinical Guideline No. 23 (December 2004). Available from www.nice.org.uk/CG023publicinfo
- Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE Clinical Guideline No. 16 (July 2004). Available from www.nice.org.uk/CG016publicinfo

These can also be ordered from the NHS Response Line on 0870 1555 455. For the anxiety information quote reference number N0764 for a version in English and N0765 for a version in English and Welsh; for depression quote N0767 (English) and N0768 (English and Welsh); and for self-harm quote N0626 (English) and N0627 (English and Welsh).

NICE is in the process of developing the following guidance (details available from www.nice.org.uk):

- Depression in children: identification and management of depression in children and young people in primary care and specialist services. NICE Clinical Guideline. (Publication expected August 2005.)



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