June Pharmacy Newsletter

PTSD (POST-TRAUMATIC STRESS DISORDER)
Post-traumatic stress disorder (PTSD) is a mental health condition that can develop after trauma. It may cause flashbacks, mood shifts, sleep issues or avoidance. June is recognized as National PTSD Awareness Month and aims to educate the public about the symptoms of PTSD, which affects approximately 9 million people in the U.S.

DIAGNOSTIC FRAMEWORK (DSM-5)
PTSD is characterized by symptoms lasting longer than one month and causing functional impairment. Core symptom clusters include:

- Intrusion: distressing memories, nightmares, flashbacks
- Avoidance: efforts to avoid trauma-related thoughts or reminders
- Negative alterations in cognition/mood: guilt, shame, detachment, persistent negative beliefs
- Hyperarousal: irritability, sleep disturbance, hypervigilance, exaggerated startle response

EVIDENCE-BASED PSYCHOTHERAPEUTIC INTERVENTIONS

- Trauma-Focused Cognitive Behavioral Therapies (First-Line).
- Cognitive Processing Therapy (CPT) has shown to significantly reduce PTSD symptoms by restructuring maladaptive trauma-related beliefs.
- Prolonged Exposure Therapy (PE) uses imaginal and in-vivo exposure to reduce avoidance and fear responses.
- Eye Movement Desensitization and Reprocessing (EMDR) Involves bilateral stimulation paired with trauma recall; supported by multiple meta-analyses.

These therapies are recommended as first-line treatments by the VA/DoD Clinical Practice Guidelines and the American Psychological Association.

COPING AND SELF-REGULATION STRATEGIES

- Mindfulness-Based Stress Reduction (MBSR)-Improves emotional regulation and reduces hyperarousal.
- Breathing and Grounding Techniques-Slow diaphragmatic breathing reduces sympathetic activation and improves autonomic regulation.
- Physical Activity-Aerobic exercise is associated with reduced PTSD symptom severity and improved mood.
- Social Support and Connectedness-Strong interpersonal support correlates with improved outcomes and lower symptom burden.

PHARMACOLOGIC TREATMENT OPTIONS|FIRST-LINE MEDICATIONS
The only FDA-approved medications for PTSD are Sertraline (SSRI) and Paroxetine (SSRI). Both have demonstrated efficacy in multiple randomized controlled trials.

Additional evidence-supported options include Fluoxetine (SSRI) and Venlafaxine (SNRI).

TARGETED SYMPTOM MANAGEMENT
Prazosin is used for trauma-related nightmares and sleep disruption.
Atypical antipsychotics or mood stabilizers are reserved for severe comorbid symptoms; not first-line due to side-effect profiles.

CLINICAL CONSIDERATIONS

- Early intervention improves long-term outcomes.
- Comorbidities (depression, substance use, chronic pain) are common and require integrated care.
- Treatment should be individualized, trauma-informed, and culturally sensitive.
- Collaborative care models improve adherence and symptom reduction.

KEY TAKEAWAY

PTSD is a treatable condition. Trauma-focused psychotherapies remain the gold standard, supported by pharmacologic options and evidence-based coping strategies. June's PTSD Awareness Month is an opportunity for healthcare teams to promote early identification, reduce stigma, and support access to effective care.

References:

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2. *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 Public Interest. 2013 May;14(2):65-111. doi: 10.1177/1529100612468841. PMID: 25722657; PMCID: PMC4338436.*
3. *Landin-Romero R, Moreno-Alcazar A, Pagani M and Amann BL (2018) How Does Eye Movement Desensitization and Reprocessing Therapy Work? A Systematic Review on Suggested Mechanisms of Action. Front. Psychol. 9:1395. doi: 10.3389/fpsyg.2018.01395*
4. *Polusny MA, Erbes CR, Thuras P, et al. Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial. JAMA. 2015;314(5):456–465. doi:10.1001/jama.2015.8361*
5. *Rosenbaum, S., Vancampfort, D., Steel, Z., Newby, J., Ward, P. B., & Stubbs, B. (2015). Physical activity in the treatment of post-traumatic stress disorder: A systematic review and meta-analysis. Psychiatry Research, 230(2), 130–136.*
6. *https://www.apa.org/ptsd-guideline/treatments/medications*
7. *Hoskins MD, Bridges J, Sinnerton R, Nakamura A, Underwood JFG, Slater A, Lee MRD, Clarke L, Lewis C, Roberts NP, Bisson JI. Pharmacological therapy for post-traumatic stress disorder: a systematic review and meta-analysis of monotherapy, augmentation and head-to-head approaches. Eur J Psychotraumatol. 2021 Jan 26;12(1):1802920. doi: 10.1080/20008198.2020.1802920. PMID: 34992738; PMCID: PMC8725683.*
8. *https://www.nejm.org/doi/full/10.1056/NEJMoa1507598#core-r1-1*

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted**

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click here to initiate an electronic prior authorization (ePA) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Jasmine Phillips (PhillipsJ6@aetna.com)