



# POSTTRAUMATIC STRESS DISORDER

VA's Office of Research and Development supports numerous studies aimed at understanding, treating, and preventing posttraumatic stress disorder (PTSD). These studies range from investigations of the genetic or biochemical underpinnings of the disease to evaluations of new or existing treatments, including large clinical trials. VA has treated some 200,000 Iraq and Afghanistan Veterans for PTSD since the wars began in the early 2000s.

## EXAMPLES OF VA RESEARCH ADVANCES

**TRACKING EFFECTS OF GROUP THERAPY**—A VA team in Houston is enrolling Veterans with PTSD in a study that will use functional magnetic resonance imaging (fMRI) to track the effects of group therapy. The Veterans, from ages 18 to 65, will complete baseline interviews and fMRI scans, take part in weekly group therapy meetings for three months, and then complete final fMRI scans to detect how the activity patterns in their brain have changed. The imaging technique works by tracking oxygen flow in the brain—a measure of which brain regions are most active during specific types of tasks.

**EVIDENCE ON RISPERIDONE**—According to a large VA trial, the drug risperidone may not help Veterans who have PTSD that has not responded to serotonin reuptake inhibitor (SRI) drugs. The study found that six months of treatment with risperidone, an antipsychotic commonly prescribed for bipolar disorder, schizophrenia, and mania, did not improve PTSD symptoms or improve quality of life. It also produced more adverse side effects than placebo, including weight gain, fatigue, sleepiness, and excess saliva. Everyone in the study had previously tried at least two SRI drugs without adequate relief. The lead author suggested that those taking medications should talk with their doctors, and that clinicians should be cautious about prescribing the drug for PTSD.

**SMOKING CESSATION SUCCESS**—Integrating smoking-cessation treatment into mental health care is more effective than standard smoking cessation clinics for Veterans with PTSD, says a VA study. The trial involved 943 Veterans at 10 VA medical centers. Among those in integrated care—in which the same mental health therapist provides treatment for both PTSD and smoking cessation—almost 9 percent were able to quit for at least a year, versus 4.5 percent among those in standard smoking-cessation care. The integrated approach is now being piloted at six VA medical centers. Veterans with PTSD smoke at especially high rates—between 30 and 50 percent, about double the rate of the general public—and tend to have stronger nicotine addictions that make quitting more difficult.

★ **FACTS ABOUT POSTTRAUMATIC STRESS DISORDER**—PTSD affects many people who experienced life-threatening events, such as combat, terrorist attacks, or personal assaults. Symptoms include flashbacks, nightmares, depression, and social withdrawal, as well as physical health changes. Treatment often includes anti-anxiety drugs or other medications, along with counseling therapy. One evidence-based psychological treatment for PTSD is prolonged-exposure therapy, in which patients recall traumas in a safe setting and gradually learn to adjust their emotional response. Another is cognitive-processing therapy, a 12-session program that helps patients release the negative emotions linked to trauma. Both treatments are used widely in VA, though experts continue to develop and test other approaches.