Q/What is the most effective way to relieve symptoms of acute stress disorder?

Evidence-based therapy reduces subsequent PTSD symptoms in adults with ASD more than cognitive restructuring.2 Exposure-based CBT attempts to decrease unrealistic anxiety by challenging anxiety-provoking thoughts, situations, activities, and people that are not fundamentally dangerous.4 Both exposure-based therapy and cognitive restructuring are better than no treatment at all.3

Avoid drug treatment within 4 weeks of appearance of symptoms, unless distress is too severe to be managed with psychological treatment alone (SOR: C, consensus guideline).

Medication shows no clear benefit over CBT
A 2007 meta-analysis of mixed-method trials concluded that medication should not be substituted for CBT, which is more effective.3 The evidence showed no clear benefit for pharmacologic treatment; medication was as effective as placebo, but with higher drop-out rates.3
Medication should not be substituted for cognitive behavioral therapy, which is more effective.

Recommendations

The US Veterans Affairs/Department of Defense Clinical Practice Guideline for the Management of PTSD and the 2007 Australian Guidelines for the Treatment of Adults with ASD and PTSD recommend 3 early interventions for patients exposed to traumatic events:

- early assessment
- watchful waiting if ASD is not present
- psychological first aid (includes things like reducing physiologic arousal, ensuring patient’s safety and security, and encouraging active use of social support and self-care strategies).

The US and Australian guidelines also recommend educating patients about typical responses to traumatic events (normalizing early responses), referring patients with ASD/PTSD symptoms to mental health providers for exposure-based psychotherapy, and adding selective serotonin reuptake inhibitors to CBT for patients severely impaired by ASD and patients diagnosed with PTSD.

A recent comparative analysis recommends using the Primary Care Post-Traumatic Stress Disorder (PC-PTSD) Screen² as a simple, effective way to identify patients with PTSD (TABLE). This tool hasn’t yet been validated in patients with only ASD, however.

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The opinions and assertions contained herein are the private views of the authors and are not to be construed as official, or as reflecting the views of the US Air Force Medical Service or the US Air Force at large.

TABLE

The Primary Care Post-Traumatic Stress Disorder Screen (PC-PTSD)

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

1. Have had nightmares about it or thought about it when you did not want to?  
   YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   YES NO

3. Were constantly on guard, watchful, or easily startled?  
   YES NO

4. Felt numb or detached from others, activities, or your surroundings?  
   YES NO

*Score 1 point for each “yes” answer. A score of 3 or higher has a sensitivity of 78% and specificity of 87% for PTSD.

Source: Prins A et al. Prim Care Psychiatry. 2003.²

References


