

Patient information from BMJ

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Post-traumatic stress disorder: what are the treatment options?

Post-traumatic stress disorder (PTSD) can affect people who've been involved in one or more frightening or dangerous events. But it doesn't just affect people who are directly involved. For example, you can also get PTSD if you've witnessed a traumatic event, or you've been involved in another way, perhaps as a member of the emergency services.

We've looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What treatments work?

It's normal to feel frightened or anxious after something traumatic happens to you. Although these feelings are upsetting, they usually go away after a few weeks. But if these feelings last for longer than a month, and if they stop you getting on with your life, then you may have PTSD.

Most people with PTSD have symptoms straight after they've been through a traumatic event. But for some people the symptoms don't start until months or years later.

If a traumatic event happened fairly recently and your symptoms are not severe, your doctor may recommend waiting for a few weeks before starting treatment, to see if your symptoms improve (this is called watchful waiting).

But if your symptoms are severe or you've had symptoms for more than three months, your doctor will recommend having treatment.

Talking treatments (psychotherapies) and medicines called antidepressants can both help with PTSD. Doctors usually recommend having a talking treatment first, as studies suggest these treatments are the most effective for PTSD. But you can talk to your doctor about the kind of treatment you'd prefer.

Your therapist should encourage your family or carers to play a part in understanding and supporting you through your treatment.

Talking treatments

A talking treatment called **trauma-focused cognitive behaviour therapy** can help people who have PTSD. This kind of therapy focuses on helping you understand your thoughts and feelings related to the traumatic event, and finding practical ways of coping with them.

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Trauma-focused cognitive behaviour therapy can help you feel less anxious, have fewer symptoms of PTSD, and even recover completely.

But it can be hard to talk about traumatic events. People sometimes drop out of therapy because of this.

As an alternative, you can have **cognitive behaviour therapy** that doesn't focus directly on the trauma. Instead, it helps you more generally address your feelings and thoughts and find practical ways to cope, including how to manage stress.

Another helpful talking treatment for PTSD is called **eye movement desensitisation and reprocessing**.

With this treatment, your therapist asks you to remember something about the traumatic event that you went through. While you're doing this, your therapist may make movements in the air with his or her finger.

You follow the movements with your eyes. The idea is that remembering an event while you're distracted helps you to reorganise your memories and make them less upsetting.

Instead of finger movements, your doctor might also use other distractions, such as hand or toe tapping, or musical tones.

For each of these talking treatments, you will meet regularly with a therapist (at least once a week). You will probably have at least eight to 12 sessions, with more sessions if you need them.

Drug treatments

Antidepressants are sometimes used to treat PTSD if talking treatments don't help (or don't help enough) or if a person would prefer not to have a talking treatment. There are several types of antidepressants. You can talk with your doctor about which one might suit you.

You might feel a little better within a week or two of starting an antidepressant. But it often takes six to eight weeks to feel a lot better. So it's important not to stop taking them early. Once an antidepressant is working, doctors usually recommend taking it for at least 12 months.

Some people get side effects from antidepressants, such as dry mouth, dizziness, stomach upsets, or problems sleeping. Your doctor will help you find the antidepressant that works best for you, and which causes the least side effects.

Some antidepressants can occasionally cause more serious side effects. Your doctor should discuss these with you and tell you what to look out for.

Some antidepressants can cause withdrawal symptoms if you stop taking them suddenly or if your dose is reduced. Talk to your doctor first if you decide you want to stop taking an antidepressant.

For more background information on PTSD see our leaflet *PTSD: what is it?*

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