Posttraumatic Stress Disorder

Review 20

Rose, S. C., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, (2):CD000560. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/12076399.

Objectives	Assess the effectiveness of brief psychological debriefing for the management of psychological distress after trauma and the prevention of posttraumatic stress disorder (PTSD) within 1 month of the traumatic event.
Studies Included	Fifteen U.S. and international studies published from 1979 to 2004
Participants in the Studies	Persons aged 16 and older exposed to a traumatic event no more than 4 weeks prior to the intervention, including soldiers, women who have given birth, those in road traffic accidents, victims of violent crime, those in a house fire or industrial accident, parents or relatives of the primary victims of trauma
Settings	Some of the reported settings were hospitals including obstetrical and burn units, trauma clinics, local police and medical services settings.
Outcomes	Rates of PTSD, severity of traumatic stress symptoms, symptoms of depression or anxiety, general psychological/psychiatric morbidity, general functioning
Limitations of the Studies	There were insufficient studies to undertake any formal subgroup analyses to explore potential sources of heterogeneity. The content of the "patient-led" debriefing in the obstetrics papers made comparison with the other studies problematic. The methodological quality of the studies was generally poor, so results should not be generalized to other populations not included in this review, such as children, those exposed to mass trauma, those with preexisting psychiatric disorders, or to the efficacy of a group intervention format.

Results

Single-session individual debriefing did not prevent the onset of PTSD or reduce psychological distress, as compared to control. Specifically, those receiving the intervention reported no reduction in PTSD severity at 1–4 months, 6–13 months, or 3 years. One trial reported a significantly increased risk of PTSD in those receiving debriefing at the 1-year follow-up. There was also no evidence that debriefing reduced general psychological morbidity, depression, or anxiety, or that it was superior to an educational intervention. Overall, the authors conclude that single-session debriefing is not a useful tool for the prevention of PTSD after traumatic incidents.