

## Posttraumatic Stress Disorder

### Review 23

Stewart, C. L., & Wrobel, T. A. (2009). Evaluation of the efficacy of pharmacotherapy and psychotherapy in treatment of combat-related post-traumatic stress disorder: A meta-analytic review of outcome studies. *Military Medicine*, 174(5), 460–469. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20731275>.

<b>Objectives</b>	Examine the relative effectiveness of the broad-based treatments (pharmacotherapy and psychotherapy) for combat-related posttraumatic stress disorder (PTSD).
<b>Studies Included</b>	Twenty-five studies (13 pharmacotherapy and 12 psychotherapy) published from 1988 to 2006
<b>Participants in the Studies</b>	Veterans who were diagnosed with combat-related PTSD under DSM criteria
<b>Settings</b>	Settings were not reported for all the studies.
<b>Outcomes</b>	PTSD symptoms, depression, anxiety
<b>Limitations of the Studies</b>	At baseline, the average severity of PTSD for the pharmacotherapy group was significantly greater than that for the psychotherapy group, which may be a potential confounding factor influencing results; variability of length of time from combat, treatment models, assessment measures; lack of reporting on participation in any previous treatments; several psychotherapy studies did not exclude participants that were concurrently on a pharmacotherapeutic regimen; the limited sample size precluded an analysis of individual treatment types within groups; the variability of treatment models, assessment measures, and combat experiences may have resulted in within-group differences not assessed in this study that may limit the applicability and generalizability of the results; combining participants with varying number of years posttrauma and varying number of previous treatments administered to participants may result in variances among symptom severity; the use of multiple medications in two studies may have produced the reduction in symptoms; assessment measures beyond a 6-month time frame were omitted from the analysis (however, it is possible there would be different effects between groups over longer time frames); the number of studies per type of outcome measure varied, resulting in larger standard deviations for measures with the smallest amount of data.

## Results

The pharmacotherapy group had a significantly greater decrease in PTSD symptoms from baseline than the psychotherapy group. A limited examination of depression as a frequently comorbid disorder indicated pharmacotherapy also demonstrated a significantly greater decrease than psychotherapy in depression symptoms. Although between-group differences prevent the ability to unequivocally report pharmacotherapy as the most efficacious treatment for combat-related PTSD, the current analysis suggests pharmacological treatment should be considered as the initial intervention for combat veterans, particularly in cases where the intensity of the veteran's symptoms preclude his/her ability to effectively participate in psychotherapeutic interventions.