

Posttraumatic Stress Disorder

Review 5

Hetrick, S. E., Purcell, R., Garner, B., & Parslow, R. (2010) Combined pharmacotherapy and psychological therapies for post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, 7(7):CD007316. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20614457>.

Objectives	Determine whether the combination of psychological therapy and pharmacotherapy provides a more effective treatment for posttraumatic stress disorder (PTSD) than either of the interventions delivered separately and whether patients with PTSD can tolerate combination treatment.
Studies Included	Four U.S. and international studies published from 2003 to 2008
Participants in the Studies	Patients of any age or sex with chronic (greater than 2 years) or recent (less than 2 years) PTSD diagnosed by a clinician based on DSM or the International Classification of Diseases criteria. Participants were Cambodian refugees; victims of sexual assault; and persons exposed to war, physical accident, and/or medical trauma. Participants with subclinical symptoms were also included, along with patients with comorbid conditions, excluding psychotic illness.
Settings	Settings were not reported for all the studies.
Outcomes	The primary outcomes were change in clinician-rated PTSD symptom severity and withdrawal rate. Also examined were changes in functioning, depression and anxiety symptoms, number of suicide attempts, substance use, and cost of treatment.

<p>Limitations of the Studies</p>	<p>Small sample sizes; the quality of the studies was difficult to evaluate; small number of studies included; lack of measurement and/or reporting of total PTSD outcome scores; functional outcomes were not reported; adverse events and comorbid substance use were not measured; the study populations varied in each trial; variants of cognitive behavioral therapy (CBT) and exposure therapy were used; the participants were mainly those with chronic PTSD; no trial that described participants as having subclinical symptoms were found; lack of sufficient detail in the included studies for a meta-analysis; inadequate description of methodology, which impacted assessment of internal validity; randomization to group and concealment of allocation unclear; not possible to blind providers or participants to some interventions; some outcome assessors were not blind to treatment allocation; incomplete outcome data because of attrition; unreported outcomes; evidence of skewed data</p>
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Results

No pooling of data regarding the severity of PTSD symptoms was possible, although each trial alone appeared to suggest there was no benefit of combining psychological therapy and pharmacotherapy. However, because of the lack of measurement and/or reporting of total PTSD symptom outcome scores across the trials, the authors concluded there is insufficient evidence to determine the potential risks and benefits of pharmacotherapy and psychological therapy combined versus each intervention alone in the treatment of PTSD symptoms.