

Posttraumatic Stress Disorder

Review 6

Mendes, D. D., Mello, M. F., Ventura, P., de Medeiros Passarela, C., & de Jesus Mari, J. (2008). A systematic review on the effectiveness of cognitive behavioral therapy for posttraumatic stress disorder. *International Journal of Psychiatry in Medicine*, 38(3), 241–259. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19069570>.

Objectives	Assess the effectiveness of cognitive behavioral therapy (CBT) compared to other psychotherapy techniques and wait-list controls for the treatment of posttraumatic stress disorder (PTSD) symptoms.
Studies Included	Twenty-three U.S. and international studies published from 1997 to 2005
Participants in the Studies	Male and female adults who were Vietnam veterans; police officers; refugees (African, Cambodian, unspecified); victims of sexual or nonsexual assault, nonrecent sexual aggression, childhood sexual abuse; survivors of natural disasters; injured police officers
Settings	Settings were not reported for all the studies.
Outcomes	Clinical remission or improvement of PTSD symptoms, study dropout rates, changes in PTSD symptoms
Limitations of the Studies	Methodological problems, including outcome measures that were not applied by blind independent evaluators; two of the studies had small sample sizes. Psychotherapy studies are flawed because they are based on the same logic as drug trials, which emphasize clinical outcomes rather than processes.

Results

The following therapies were examined in the treatment of PTSD symptoms: exposure therapy, eye movement desensitization and reprocessing (EMDR), CBT, cognitive therapy, stress inoculation therapy (SIT), supportive therapy, and other psychotherapies (relaxation, counseling, and psychoeducation).

Owing to heterogeneity of the data, comparison between CBT and wait-list controls was not possible. However—

- CBT had better remission rates than EMDR or supportive therapies.
- CBT was similar in efficacy and compliance to exposure therapy and cognitive therapy.
- There was no additive effect of both CBT and exposure therapy and no clinical trials compared CBT with drug therapies.

Overall, the authors concluded that CBT, exposure therapy, and cognitive therapy were equally effective in the treatment of PTSD. These three types of therapies were also more effective than supportive therapies in the treatment of PTSD symptoms.