

Post Traumatic Stress Disorder (PTSD)

Date:	September 2014	Date of Last Review:	Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)
<p>Policy: Drug therapy for Post Traumatic Stress Disorder (PTSD) will normally be initiated within a primary care setting. Referral out of area for treatment of PTSD will only be provided under the NHS in exceptional circumstances and clinicians need to apply to the exceptional cases panel for approval of funding - click here to access the funding request form.</p> <p>It is the responsibility of the referring and treating clinician to ensure compliance with this policy.</p>			

Definition:	Post-traumatic Stress Disorder is a delayed and/or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause extreme distress in almost anyone. Typical symptoms include re-experiencing the trauma through intrusive thoughts and nightmares, and intense distress when confronted with triggers; avoidance of stimuli associated with the trauma; and signs of heightened irritability such as sleep disturbance, hyperarousal, loss of impulse control.
Estimated number of people affected:	The lifetime prevalence rate of PTSD is between 5% to 10%. These estimates are based on US studies where rates are estimated to be higher than in other developed countries. Refugees from countries where there is increased exposure to trauma, ie countries involved in conflict will have higher rates.
Resource implications:	This policy does not change current practice, therefore the resource implications remain unchanged.
Health benefits:	The recent Consensus statement on PTSD from the International Consensus Group on Depression and Anxiety recommends drug therapy or referral to a mental health professional as first line treatment. The drug therapy can be initiated within a primary care setting. A particular type of antidepressant called a selective serotonin uptake inhibitor has been shown to be of benefit. There is also benefit from cognitive-behavioural therapy such as exposure therapy. This kind of therapy is given by a mental health specialist, but it is within the recommended guidelines to treat initially with drug therapy within primary care.
Risks:	PTSD is a common condition. It causes marked distress and limits social functioning. It is often present with other forms of mental illness particularly depression. Often it is the patients with associated problems such as depression or substance abuse that require more specialist help.

Priority: Referrals out of area to more specialist services should be on recommendation of local mental health teams and only for exceptional cases which are not responding to the treatments available locally.

GLOSSARY(ref 6)

Cognitive-behavioural therapy:	is a type of psychological treatment where the therapist attempts to clarify with the patient specific features of behaviour or mental outlook and identify step-by-step methods the patient can use for controlling the disorder.
Exposure therapy:	real or imagined exposure to the stressful event or situation.
Primary Care:	care provided by GPs and the team who work with them in their surgeries and health centres, and by dentists, pharmacists and opticians. The team most closely linked with the work of the GP includes health visitors, midwives, district nurses and mental health nurses who are employed by a community NHS trust.
Serotonin:	also known as 5-hydroxytryptamine. A substance found naturally in the brain and intestines. Serotonin is released from certain cells when the blood vessel walls are damaged. It acts as a strong vessel-narrowing substance.
Triggers:	an incident that occurs reactivating memory of a stressful event.

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