
STARLITE
RECOVERY CENTER
PTSD and Medication Management
An approach for Veterans and Active Duty
855-716-3831


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It is important to understand the different approaches to treatment of PTSD. Knowing their options can assist veterans in making informed decisions. The foundation of PTSD treatment for military veterans and civilians alike is talk therapy (psychotherapy), although some may benefit from medication and complementary treatments.

VA and PTSD

What is PTSD?

Post-traumatic stress disorder or PTSD is defined by recurrent visual, auditory flashbacks of the traumatic event one has experienced in their life. If these symptoms persist for a longer time and affect an individuals social, mental, and interpersonal life it is diagnosed PTSD.

A veteran is 4 times as likely to have or develop PTSD than a civilian.

Eligibility for getting the benefits from VA suffering from PTSD

A veteran can be eligible for a disability benefit if they develop symptoms related to the traumatic event or life-threatening stressors related to PTSD.

If the individual meets the following requirements, they can qualify for benefits through the VA.

- If the traumatic event happened during the period of their service
- If they are unable to perform the daily life activities or duties the way, they did before the event
- If the symptoms are affecting their thinking and cognitive abilities
- If they are clinically diagnosed with PTSD

What is the meaning for a traumatic event for VA?

Traumatic events that are considered PTSD involve recurrent flashbacks, memories, and physical sensations related to the traumatic experience. Traumatic experience involves:

- Any serious mental, physical, sexual trauma, or sexual violation, or emotional abuse that causes severe inability to focus on daily life activities
- Physical threatening injury or attempt to murder or sexual assault

Types of Trauma:

- Combat/ Military Related experiences
- Sexual or physical assault
- Child sexual or physical abuse
- Learning about a violent or accidental death or injury of a loved one
- Serious accidents, like car wreck
- Natural disasters
- Terrorist attacks

How does a Veteran qualify for PTSD diagnosis with the VA?

GENERAL RATING FORMULA FOR MENTAL DISORDERS	RATING
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.	100
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.	50
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.	0

Types of PTSD Stressors	Description of stressors
Noncombat	Stressors that do not fall under one of the reduced evidentiary standards. (emphasis added). Some examples include a car accident or hurricane.
Combat	Stressors in which the veteran personally participated in events constituting an actual fight or encounter with a military foe or hostile unit or instrumentality. Requires the veteran to have been a combatant or to have performed duty in support of combatants, such as providing medical care to the wounded.
Fear-based	Stressors due to fear of a hostile military or terrorist activity. Those are events in which the veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the veteran or others, and the response to that event involved a psychological or psycho-physiological state of fear, helplessness, or horror. Some examples include actual or potential improvised explosive devices; incoming artillery, rocket, or mortar fire; or small arms fire, including suspected sniper fire.
Prisoner of war	Stressors based on the forcible detainment or internment in the line of duty by an enemy or foreign government, the agents of either, or a hostile force.
Personal Trauma	Stressors based on events involving harm perpetrated by a person who is not considered part of an enemy force. Some examples include assault, battery, robbery, mugging, stalking, and harassment.

Source: VA OIG analysis of 38 C.F.R. § 3.1(y) and VBA's Manual M21-1, Adjudication Procedures Manual. * While VBA refers to this stressor type as personal trauma, the terminology in the regulation refers to personal assault.

PTSD symptoms are generally categorized into four types:

Type	Explanation
Avoidance 	Sufferers of PTSD often find it overwhelming to confront anything that reminds them of their traumatic experiences. Veterans who have PTSD may even isolate themselves to avoid any reminders of their trauma, including people, events, places, and certain objects.
Cognitive and mood symptoms, or negative thoughts and feelings 	People with PTSD may feel guilt and shame surrounding their trauma They may have memory issues, including trouble recalling the event. Self-image can be negatively affected. They may feel worried or depressed. Cognitive symptoms can in some cases extend to out-of-body experiences, depersonalization or derealization).
Arousal 	People with PTSD may feel a sense of constant anxiety or being hypervigilant. They may feel "on edge" all the time, even if nothing is wrong. They might be intensely startled by any stimuli that resembles or has association with the trauma, and easily angered. They may be hypersensitive to sounds, lights and touch.
Reliving 	One of the most common types of PTSD symptoms is the intense memories that come back long after a traumatic experience has occurred. These memories may come in the form of flashbacks or nightmares, and they often make it difficult for Veterans with PTSD to function during the day and sleep well at night. Many Veterans with PTSD have insomnia as a result.

Common Signs and Symptoms Following Exposure to Trauma

Physical	Cognitive/Mental	Emotional	Behavioral
• Chills • Difficulty breathing • Dizziness • Elevate blood pressure • Fainting • Grinding teeth • Headaches • Muscle tremors • Nausea • Pain • Profuse sweating • Rapid heart rate • Twitches • Weakness	• Blaming someone • Change in alertness • Confusion • Hyper-vigilance • Increased or decreased awareness of surroundings • Intrusive images • Memory problems • Nightmares • Poor abstract thinking • Poor attention • Poor concentration • Poor decision-making • Poor problem solving	• Agitation • Anxiety • Apprehension • Denial • Depression • Emotional shock • Fear • Feeling overwhelmed • Grief • Guilt • Inappropriate emotional response • Irritability • Loss of emotional control	• **Increase alcohol consumption** • **Substance Abuse** • Antisocial acts • Change in activity • Change in communication • Change in sexual function • Change in speech pattern • Emotional outburst • Inability to rest • Change in appetite • Pacing • Startle reflex intensified • Suspiciousness • Social withdrawal

A Veteran's worst wounds may be the ones you don't see.

Who can diagnose PTSD?

- Psychiatrist
- Psychologist
- PCP
- NP
- PA

5 Types of PTSD

1. Normal stress response. This response happens before PTSD begins but experiencing it doesn't always mean you will get PTSD. This response can feel like a panic attack or an intense reaction to a stressful event but is managed with the support of loved ones, several sessions of therapy, and time. Usually, the condition resolves within two to three weeks.

2. Acute Stress Disorder. This reaction does not follow the same pattern as PTSD, but it happens after an event that felt life-threatening. Acute Stress Disorder may happen after witnessing a shooting at a public venue, natural disaster, or a domestic fight. When left untreated, acute stress disorder can develop into a full-blown case of PTSD. This type is treated best with group support therapy, medications, and counseling.

3. Uncomplicated PTSD. This response happens when there is one major traumatic event. It is considered one of the less complicated forms of PTSD to treat, since the event can be pinpointed. Symptoms include nightmares, flashbacks to the event, and irritability which affects personal relationships. It is treatable with medications and therapy and quite common.

4. Complex PTSD. Complex PTSD is caused by multiple traumatic events. It is most often seen with victims of domestic abuse or medical staff who have seen horrific deaths in a short time- period. Treating this type is more complicated and there may be signs of behavioral disorders, such as intense rage, avoidance, depression, or panic. Complex PTSD is usually treated with the help of a mental health team in a facility where they get daily therapy, medication monitoring, and emotional support around the clock. Complex PTSD is not manageable without a team of mental health experts.

5. Comorbid PTSD. **This type of PTSD is a blanket term for people who have more than one mental health concern.** They usually have an underlying substance abuse, which is often used to calm the symptoms. To treat it successfully, the individual must work through both the substance abuse and the underlying traumatic event. Numbing yourself with drugs and alcohol will not cure the symptoms and will only make the prognosis worse.

PREFRONTAL CORTEX

Complex thinking, decision making and appropriate behaviors

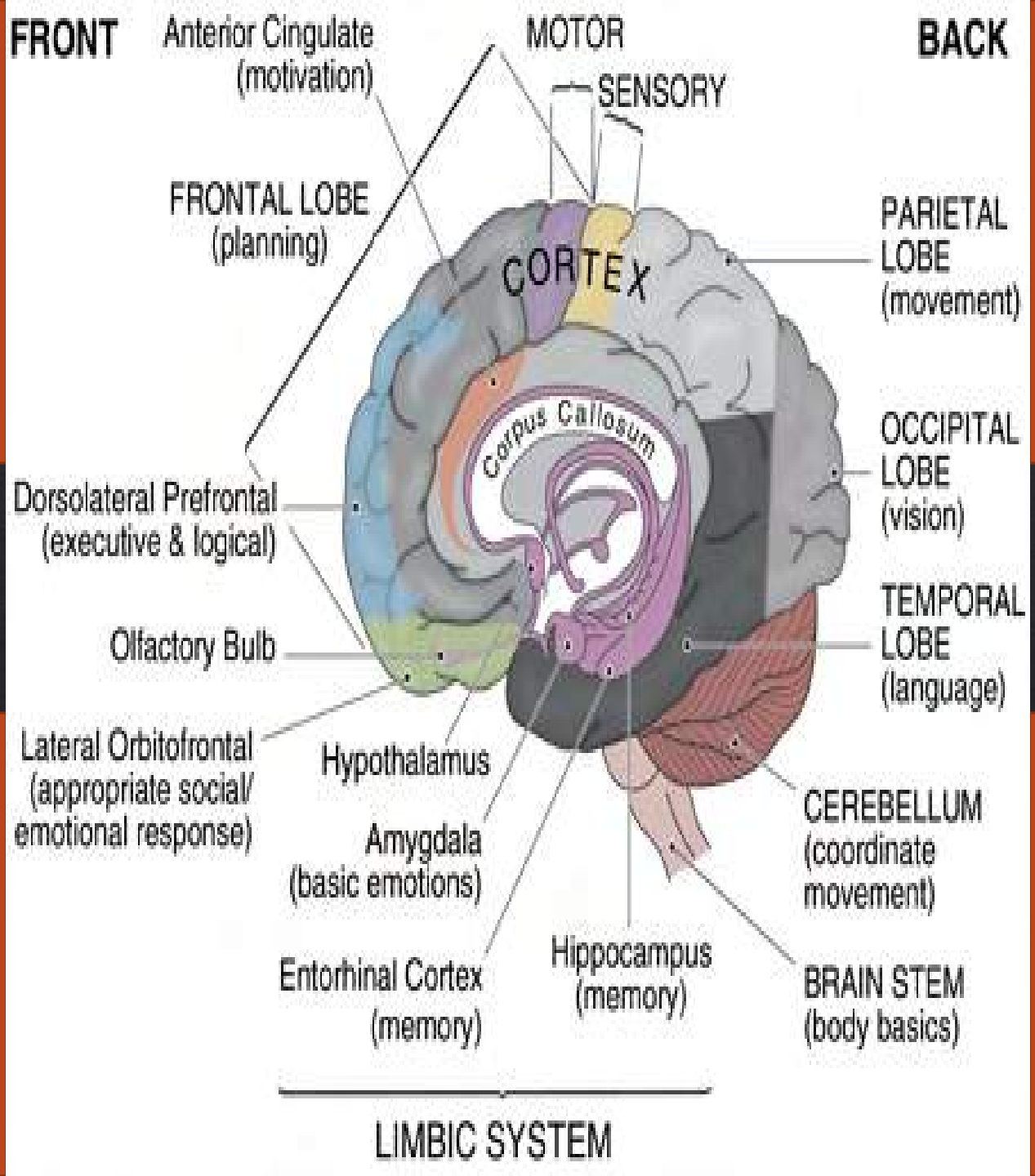
PTSD-Dysfunctional thought processes and decision making. Inappropriate responses to situations.

AMYGDALA

Sets off fight or flight in response to danger

PTSD-Sets off fight or flight in response to memories or thoughts about danger

Actual vs Perceived



HYPOTHALAMUS AXIS

Release hormones like cortisol to help manage and direct efforts to stressor

PTSD-Overactive, which leads to imbalance in hormone levels and increases stress and anxiety

Fact: Cortisol is the bodies main stress hormone, it is "Nature's built-in alarm system"

HIPPOCAMPUS

Transfers and store information into memories

PTSD-Stores memories incorrectly and affects memory retrieval

Screening

Description
The CAPS is the gold standard in PTSD assessment. The CAPS-5 is a 30-item structured interview that can be used to:

In addition to assessing the 20 DSM-5 PTSD symptoms, questions target the onset and duration of symptoms, subjective distress, impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity, overall PTSD severity, and specifications for the dissociative subtype (depersonalization and derealization).

For each symptom, standardized questions and probes are provided. Administration requires identification of an index traumatic event to serve as the basis for symptom inquiry.
The CAPS was designed to be administered by clinicians and clinical researchers who have a working knowledge of PTSD but can also be administered by appropriately trained paraprofessionals. The full interview takes 45-60 minutes to administer.

Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) Clinician Training Curriculum - PTSD: National Center for PTSD (va.gov)

PTSD Screening Instruments:

Below is a list of PTSD screens, that is, brief questionnaires that may identify people who are more likely to have PTSD. A positive response to the screen does not necessarily indicate that a patient has Posttraumatic Stress Disorder. However, a positive response does indicate that a patient may have PTSD or trauma-related problems, and further investigation of trauma symptoms by a mental health professional may be warranted.

For each measure, a brief description, sample items, versions, references, and information on how to obtain the measure are provided.

- Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5)
- SPAN
- SPRINT
- Trauma Screening Questionnaire (TSQ)

- To track clinical progress, use the PTSD checklist (PCL-5)

PLEASE NOTE: Screens are to be used to determine possible problems, and positive cases should be followed up by assessment with a structured interview for PTSD.

Trauma Exposure Measures

Below is an alphabetical list of trauma exposure measures. These assessment instruments measure the types of trauma a person has been exposed to, or the degree of severity of the traumatic event someone experienced. For each measure, a brief description, sample items, versions, and references are provided. Information on how to obtain the measure is also provided.

- Brief Trauma Questionnaire (BTQ)
- Combat Exposure Scale (CES)
- Life Events Checklist for *DSM-5* (LEC-5)
- Life Stressor Checklist - Revised (LSC-R)
- Potential Stressful Events Interview (PSEI)
- Trauma Assessment for Adults (TAA)
- Trauma History Questionnaire (THQ)
- Trauma History Screen (THS)

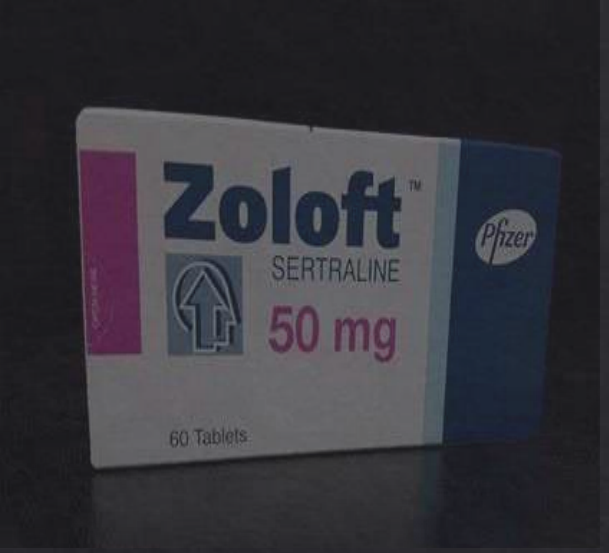
Medication for PTSD

Antidepressants are commonly used to treat PTSD.

Antidepressants can include SSRIs (selective serotonin reuptake inhibitors) or SNRIs (serotonin-norepinephrine reuptake inhibitors)

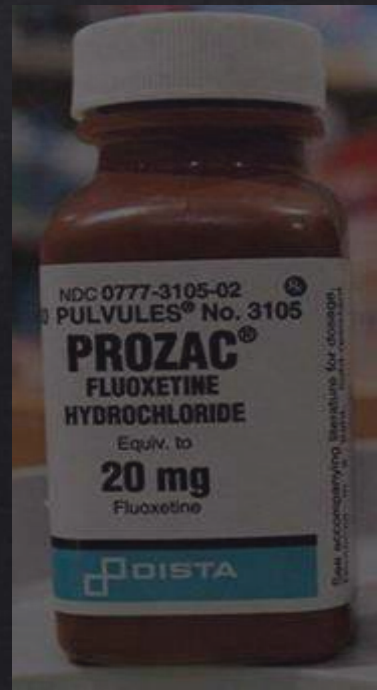
These medications work on your brain cells to assist in how much serotonin or norepinephrine they produce

U.S. Department of Veterans Affairs. (2019). PTSD treatment basics.



The U.S. Department of Veteran Affairs (VA) recommends 4 antidepressant medications for PTSD:

Sertraline (Zoloft). →SSRI
Paroxetine (Paxil). → SSRI
Fluoxetine (Prozac). →SSRI
Venlafaxine (Effexor). → SNRI



U.S. Department of Veterans Affairs. (2019). PTSD treatment basics.

Serotonin Effects on the brain

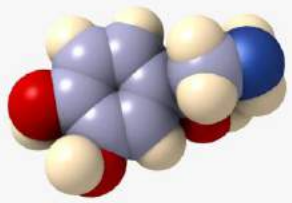
Mood: Serotonin in the brain is thought to regulate anxiety, happiness, and mood. Low levels of the chemical have been associated with depression, and increased serotonin levels brought on by medication are thought to decrease arousal.

How SSRIs work

SSRIs treat depression by increasing levels of serotonin in the brain. Serotonin is one of the chemical messengers (neurotransmitters) that carry signals between brain nerve cells (neurons).

SSRIs block the reabsorption (reuptake) of serotonin into neurons. This makes more serotonin available to improve transmission of messages between neurons. SSRIs are called selective because they mainly affect serotonin, not other neurotransmitters.

SSRIs may also be used to treat conditions other than depression, such as anxiety disorders.



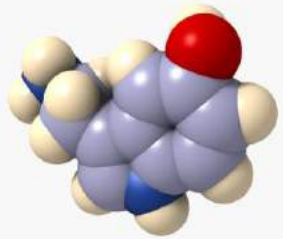
Norepinephrine Effects on the Brain

Norepinephrine works in the brain both in small daily amounts as well as large amounts needed for adrenal responses. During non-stressful events, norepinephrine works to wake up the brain and maintain a normal sleep-wake routine. It is also heavily correlated with the formation of memories and an ability to focus on tasks. During stressful events, norepinephrine results in increased oxygen delivery to the brain. This helps the brain to prioritize quick thinking needed to respond to potentially dangerous situations

How doe SNRIs work?

SNRIs ease depression by affecting chemical messengers (neurotransmitters) used to communicate between brain cells. Like most antidepressants, SNRIs work by ultimately effecting changes in brain chemistry and communication in brain nerve cell circuitry known to regulate mood, to help relieve depression.

SNRIs block the reabsorption (reuptake) of the neurotransmitters serotonin) and norepinephrine in the brain.



Are There Other Medication Options for PTSD?

There are other medications that may be helpful, although the evidence behind them is not as strong as for SSRIs and SNRIs

These include:

Nefazodone (Serzone)
A serotonin reuptake inhibitor (SRI) that works by changing the levels and activity of naturally occurring chemical signals in the brain.

Imipramine (Tofranil)
A tricyclic antidepressant (TCA) which acts by altering naturally occurring chemicals which help brain cells communicate and can lift mood.

Phenelzine (Nardil)
A monoamine oxidase inhibitor (MAOI) which inactivates a naturally occurring enzyme which breaks down the neurotransmitters serotonin, norepinephrine and dopamine.

Studies and “off-label” use

While there are no FDA-approved drugs for treating insomnia in this population physicians often prescribe FDA-approved medications for other clinical applications to patients with PTSD-related insomnia. These are called “off-label” prescriptions.

Prazosin (Minipress)

Veterans with a diagnosis of PTSD that includes nightmares are recommended to have a trial of prazosin (VA/DoD PTSD Clinical Practice Guideline).

Multiple studies support the efficacy of prazosin either for treating nightmares and improving sleep or for reducing the severity of PTSD. Treatment of PTSD with prazosin is usually initiated at a dose of 1 mg, with monitoring for hypotension after the first dose. The dose is then gradually increased to maintenance levels of 2-6 mg at night. Studies of military patients with PTSD have used higher doses (e.g., 10-16 mg at night). Prazosin has also been studied in younger and older adults with PTSD and in patients with alcohol problems, in whom it was found to reduce cravings and stress responses. Prazosin offers some hope for treating resistant cases of PTSD in which recurrent nightmares are problematic, with a relatively rapid response within weeks.

More medications studies…

1

Double Blind Trial for treatment of insomnia related to chronic military-related PTSD:

Trazodone is approved for treating depression

Lunesta for treating insomnia.

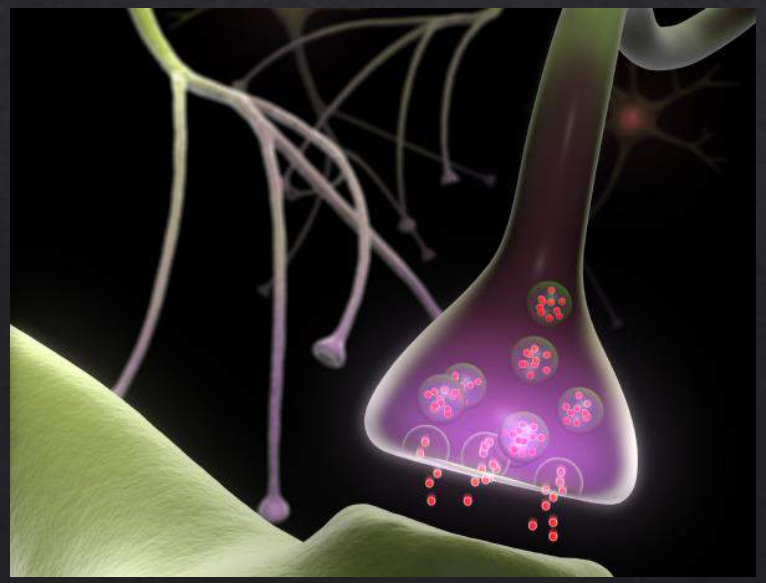
Gabapentin, an epilepsy medication, is also prescribed for such conditions as migraine headaches, pain, and mood disorders.

Detweiler MB, Pagadala B, Candelario J, Boyle JS, Detweiler JG, Lutgens BW. Treatment of Post-Traumatic Stress Disorder Nightmares at a Veterans Affairs Medical Center. J Clin Med. 2016;5(12):117. Published 2016 Dec 16. doi:10.3390/jcm5120117

2

Propranolol administered prior to trauma memory reactivation decreased the severity of PTSD symptoms, reduced physiological responses (e.g., heart rate, skin conductance, blood pressure), and improved cognitive performance in individuals with PTSD.

Young C, Butcher R. Propranolol for Post-Traumatic Stress Disorder: A Review of Clinical Effectiveness [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2020 Mar 18. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562942/



How Do These Medications Work?

PTSD may be related to changes in the brain that are linked to our ability to manage stress. People with PTSD appear to have different amounts of certain chemicals (called neurotransmitters) in the brain than people without PTSD. The four recommended SSRIs and SNRIs are believed to treat PTSD by putting these brain chemicals back in balance.

To receive medications for PTSD, the individual will need to meet with a provider who can prescribe these medications. Many different types of providers, including a family provider and even some nurses and physician assistants, can prescribe antidepressant medications for PTSD. The veteran and their provider can work together to decide which antidepressant medication may be best for them.

Is PTSD permanent?

How can I help a veteran with PTSD?

One way to help is by encouraging veterans to seek counseling or treatment.

One of the first and most difficult tasks in treating a veteran with PTSD is getting the veteran to acknowledge there's a mental health condition in the first place.

Resources & Support

National Center for PTSD	VA's PTSD: National Center for PTSD Police and Veteran Toolkit	VA's Make the Connection	Project Healing Heroes
A campaign creating ways for veterans and their family members to connect with the experiences of other veterans—and ultimately to connect with information and resources.	National Alliance on Mental Illness (NAMI) HelpLine	The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public.	**VA.gov's Coaching Into Care**

A national telephone service of the U.S. Dept. of Veterans Affairs (VA) which aims to educate, support, and empower family members and friends who are seeking care or services for a veteran. To speak with a VA coach, call 888-823-7458, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Resources & Support cont.

The Mission Continues

An organization that provides veterans leadership and advocacy opportunities in their local communities, helping give former service members a sense of purpose and aiding them in the transition to civilian life.

Outward Bound's Veteran's Program

Outward bound provides wilderness courses and programs to build leadership and confidence among participants, and offers a specialized program for veterans.

Support groups can help veterans by providing them with a community of colleagues who have had similar experiences.

The VA provides a helpful resource on how to start a support group for veterans. There may be additional support groups available from veteran, religious, nonprofit and health organizations in the veteran's community

Veterans Crisis Line

1. Call 1-800-273-8255 (Press 1)
2. Text to 838255.
3. Chat confidentially now.

Additionally, veterans can also join digital communities on platforms such as Facebook, where they can share experiences with veterans across the world who may be suffering from similar illnesses.

OPERATION LIBERTY
AT STARLITE RECOVERY CENTER

VETERANS & ACTIVE MILITARY MEMBERS

Comprehensive Addiction Treatment

Operation Liberty at Starlite Recovery Center serves active-duty service members and military veterans who are struggling with addiction and co-occurring mental health disorders. Our comprehensive, customized programming helps each person build a strong foundation for lasting recovery.

Operation Liberty is designed for service members and veterans who have a primary diagnosis of a substance use disorder and co-occurring concerns such as posttraumatic stress disorder (PTSD), anxiety, depression, and bipolar disorder.

Features and benefits of Operation Liberty include:

- Personalized treatment & discharge planning
- Detox, residential treatment, & outpatient care as needed
- Multiple group sessions during each treatment day
- Evidence-based services, including relapse prevention education, mindfulness instruction, & the Seeking Safety treatment model
- Trauma-informed care, including eye movement desensitization & reprocessing (EMDR)
- Master's-level clinicians & other experienced professionals

Personalized Service

Since the day we opened in 1957, Starlite Recovery Center has focused on providing personalized service and comprehensive support.

The professionals who provide care through Operation Liberty work with each service member or veteran to determine the full scope of their needs, identify their goals, and develop the customized plan that will empower them to achieve their objectives and maintain their recovery.

We accept most in-network insurance, including TRICARE, TriWest, and managed Medicaid.

(830) 460-6655 | **Scan to Learn More**

www.starliterecovery.com | 230 Mesa Verde Drive, Center Point, TX 78010

OPERATION LIBERTY

AT STARLITE RECOVERY CENTER

For everyone's well-being, we've put in place several precautionary measures in our commitment to serving you.

Go hands-free!

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THANK YOU

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