

Depression symptoms and emotional support impact PTSD treatment progress

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Many individuals with posttraumatic stress disorder (PTSD) also experience depression. Researchers at Case Western Reserve University found that during PTSD treatments, rapid improvements in depression symptoms are associated with better outcomes.

Often while undergoing treatment, those suffering PTSD typically count on family and friends to help them through it. But advising individuals with PTSD to "toughen up" or "just get over it" can actually negatively impact these individuals and lead to a transient increase in [depression](#), according to a new Case Western Reserve University psychology study.

The findings are reported in the *Journal of Consulting and Clinical Psychology* online article, "Depression Sudden Gains and Transient Depression Spikes During Treatment for PTSD." This is one of the first studies to shed light on how depression symptoms impact progress during PTSD treatment.

Funded by the National Institute of Mental Health, the study examined 84 PTSD patients treated only with medication, and another 116 involved in 10 therapy sessions designed to help them revisit their trauma and better cope with their fears.

Participants received either an evidence-based psychotherapy (Prolonged Exposure therapy) or an antidepressant (Zoloft), which is approved by the Food and Drug Administration to treat PTSD.

Specifically, this study tracked sudden depression spikes or reductions in depression symptoms during PTSD treatment. Also examined were how social support from family and friends impacted sudden depression changes and how those changes affected the overall treatment outcome.

Negative social support from family or friends (for example, blaming the victim) was associated with experiencing a worsening in depression symptoms for individuals receiving medication or therapy for PTSD, explained Stephanie Keller, a Case Western Reserve doctoral student and the study's lead author.

Participants rated their depression symptoms (such as sadness, loss of interest in daily activities or hobbies, concentration problems, sleep or appetite issues, and suicidal thoughts) before starting each of the 10 treatment sessions, and finally at the end of treatment.

These survey scores allowed researchers to systematically track and analyze any changes in the depression levels.

Researchers found that patients experience ups and downs in depression whether treated only with medication or only therapy. Individuals who had rapid decreases in [depression symptoms](#) actually improved more during PTSD treatment than those who had gradual change, Keller said.

However, as transient depression symptom worsened, it did not negatively impact treatment outcome.

Overall, this study suggests that therapists should help PTSD patients to improve the quality of their social relationships, Keller said.

She also said for those patients who do have a temporary increase or worsening in their symptoms, clinicians may want to provide encouragement to stick with therapy and remind patients that a

temporary spike in depression does not necessarily mean that they will benefit less from treatment.

Norah Feeny from Case Western Reserve's Department of Psychological Sciences and Lori Zoellner from the University of Washington's Department of Psychology are principal investigators on the NIMH-funded study and co-authors of this paper. The William T. Dahms, M.D. Clinical Research Unit, through funding from the Cleveland Clinical and Translational Science Award, provided additional research support.

Provided by Case Western Reserve University

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