

PTSD treatment cost-effective when patients given choice

May 28 2014, by Molly Mcelroy

A cost-analysis of post-traumatic stress disorder treatments shows that letting patients choose their course of treatment – either psychotherapy or medication – is less expensive than assigning a treatment and provides a higher quality of life for patients.

In a recent study, published in the *Journal of Clinical Psychiatry*, PTSD patients allowed to choose between therapies ended up costing about \$1,622 less on average per patient per year compared with patients who were assigned [treatment](#). Among patients not given a choice, treatment with prolonged exposure psychotherapy cost less on than sertraline.

"This is one of the first studies to look at the cost of providing [mental health care](#) and comparing different treatments for PTSD," said Lori Zoellner, co-author of the study and director of the University of Washington's Center for Anxiety and Traumatic Stress. "It has tremendous implications for how large [health care](#) systems such as the U.S. Department of Veterans Affairs proceed with treating PTSD."

The National Institute of Mental Health funded the study, with additional funding from the American Association of Colleges of Pharmacy.

"In evaluating how well a treatment works, we seldom pay attention to the role of a patient's preference, although it could be particularly important in [mental health](#) treatments," Zoellner said. "Trauma survivors with PTSD often have strong opinions about wanting to talk about the

trauma or not in therapy, some believing they really need to talk about it to heal and others really wanting to avoid talking about it. They may experience greater relief when they receive the treatment that they prefer."

Since randomized clinical trials – the gold-standard in research – don't accommodate patients' preferences, Zoellner and her research team used a study design called a "doubly randomized preference trial" to investigate whether giving patients a choice affects their treatment outcomes.

"Most clinical studies try to answer which treatment works best but do not factor in how giving patients choices could affect their health," said Quang Le, lead author and an assistant professor of pharmacy at Western University of Health Sciences in Pomona, Calif. "With this study design we could isolate the effects of this patient choice and see if it is cost-effective."

The 200 participants – all diagnosed with PTSD and aged 18 to 65 years – were assigned to a group that was allowed to select their own treatment or a group that had their treatment chosen for them.

They were then given 10 weeks of treatment with either the drug sertraline or counseling called "prolonged exposure therapy." Sertraline, prescribed under the names Zoloft and Lustral, is an antidepressant manufactured by Pfizer, Inc., which supplied the drug for use in the study.

When study participants were given a choice, their treatment cost each year an average of \$6,156 compared with \$7,778 for those assigned a treatment – a difference of approximately \$1,622 per patient per year.

Among the patients not given a choice of treatment, counseling with

prolonged exposure therapy cost on average slightly less than pharmacotherapy with sertraline – \$7,030 versus \$8,650 per patient per year.

"If it isn't possible to allow [patients](#) to choose, prolonged [exposure therapy](#) rather than the medication is a cost-effective treatment option," Zoellner said.

The costs in 2012 U.S. dollars included the therapy, outpatient services, hospitalization, emergency department visits, pharmacy services and nonmedical services, as well as indirect costs such as losses in worker productivity.

More information: www.ncbi.nlm.nih.gov/pubmed/24717377

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