

Early treatment for post-traumatic stress accelerates recovery but does not sustain it

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The majority of people with post-traumatic stress disorder (PTSD) recover after early treatment—but a substantial number still suffer for years after a traumatic event even with early clinical interventions, according to a study publishing online April 12, 2016 in *The Journal of Clinical Psychiatry*.

Over a 12-week period, researchers looked at several groups of non-military individuals suffering from PTSD (a total study cohort of 232 individuals) after a single traumatic event. All participants received either prolonged exposure therapy; cognitive therapy; treatment with selective serotonin reuptake inhibitors (SSRIs); or a [placebo pill](#) one month after the traumatic event. They also followed individuals who declined treatment. All were reassessed at five months and at 36 months.

While the groups receiving prolonged exposure and cognitive therapy showed a significant reduction of symptoms by five months (61% better than the other groups), and their symptoms remained low for three years, the other groups, including those who declined treatment, reached the same level of low symptoms by three years. In that sense, early-prolonged exposure and [cognitive therapy](#) significantly shortened the time to recovery, but did not reduce a three-year prevalence of PTSD.

"We assume that people living in an otherwise stable environment would have better conditions for long-term recovery than individuals who experience lengthy wars or live in a constant state of violence," says Arie Y. Shalev, MD, the Barbara Wilson Professor in the Department

of Psychiatry at NYU Langone Medical Center, and a co-director of NYU Langone's Steven and Alexandra Cohen Veterans Center. "This might explain part of their spontaneous recovery without initial treatment. However, what this study tells us at its core is that there is a significant public health challenge ahead. Individuals continually expressing initial PTSD symptoms, and who are resistant to early treatment, should be the focus of future research," Dr. Shalev adds. "They are the ones who remain chronically distressed and disabled, and require care long after their traumatic incident. We need to find ways to identify these subjects, increase the early favorable responses to existing [treatment](#), and find new ways to reduce the long-term burden of PTSD."

This study continues the work of Dr. Shalev and colleagues who developed a computational tool that can identify individuals at high-risk for PTSD. In a study published last year in BMC Psychiatry, those at high-risk for PTSD could be identified in less than two weeks after they are first seen in an emergency room following a traumatic event.

Approximately eight million Americans (civilian and military populations) will experience PTSD in a given year, according to the U.S. Department of Veterans Affairs' National Center for PTSD. Trauma is also very common in women; five out of ten women will experience a traumatic event at some point during their lifetime.

Provided by New York University School of Medicine

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