

Surviving post traumatic stress disorder

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The treatment of post traumatic stress disorder (PTSD) has often frustrated practitioners, as it is difficult to achieve the goals of treatment, primarily restoration of functioning. Far too often patients are treated unsuccessfully with prescription medications and turn to illicit drugs and alcohol to attempt to self-medicate. There is an ever-present need for more effective agents with fewer side effects. Clearly, there is a significant place for pharmacists in assuring appropriate treatment and monitoring is provided for patients suffering from PTSD.

Understanding the epidemic of PTSD, especially that which is combat-related, is the focus of January's issue of the *Mental Health Clinician*. This issue includes evaluations of the current evidence available for the treatment of PTSD, including an excellent review of the use of antipsychotics in treating PTSD symptoms by Robert Connell Pharm.D., Kathryn Zeier Pharm.D., and Christopher Thomas Pharm.D., BCPS, BCPP, CGP. This review article happens to be the *Mental Health Clinician's* first peer reviewed article to be published. The issue incorporates an exploration of the treatment of non-combat related PTSD nightmares with prazosin with a case by Ray Lorenz Pharm.D., BCPP, John Hayes, CRNP, and Marianne Saitz, DO, MPH. Another case report by Emily Gray, Pharm.D., Michael Shuman, Pharm.D., and Ian McGrane, Pharm.D., shows the complicated nature of treating PTSD (particularly combat-related PTSD) and how patients often require polypharmacy in order to restore functioning. The toolbox includes medications commonly used for the treatment of PTSD, rating scales validated in the assessment of PTSD, as well as helpful resources for those seeking guidance in treatment patients with PTSD.

This issue highlights one pharmacist practitioner's clinical practice, Jennifer Kelly, Pharm.D., MS, MBA, who sees patients in a dual-diagnosis program that focuses on care for veterans with PTSD. An interesting look at tobacco cessation in patients who have PTSD is written by

colleagues Allan Ayala, Pharm.D., BCPP and Melanie Geer, Pharm.D. Marshall Cates, Pharm.D., BCPP, FASHP and Erin Gibbs, Pharm.D. candidate review the evidence for one preventative strategy studied in patients who have experienced a trauma, propranolol.

A recent [segment](#) of Time magazine online featuring comedian, the late George Carlin, calls into question the use of the term **disorder** when referring to those that suffer from PTSD. See below at table 1 of terms that previously described what is known at present as Post Traumatic Stress Disorder. Removing the word "disorder" may de-stigmatize the illness from which so many people suffer says Lieut. General Eric Schoomaker, the Army surgeon general, who wants to "normalize" the illness.

Table 1. Terms used for post traumatic stress disorder (Ptsd) over time

War	Term used for PTSD
Civil War	Soldier's Heart/Exhausted Heart
World War I	Shell Shock
World War II	Battle Fatigue
Korean War	Operational Exhaustion
Vietnam War	Post Traumatic Stress Disorder

A study assessing the incidence of PTSD in troops leaving Iraq found that soldiers **not** involved in fighting had a PTSD incidence rate of 4.5%. For those in intense combat once or twice, the incidence rate more than doubled to 9.3%. The number is 13% for troops in three to five combat situations. More than five exposures and the occurrence rate of PTSD rises up to 20%.¹ Although PTSD is far too common, according to this study, at least 80% of those exposed to combat will return healthy without suffering from PTSD. In this humble pharmacist's opinion, removing the term **disorder** from the name takes away the severity of dysfunction caused by the illness. We should not consider the illness to be "expected" or "predictable" but should be doing what we can to prevent PTSD in those exposed to trauma and

treat those that suffer. Perhaps we should be further exploring what it is in the 80% majority who do not develop PTSD, that allows them to conquer the trauma experienced.

Please enjoy this in depth look at PTSD in this issue of the Mental Health Clinician! Happy New Year!

REFERENCES

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