



# PTSD: Clinical Considerations and Unmet Needs

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# What is PTSD?

- Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances<sup>1-3</sup>
  - An individual may experience PTSD as emotionally or physically harmful or life-threatening, and their mental, physical, social, and/or spiritual well-being may be affected<sup>1-3</sup>



PTSD, post-traumatic stress disorder.

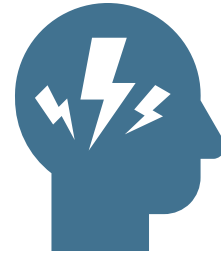
1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders.(2013) Fifth Edition. DSM-5™. American Psychiatric Publishing.
2. Yehuda R et al.Nat Rev Dis Primers, 2015; 1, 15057.
3. Suomi A et al. Cochrane Database of Systematic Reviews, 2019;12(12), CD011257.

# Prevalence and incidence

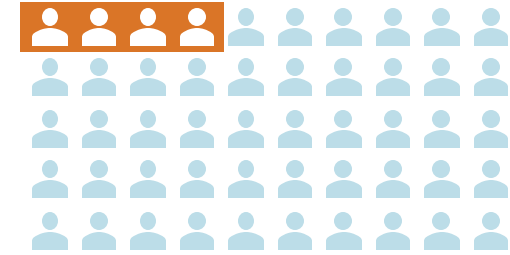
PTSD is a highly prevalent disorder worldwide and, in the US



- The global lifetime prevalence of PTSD is 4% to 10%<sup>1-4</sup>
- 1-year prevalence rates range from 3% to 6%, depending on prior exposure to trauma<sup>1-4</sup>



- PTSD is one of the most common mental health disorders in the US<sup>5,6</sup>
- >80% patients are in the general population rather than the military population<sup>7-9</sup>



Among the general US population:

- ~13 million adults will experience PTSD during a given year (~4.9%)<sup>3,10-13</sup>
- 7 to 8 out of every 100 people will experience PTSD at some point in their lives<sup>1,3,10-13</sup>

PTSD, post-traumatic stress disorder; US, United States.

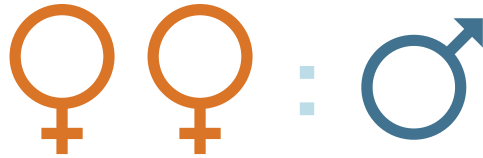
1. Koenen KC et al. *Psychol Med*. 2017; 47:2260-2274.
2. Yehuda R et al. *Nat Rev Dis Primers*. 2015; 1: 15057.
3. Kilpatrick DG et al. *J Trauma Stress*. 2013; 26: 537-547.
4. Kessler R et al. *World Psychiatry*. 2014; 13(3), 265-274.
5. Lancaster CL et al. *J Clin Med*. 2016; 5(11), 105.
6. Spottswood M et al. *Harv Rev Psychiatry*. 2017; 25(4), 159-169.
7. Davis LL et al. *J Clin Psychiatry*. 2022;83(3):21m14116.

8. United Nations Department of Economic and Social Affairs. (1994). Retrieved from [https://population.un.org/wpp/Publications/Files/WPP2019\\_Highlights.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf).

9. Kessler RC et al. *Arch Gen Psychiatry*. 2005;62(6):617-627.
10. Lehavot K et al. *Am J Pre Med*. 2018;54(1), e1-e9.
11. US Census Bureau. (2022). National Population by Characteristics: 2020-2022. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>. (Data on file).
12. RE. Prevalence Estimate Follow-up email.pdf. (Data on file).
13. U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 4.0. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).

# Demographics

PTSD can develop at any age and across genders and identities



- Gender:  
Incidence of PTSD is 2x higher in women than men<sup>1,2</sup>
  - Women account for 66.4% of the overall PTSD population in the US<sup>1,2</sup>
  - Lifetime prevalence of PTSD is 13% in women and 6% in men<sup>1,2</sup>
  - Females in the general population experience PTSD for a longer duration than do males<sup>3</sup>



- Age:  
Typical onset age for PTSD is in young and middle adulthood<sup>4</sup>
  - The median age of onset among US adults is 23 years<sup>4</sup>



- Ethnicity:  
In the US, PTSD prevalence varies by group<sup>5</sup>
  - Black: 8.7%
  - White: 7.4%
  - Hispanic: 7.0%
  - Asian: 4.0%

PTSD, post-traumatic stress disorder; US, United States.

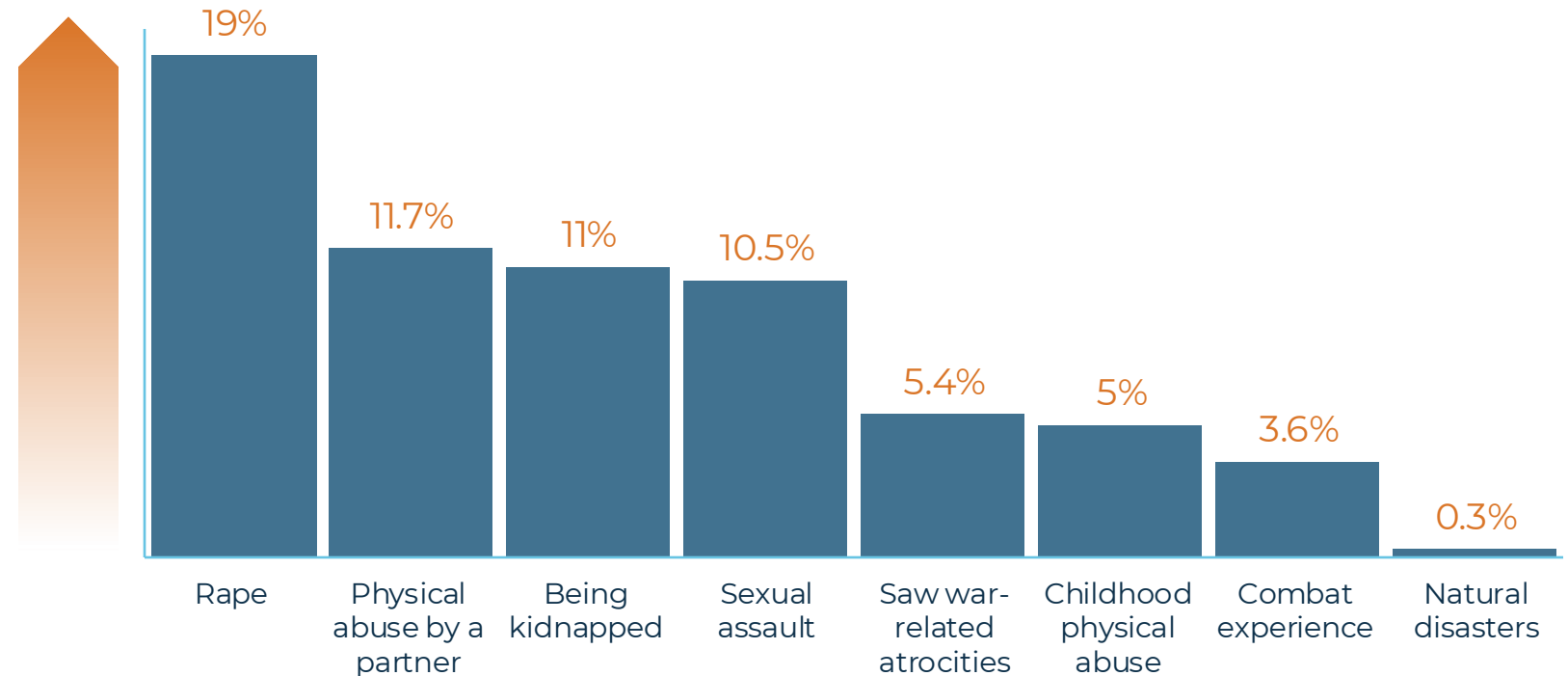
1. Davis LL et al. J Clin Psychiatry. 2022;83(3):21m14116.
2. Kilpatrick DG et al. J Trauma Stress. 2013; 26: 537-547.
3. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5™. American Psychiatric Publishing.
4. Kessler RC. Arch Gen Psychiatry. 2005;62(6), 617-627.
5. Alegria M et al. Medical Care. 2013;51(12):1114-1123.

# Most common trauma types in PTSD

PTSD can develop after experiencing or witnessing a range of traumatic events

- The average risk of developing PTSD after a traumatic exposure is 4%, and up to 30%, varying by trauma type<sup>1-4</sup>

Risk of developing PTSD after trauma exposure (%)<sup>1</sup>

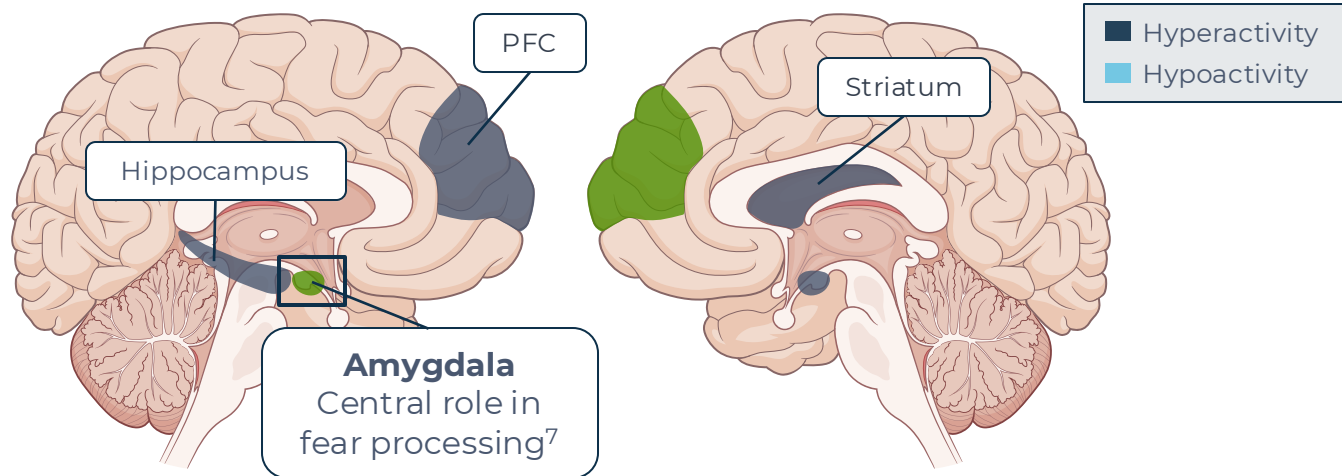


PTSD, post-traumatic stress disorder.

1. Kessler RC et al. Eur J Psychotraumatology. 2017;8(suppl 5), 1353383.
2. Liu H et al. JAMA Psychiatry. 2017;74(3):270-281.
3. Luz MP et al. J Psychiatr Res. 2016;72, 51-57.
4. Tortella-Feliu M et al. Neurosci Biobehav Rev. 2019;10:154-165.

# PTSD Pathophysiology Summary

PTSD is characterized by emotional dysregulation that may involve dysfunction of key brain regions important to fear conditioning and extinction<sup>1-10</sup>



**Norepinephrine (NE) system<sup>11,12</sup>**

**Elevated**

**Serotonin (5-HT) system<sup>13</sup>**

**Reduced**

**Dopamine (DA) system<sup>14</sup>**

**Dysregulated**

Heightened emotional and autonomic experience (e.g., re-experiencing, fear)



Diminished emotional experience and autonomic blunting (e.g., numbing)

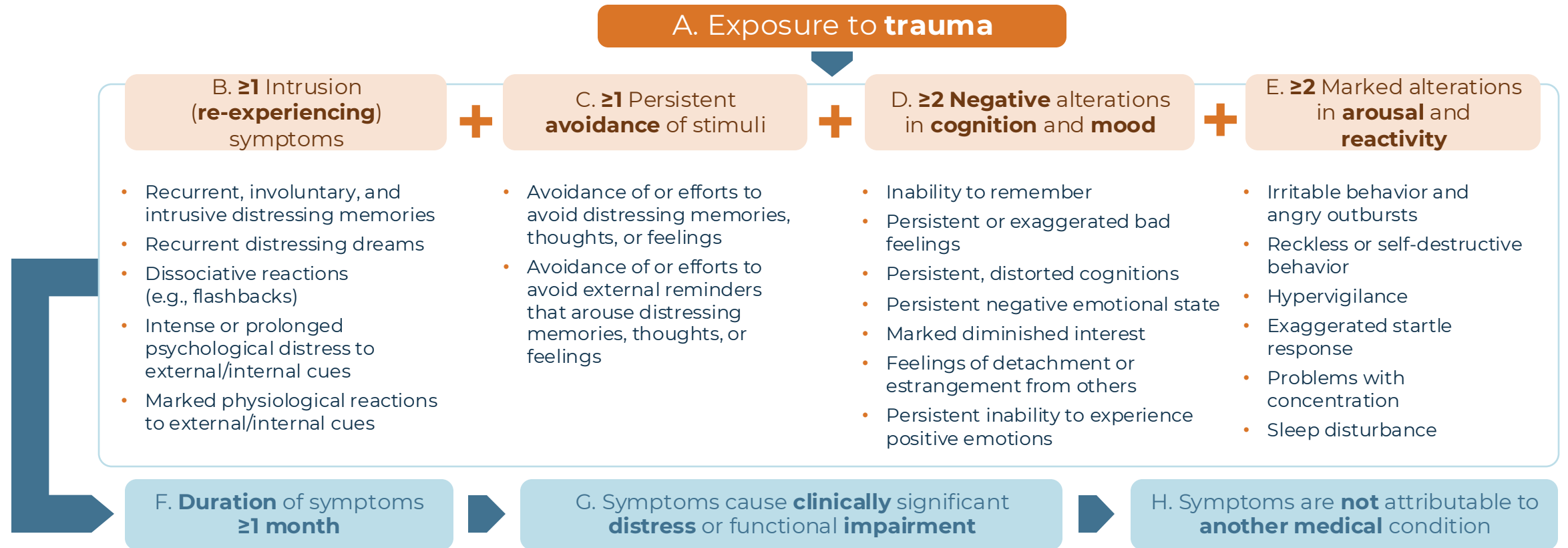
PFC, prefrontal cortex; PTSD, posttraumatic stress disorder

1. Yehuda R, et al. *Nat Rev Dis Primers*. 2015;1:15057.
2. Fenster RJ, et al. *Nat Rev Neurosci*. 2018;19(9):535-551.
3. Hopper JW, et al. *J Trauma Stress*. 2007;20(5):713-725.
4. Sailer U, et al. *Neuropsychologia*. 2008;46(11):2836-2844.

5. Lokshina Y, et al. *Front Psychiatry*. 2021;12:559401.
6. Stein MB, et al. *Biol Psychiatry*. 2009;66(12):1072-1074.
7. Kredlow MA, et al. *Neuropsychopharmacology*. 2022;47(1):247-259.
8. Stahl SM. 4th ed. Cambridge University Press; 2013.
9. Giustino TF, et al. *Front Behav Neurosci*. 2018;12:43.

10. Liberzon I, et al. *Neuron*. 2016;92(1):14-30.
11. Strawn JR, et al. *Depress Anxiety*. 2007;0:1-12.
12. Young EA, et al. *Arch Gen Psychiatry*. 2004;61(4):394-401.
13. Sherin JE, et al. *Dialogues Clin Neurosci*. 2011;13(3):263-278.
14. Torrisi SA, et al. *Front Pharmacol*. 2019;10:404.

# DSM-5 diagnosis of PTSD<sup>1,2,\*</sup>



\*PTSD was re-classified as a trauma- and stressor-related disorder.

DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PTSD, post-traumatic stress disorder.

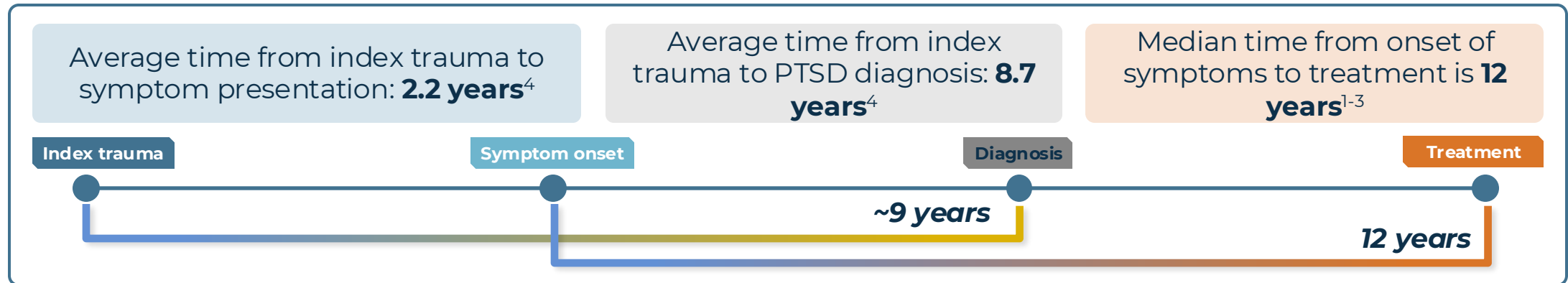
1. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. DSM-5™. American Psychiatric Publishing.

2. Mann SK et al. (2023). Posttraumatic stress disorder. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK559129/>.



# Underdiagnosis of PTSD Individuals with PTSD may experience significant delays in diagnosis

~50% of patients with PTSD seek treatment<sup>1-3</sup>



Many patients and individuals with PTSD seek care for physical symptoms without mentioning psychiatric symptoms or trauma histories due to a lack of understanding regarding the relationship between trauma exposure and their own symptoms<sup>5</sup>

1. PTSD, post-traumatic stress disorder.
2. Nobles CJ et al. Gen Hosp Psychiatry. 2016;43: 38-45.
3. Koenen KC et al. Psychol Med. 2017;47:2260-2274.
4. Wang PS et al. Arch Gen Psychiatry. 2005;62(6): 603-613.
5. Davis, LL et al. Patient journey of civilian adults diagnosed with posttraumatic stress disorder—A chart review study, Current Medical Research and Opinion, 2024;40:3, 505-516.
6. Greene T et al. J Clin Psychol Med Settings. 2016;23(2): 160-180.

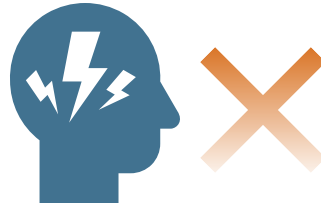
# Underdiagnosis of PTSD

PTSD is often underdiagnosed or misdiagnosed as other mental health conditions

## Most prominent barriers to care<sup>1</sup>

- Concerns related to stigma, shame/rejection
- Low mental health literacy
- Lack of knowledge and treatment-related doubts
- Fear of negative social consequences
- Limited resources

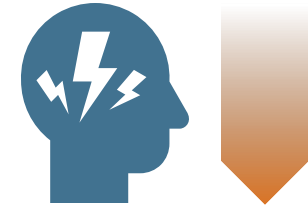
- Individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental health disorder (e.g., depressive, bipolar, anxiety, or substance use disorders)<sup>2</sup>



## Misdiagnosis

In the primary care setting, of individuals meeting diagnostic criteria for PTSD<sup>3</sup>:

- 50% were diagnosed with depression
- 23% were diagnosed with anxiety or panic attacks
- 11% received a diagnosis of PTSD



## Under-diagnosis

- <50% of individuals who meet criteria for PTSD are correctly diagnosed in primary and secondary care settings<sup>4-6</sup>

PTSD, post-traumatic stress disorder.

1. Kantor V et al. Clin Psychol Rev . 2017;52: 52-68.

2. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5™. American Psychiatric Publishing.

3. Meltzer EC et al. The Journal of Behavioral Health Services & Research, 2012;39(2): 190-201.

4. Greene T et al. J Clin Psychol Med Settings. 2016;23(2):160-180.

5. Liebschutz J et al. J Gen Intern Med. 2017;22(6):719-726.

6. Zammit S et al. Br J Psychiatry. 2018;212(1):11-18

# Underdiagnosis of PTSD

Decreased awareness in the general population and underuse of existing diagnostic tools

- Timely and appropriate diagnosis can be challenging due to<sup>1-3</sup>:
  - Variable onset of symptoms
  - Inherent heterogeneity in presentation
  - Comorbidities
  - Stigma
- Misdiagnosis is associated with ineffective management, leading to negative impact on<sup>4</sup>:
  - Treatment compliance
  - Treatment response
  - Patient satisfaction
- Screening tools: Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) and PTSD Checklist for DSM-5 (PCL-5)<sup>5-7</sup>
  - Guideline recommended
  - Underutilized in practice
  - Can aid with diagnosis



DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; PCL-5, PTSD Checklist for DSM-5; PC-PTSD-5, Primary Care PTSD screen for DSM-5 PTSD, post-traumatic stress disorder.

1. Institute of Medicine. 2014. Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment. Washington, DC: The National Academies Press.

2. Kessler RC et al. Eur J Psychotraumatology. 2017;8(suppl 5):1353383.

3. Parrott S. Electronic News. 2022;17(3): 181-197.

4. Guess KF. The Nurse Practitioner. 2006;31(3): 26-35.

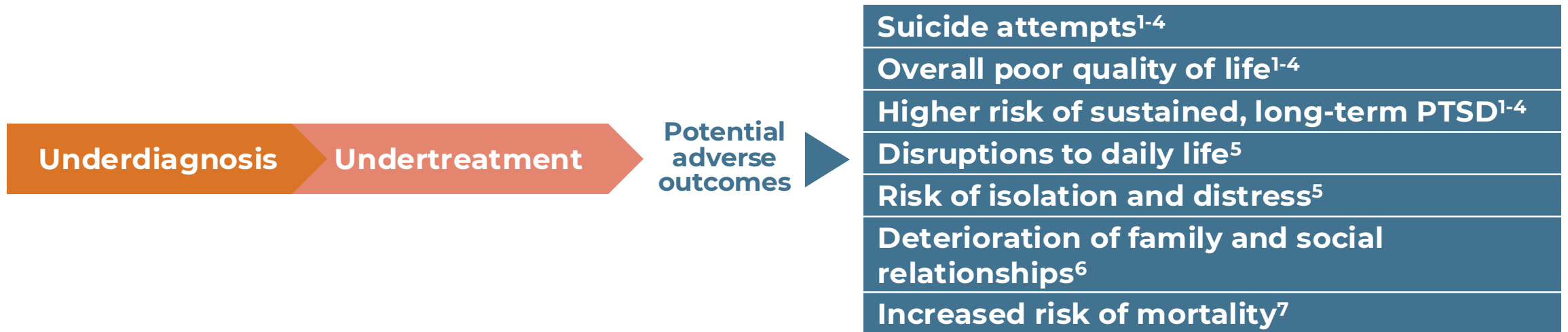
5. U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 4.0. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf) (Accessed July 2023).

6. Williamson MLC et al. J Clin Psychol. 2022;78(11): 2299-2308.

7. Geier TJ et al. Depress Anxiety. 2019;36(2): 170-178.

# Underdiagnosis and undertreatment prolong suffering and add to overall burden

- PTSD is underdiagnosed in both the US civilian and military populations<sup>1-4</sup>



**Early diagnosis and intervention are necessary for effective treatment and to minimize the long-term outcomes associated with PTSD<sup>8</sup>**

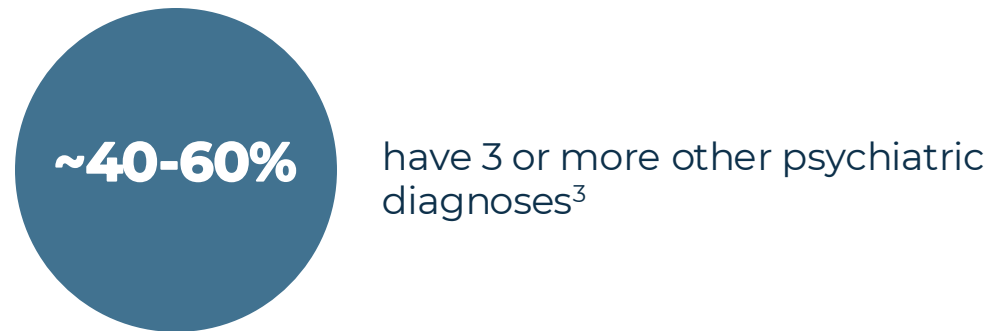
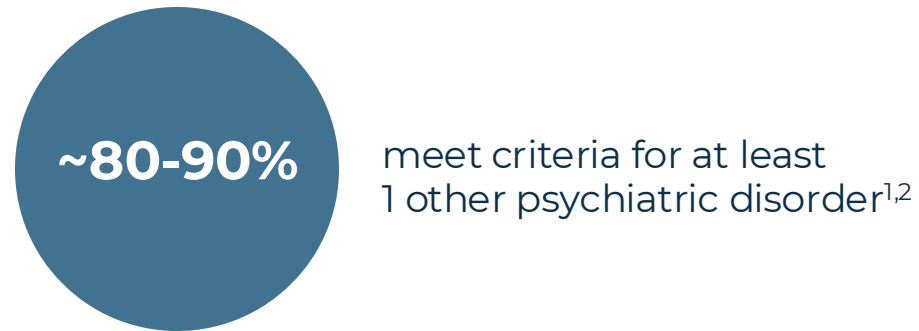
PTSD, post-traumatic stress disorder; US, United States.

1. Cagnon-Sanschagrin P et al. BMC Psychiatry. 2022;22(1):630.
2. Wimalawansa S. Res J Med. 2013;1:1-12.
3. Goenjian AK et al. Am. J. Psychiatry. 2005;162(12):2302-2308.
4. Priebe S et al. Croat. Med. J. 2009;50(5):465-475.

5. Ellis J et al. Continuum (Behavioral Neurology and Psychiatry). 2018;24(3):873-892.
6. Smith BA. Healthcare (Basel). 2018;6(30):80.
7. Cooper J et al. Aust Fam Physician. 2014;43(11):754-757.
8. Mann SK et al. 2013. [www.ncbi.nlm.nih.gov/books/NBK559129/](http://www.ncbi.nlm.nih.gov/books/NBK559129/).

# Psychiatric comorbidities in individuals with PTSD

- As demonstrated by National Surveys data<sup>1-3</sup>:



- Most common comorbidities:

## Affective disorders (depression)<sup>4</sup>

- ~50% individuals with PTSD had comorbid major depressive disorder<sup>2,3,\*</sup>
  - Greater cognitive and functional impairment<sup>1,5,6</sup>

## Anxiety disorders<sup>4</sup>

- Individuals with PTSD have 2.4 -7.1 higher odds of having an anxiety disorder, with the majority comprising phobias (simple, social, agoraphobia) and generalized anxiety disorder<sup>4</sup>

## Substance use disorder<sup>4</sup>

\*Meta-analytic findings (57 studies); N = 6670 participants.  
PTSD, post-traumatic stress disorder.

1. Flory JD et al. Dialogues Clin Neurosci. 2015;17(2):141-150.
2. Rytwinski NK et al. J Trauma Stress. 2013;26(3):299-309.

3. Kessler RC et al. Arch Gen Psychiatry. 1995;52(12):1048-1060.
4. Brady KT et al. J Clin Psychiatry. 2000;61(suppl 7):22-32.
5. Nijdam MJ et al. Eur. J. Psychotraumatol. 2013;4:19979.
6. Dutra SJ et al. Chronic Stress (Thousand Oaks). 2018;2:2470547018812400.

# Guideline recommendations and implementation in clinical practice



- One systematic review of 14 international treatment guidelines for PTSD reported that both psychological and pharmacologic therapies are recommended as first-line interventions<sup>1-3</sup>
  - CBT as first-line psychological treatment
  - SSRIs as first-line pharmacologic treatment



- In practice, most patients with PTSD are treated with a combination of both psychotherapy and pharmacotherapy<sup>1</sup>
- ~**60%** of civilians and **58%** veterans received pharmacological treatment in their respective healthcare settings<sup>4,5</sup>
- In a meta-analysis of PTSD treatment in veterans by therapy type<sup>6,\*</sup>:
  - **44%** received combination therapy
  - **32%** received pharmacotherapy alone
  - **24%** received psychotherapy alone

\*n = 6313; 55 studies.

CBT, cognitive behavioral therapy; PTSD, post-traumatic stress disorder; SSRI, selective serotonin reuptake inhibitor.

1. Martin A et al. J Clin Med. 2021; 10(18):4175.

2. World Health Organisation. 2013. [http://apps.who.int/iris/bitstream/handle/10665/85119/9789241505406\\_eng.pdf](http://apps.who.int/iris/bitstream/handle/10665/85119/9789241505406_eng.pdf).

3. U.S. Department of Veterans Affairs. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).

4. Harpaz-Rotem I et al. Psychiatr Serv. 2018;59:1184-1190.

5. Holder N et al. J Clin Psychiatry. 2021;82(3):20m13522.

6. Lee DJ et al. Depress Anxiety. 2016;33(9):792-806.

# Summary of US guidelines for pharmacotherapy<sup>1</sup>

Drug/class	FDA approved	VA/DoD Guidelines (2023) <sup>2</sup>	APoA Guidelines (2019) <sup>4</sup>	APA Guidelines (2004) <sup>3</sup>
SSRI 1	Yes	+	+	+
SSRI 2	Yes	+	+	+
SSRI 3	No	+	+	+
Other SSRIs <sup>a</sup>	No	Insufficient evidence	NA	NA
SNRI	No	+	+	Insufficient evidence
Atypical antipsychotic 1	No	-	NA	may be helpful <sup>d</sup>
Atypical antipsychotic 2	No	-	Insufficient evidence	may be helpful <sup>d</sup>
Tricyclic antidepressants <sup>a</sup>	No	Insufficient evidence + weak <sup>c</sup>	NA	may be beneficial
Adrenergic antagonist <sup>b</sup>	No	- weak	NA	NA
Benzodiazepines <sup>a</sup>	No	- -	NA	-

+, recommendation for; -, recommendation against; - -, strong recommendation against; NA, not addressed.

<sup>a</sup> Class of medications; <sup>b</sup> First-line treatment for nightmares in PTSD according to AASM and modified from Merians AN et al, 2023; <sup>c</sup> Weak recommendation for tricyclic antidepressants only (adapted from Merians AN et al, 2023); <sup>d</sup> Class III recommendation.

AASM, American Academy of Sleep Medicine; APA, American Psychiatric Association; APoA, American Psychological Association; FDA, Food and Drug Administration; PTSD, post-traumatic stress disorder; SSRI, selective serotonin reuptake inhibitor; US, United States; VA/DoD, US Department of Veterans Affairs and Department of Defense.

1. Merians AN et al. *Med Clin N Am*. 2023;107(1):85-99.
2. U.S. Department of Veterans Affairs. 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](http://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).
3. American Psychiatric Association. 2004. [psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/acutestressdisorderptsd.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/acutestressdisorderptsd.pdf).
4. American Psychological Association. *Am Psychol*. 2019;74(5):596-607.

# Off-label pharmacologic treatments

- Off-label and potentially non-evidence-based treatments are utilized in attempts to address the four core PTSD symptom clusters<sup>1-3</sup>
- Off-label treatments continue to be prescribed despite not being recommended by guidelines<sup>4</sup>
- A notable proportion of veterans are being treated with off-label medications<sup>2</sup>
  - **~20%** receive FDA-approved SSRIs\*
  - **~17%** receive SSRIs that are not FDA-approved for PTSD<sup>†</sup>
  - **~14%** receive SNRIs<sup>‡</sup>
  - **~6%-9%** receive anxiolytics or sedative-hypnotics,<sup>§</sup> atypical antipsychotics,<sup>¶</sup> or benzodiazepines<sup>||</sup>

## SNRIs

- Recommended by US guidelines<sup>5-8</sup>
- Variable efficacy<sup>1,9</sup>
- May raise blood pressure<sup>1,9</sup>

## Anxiolytics and benzodiazepines

- Second highest use in newly diagnosed patients (up to 33%)<sup>4</sup>
- Prescribed to treat sleep disturbance and hyperarousal<sup>10,11</sup>
- Strongly recommended by guidelines against use of benzodiazepines<sup>5,10,11</sup>

## Atypical antipsychotics

- <16% used in patients as first-, second-, or third-line therapy<sup>4</sup>
- Recommended for augmentation in cases of incomplete response or residual symptoms<sup>12</sup>

## Adrenergic antagonists

- Used for PTSD-related nightmares<sup>13</sup>
- Not efficacious in treating recurrent distressing dreams or improving sleep quality<sup>13</sup>

FDA, Food and Drug Administration; PTSD, post-traumatic stress disorder; SNRI, selective norepinephrine reuptake inhibitor; SSRI, selective serotonin reuptake inhibitor; US, United States.

1. Decision Resources Group. 2018. (Data on file)

2. Holder N et al. J Clin Psychiatry. 2021; 82(3):20m13522.

3. Schrader C et al. Mo Med. 2021;118(6):546-551.

4. Cook, J.M et al. J Clin Psychol Med Settings. 2021;28(2):221-228.

5. Yehuda, R et al. Nat Rev Dis Primers. 2012;1:5057.

6. U.S. Department of Veterans Affairs. 2023. Accessed July 2023. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](https://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).

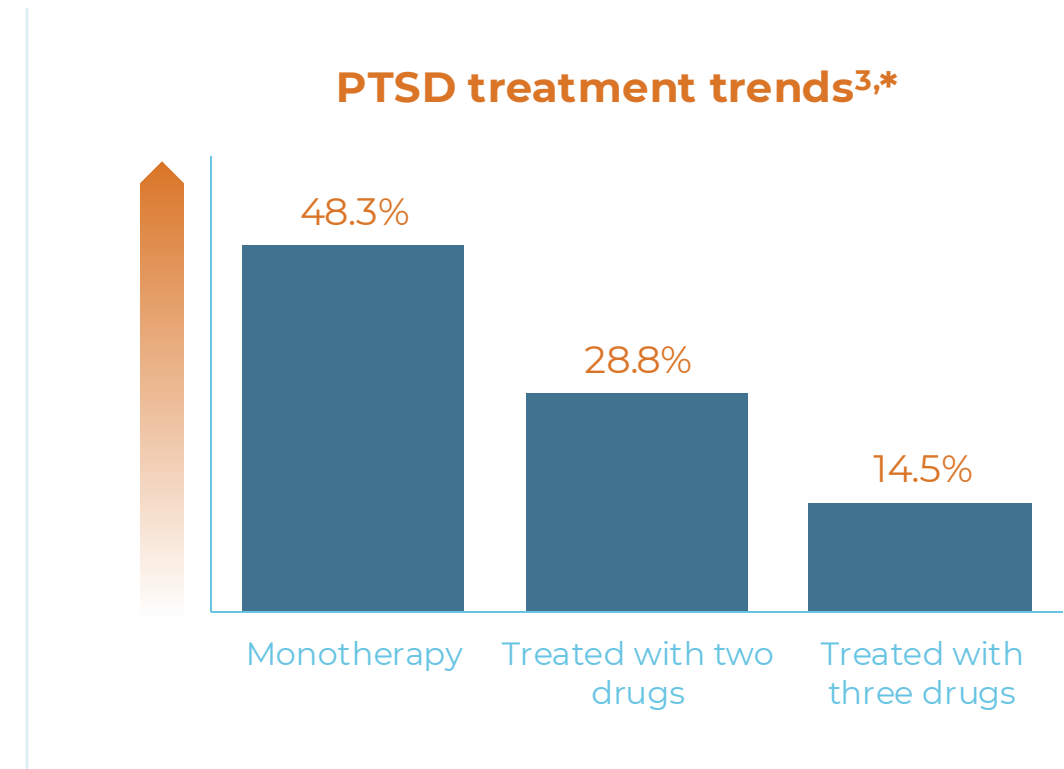
7. American Psychological Association. [www.apa.org/ptsd-guideline/ptsd.pdf](https://www.apa.org/ptsd-guideline/ptsd.pdf). 8. Davidson JR et al. Psychiatr Ann. 2005; 35(11):887-900.

9. Alexander W. P&T. 2012;37(1):32-38. 10. Guina J et al. J Psychiatr Pract. 2015;21(4):281-303. 11. Ravindran LN et al. Brain Res. 2009; 1293:24-39. 12. Bajor LA et al. Psychiatry Res. 2022; 317:114-840. 13. Raskind MA et al. N Engl J Med. 2018; 378(6):507-517.



# Polypharmacy in PTSD

- The limited efficacy and available options of FDA-approved treatments for PTSD have necessitated polypharmacy for a vast majority of patients<sup>1</sup>
- Following diagnosis, individuals are prescribed an average of 1.6 medications for PTSD alone<sup>2</sup>
- Common combinations include SSRIs, anxiolytics, and benzodiazepines to address depression and sleep disturbances
  - Treatment guidelines recommend against augmenting therapies with benzodiazepines<sup>3</sup>
  - Benzodiazepines may worsen patient outcomes, including overall severity and psychotherapy outcomes<sup>4</sup>



\*Data generated from analyses of prescribing trends in recently treated patients with PTSD.<sup>3</sup>  
FDA, Food and Drug Administration; PTSD, post-traumatic stress disorder; SSRI, selective serotonin reuptake inhibitor.

1. Krystal JH. et al. *Biol Psychiatry*. 2017; 82(7), e51–e59.
2. Holder N et al. *J Clin Psychiatry*. 2021; 82(3):20m135223.

3. Decision Resources Group. 2018. *Treatment Algorithms: Claims Data Analysis in Post-traumatic Stress Disorder*. (Data on file).
4. Guina J et al. *J Psychiatr Pract*. 2015;21(4):281–303.

# Clinical barriers in PTSD management



- In a US-based survey, 41.8% of patients with PTSD reported an unmet need for treatment<sup>1</sup>:
  - 16.4% of these did not want to see a professional
  - 25% of those who did not want to see a professional, did not believe the treatment will help



- Fear of re-experiencing traumatic events or certain trauma-related memories is a significant trauma-related barrier to mental health service use<sup>2,3</sup>
  - Note, re-experiencing is one of the techniques used in psychotherapy



- **<50%** of people with PTSD are correctly diagnosed in primary care<sup>4</sup>
  - Patients continue to experience symptoms due to the delay in receiving appropriate treatment

**Lack of belief in effective PTSD treatments and concerns about revisiting traumatic memories prevent patients from seeking treatment**

PTSD, post-traumatic stress disorder; US, United States.

1. Nobles CJ et al. Gen Hosp Psychiatry. 2016;43:38-45.

2. Kantor V et al. Clin Psychol Rev. 2017;52:52-68.

3. Kazlauskas E. Glob Health Action. 2017;10(1):1322399.

4. Greene T et al. J Clin Psychol Med Settings. 2016;23(2):160-180.

# Summary

PTSD is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event or series of traumatic events.<sup>1-3</sup>

PTSD is a highly prevalent disorder worldwide and is one of the most common mental health disorders in the US.<sup>1,2,4</sup> A majority of cases are predominantly in the general population and women.<sup>4,5</sup>

Risk of developing PTSD after traumatic exposure varies by trauma type.<sup>6</sup>

Under- and mis-diagnosis are common in clinical practice.<sup>6,7</sup>

Psychiatric comorbidities are common among individuals with PTSD and add to overall patient burden.<sup>8-10</sup>

Most guidelines recommend both psychological and pharmacologic therapies as first-line interventions in PTSD.<sup>11-13</sup> Though polypharmacy, off-label, and non-evidence-based treatments are often utilized in an attempt to address individual PTSD symptoms.<sup>14,15</sup>

Lack of belief in effective treatment, fear of re-experiencing trauma, perceived lack of efficacy for approved medications, and inadequate treatments that may affect adherence and daily function represent significant unmet needs.<sup>16,17</sup>

PTSD, Post-traumatic stress disorder; US, United States.

1. Koenen KC et al. Psychol Med. 2017; 47: 2260-2274.

2. Yehuda R et al. Nat Rev Dis Primers. 2015; 1: 150-57.

3. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5™. American Psychiatric Publishing.

4. Kilpatrick DG et al. J Trauma Stress. 2013; 26: 537-547.

5. Kessler RC et al. Arch Gen Psychiatry. 2005;62(6):617-627.

6. Kessler RC et al. Eur J Psychotraumatology. 2017;8(suppl 5):1353-383.

7. Greene T et al. J Clin Psychol Med Settings. 2016;23(2): 160-180.

8. Flory JD et al. Dialogues Clin Neurosci. 2015;17(2):141-150.

9. Rytwinski NK et al. J Trauma Stress. 2013;26(3):299-309.

10. Brady KT et al. J Clin Psychiatry. 2000; 61(suppl 7):22-32.

11. Martin A et al. J Clin Med. 2021;10(18):4175.

12. World Health Organisation. 2013.

13. apps.who.int/iris/bitstream/handle/10665/85119/9789241505406\_eng.pdf.

U.S. Department of Veterans Affairs. 2023.

14. [www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf](https://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf).

Krystal JH et al. Biol Psychiatry. 2017;82(7):e51-e59. 15. Reisman M. P&T. 2016;41(10), 623-634. .

15. Kantor V et al. Clin Psychol Rev. 2017; 52:52-68. 17. Davis, LL et al. CNS Drugs. 2006; 20(6): 465-476.

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