

## Patient information from the BMJ Group

# Post-traumatic stress disorder

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## Post-traumatic stress disorder

It's normal to feel shocked if something frightening has happened to you, like a serious accident or an assault. But sometimes this kind of experience can make you ill. This condition is called post-traumatic stress disorder (PTSD).

We've brought together the best research about PTSD and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

## What is post-traumatic stress disorder?

If you've lived through a traumatic or difficult event, such as a serious traffic accident or an assault, it's normal to feel shocked and anxious. And you may have trouble sleeping. You may keep replaying the event in your mind, and go out of your way to avoid anything that might trigger memories of it.

If these feelings stop you getting on with life and don't start to fade within about a month, you may have post-traumatic stress disorder (PTSD).

If you think you have PTSD, talk to your doctor as soon as you can. The earlier you get help, the more likely you are to feel better.

## Key points for people with post-traumatic stress disorder

- It's normal to feel shocked and upset if something difficult has happened to you.
- But if these feelings don't fade within a month and you can't get on with your life, you may have PTSD.
- If you think you could have PTSD, it's important to get treatment straight away. Early treatment can help to prevent PTSD. But it's never too late to get treatment.
- About 1 in 4 people who have been through a frightening, difficult, or life-threatening event get PTSD. <sup>[1]</sup>
- Children can get PTSD too. And it's just as important for them to get treatment as it is for adults. To read more, see [Children and PTSD](#).

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- Many people with PTSD recover within the first year after going through a difficult or life-threatening event. But sometimes PTSD can be a lifelong condition.

The National Institute for Health and Care Excellence (NICE) has issued guidelines for doctors about how they should treat people with PTSD. To read more, see [What you can expect on the NHS](#) .

### What's a normal reaction?

It is normal to feel scared or anxious after something traumatic or life-threatening happens to you, such as being in a plane crash or a flood. And it's normal to feel edgy and to have trouble sleeping. Having nightmares may also be part of getting over what has happened.

<sup>[3]</sup> You may not want to talk about what you have been through.

Although these feelings are upsetting, they usually go away after a few weeks. <sup>[3]</sup>

But if these feelings last for longer than a month, and they stop you getting on with your life, then you may need help. <sup>[11]</sup> It's important to talk to your doctor straight away, because early treatment can help to prevent PTSD.

People often think that you only get PTSD if you have survived something terrifying, like a rape or a war. But you can also get it if someone close to you dies suddenly, or if you've been told you have a serious illness. Sometimes people who witness disasters get PTSD.

<sup>[12]</sup>

Children can get PTSD too. And if they don't get treatment, it can cause serious problems for them even when they grow up. It's much better for them to get treatment sooner rather than later. To find out more, see [Children and PTSD](#) .

### What goes wrong?

If you have PTSD you may: <sup>[3]</sup>

- Keep replaying what happened in your mind
- Suddenly feel as if you are going through the event all over again
- Avoid anything that reminds you of what happened
- Have difficulty concentrating
- Become withdrawn
- Have problems relaxing
- Have problems sleeping

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- Feel very nervous.

You may not get PTSD straight away. Some people don't get it until months or years later, but this is less common. <sup>[3]</sup>

### Acute stress disorder

If you have symptoms like these for at least two days in the first month after you've been through a difficult event, your doctor may say that you have **acute stress disorder**. <sup>[4]</sup>

If you have acute stress disorder you may also feel as if you are in a daze, or you may feel numb emotionally.

The symptoms of PTSD are similar to the symptoms of acute stress disorder. But doctors call it PTSD if you go on having these feelings after a month and if these feelings stop you getting on with life. <sup>[11]</sup>

It's important to get help if you have these feelings in the first few weeks. <sup>[3]</sup> Treatment at this stage could prevent you getting full-blown PTSD.

### What kind of things are likely to cause it?

PTSD is caused by different things in different people. Some of the events that are most commonly linked with PTSD are:

- Traffic accidents
- Plane crashes
- Natural disasters, such as floods
- Physical assaults
- Rapes
- Terrorist attacks
- Being involved in a war.

Some of these events are more likely to cause PTSD than others. For example, you are more likely to get PTSD if you are raped or see a terrorist attack than if you are in a traffic accident. <sup>[12]</sup>

Even so, 4 in 10 people with PTSD will have got it because someone close to them died suddenly. <sup>[12]</sup>

### What's happening in my brain?

Some doctors think that you get PTSD because an event is so shocking that your brain can't cope with the stress.<sup>[12]</sup>

Some people with PTSD have abnormal levels of certain chemicals called **hormones** in their brain long after they have been through a traumatic event.<sup>[13]</sup> So researchers think that the event may upset the balance of chemicals in your brain. But we don't know for certain whether this causes PTSD or is the result of having PTSD.<sup>[3]</sup>

### Post-traumatic stress disorder: why me?

Not everyone who lives through a difficult or traumatic event gets post-traumatic stress disorder (or PTSD).<sup>[3]</sup> We don't know why some people get it and others don't.

But there are some things that make it more likely that you'll get PTSD. These things are called risk factors. For example, if you were depressed before you went through an upsetting event, or if you didn't get much support from your friends or family afterwards, then you may be more likely to get PTSD.

It is important to remember that even if you have a risk factor and live through a difficult event, it doesn't mean you'll definitely get PTSD.

Some of the most common risk factors for PTSD are:

- Being anxious, depressed, or having another mental health problem. There's good evidence that if you have another mental illness, or if you've had one in the past, you are more likely to get PTSD.<sup>[3]</sup> <sup>[14]</sup> To read more, see our information on [depression in adults](#) and [depression in children](#)
- Being extremely depressed or distressed straight after the event<sup>[15]</sup>
- Not having much emotional support after the event
- Having a parent who has had a mental health problem, such as depression<sup>[3]</sup> <sup>[11]</sup>
- Having been abused as a child<sup>[3]</sup>
- Having lived through or seen other life-threatening events in the past<sup>[14]</sup>
- Having recently been in a war zone or other area where there was social unrest or violent conflict.<sup>[11]</sup>

### What are the symptoms of PTSD?

It's normal to feel upset after living through a traumatic or life-threatening event. But if you haven't started to feel better within about a month and you find it difficult to carry on as normal, you may have post-traumatic stress disorder (PTSD).

If you get symptoms within the first few weeks after going through a difficult event, then you may have **acute stress disorder**. It's important to get help for this because some people who get acute stress disorder go on to get PTSD. Having treatment straight away may stop you getting PTSD.

Most people have symptoms of PTSD straight after they have been through a traumatic event. But sometimes they don't get symptoms until months or years later, although this is less common. <sup>[11]</sup>

### Common symptoms

If you have PTSD, you may get the following symptoms.

#### Reliving the experience in your thoughts or nightmares

You may have vivid memories of the event that you lived through. <sup>[11]</sup>

Things that remind you of the event, such as the anniversary of when it happened, or a type of car, may spark strong memories or flashbacks that make you feel as if you are going through the event all over again. <sup>[11]</sup> You may also have terrifying nightmares.

#### Avoiding things that remind you of what happened

You may try to avoid people or places that remind you of what you have been through. <sup>[11]</sup> <sup>[12]</sup>

You may try to avoid talking about or thinking about the event. And you may also feel that you can't remember much about it.

#### Becoming withdrawn

You may feel distant from your friends and family. Or you may find it difficult to express your feelings. <sup>[11]</sup> This can put a strain on your relationships. And it may make it hard for you to work. <sup>[11]</sup>

You may lose interest in things you used to enjoy. You may also feel pessimistic about the future. <sup>[11]</sup>

#### Feeling edgy or jumpy

Living through a difficult or traumatic event may make you tense and nervous. <sup>[11]</sup>

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You may be easily startled and feel jumpy. You may get upset when something unexpected happens. <sup>[16]</sup>

People who have PTSD often say that this edginess makes them feel irritated and angry. And it can make it hard to concentrate. <sup>[11]</sup>

### Having trouble sleeping

If you have been through a difficult or life-threatening event, you may find it hard to get to sleep or stay asleep. <sup>[11]</sup> This may be because you are having nightmares.

Another symptom of PTSD is feeling edgy or as if you need to be on your guard. This may also affect your sleep.

### Physical symptoms

If you have PTSD, you may also: <sup>[12]</sup>

- Feel dizzy
- Have pains in your chest
- Have headaches
- Feel as if your heart is beating fast or beating very hard
- Feel sick.

### Other problems

You may get other symptoms if you have PTSD. We list some of the most common ones here. But not everyone gets these feelings. It often depends on what type of event you have gone through. For example, people who survive when other people have died often feel very guilty. <sup>[11]</sup>

You may: <sup>[11]</sup>

- Act on impulse, without stopping to think
- Feel hopeless
- Feel guilty
- Let go of beliefs (such as religious faith) that you once felt strongly about
- Feel threatened and vulnerable

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- Feel despairing
- Have a change in your personality. For example, you may not want to spend time with people even though you used to like going out. Or your partner or members of your family may notice that you have become irritable and snappy when you used to be relaxed.

### PTSD in children

Children can get PTSD too. Their symptoms may be different, but it is just as important that they get help as soon as possible.

For more information, see [Children and PTSD](#) .

### How do doctors diagnose PTSD?

Your doctor will be able to diagnose post-traumatic stress disorder (PTSD) by talking to you.

You won't need a blood test or any other kind of laboratory test.<sup>[3]</sup> But your doctor may need to see you more than once to know for certain whether you have PTSD.

Your doctor will ask about your feelings, your health, the health of family members, and your symptoms.<sup>[3]</sup> You might be asked if you've been having trouble sleeping, and for how long. Your doctor will also ask you about what you've been through. He or she may also want to speak to other people in your family.

Your doctor may use a questionnaire that has been designed to help doctors diagnose PTSD. To find out more, see [Questions your doctor might ask you](#) .

### Where can I get help?

Your doctor is the best person to talk to. He or she may refer you to someone who is specially trained in treating PTSD, such as a **psychologist** , a counsellor, or a specialist nurse or doctor (psychiatrist).

If you're having trouble sleeping, your doctor may give you medicine to help you sleep.<sup>[19]</sup> But your doctor will probably only give you this sort of medicine for a short time, because there is a risk you'll get addicted to it if you take it for too long.

It is never too late to get treatment.

PTSD can be difficult to diagnose. This may be because:

- Sometimes people with PTSD don't ask for help. One of the most common symptoms of PTSD is trying to avoid thinking about or talking about what has happened. If you have this symptom, it may make it hard to ask for help<sup>[3]</sup>

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- Even when people do ask for help, they may find it hard to talk about what they've been through. And doctors may find it difficult to ask about events that have upset their patient. So they may not realise that their patient's symptoms started after a difficult or traumatic event <sup>[3]</sup> <sup>[12]</sup>
- Some of the symptoms of PTSD are similar to the symptoms of other mental illnesses, such as [depression](#) and [anxiety](#) . <sup>[12]</sup> And many people who have PTSD also have another mental illness. <sup>[3]</sup> So it is important to tell your doctor about what you went through before you started having symptoms.

Treatment can help. So if you keep having symptoms and they're not getting better, make sure you get help.

The National Institute for Health and Care Excellence (NICE) has issued guidelines for doctors about how they should treat people with PTSD. To read more, see [What you can expect on the NHS](#) .

### How common is PTSD?

It is difficult to say how many people in the UK have post-traumatic stress disorder (PTSD). There hasn't been much research to find out.

- About 25 in 100 people who go through a life-threatening or difficult event will get PTSD. <sup>[1]</sup>
- A large study in the United States found that about 10 in 100 women and 5 in 100 men experience PTSD at some point in their lives. <sup>[17]</sup>

We also know that about 50 in 100 of all people who have been raped get PTSD. This compares with about 8 in 100 people who live through a car accident. <sup>[18]</sup>

### What treatments work for post-traumatic stress disorder?

It's normal to feel shocked or anxious if you've lived through a difficult or traumatic event, such as a serious accident or an assault. But if these feelings stop you getting on with life and don't start to fade within a few weeks, you may have post-traumatic stress disorder (PTSD).

If you have PTSD, it's important to get treatment as soon as you can. There are good treatments that can help.

### Key points about treating PTSD

- If you have symptoms, it's important to get treatment as soon as possible. But it's never too late to get treatment.



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- If you have symptoms within the first month after going through a difficult event, treatment may help to prevent PTSD.
- Two kinds of talking treatment work well for treating PTSD. They are called cognitive behaviour therapy and eye movement desensitisation.
- An antidepressant called paroxetine (Seroxat) may also help people with PTSD. But it may not work as well as cognitive behaviour therapy or eye movement desensitisation.
- You'll probably be offered some kind of talking treatment first. Doctors are advised not to offer drug treatments straight away.
- Having one session to talk about what happened (debriefing) doesn't stop you getting PTSD. In fact, this treatment may do more harm than good.

There are guidelines for doctors about how they should treat PTSD. They come from the National Institute for Health and Care Excellence (NICE), which advises about which treatments should be used by the NHS. To read more, see [What you can expect on the NHS](#).

### What you can expect on the NHS

If you've got post-traumatic stress disorder (PTSD), you won't usually need to go to hospital. Your doctor will be able to organise the care you need. But you may need to see specialist doctors and therapists in hospital or other clinics.

We can't say exactly how you'll be treated. But we can give you some idea.<sup>[7]</sup> The information on this page comes from guidelines from the National Institute for Health and Care Excellence (NICE). NICE is the government body that advises doctors about which treatments should be available on the NHS.

- If you see your doctor in the first four weeks after a traumatic event, you may not be offered treatment straight away. This is because your symptoms could get better on their own. But your doctor should arrange to see you again in the next month to check on how you're feeling.
- If your symptoms are bad, your doctor should offer you treatment straight away.
- Your doctor should be able to explain why PTSD happens, what symptoms you might have, and how it can be treated.
- If you are a refugee or an asylum seeker, your doctor may ask you questions to find out if you have PTSD as part of a general health check-up. This is because many refugees and asylum seekers have been through traumatic events and are at risk of PTSD.

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- Your doctor might refer you to someone who is specially trained to treat PTSD. This could be a [counsellor](#) , [psychiatric nurse](#) , [psychologist](#) , or [psychiatrist](#) .
- You should be able to talk to your doctor about what kind of treatment you would like.
- You might have an assessment to find out what kind of doctor can give you the best treatment. During the assessment you might be asked about your symptoms, your circumstances at home, and whether you have thoughts about harming yourself.
- If you see more than one person about your PTSD, you should have a written agreement about who is monitoring your treatment and care.
- If you need an interpreter, you should be offered one.

If it's less than three months since you experienced a traumatic event:

- You should be offered [cognitive behaviour therapy](#) that is specially designed for people who have PTSD. Cognitive behaviour therapy is a talking treatment. You'll usually need one session a week for between eight and 12 weeks. Each session usually lasts 60 to 90 minutes
- You may need drug treatment
- You may be given a type of drug called a hypnotic if you have problems sleeping. But you should only take these for a couple of weeks
- If your doctor thinks you might need long-term treatment, you may be given antidepressants.

If you've had symptoms of PTSD for more than three months:

- You should be offered cognitive behaviour therapy that is specially designed for people who have PTSD, or a treatment called [eye movement desensitisation](#)
- You shouldn't be offered treatments that haven't been tested in people with PTSD. These include relaxation therapy, hypnotherapy, supportive therapy, non-directive therapy, systemic psychotherapy, and psychodynamic therapy
- You'll usually see a therapist on your own. Sessions last between 60 and 90 minutes. You should have at least one session a week, for between eight and 12 weeks. But some people need more.

If the first kind of talking treatment you try doesn't help, you may need to try a different one. Or you may be offered drug treatment alongside a talking treatment.

### Drug treatment for PTSD

Your doctor probably won't recommend treatment with drugs straight away. This is because the evidence that drugs can help treat the symptoms of PTSD isn't good. Instead, your doctor will probably recommend talking treatment and see how that helps.

If your doctor does recommend drug treatment, here's what you can expect.

- You'll usually be offered one of these antidepressants: paroxetine, mirtazapine, amitriptyline, or phenelzine.
- Paroxetine and mirtazapine can be prescribed by your doctor. You'll usually need to see a hospital doctor (probably a psychiatrist) to get amitriptyline or phenelzine.
- If one antidepressant doesn't help you, you may be offered a higher dose or a different one.
- If an antidepressant helps you, you'll usually need to carry on taking it for at least 12 months.
- If you're having problems sleeping, you may be offered a drug called a hypnotic. But you shouldn't take these drugs for more than a few weeks, because you'll start to need higher and higher doses. You can also get unpleasant side effects when you stop taking them.
- If you take antidepressants, your doctor should tell you that there's a chance they will make you anxious or agitated. You may think about harming yourself, or find it hard to sit or stand still. If you get any of these feelings, you should contact your doctor straight away.
- You should have a check-up with your doctor two weeks after you start taking antidepressants. You should also have regular check-ups after that. How often you are seen will depend on how you are feeling, but it will usually be every two to four weeks for the first three months, then less often.
- If you're 18 to 29, you should have a check-up one week after you start taking antidepressants, and regular check-ups after that.
- Your doctor should also tell you about the side effects you could get if you stop taking your medicine, miss some doses, or reduce your dose.
- When you stop treatment, you'll usually reduce your dose gradually over about four weeks to avoid side effects. But it can take longer than this.

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### How will other problems be treated?

Some people have depression or problems with alcohol or recreational drugs as well as PTSD.

- If you have depression as well as PTSD, you should be offered treatment for both conditions. But your PTSD will usually be treated first. This is because depression often improves as symptoms of PTSD get better.
- But if you have severe depression, your depression will be treated first.
- Taking recreational drugs or drinking alcohol can affect your treatment for PTSD. If you have drug or alcohol problems, these will be treated first.

### Treatment for children with PTSD

Treatment for children with PTSD is slightly different from treatment for adults. It may involve members of their family.

- Older children will be offered treatment if they've been through a traumatic event in the past month. They'll also get treatment if they went through a traumatic event more than three months ago and they have symptoms of PTSD. They'll have cognitive behaviour therapy that's specially designed to deal with trauma.
- Children usually need one session a week for between eight and 12 weeks. Sessions usually last an hour, although some may last 90 minutes.
- Children won't usually be offered drug treatments.
- Sometimes, other family members take part in the treatment.
- There's no research to say whether play therapy, art therapy, or family therapy can help children and young people who have PTSD.

### Treatments for PTSD

We have divided our information into two parts. We've looked at early treatments that are used to try to prevent PTSD after a traumatic event. And we look at ways of treating PTSD if you have it.

- [Preventing PTSD](#) : If you've been through a traumatic event, treatment may help to stop you getting PTSD. [More...](#)
- [Treating PTSD](#) : If you have PTSD, treatment can help you feel better. [More...](#)

### Treatment Group 1

#### Preventing post-traumatic stress disorder

Going through a difficult or life-threatening event can have a big impact on your life. It's perfectly normal to take some time to recover. But if you're still feeling shocked or anxious after several weeks, or your feelings are stopping you from getting on with your life, you may be at risk of getting post-traumatic stress disorder (PTSD). It's important to talk to your doctor if you think you may be at risk of getting PTSD.

The treatments we look at here are for people who've recently been through a traumatic event. Getting treatment early on can help to prevent PTSD, or stop your symptoms getting worse. To read about treatments for people who already have PTSD, see [Treating PTSD](#).

#### Key points about preventing PTSD

- If you have symptoms of shock and anxiety in the first month after going through a difficult event, getting treatment may help to prevent PTSD.
- A talking treatment called cognitive behaviour therapy may help to prevent PTSD. You'll have several sessions with a trained therapist and learn practical ways of dealing with your thoughts and feelings.
- You might be offered drug treatment to prevent PTSD if you're very anxious or have problems sleeping. But there's not much research on using drugs to prevent PTSD. So we can't say whether they help.

There are guidelines for doctors about how they should treat PTSD. They come from the National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS. To read more, see [What you can expect on the NHS](#).

Which treatments work best for preventing PTSD? We've looked at the research and given a rating for each treatment according to how well it works.

For help in deciding which treatment is best for you, see [How to make the best decisions about treatment](#).

#### Preventing PTSD

##### Treatments that are likely to work

- [Cognitive behaviour therapy](#) : This is a talking treatment. You work with a therapist to understand and change the ways of thinking that are making you upset. [More...](#)

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## Treatments that need further study

- [Emotional and practical support](#) : This is when someone who has been specially trained gives you support after you have been through a traumatic event. It is usually offered to people who are in hospital. [More...](#)
- [Trauma education](#) : This is when you learn about the feelings and symptoms you may have after going through a traumatic event. This may help you feel better prepared to deal with them. [More...](#)
- [Propranolol](#) : This drug is sometimes used to treat people who feel anxious. It is a type of drug called a beta-blocker. The brand name is Angilol or Inderal. [More...](#)
- [Temazepam](#) : This drug is sometimes used to help people who feel anxious or who have difficulty sleeping. [More...](#)
- [Hydrocortisone](#) : This drug is a type of corticosteroid. It is sometimes given to people who are seriously ill with blood poisoning and being treated in intensive care. It is used to stop them getting PTSD because of the stress of their illness. [More...](#)

## Treatments that are unlikely to work

- [One session to talk about what happened](#) : You meet with a therapist and talk about what you have been through and your feelings. This treatment is sometimes called debriefing. [More...](#)
- [Supportive counselling](#) : You talk to your doctor or another health professional who listens to you and offers emotional support. [More...](#)

## Treatment Group 2

### Treating post-traumatic stress disorder

The symptoms of post-traumatic stress disorder can make it hard for you to get on with your life. But there are treatments that can help. Your doctor may suggest a talking treatment, or treatment with drugs.

It's a good idea to talk to your doctor as soon as you can if you think you have PTSD. But don't worry if you've been ill for a while before getting help. Treatments can work just as well even if you've had PTSD for some time.

### Key points about treating PTSD

- If you have symptoms, it's important to get treatment as soon as possible. But it's never too late to get treatment.

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- Two kinds of talking treatment work well for PTSD. They're called cognitive behaviour therapy and eye movement desensitisation.
- Some antidepressant drugs may also help people with PTSD. There's some research to show that paroxetine (Seroxat) may work. But it may not be as good as cognitive behaviour therapy or eye movement desensitisation.
- You'll probably be offered a talking treatment first. Doctors are advised not to offer drug treatments straight away.
- Your doctor may offer you a talking treatment and a drug treatment at the same time. We don't know whether or not this works better than having one or the other on its own. There is no good evidence either way.<sup>[22]</sup> Some guidelines say that people with PTSD who do not respond to a talking treatment or drugs alone can try having both.<sup>[7]</sup> <sup>[23]</sup>

There are guidelines for doctors about how they should treat PTSD. They come from the National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS. To read more, see [What you can expect on the NHS](#) .

Which treatments work best for treating PTSD? We've looked at the research and given a rating for each treatment according to how well it works.

For help in deciding which treatment is best for you, see [How to make the best decisions about treatment](#).

## Treating PTSD

### Treatments that work

- [Cognitive behaviour therapy](#) : This is a talking treatment. You work with a therapist to understand and change the ways of thinking that are making you upset. [More...](#)
- [Eye movement desensitisation](#) : While remembering an upsetting event, you are asked to follow your therapist's hand movements. This may help you feel less anxious. [More...](#)

### Treatments that are likely to work

- [Paroxetine](#) : This drug is also used to treat people who are depressed. The brand name is Seroxat. This drug should not be given to anyone under 18. [More...](#)

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### Treatments that need further study

- [Group therapy](#) : You can have talking therapy as part of a group. You may find it helpful to share your experiences and learn from other people. But the research isn't clear about whether it's better or worse than having therapy on your own. [More...](#)
- [Learning to cope with your feelings](#) : This is a type of talking therapy where you talk about your reaction to a traumatic event and your feelings about it. You don't focus on the event itself. [More...](#)
- [Drama therapy](#) : In drama therapy, therapists help you to use storytelling or acting as a way of exploring your feelings. Therapists sometimes recommend it for people who find it hard to talk directly about what they've been through. [More...](#)
- [Hypnotherapy](#) : Hypnosis is used to put you in a state of mind where you're relaxed yet alert. While you feel like this, it may be easier to talk about your feelings and experiences. [More...](#)
- [Treatment over the internet](#) : It's possible to communicate with a therapist over the internet. But there's not enough research to know whether this is as good as seeing a therapist in person. [More...](#)
- [Supportive psychotherapy](#) : In this kind of talking therapy, your therapist offers support to help you cope, but doesn't usually give you direct advice. [More...](#)
- [Psychodynamic therapy](#) : This is the kind of talking therapy where you work with a therapist to analyse your thoughts and feelings. [More...](#)
- [Having treatment in hospital](#) : While you're in hospital you have talking treatment and possibly drug treatment. Treatment is given by a team of specially trained health professionals. [More...](#)
- [Fluoxetine](#) : This drug is usually used to treat people who are depressed. It's also been tried for people with PTSD. The brand name is Prozac. [More...](#)
- [Sertraline](#) : This drug is usually used for people who are depressed. The brand name is Lustral. [More...](#)
- [Epilepsy drugs](#) : Doctors have tried using epilepsy drugs as a treatment for PTSD. These drugs include carbamazepine (brand name Tegretol) and valproate (Epilim). [More...](#)
- [Other drug treatments](#) : Lots of drugs have been used to try to treat PTSD. Some of the most common ones (with their brand names) are amitriptyline (Elavil), imipramine, phenelzine (Nardil), mirtazapine (Zispin SolTab), alprazolam (Xanax),



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lamotrigine (Lamictal), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), and propranolol (Angilol or Inderal). [More...](#)

### Treatments that are unlikely to work

- [Venlafaxine](#) : This is another drug that's usually used for depression. But it doesn't seem to help people with PTSD. The brand name is Efexor. [More...](#)

### What will happen to me?

It's difficult to say exactly what will happen to you if you have post-traumatic stress disorder (PTSD).

Getting treatment can help you feel better and get on with your life. And it's never too late to start treatment, however long ago the traumatic event was. <sup>[7]</sup>

Treatment makes a big difference to people who have PTSD. If you have treatment, you are more likely to get better more quickly than if you don't. <sup>[17]</sup>

Your symptoms may come and go. They may get worse if you suddenly come across something that reminds you of what you have been through. Or they may flare up if you are having a difficult time or if you live through another difficult event. <sup>[11]</sup>

The good news is that many people recover within the first year after going through a difficult or life-threatening event. But sometimes PTSD can be a life-long condition. For about 1 in 3 people it doesn't go away. <sup>[17]</sup>

### Mental health problems

If you get PTSD, you may be at risk of getting another mental health problem, such as [depression](#) , [anxiety](#) , or [panic attacks](#) . <sup>[3]</sup> That's why it's important to get help.

### Questions to ask your doctor

If you think that you have post-traumatic stress disorder (PTSD) or your GP has told you that you do, you may want to ask some questions to find out more.

- Why did I get PTSD?
- How long will I feel like this?
- I felt bad after what happened, but now I feel worse. Why can't I get over it?
- Are there any treatments that will help me?
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- Are there any treatments I should avoid?
  - Should I try to forget about what happened?
  - Should I avoid things that remind me of what I have been through?
  - I keep having flashbacks and feel like I'm going through the trauma all over again. How can I stop this happening?
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- 

### Treatments:

## Cognitive behaviour therapy to prevent PTSD

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[How good is the research on using cognitive behaviour therapy to prevent PTSD?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about cognitive behaviour therapy, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

Yes. A talking treatment called cognitive behaviour therapy may help prevent post-traumatic stress disorder (PTSD) if you've started having symptoms soon after going through a difficult event.

Your doctor may say that you have **acute stress disorder**. Some people with acute stress disorder go on to get PTSD. Having this treatment as soon as you have symptoms may stop you getting PTSD. To learn more, see [What is post-traumatic stress disorder?](#)

But it may not be worth having CBT or similar treatments if you don't have any symptoms. Reviews of the research ( [systematic reviews](#) ) found that CBT and other psychological treatments given over several sessions did not prevent PTSD in people who'd had a traumatic event but had no symptoms. Instead, the researchers found that these treatments might actually make problems more likely (though the effect was too small to say that for certain). <sup>[24]</sup> <sup>[25]</sup>

### What is it?

Cognitive behaviour therapy is a talking treatment. It is sometimes called CBT. Your GP may be able to refer you to someone trained in this technique. Or your own GP may be able to offer this treatment.

If you have symptoms soon after going through a difficult event and you have this treatment straight away, it may stop you getting PTSD.

If you have CBT, your therapist works with you to help you understand and change the ways of thinking that are making you upset or making it hard to live a normal life. <sup>[26]</sup> <sup>[27]</sup>

For example, if you were attacked on your way home, you may be afraid that you'll be attacked again every time you walk down the street where the attack happened. But if you have CBT, your therapist will work with you to help you realise that this won't really happen.

If you have this treatment shortly after going through a difficult event, you'll probably have at least five sessions with a therapist. <sup>[7]</sup> Your therapist may suggest that you have more than five sessions. Each session lasts for about an hour and a half. <sup>[7]</sup> <sup>[28]</sup>

To find out more, see [What happens in cognitive behaviour therapy?](#)

There is also a new kind of CBT called memory structuring. But this hasn't been widely used yet. <sup>[29]</sup> To learn more, see [Memory structuring](#) .

### How can it help?

If you've recently been through a difficult event and have started getting symptoms of acute stress disorder or PTSD, having cognitive behaviour therapy early on may help. Reviews of studies found that people who had this therapy felt less distressed and anxious. <sup>[31]</sup> <sup>[32]</sup> <sup>[33]</sup> This could mean a lower risk of PTSD. <sup>[34]</sup> <sup>[35]</sup>

The reviews also found that people who had cognitive behaviour therapy were more likely to get better than people who had no treatment or had a treatment where a health professional listens and only gives emotional support. (This is called [supportive counselling](#) .)

We don't know whether having this treatment after a difficult event will help prevent PTSD if you aren't having any symptoms. Not enough research has been done to let us say for sure. Studies so far suggest that therapy might actually increase the risk of problems. <sup>[24]</sup> <sup>[25]</sup>

### How does it work?

Most people who start having symptoms soon after living through a traumatic or life-threatening event go on to get PTSD. <sup>[28]</sup> But some doctors think that having treatment straight away may stop you getting PTSD.

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No one is really sure why cognitive behaviour therapy helps people who are having symptoms of PTSD. But one theory is that it may teach you to deal with the memories of the event so that the memories aren't so upsetting and don't disrupt your life. <sup>[34]</sup> <sup>[36]</sup> If people can learn to do this soon after they start getting symptoms, they may be able to keep from getting PTSD, or get less severe PTSD. <sup>[25]</sup> <sup>[34]</sup>

Some studies have found that people who are edgy, nervous, and anxious straight after going through an upsetting event are much more likely to get PTSD. Some doctors think that cognitive behaviour therapy may help prevent PTSD because people learn to cope with being anxious or learn to stop being anxious. <sup>[28]</sup>

### Can it be harmful?

We didn't find any information about side effects in the studies we looked at.

It can sometimes be difficult talking about a traumatic event. One study found that some people with acute stress disorder (who started having symptoms within a month) didn't want to continue having CBT. <sup>[37]</sup> So they stopped and left the study. The people who didn't carry on having CBT were more likely to be anxious and have severe symptoms than the people who finished their course of CBT sessions.

### How good is the research on using cognitive behaviour therapy to prevent PTSD?

Not many studies have looked at whether cognitive behaviour therapy can help prevent post-traumatic stress disorder if you start having symptoms soon after a difficult event. These studies found that the therapy does help, but some of the studies were low quality, and the results may not be reliable. <sup>[24]</sup> <sup>[34]</sup> <sup>[38]</sup> <sup>[35]</sup> <sup>[39]</sup> <sup>[40]</sup> <sup>[31]</sup> <sup>[32]</sup>

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## Emotional and practical support to prevent PTSD

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[How good is the research on having emotional and practical support?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about emotional and practical support, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether having emotional and practical support after living through a difficult event can stop you getting post-traumatic stress disorder (PTSD). Not enough research has been done to be sure whether or not it helps.

This treatment may also be called trauma support or crisis intervention.

## What is it?

Emotional and practical support may be offered to people who are being treated in hospital after going through a difficult or life-threatening event, such as a traffic accident or violent assault.

A specialist may: <sup>[41]</sup> <sup>[42]</sup>

- Give you emotional support
- Give you practical support (for example, by contacting your family or employer)
- Work with you and your doctors so that you are kept informed about what's happening
- Keep in touch with you after you leave hospital to find out how you are doing and whether you need any help.

The specialist who offers this support may be a psychiatrist, nurse, or social worker. <sup>[41]</sup>  
<sup>[42]</sup>

## How can it help?

Some studies have found promising results for emotional and practical support. Two studies looked at people who'd been injured (for example, in traffic accidents). <sup>[41]</sup> <sup>[43]</sup> Emotional and practical support helped to prevent PTSD, or meant that people got fewer symptoms of PTSD.

But another study looked at people who'd been in traffic accidents or been violently attacked. <sup>[42]</sup> When the researchers checked on the people four months later, they found that being offered support didn't seem to stop people getting PTSD.

So we need more research to say whether emotional and practical support can help prevent PTSD.

## How does it work?

People who have been injured and are being treated in hospital have many needs and worries. They may be worried about getting back to work and how their families will cope. And they may have to deal with legal problems. They may be worried about their injuries and whether they will get better. They may also have some of the symptoms of PTSD.

Some doctors think that getting support helps people cope better with these problems. And this may stop them getting PTSD. <sup>[41]</sup> <sup>[42]</sup>

## Can it be harmful?

The research didn't mention any side effects of emotional and practical support.

### How good is the research on having emotional and practical support?

There are only a few studies looking at whether getting emotional and practical support helps to prevent post-traumatic stress disorder (PTSD).<sup>[41]</sup> <sup>[42]</sup> <sup>[43]</sup> These studies didn't look at many people. And they have mixed results. So we can't say whether this treatment helps stop people getting PTSD after a traumatic event.

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## Trauma education to prevent PTSD

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[How good is the research on trauma education?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about trauma education, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether trauma education can help stop you getting post-traumatic stress disorder (PTSD). There hasn't been enough research to say.

### What is it?

This treatment is used to try and help people cope better after they've been through a traumatic or life-changing event.

The idea is that a health professional teaches you about some of the symptoms you may get. So if you have these symptoms, they don't take you by surprise and you'll be better prepared to deal with them. This may stop you getting PTSD.<sup>[44]</sup>

You may have this treatment along with another kind of talking treatment called [cognitive behaviour therapy](#) .

In the study that we found, people had three to six sessions with a therapist.<sup>[44]</sup> The therapist used both trauma education and cognitive behaviour therapy.

### How can it help?

We're not sure if this treatment can stop you getting PTSD. We found only one study.<sup>[44]</sup> But the way it was done makes it hard to tell whether the results are reliable.

So we will need to see the results of more studies before we can say for certain.

### How does it work?

The idea is that knowing what feelings to expect after going through an upsetting or life-threatening event should make it easier for you to cope with those emotions and feelings. <sup>[44]</sup> And this might stop you getting PTSD.

But we can't tell whether this treatment works, because not enough studies have been done to let us say for certain.

### Can it be harmful?

We found only one study that looked at this treatment. And it didn't say whether the treatment had any side effects. <sup>[44]</sup>

### How good is the research on trauma education?

We're not certain whether learning about what feelings to expect will stop you getting post-traumatic stress disorder (PTSD). Only one study has looked at this treatment, and the results were unclear.

The study was also low quality and may be unreliable. This means we need more research to say whether this treatment can help. <sup>[44]</sup>

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## Propranolol to prevent PTSD

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[How good is the research on taking propranolol to prevent PTSD?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about propranolol, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

There's not enough research to show whether taking a drug called propranolol straight after you've gone through a difficult event will stop you getting post-traumatic stress disorder (PTSD).

### What is it?

Propranolol is a type of drug known as a beta-blocker. The brand name is Angilol, Inderal or Inderal LA.

This drug is sometimes used to treat people who feel [anxious](#) . When you feel anxious your heart may beat fast and your palms may get sweaty. Beta-blockers can help get these symptoms under control.

## Post-traumatic stress disorder

Beta-blockers are also used to treat **high blood pressure** , **heart failure** , and a type of chest pain called **angina** .

### How can it help?

Only one study has looked at propranolol for PTSD. It found the drug was no better than a dummy treatment (a **placebo** ) at preventing PTSD.<sup>[45]</sup> There is no other evidence to show whether this drug can help.

### How does it work?

Some researchers think that when you go through a traumatic or shocking event, your body makes a large amount of a **hormone** called adrenaline.

This hormone affects the part of your brain that triggers emotions and memories, especially upsetting ones. Researchers think that this may cause PTSD.

Propranolol stops this hormone working. So the idea is that it may prevent PTSD. But so far there is no good evidence that proves that this is how propranolol works.

### Can it be harmful?

The study we found didn't say whether the people who took propranolol had any side effects.<sup>[45]</sup>

But we know from other studies that beta-blockers like propranolol have many side effects. The most common ones are listed here.

- They lower your **blood pressure** . This can make you feel dizzy if you stand up too fast. You may also get more tired than usual. If your blood pressure gets very low, you may faint.
- Some men have difficulty getting an erection when they take beta-blockers.
- If you have trouble breathing because you have **asthma** or **bronchitis** , you should not take beta-blockers.

### How good is the research on taking propranolol to prevent PTSD?

We only found one study that looked at using propranolol to prevent post-traumatic stress disorder.<sup>[45]</sup> It found that the drug didn't help, but this study was not a particularly fair test of treatments, so it's hard to know if the results are reliable.

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## Temazepam to prevent PTSD

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# Post-traumatic stress disorder

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on taking temazepam to prevent PTSD?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about temazepam, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

## Does it work?

There's no evidence that taking a drug called temazepam after you've been through a difficult or life-threatening event can help prevent post-traumatic stress disorder (PTSD). Not enough research has been done.

This drug can have serious side effects. It is very easy to get addicted to it.

If you are pregnant or breastfeeding, this drug can hurt your baby.

## What is it?

Temazepam is a type of drug called a benzodiazepine.

Benzodiazepines are tranquillisers. They make you feel calmer, but they can also make you feel sleepy and sluggish. Some benzodiazepines (such as temazepam) can help if you are having trouble sleeping. Others (such as lorazepam) can help people who are anxious.

If you take high doses of them, they can also help your muscles relax. <sup>[46]</sup>

The problem is that you can get addicted to benzodiazepines if you take them for a long time. In the studies that looked at using temazepam to prevent PTSD, people took this drug for only seven days. <sup>[47]</sup> When it was time to stop taking it, the dose was lowered gradually.

You shouldn't stop taking benzodiazepines suddenly, especially if you have been on them for a long time. If you need to stop taking benzodiazepines, you and your GP should lower your dose gradually. <sup>[48]</sup>

## How can it help?

Only one study has looked at temazepam. It found that the drug was no better than a dummy treatment (a placebo) at preventing PTSD. <sup>[47]</sup> There's no other evidence to show that this drug can help.

Temazepam did seem to help people sleep on the first night that they took it. But after a week, people taking the dummy treatment slept just as well as people taking temazepam.

### How does it work?

It is common to feel nervous and anxious after going through a difficult event. And it is also common to have difficulty falling asleep. If you have these symptoms, they may be warning signs that you are getting PTSD.

Temazepam can make you feel less anxious and help you sleep. So the idea is that taking temazepam for a short time could prevent upsetting symptoms and make it less likely that you will get PTSD.

But there is no good research to prove this theory.

### Can it be harmful?

The study we found didn't say whether the people who took temazepam had any side effects.

But we do know from other studies that benzodiazepines like temazepam have many side effects. Because they can make you very sleepy, you should not drive or operate machinery if you are taking them.

Here are the main side effects.

- Feeling sleepy during the day: This is the most common side effect of benzodiazepines. This might not affect you much at all. Or it may mean that you don't feel like doing anything except lying on the sofa and watching television all day. If you are taking a benzodiazepine, you shouldn't drive or operate machinery.
- Having problems with your memory: If you are taking benzodiazepines, you may have trouble remembering things.
- Feeling dizzy: About 1 in 3 people say benzodiazepines make them dizzy.<sup>[49]</sup>
- Getting addicted: It is easy to get addicted to benzodiazepines. Because of this you should only take them for a short time. If you are addicted to a drug, you feel a strong need to keep taking it. And when you try to stop taking it you get uncomfortable symptoms. (This is called going through withdrawal.) If you are going through withdrawal, you may feel agitated or irritated, have difficulty sleeping, and lose your appetite.<sup>[46]</sup> To avoid these symptoms, your GP will probably lower your dose gradually.
- Feeling more anxious: Sometimes people who take benzodiazepines start to feel anxious straight after they stop taking the drug. And sometimes you feel worse than before. About 1 in 3 people who take benzodiazepines have this problem.<sup>[50]</sup> Your doctor may call it rebound anxiety.
- Having accidents: If you take benzodiazepines, you are more likely to have an accident, such as a traffic accident. One study found that people who took

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benzodiazepines were twice as likely to have a traffic accident as people who didn't take them. <sup>[51]</sup>

If you take a benzodiazepine while you are pregnant, the drug will get into your baby's body. So your baby may get addicted. And if you breastfeed your baby while you are taking a benzodiazepine, your baby can get the drug through your breast milk.

We don't know what the exact risks to babies are, but we do know what symptoms you might see.

If you have taken benzodiazepines while you are pregnant or while you are breastfeeding, your baby may:

- Go limp
- Get very cold
- Have trouble breathing
- Sleep a lot and not spend enough time awake to eat a healthy amount.

If your baby has any of these symptoms, get medical help straight away. In general, it is important to tell your doctor that you are pregnant or breastfeeding before you take any drug. <sup>[52]</sup>

### How good is the research on taking temazepam to prevent PTSD?

We only found one study that looked at using temazepam to prevent post-traumatic stress disorder. <sup>[47]</sup> It found that the drug didn't help.

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## Hydrocortisone to prevent PTSD

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[How good is the research on hydrocortisone to prevent PTSD?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about hydrocortisone, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We're not sure whether taking a drug called hydrocortisone when you have **septic shock** in an intensive care unit can stop you getting post-traumatic stress disorder (PTSD) later,

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once you have recovered from the septic shock. Not enough research has been done to tell us.

One small study seemed to show that taking hydrocortisone might help some people. <sup>[53]</sup> But we need results from more studies to know for certain one way or another.

### What is it?

Hydrocortisone is a type of drug called a corticosteroid, often called steroids for short. (These are not the same as the anabolic steroids used by some athletes and bodybuilders. They are very similar to steroid hormones produced in the body to deal with inflammation.) The brand name of the injectable form of hydrocortisone used in the study is Solu-cortef.

Hydrocortisone is similar to a hormone that is made by your body. This hormone is called cortisol. Cortisol helps your body fight serious illnesses, infections, or injuries. And it helps keep your blood pressure normal.

Hydrocortisone is given as a drip (also called an intravenous infusion or IV).

Doctors sometimes give people hydrocortisone if they are in septic shock. Septic shock can happen when you have a severe infection and it causes your blood pressure to fall dangerously low. If you are in septic shock, you may be frightened and have nightmares. You may get PTSD after you recover.

Some researchers think that having hydrocortisone while you are in septic shock could help stop you getting PTSD.

### How can it help?

If you have septic shock, having treatment with hydrocortisone may reduce your risk of getting PTSD. <sup>[53]</sup> But we need more research to know for sure.

### How does it work?

There are two reasons to think that giving hydrocortisone to people with septic shock might stop them getting PTSD.

- Hydrocortisone might help people who have septic shock get better more quickly. If the shock lasts less time, then the whole event might be less frightening. So people might be less likely to get PTSD. <sup>[53]</sup>
- There may be a link between having low levels of cortisol in your blood and getting PTSD. For example, after a traffic accident, people who have low levels of cortisol are more likely to get PTSD. <sup>[54]</sup> So giving hydrocortisone to people with septic shock would increase the amount of cortisol in their blood. And it might stop them getting PTSD. <sup>[53]</sup>

### Can it be harmful?

The study didn't say whether hydrocortisone caused any side effects.<sup>[53]</sup> But people who get this drug for septic shock are very ill, so it would be hard for them to tell their doctors if they had side effects.

However, we do know that people who are given this drug may vomit, have difficulty sleeping, seem anxious or depressed, or get a rash. These side effects aren't common.

Corticosteroids can raise your blood sugar level and your blood pressure.

### How good is the research on hydrocortisone to prevent PTSD?

We only found one small study that looked at using hydrocortisone to stop people getting post-traumatic stress disorder (PTSD).<sup>[53]</sup> This study found that hydrocortisone did help prevent PTSD in some people. But it only looked at a small number of people. So it's hard to know whether these results are reliable.

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## One session to talk about what happened, to prevent PTSD

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[How good is the research on having one session to talk about what happened?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about having one session to talk about what happened, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

No. There isn't any good evidence that having one session where you talk one-to-one with a therapist about what happened will stop you getting post-traumatic stress disorder (PTSD). And there's some evidence that it may do you some harm.

Sometimes this treatment is called debriefing.

### What is it?

This treatment is used to try to help people cope better after they've been through a difficult event. People who have lived through or seen a traumatic event are asked to describe what happened and talk about their feelings.<sup>[7]</sup> Some researchers think that debriefing might stop people getting PTSD.<sup>[7]</sup>

If you have one session of debriefing, you may meet with a therapist on your own or in a group.

### How can it help?

The research we found looked at people who met with a therapist either on their own or in a group.

We found that meeting with a therapist on your own for a debriefing session probably won't stop you getting PTSD. <sup>[7]</sup> <sup>[32]</sup> When researchers got in touch with people three months after a debriefing session and again six months later, they found that people who took part in a debriefing were just as likely to have PTSD as people who didn't. <sup>[7]</sup> In fact, the research shows that people who are given a debriefing after a traumatic event may be more likely to have PTSD 13 months later.

Having a debriefing session in a group within 10 hours of going through a traumatic event may reduce how bad your symptoms are two weeks later. <sup>[7]</sup> But we don't know whether this will stop you getting PTSD.

### How does it work?

People are often upset, anxious, and unhappy after they have lived through or seen a difficult event. Some researchers think that helping people talk about what happened to them might help them feel better and come to terms with it more quickly. <sup>[55]</sup> So the theory is that debriefings may prevent PTSD. But the research shows that this isn't true.

### Can it be harmful?

Yes, this treatment may be harmful. There's a chance that taking part in a debriefing session can make you more anxious than if you didn't take part in one. <sup>[7]</sup>

### How good is the research on having one session to talk about what happened?

We found a large, good-quality review that looked at the results of several studies of one-to-one sessions. <sup>[7]</sup> It found that having a debriefing session after going through a difficult event didn't prevent people getting PTSD.

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## Supportive counselling to prevent PTSD

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[How good is the research on supportive counselling?](#)

This information is for people who are at risk of getting post-traumatic stress disorder. It tells you about supportive counselling, a treatment used to prevent post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't think that a type of talking treatment called supportive counselling can help stop you getting post-traumatic stress disorder (PTSD) if you've been through something very upsetting.

### What is it?

Supportive counselling is when your doctor or another health professional listens to you and offers emotional support. If you have this treatment, you focus on the problems you are having instead of discussing what you have been through.

Supportive counselling can be used after you've been diagnosed with PTSD. Or it might be used to try to stop you getting PTSD. People often have a condition called acute stress disorder before they get PTSD. If you have acute stress disorder, you might replay what's happened in your mind, find it difficult to concentrate, and have problems sleeping. Treatment at this stage may help to prevent you getting full-blown PTSD.

### How can it help?

Although many people with acute stress disorder find that talking to their doctor is helpful, we haven't found any evidence that it helps to stop them getting PTSD.

Supportive counselling doesn't work as well as cognitive behaviour therapy at preventing PTSD in people who have acute stress disorder. <sup>[37]</sup> <sup>[28]</sup> <sup>[32]</sup>

### How does it work?

Having someone to talk to may help you feel better. <sup>[30]</sup> But we haven't found any studies that show that having supportive counselling can help prevent PTSD if you have acute stress disorder.

### Can it be harmful?

We didn't find any information about the side effects of supportive counselling.

### How good is the research on supportive counselling?

There hasn't been much research on supportive counselling to prevent PTSD.

We found a few small studies that compared supportive counselling with a talking treatment called [cognitive behaviour therapy](#). <sup>[37]</sup> <sup>[28]</sup> <sup>[32]</sup> They found no evidence that supportive counselling can prevent PTSD.

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## Cognitive behaviour therapy to treat PTSD

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[How good is the research on cognitive behaviour therapy to treat PTSD?](#)

This information is for people who have post-traumatic stress disorder. It tells you about cognitive behaviour therapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

## Does it work?

Yes. A type of talking treatment called cognitive behaviour therapy can help people who have post-traumatic stress disorder (PTSD).

This treatment may even help keep you from getting PTSD if you treat any early symptoms soon after a difficult event. To learn more see, [Cognitive behaviour therapy to prevent PTSD](#) .

## What is it?

Cognitive behaviour therapy is a talking treatment. It's sometimes called CBT for short. Your GP may be able to refer you to someone trained in this technique.

If you have this treatment, your therapist works with you to help you understand and change the ways of thinking that are making you upset or making it hard to get on with your life. <sup>[26]</sup> <sup>[8]</sup>

For example, if you were attacked on your way home, you may be afraid that you will be attacked again every time you walk down the street where the attack happened. Your therapist will work with you to help you realise that this won't actually happen.

You will probably have between about eight and 12 sessions with a therapist. <sup>[26]</sup> <sup>[7]</sup>

One part of cognitive behaviour therapy is called exposure therapy. It is sometimes used on its own to treat people who have PTSD.

To find out more about CBT and exposure therapy, see [What happens in cognitive behaviour therapy?](#)

## How can it help?

If you have PTSD, treatment with cognitive behaviour therapy is likely to help you feel better. <sup>[7]</sup> <sup>[56]</sup> It may help you in the following ways:

- You may feel less depressed and anxious
- Your symptoms may not be as severe
- You are more likely to recover completely from PTSD
- Your symptoms may start to get better soon after you begin treatment.



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One study found that more than half of people with PTSD who had this therapy were cured after treatment. But only 2 in 100 people with PTSD who didn't have this treatment were cured. <sup>[57]</sup>

Cognitive behaviour therapy works better than: <sup>[7]</sup>

- Not having any treatment
- A type of counselling called [supportive counselling](#) , where a health professional listens to you and gives you only emotional support
- [Psychodynamic therapy](#)
- Treatment to help you relax.

CBT seems to work just as well as a talking treatment called [eye movement desensitisation](#) . <sup>[7]</sup> <sup>[56]</sup>

### How does it work?

We are not sure why this treatment helps people with PTSD. But it may help you: <sup>[26]</sup>

- Face what you have been through so you learn to stop being afraid of it
- Learn that you can cope and don't need to avoid thinking about what happened
- Stop feeling threatened, because you realise that you actually survived a difficult event
- Look at the thoughts that are making you upset and change them so you can start to get on with your life.

### Can it be harmful?

In the studies we looked at there wasn't any information about side effects.

It can sometimes be difficult to talk about a traumatic event. Some people drop out of therapy part way through. <sup>[7]</sup> If you have a type of CBT where you imagine you are reliving the trauma you went through then this may even make your symptoms worse. <sup>[58]</sup> This type of therapy is called **imaginal flooding**. But CBT usually helps people with PTSD. People don't seem to get any long-term problems because of it. <sup>[58]</sup>

### How good is the research on cognitive behaviour therapy to treat PTSD?

There's good research to show that a talking treatment called cognitive behaviour therapy (CBT) can help if you have post-traumatic stress disorder (PTSD). <sup>[7]</sup> <sup>[59]</sup> <sup>[24]</sup>

## Post-traumatic stress disorder

Several reviews of the research have looked at large numbers of studies. The results show that CBT reduces symptoms caused by different kinds of trauma such as earthquakes, sexual abuse, assault, war, car crashes, and terrorism. <sup>[60]</sup> <sup>[61]</sup> <sup>[62]</sup> <sup>[63]</sup> <sup>[64]</sup> <sup>[65]</sup>

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### Eye movement desensitisation

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[How good is the research on eye movement desensitisation?](#)

This information is for people who have post-traumatic stress disorder. It tells you about eye movement desensitisation, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

#### Does it work?

Yes. Having a treatment called eye movement desensitisation can help if you have post-traumatic stress disorder (PTSD). Your GP may refer you to someone who has been trained in this technique.

It seems to work just as well as a talking treatment called [cognitive behaviour therapy](#).

#### What is it?

If you have eye movement desensitisation, your therapist asks you to remember something about the event that you lived through. Or you may be asked to remember how you felt at the time.

While you are doing this, your therapist moves his or her finger from side to side in front of your face. You are asked to follow the movements with your eyes. <sup>[66]</sup>

Sometimes you may be asked to look at something else or to tap your finger while you think about what happened to you. <sup>[67]</sup>

You may have several sessions of this treatment until the images or thoughts that were upsetting you no longer affect you as strongly. Doctors say that you have become less sensitised to them.

Your doctor may call this treatment eye movement desensitisation and reprocessing (EMDR).

#### How can it help?

If you have PTSD, treatment with eye movement desensitisation could help you feel better. <sup>[59]</sup> It may help you in the following ways: <sup>[7]</sup>

## Post-traumatic stress disorder

- Feel less depressed and anxious
- Have fewer and less severe symptoms
- Recover completely from PTSD.

Eye movement desensitisation works just as well as a talking treatment called cognitive behaviour therapy.<sup>[59] [7]</sup>

### How does it work?

We don't know why this treatment seems to work.<sup>[68] [27]</sup>

Some researchers think that it helps your mind act in the same way it does when you are sleeping soundly. When your mind is in this state, it is more able to sort through upsetting memories and deal with them. And this may help you come to terms with what you have been through.<sup>[69]</sup>

Others think that going over what happened can help you realise that your memories can't hurt you. This is similar to a type of cognitive therapy called **imaginal exposure**. This is a treatment where you keep remembering events with the help of your therapist until the memories no longer upset you.<sup>[70]</sup>

Some researchers think that moving your eyes while you remember what has happened may help distract you. This may make the memories less upsetting.<sup>[71]</sup> That is why tapping your finger may work just as well as moving your eyes. They both help distract you from upsetting thoughts and memories.

Even so, most doctors think we need a lot more research to help us understand how this treatment works.<sup>[68] [69] [70]</sup>

### Can it be harmful?

We didn't find any information on side effects in the studies we looked at.

### How good is the research on eye movement desensitisation?

There's good evidence that eye movement desensitisation can help if you have post-traumatic stress disorder (PTSD). We found a summary of research that looked at the results of several studies on eye movement desensitisation for PTSD.<sup>[59] [24]</sup> This type of study is called a **systematic review**.

It found that people treated with eye movement desensitisation were much more likely to recover than people who weren't given the treatment. Other good-quality studies ( **randomised controlled trials** ) have also found that eye movement desensitisation reduces the symptoms of PTSD.<sup>[72] [73]</sup>

## Paroxetine (Seroxat)

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[How good is the research on paroxetine \(Seroxat\)?](#)

This information is for people who have post-traumatic stress disorder. It tells you about paroxetine (Seroxat), a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

Probably. The drug called paroxetine (Seroxat) may help if you have post-traumatic stress disorder (PTSD). But some research has found that it can cause serious side effects.

In the UK, guidelines for doctors recommend [cognitive behaviour therapy](#) or [eye movement desensitisation](#) as the first treatment people with PTSD should have. You may be offered drug treatment if a talking therapy doesn't work for you or if you don't like the idea of talking treatments. You may also be offered drug treatment if you can't start a talking therapy straight away for some reason.

Drug treatments aren't usually recommended for children with PTSD.

### What is it?

Paroxetine is an **antidepressant**. Its brand name is Seroxat. It is a type of drug known as a **selective serotonin reuptake inhibitor** (SSRI).

It is used to treat people who are depressed or anxious, or both. It's also used to treat PTSD. <sup>[27]</sup>

Paroxetine is one of only a few drug treatments that the National Institute for Health and Care Excellence (NICE) has recommended for people with PTSD. <sup>[7]</sup> NICE is an organisation that advises doctors about which treatments should be available on the NHS. Even so, most people with PTSD will be offered a talking treatment first. To read more, see [What you can expect on the NHS](#).

You need to take antidepressants regularly. You may need to take them for several weeks before you can tell if they're working. <sup>[74]</sup>

Your doctor will help you choose the antidepressant that suits you best. Even if you have side effects, don't stop taking your medicine suddenly unless your doctor tells you to. If you stop taking one of these drugs suddenly, you may get **withdrawal symptoms**, including nausea, dizziness, and anxiety.

### How can it help?

If you have PTSD, taking paroxetine may help you: <sup>[7]</sup>

- Feel less depressed
- Feel less anxious
- Cope better at work
- Cope better in your relationships.

However, some researchers think that the improvement might not be big enough to help people feel much better. <sup>[7]</sup>

### How does it work?

Some researchers think that you get PTSD because living through a very traumatic event is so shocking that your brain can't cope with the stress. And this may upset the balance of chemicals in your brain. <sup>[12]</sup>

Your doctor may give you paroxetine to try to correct this balance. <sup>[75]</sup>

### Can it be harmful?

All antidepressants can have side effects, and some SSRIs have been linked to serious side effects.

For people with PTSD, the most common side effects of paroxetine are: <sup>[76]</sup>

- Feeling sick (about 2 in 10 people get this side effect)
- Feeling sleepy (about 17 in 100 people get this side effect)
- Having a dry mouth (about 14 in 100 people get this side effect)
- Feeling weak or tired (this happens to about 13 in 100 people)
- In men, taking a long time to have an orgasm (this happens to about 12 in 100 men who take paroxetine).

### Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. <sup>[77]</sup>

## Post-traumatic stress disorder

The risk of suicidal thoughts is highest if you're under 18. <sup>[77]</sup> Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. <sup>[77]</sup> But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. <sup>[77]</sup> But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. <sup>[78]</sup>

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. <sup>[78]</sup>

### How good is the research on paroxetine (Seroxat)?

We found one [systematic review](#) that looked at the results from four studies on paroxetine for PTSD. <sup>[7]</sup> The results weren't conclusive. The studies found some improvement in people who took paroxetine, but we need more research before we can know for certain if it can help treat PTSD.

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## Group therapy

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[How good is the research on group therapy?](#)

This information is for people who have post-traumatic stress disorder. It tells you about group therapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We're not sure whether having talking treatment with other people can help if you have post-traumatic stress disorder (PTSD). Not many studies have looked at this treatment.

### What is it?

If you have this treatment, you meet a therapist and a group of people who've been through something similar to you.

## Post-traumatic stress disorder

The therapist may use different kinds of talking treatment. For example, he or she may focus on what you have been through and how to come to terms with it. Or you may talk about the problems you have and how you might deal with them.

### How can it help?

We're not sure it can. A review of the research didn't provide clear results. <sup>[59]</sup>

A few studies suggest that group therapy might help people with PTSD. <sup>[59]</sup> But some of the studies weren't very good quality and didn't look at many people. So we can't be sure whether group therapy works or not.

### How does it work?

Most groups use talking treatments that seem to help people who have PTSD. For example, some groups use [cognitive behaviour therapy](#). <sup>[8]</sup>

People who have been through something similar to you may be able to give you support and encouragement. <sup>[8]</sup> And you may be able to learn from each other.

### Can it be harmful?

The studies we found didn't mention whether this treatment had any side effects. <sup>[7]</sup>

### How good is the research on group therapy?

We found one [review](#) that looked at the results of four studies on group therapy for post-traumatic stress disorder (PTSD). <sup>[59]</sup>

The results weren't conclusive. We need more research before we can know for certain whether group therapy can help treat PTSD.

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## Learning to cope with your feelings

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[How good is the research on learning to cope with your feelings?](#)

This information is for people who have post-traumatic stress disorder. It tells you about learning to cope with your feelings, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether a talking treatment that helps you cope with your feelings can help with post-traumatic stress disorder (PTSD). Not enough research has been done to let us say for certain.

Your doctor may call this treatment **affect management**.

### What is it?

If you have this treatment, you'll focus on your feelings. The aim of the treatment is to help you cope with the stress you're having and help you avoid upsetting memories.

This is different from [cognitive behaviour therapy](#) (another kind of talking treatment) because you don't focus on what you have been through, so you don't have to talk about the event itself. You focus only on how you feel.

Your therapist will help you learn how to cope with the feelings that are upsetting you. For example, you will learn ways to distract yourself. You may also learn how to relax. Your therapist can help you deal with feelings like anger, anxiety, or sadness. And your therapist can suggest things to do when you feel you are having a really bad day.<sup>[79]</sup>

You may have this treatment while you're having another kind of talking treatment.<sup>[79]</sup>

Sometimes you have this treatment with other people. The idea is that people can help each other and learn ways of coping from each other.<sup>[79]</sup>

This treatment is often used to help people who have PTSD because they were sexually abused.<sup>[79] [80]</sup>

### How can it help?

If you have this treatment, you may be better able to cope with upsetting feelings. You may feel safer and more secure.<sup>[79]</sup>

But because only one study has looked at this treatment, we can't yet say for certain that it will help.

### How does it work?

Some therapists think that people need to feel safe before they can deal with painful memories, and that they should have this treatment before they have cognitive behaviour therapy.

Some people with severe PTSD may not be able to cope with memories of what they have been through. This may be especially true of people who have been sexually abused.<sup>[79] [80]</sup>



## Post-traumatic stress disorder

If this describes you, then the most important thing for you may be to find some way to feel safe. Because this treatment focuses on feelings and not on what caused them, it isn't as likely to spark upsetting memories as some other types of talking treatment.

This treatment aims to help people:

- Feel secure
- Feel more in control
- Cope better with stress and depression
- Stop hurting themselves
- Deal with problems.

Once people feel more secure and in control, they may be ready to try other therapies that can help them deal with their memories. <sup>[79]</sup> <sup>[80]</sup>

### Can it be harmful?

We didn't find any information about side effects in the studies that we looked at.

### How good is the research on learning to cope with your feelings?

Very little research has looked at whether learning to cope with your feelings can help treat post-traumatic stress disorder. We found one good-quality study, which said that this treatment may help some people. <sup>[79]</sup> But this study was very small and we need more research before we can tell if this treatment really works.

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## Drama therapy

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[How good is the research on drama therapy?](#)

This information is for people who have post-traumatic stress disorder. It tells you about drama therapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether a talking treatment called drama therapy can help if you have post-traumatic stress disorder (PTSD). That's because we couldn't find any good-quality studies that looked at this treatment.

### What is it?

Drama therapy is what is known as a creative therapy. If you have a creative therapy, your therapist may encourage you to use art, poetry, music, or drama to help you communicate and deal with your feelings about what you've been through. <sup>[27]</sup>

If you have drama therapy, your therapist may ask you to use storytelling or improvisation, or you may act out plays or scenes from plays.

### How can it help?

Many health professionals think that taking part in drama therapy may help you cope better with the symptoms of PTSD. But we didn't find any good-quality studies that tested this.

### How does it work?

Using your creative side may help you communicate your feelings about what you've been through. It may also help you feel better about yourself, help you relax, distract you from your symptoms, and give you confidence. <sup>[27]</sup>

Drama therapy is sometimes recommended for: <sup>[27]</sup>

- Children (because they may have difficulty talking about how they feel)
- People who are finding it hard to talk about what they have been through
- People who are very clever and use words to avoid facing their feelings.

### Can it be harmful?

We didn't find any information about side effects from drama therapy.

### How good is the research on drama therapy?

We didn't find any good-quality studies that looked at using drama therapy for post-traumatic stress disorder. So we don't know whether it works.

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## Hypnotherapy

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## Post-traumatic stress disorder

This information is for people who have post-traumatic stress disorder. It tells you about hypnotherapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether hypnotherapy can help if you have post-traumatic stress disorder (PTSD). That's because not enough research has been done for us to know for certain.

### What is it?

If you have hypnotherapy, a trained therapist helps you get into a state of mind where you feel relaxed and secure. But at the same time, you're alert and able to talk about your feelings. The idea is that this state of mind helps you to talk about your experiences and make sense of them. <sup>[27]</sup> <sup>[81]</sup>

This treatment isn't usually given on its own. It is often used together with other talking treatments. For example, it may be used with [cognitive behaviour therapy](#) .

When hypnotherapy is used to treat people with PTSD, it may: <sup>[27]</sup>

- Help you relax and feel safer (and maybe help you deal with upsetting memories or dreams even when you aren't in your therapist's office)
- Make it easier to cope with memories of what happened to you by letting you work at your own pace without feeling overwhelmed
- Help you find ways of getting on with your life.

### How can it help?

One small study compared hypnotherapy with other treatments for PTSD. <sup>[7]</sup> It found that hypnotherapy can help. For example, it can help them stop avoiding doing certain things that they might not want to do because of their PTSD.

### How does it work?

When you are hypnotised, it's easier to focus your attention. This means your doctor or therapist can help you think about things in ways that will stop you from being so anxious about the memories of what you've been through. <sup>[81]</sup>

Hypnotherapy may also help you remember things about the traumatic event. <sup>[81]</sup> And this may play an important part in helping you get better.

### Can it be harmful?

We didn't find any information on side effects in the study we looked at. <sup>[7]</sup>

### How good is the research on hypnotherapy?

We found one [review](#) that looked at the results from one small study on hypnotherapy for PTSD. <sup>[7]</sup> It found that it did help with some of the symptoms of PTSD. For example, it helped some people stop avoiding doing things because of PTSD.

Even so, we need more research on hypnotherapy before we can know for certain if it can help treat PTSD.

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### Treatment over the internet

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[How good is the research on treatment over the internet?](#)

This information is for people who have post-traumatic stress disorder. It tells you about treatment over the internet for post-traumatic stress disorder. It is based on the best and most up-to-date research.

#### Does it work?

We're not sure whether working with a therapist over the internet instead of meeting face-to-face can help if you have post-traumatic stress disorder (PTSD). Not enough research has been done to let us say for certain.

#### What is it?

If you have treatment over the internet, you don't meet with your therapist in person. Instead, the two of you get in touch over the internet.

In the one study that we found, students with PTSD communicated with their therapists over the internet. <sup>[82]</sup> They were given information about PTSD and about how the different parts of the treatment could help them.

Then their therapist gave them homework. They were asked to do some writing assignments. One of the first assignments was to write in a specific way about what had happened. For example, the students had to write about what they had been through and include as much detail as possible about the sights, sounds, and smells that they remembered. They had to write about the event using "I" statements, such as, "I am standing on the corner of the street. I hear a loud noise".

The therapist then gave them feedback on what they had written.

People in this study had two sessions a week for five weeks.

This is a new type of treatment. So far the only people we know of who are using it are the researchers who studied it. It isn't widely available.

## Post-traumatic stress disorder

You should always be careful about any advice you get over the internet. Make sure that the person you are talking to is who they say they are and that they are qualified to give advice.

### How can it help?

There is some evidence that having treatment over the internet can help you feel less depressed, less tired, and less tense.<sup>[82]</sup> But these findings are based on a very small study, so we need more research to know for certain.

### How does it work?

We're not really sure why it should work. Not a lot of research has looked at this treatment. But we do know that some people don't want to talk to a therapist in person and may find it easier to communicate over the internet.<sup>[82]</sup>

This treatment is based on ideas that are similar to those found in [cognitive behaviour therapy](#), a talking treatment that is often used to treat people with PTSD.

If you have cognitive behaviour therapy, your therapist works with you to help you understand and change the ways of thinking that are making you upset or making it hard to live a normal life.<sup>[26] [8]</sup>

One part of this treatment is called **exposure**. You talk about or describe the event many times. The idea is that going over the event again and again will make it less painful and frightening to remember. And it will also help you realise that you don't need to avoid thinking about what happened.

If you have treatment over the internet, instead of talking about what happened, you will probably write about it.

### Can it be harmful?

The one study that we found didn't say whether the treatment had any side effects.<sup>[82]</sup>

But the researchers also say that this treatment may not be good for everyone. If you are depressed before you start treatment, it could possibly make your symptoms worse. Because of this, it's important that you talk to a health professional before you start this type of treatment.

### How good is the research on treatment over the internet?

We found one small study that looked at treatment over the internet for post-traumatic stress disorder (PTSD).<sup>[82]</sup> It found that it did help with some of the symptoms of PTSD. For example, it helped some people stop avoiding doing things because of PTSD.

Even so, we need more research on treatment over the internet before we can know for certain if it can help treat PTSD.

# Supportive psychotherapy to treat PTSD

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[How good is the research on supportive psychotherapy to treat PTSD?](#)

This information is for people who have post-traumatic stress disorder. It tells you about supportive psychotherapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

## Does it work?

We don't know if a type of talking treatment called supportive psychotherapy can help if you have post-traumatic stress disorder (PTSD). More research is needed on this treatment.

## What is it?

Supportive psychotherapy is when a trained psychotherapist, such as a psychologist or a psychiatrist, meets with you on a regular basis for talking treatment. In talking treatment, you talk about your feelings. The idea behind supportive psychotherapy is that by working through your emotions about events that may have caused you to have PTSD, you start to feel better.

Your therapist will try to help you understand your feelings and be more confident about coping with them. He or she won't usually give you direct advice.

## How can it help?

We don't know if it helps. Although many people find that talking to a psychotherapist is helpful, one small study has found that it doesn't make any difference to symptoms of PTSD.<sup>[30]</sup>

## How does it work?

Having someone to talk to may help you feel better.<sup>[30]</sup> But we haven't found any studies that show that having supportive psychotherapy can help if you have post-traumatic stress disorder.

## Can it be harmful?

We didn't find any information about the side effects of supportive psychotherapy.

### How good is the research on supportive psychotherapy to treat PTSD?

We found one [review](#) that looked at the results of one small study on supportive psychotherapy for post-traumatic stress disorder (PTSD).<sup>[7]</sup> It found that the treatment didn't help people recover from PTSD any faster.

We need more research on supportive psychotherapy before we can know for certain if it can help treat PTSD.

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## Psychodynamic therapy

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[How good is the research on psychodynamic therapy?](#)

This information is for people who have post-traumatic stress disorder. It tells you about psychodynamic therapy, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know whether a talking treatment called psychodynamic therapy can help if you have post-traumatic stress disorder (PTSD). Some research shows that it may work for some people, but not enough research has been done to let us say for certain.

### What is it?

If you have psychodynamic therapy, you and your therapist will work together to look at the emotions and fears caused by what you've been through. You'll work to find out why these things are upsetting you.<sup>[27]</sup> Your therapist probably won't give you much advice. Instead, he or she will help you to analyse your thoughts and feelings.

Some kinds of therapy, such as [cognitive behaviour therapy](#) are designed to give practical advice about coping with your condition. But psychodynamic therapy is a bit different. It's closer to the picture most people have of talking therapies, where you try to find out the deeper causes of your problems.

You'll probably see your therapist once or twice a week for at least two months.

### How can it help?

We found some evidence that suggests psychodynamic therapy may help people with PTSD.<sup>[7]</sup> This treatment may help you start doing things that you used to avoid. But we need more studies to know for certain.

### How does it work?

The aim of this treatment is to help you come to terms with what you have been through.

Your therapist helps you work out why the event has been upsetting you so much. The idea is that, by discovering your innermost feelings and fears about the event, you will be able to cope with the memories better, even if the therapy itself is distressing. <sup>[27]</sup> <sup>[83]</sup>

### Can it be harmful?

We didn't find any information about side effects in the studies that we looked at.

### How good is the research on psychodynamic therapy?

We found one [review](#) that looked at the results of one small study on psychodynamic therapy for post-traumatic stress disorder (PTSD). <sup>[7]</sup> It found that psychodynamic therapy did help with some of the symptoms of PTSD. For example, it helped some people stop avoiding doing things because of PTSD.

Even so, we need more research before we can know for certain if this treatment really works for PTSD.

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## Having treatment in hospital

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[How good is the research on having treatment in hospital?](#)

This information is for people who have post-traumatic stress disorder. It tells you about having treatment in hospital for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know if being treated in hospital will help if you have post-traumatic stress disorder (PTSD). We didn't find any good-quality studies that looked at this treatment.

Your doctor may call this inpatient treatment.

### What is it?

You stay in hospital to have treatment. You may stay for a few days or as long as 12 weeks. People usually stay for between two weeks and 12 weeks. <sup>[27]</sup>

While you're in hospital, specially trained health professionals will work with you to help you get better. You may have several treatments, including talking treatment and medicine.



## Post-traumatic stress disorder

Usually, it's only people with severe PTSD who have treatment in hospital. It is most often used to care for people who've been through many upsetting events and have had PTSD for a long time. This includes people such as war veterans and adults who have lived through many traumatic events.

Doctors may also suggest this treatment if they are afraid that your PTSD is so severe that it might make you hurt yourself or other people. <sup>[27]</sup>

### How can it help?

We don't know how this treatment can help. We didn't find any studies on it.

### How does it work?

If you have severe PTSD, or if you've had it for a long time, you may reach a point where you aren't able to cope without having around-the-clock help. And if your PTSD is severe, you may also be more likely to hurt yourself or other people.

Some doctors think that the best way to treat people with severe PTSD is to offer them treatment in hospital where they can make sure that no one gets hurt. After people are no longer at risk of hurting themselves, their PTSD can be treated.

### Can it be harmful?

We didn't find any studies that looked at whether being treated in hospital had side effects. <sup>[27]</sup>

### How good is the research on having treatment in hospital?

We didn't find any good-quality studies that looked at whether being treated in hospital could help if you have post-traumatic stress disorder. So we don't know whether it will work.

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## Fluoxetine (Prozac)

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[Can it be harmful?](#)

[How good is the research on fluoxetine \(Prozac\)?](#)

This information is for people who have post-traumatic stress disorder. It tells you about fluoxetine (Prozac), a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

We don't know. Taking a drug called fluoxetine (Prozac) may not help very much if you have post-traumatic stress disorder (PTSD). It seems to work about as well as a dummy pill (placebo) on most measures.

Antidepressants can cause side effects. Some of these side effects are serious.

In the UK, guidelines for doctors recommend [cognitive behaviour therapy](#) or [eye movement desensitisation](#) as the first treatment people with PTSD should have.<sup>[7]</sup> You may be offered drug treatment if a talking therapy doesn't work for you or if you don't like the idea of talking treatments. You may also be offered drug treatment if you can't start a talking therapy straight away for some reason. The guidelines recommend using other drugs rather than fluoxetine for PTSD.

Drug treatments aren't usually recommended for children with PTSD.<sup>[7]</sup>

### What is it?

Fluoxetine is an antidepressant. The brand name for fluoxetine is Prozac.

Fluoxetine is a type of drug known as a [selective serotonin reuptake inhibitor](#) (SSRI). It's used to treat people who are depressed, and may also sometimes be used to treat PTSD.<sup>[8]</sup>

You need to take antidepressants regularly. You may need to take your treatment for several weeks before you can tell if it's working.<sup>[74]</sup>

Your doctor will help you choose the antidepressant that suits you best. Even if you have side effects, don't stop taking your medicine suddenly unless your doctor tells you to. If you stop taking one of these drugs suddenly, you may get [withdrawal symptoms](#), including nausea, dizziness, and anxiety.

### How can it help?

In studies, the effects of fluoxetine on symptoms of PTSD were mostly similar to a dummy (placebo) treatment.<sup>[73] [84]</sup> Where doctors rated patients, symptoms were slightly improved in people who took fluoxetine. But the difference was small and may not be important in making people feel better.<sup>[7]</sup> In several other measures of PTSD symptoms, there was no clear difference between fluoxetine and placebo.<sup>[7]</sup>

Lots of people with PTSD also feel depressed or anxious. Fluoxetine can help with both of these problems.<sup>[84]</sup> To read more, see our information on [depression in adults](#), [depression in children](#), and [anxiety](#).

### How does it work?

Some researchers think that you get PTSD because living through a very traumatic event is so shocking that your brain can't cope with the stress. This may upset the balance of chemicals in your brain. <sup>[18]</sup>

Your doctor may give you fluoxetine to try to correct this balance. <sup>[76]</sup>

### Can it be harmful?

Fluoxetine can have side effects. Your doctor should talk to you about these before you start taking it. <sup>[7]</sup>

The most common side effects of fluoxetine in people taking it for PTSD are: <sup>[85]</sup>

- Feeling sick
- Feeling thirsty
- Having diarrhoea.

### Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. <sup>[77]</sup>

The risk of suicidal thoughts is highest if you're under 18. <sup>[77]</sup> Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. <sup>[77]</sup> But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. <sup>[77]</sup> But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. <sup>[78]</sup>

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. <sup>[78]</sup>

### How good is the research on fluoxetine (Prozac)?

We found one [review](#) that looked at the results from five studies on fluoxetine as a treatment for post-traumatic stress disorder (PTSD).<sup>[7]</sup> But the results aren't conclusive. Fluoxetine might make some difference, but we're not sure how much it actually helps people feel better.

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### Sertraline (Lustral)

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on sertraline \(Lustral\)?](#)

This information is for people who have post-traumatic stress disorder. It tells you about sertraline (Lustral), a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

#### Does it work?

We don't know. There's no research so far that shows that sertraline (Lustral) can help people with PTSD.

In the UK, guidelines for doctors recommend [cognitive behaviour therapy](#) or [eye movement desensitisation](#) as the first treatment people with PTSD should have.<sup>[7]</sup> You may be offered drug treatment if a talking therapy doesn't work for you or if you don't like the idea of talking treatments. You may also be offered drug treatment if you can't start a talking therapy straight away for some reason.

Drug treatments aren't usually recommended for children with PTSD.<sup>[7]</sup>

#### What is it?

Sertraline is an [antidepressant](#). The brand name for sertraline is Lustral.

Sertraline is a type of drug known as a [selective serotonin reuptake inhibitor](#) (SSRI). These drugs are used to treat people who are depressed or anxious, or both. And some of them are also used to treat PTSD.<sup>[27]</sup>

You need to take antidepressants regularly. You may need to take your treatment for several weeks before you can tell if it's working.<sup>[74]</sup>

Your doctor will help you choose the antidepressant that suits you best. Even if you have side effects, don't stop taking your medicine suddenly unless your doctor tells you to. If you stop taking one of these drugs suddenly, you may get [withdrawal symptoms](#), including nausea, dizziness, and a return of your anxiety.

### How can it help?

None of the studies done so far have found that sertraline helps people with PTSD. <sup>[7]</sup>

### How does it work?

Some researchers think that you get PTSD because living through a very traumatic event is so shocking that your brain can't cope with the stress. This may upset the balance of chemicals in your brain. <sup>[12]</sup>

Your doctor may give you sertraline to try to correct this balance. <sup>[86]</sup>

### Can it be harmful?

All antidepressants can have side effects and some have been linked to serious side effects.

Common side effects of sertraline for people with PTSD are: <sup>[86]</sup>

- Feeling sick (about 2 in 10 people get this side effect)
- Having difficulty sleeping (about 4 in 10 people get this side effect)
- Having diarrhoea (about 3 in 10 people get this side effect)
- Not feeling like eating (about 1 in 10 people lose their appetite).

### Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. <sup>[77]</sup>

The risk of suicidal thoughts is highest if you're under 18. <sup>[77]</sup> Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. <sup>[77]</sup> But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. <sup>[77]</sup> But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. <sup>[78]</sup>

## Post-traumatic stress disorder

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. <sup>[78]</sup>

### How good is the research on sertraline (Lustral)?

We found one [review](#) that looked at the results of eight studies on sertraline for post-traumatic stress disorder (PTSD). <sup>[7]</sup>

None of the studies found that sertraline helped PTSD symptoms much more than taking a dummy ( placebo ) treatment.

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## Epilepsy drugs to treat PTSD

In this section

[Do they work?](#)

[What are they?](#)

[How can they help?](#)

[How do they work?](#)

[Can they be harmful?](#)

[How good is the research on epilepsy drugs to treat PTSD?](#)

This information is for people who have post-traumatic stress disorder. It tells you about epilepsy drugs, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Do they work?

We don't know. Some doctors have tried using drugs for epilepsy as a treatment for post-traumatic stress disorder (PTSD). But this treatment is still experimental. There's no good-quality research yet to say whether drugs for epilepsy can help people with PTSD.

### What are they?

There are several drugs that doctors use to treat epilepsy. Some of the ones that have been tried for PTSD are:

- Carbamazepine (brand name Tegretol)
- Tiagabine (Gabitril)
- Topiramate (Topamax)
- Valproate (Epilim).

You usually take these drugs as tablets.

## Post-traumatic stress disorder

Drugs have been available to treat epilepsy for years, but they have only just started to be used for PTSD. There's still not much information on how well they work, so they're not used very often. Your doctor might suggest you take an epilepsy drug if you've tried other treatments and they haven't helped.

### How can they help?

We don't know if they can help. There hasn't been any good-quality research looking at whether epilepsy drugs can help people with PTSD. A few small, lower-quality studies have had promising results.<sup>[87]</sup> <sup>[88]</sup> But we need more research before we can say what the benefits and risks of these drugs are for people with PTSD.

### How do they work?

Epilepsy drugs seem to help stabilise people's moods. This may mean you get fewer symptoms of PTSD. Or, if you're less agitated and irritable, you might find your other symptoms easier to cope with.

### Can they be harmful?

Drugs for epilepsy have side effects. If you have side effects, do not stop taking these medicines suddenly, since this can cause a fit (seizure).

One study looked at people taking carbamazepine or valproate to treat epilepsy. About half the people taking them got some side effects.<sup>[89]</sup>

Some of the side effects of epilepsy drugs are:<sup>[90]</sup>

- Dizziness
- Drowsiness
- Feeling unsteady
- An upset stomach, constipation, or diarrhoea
- A rash
- Putting on or losing weight
- Problems with your blood (these can sometimes be serious).

The side effects vary from drug to drug and from person to person. Talk to your doctor about the possible side effects of the drug that he or she suggests.

## Post-traumatic stress disorder

Rarely, some people taking carbamazepine get a very bad rash. This can be serious, or even life-threatening. But the risk is fairly small. Between 1 in 10,000 and 6 in 10,000 people who take carbamazepine get this rash. <sup>[91]</sup>

There's a bigger risk of getting a serious rash if you have a particular genetic type. Nearly all people with this genetic type are from Asian backgrounds. Doctors are advised to offer Asian people a blood test to check for their genetic type, before prescribing carbamazepine. <sup>[91]</sup> It's especially important to have the test if you come from a Han Chinese, Hong Kong Chinese, or Thai background.

Drugs for epilepsy can harm your baby if you take them while you're pregnant. <sup>[90]</sup> Talk to your doctor if you're thinking of getting pregnant and you're taking an epilepsy drug.

### Self-harm and suicide

There is a very small risk that taking epilepsy drugs might make you more likely to think about suicide or harming yourself. <sup>[92]</sup> If you are worried about any thoughts or feelings you have, see your doctor straight away.

### How good is the research on epilepsy drugs to treat PTSD?

Some doctors have tried using drugs for epilepsy as a treatment for post-traumatic stress disorder (PTSD). These drugs have been used to treat epilepsy for a long time, but they're a new treatment for PTSD. There's no good-quality research yet to say whether they work.

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## Other drug treatments

In this section

[Do they work?](#)

[What are they?](#)

[How can they help?](#)

[How do they work?](#)

[Can they be harmful?](#)

[How good is the research on other drug treatments?](#)

This information is for people who have post-traumatic stress disorder. It tells you about several of the drug treatments for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Do they work?

We don't know if these drug treatments can help if you have post-traumatic stress disorder (PTSD). Some of these drugs may work for some people, but not enough research has been done to say for certain.

### What are they?

Lots of different drugs have been tried for PTSD.



# Post-traumatic stress disorder

## Antidepressants

Antidepressants are drugs that were developed to treat depression. They've also been tried as a treatment for PTSD. You need to take this kind of treatment regularly, and usually for several weeks, before you can tell if it's working or not. <sup>[74]</sup>

UK guidelines recommend [paroxetine](#) (brand name Seroxat) and mirtazapine (Zispin) for PTSD if you can't have cognitive behaviour therapy or eye desensitisation for some reason, or if they haven't worked. <sup>[7]</sup>

[Fluoxetine](#) (brand name Prozac) is another well-known antidepressant that's sometimes used. [Sertraline](#) (brand name Lustral) is sometimes used for PTSD. Amitriptyline (Elavil) and phenelzine (Nardil) may be recommended by a specialist.

Here are some of the antidepressants that have been studied as treatments for PTSD:

- Phenelzine (brand name Nardil), a type of antidepressant known as a monoamine oxidase inhibitor (MAOI)
- Amitriptyline (Elavil) and imipramine, types of antidepressant drugs known as tricyclic antidepressants (TCAs)
- Mirtazapine (Zispin).

Antidepressants can have serious side effects, especially when they're used for children or young people. <sup>[93]</sup> They may increase the risk of suicide or thinking about suicide.

## Drugs for anxiety

Drugs called benzodiazepines are often used to help people who feel anxious. One of the most common ones that studies have looked at is alprazolam (Xanax). Clonazepam (Rivotril) has also been used to treat PTSD.

But these drugs can have side effects. It is easy to become addicted to them. So if your doctor gives them to you, you will only take them for a short time.

## Drugs for other mental health problems

Some of the drugs that are usually used to treat severe mental health problems have also been used to treat PTSD. They are:

- Clozapine (Clozaril)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal).

## Post-traumatic stress disorder

These are known as antipsychotics.

### Beta-blockers

Drugs called **beta-blockers** are sometimes used to help people who feel anxious. The beta-blocker that has been studied in people with PTSD is called propranolol (Angilol, Inderal or Inderal LA).

When you're anxious, your heart may beat too fast and you may have sweaty palms and shaky hands. Propranolol can help control these symptoms. But there isn't any good evidence that propranolol makes you feel less anxious.

### How can they help?

#### Antidepressants

The antidepressants [fluoxetine](#) , [paroxetine](#) , and [sertraline](#) are sometimes used to treat PTSD.

We're not sure whether other antidepressants, such as amitriptyline, imipramine, phenelzine, and mirtazapine, can help people who have PTSD. Some studies suggest that they do help. But other studies suggest that they don't.

One study found that mirtazapine can help make the symptoms of PTSD less severe and can help people with PTSD feel less depressed. But this was a very small study. <sup>[7]</sup>

There's some evidence that phenelzine can help make the symptoms of PTSD less severe, but only one study looked at this drug. <sup>[7]</sup>

One study found that amitriptyline can help make the symptoms of PTSD less severe and can help patients with PTSD feel less depressed and anxious. But this was a very small study. <sup>[7]</sup>

We need more research to be able to say whether these drugs will help you.

One antidepressant, [venlafaxine](#) (Efexor), doesn't help the symptoms of PTSD.

#### Drugs for anxiety

We don't know whether these drugs can help if you have PTSD.

#### Drugs for other mental health problems

We don't know whether the drugs called antipsychotics can help if you have PTSD. Some of the research found that a drug called risperidone didn't help. But two studies found that risperidone reduced people's symptoms of PTSD. <sup>[94]</sup> <sup>[95]</sup> However, in some of the studies, people were taking other drugs at the same time. This makes it hard to know how much risperidone helped.

### Beta-blockers

We don't know whether these drugs can help if you have PTSD.

### How do they work?

Some researchers think that you get PTSD because living through a very difficult event is so shocking that your brain can't cope with the stress. This may upset the balance of chemicals in your brain.<sup>[12]</sup> Some researchers think that this is what causes PTSD.

That's why different types of drugs have been used to try to treat PTSD.

- Doctors use antidepressant drugs to try and correct the balance of chemicals in your brain.<sup>[76]</sup>
- Anxiety is a common symptom of PTSD. So doctors have tried using the anti-anxiety drugs known as benzodiazepines to help people with PTSD.<sup>[96]</sup>
- Doctors have also tried using the type of drug known as an antipsychotic to help people who are having flashbacks and hallucinations, feeling irritable, and having nightmares.<sup>[96]</sup>
- If you are anxious, your palms may get sweaty, your hands may shake, and your heart may beat fast. Beta-blockers can help control these symptoms.

### Can they be harmful?

#### Antidepressants

All antidepressants have side effects. The most common ones are:<sup>[97]</sup>

- Having a dry mouth
- Feeling constipated or having diarrhoea
- Feeling sick
- Feeling dizzy
- Feeling anxious, irritated, or nervous
- Having trouble sleeping
- Having headaches.

## Post-traumatic stress disorder

The antidepressants called MAOIs (or monoamine oxidase inhibitors), such as phenelzine (Nardil), can give you very high blood pressure, so your doctor will need to check on this. And there are certain foods that you can't eat if you take these drugs.

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. <sup>[77]</sup>

The risk of suicidal thoughts is highest if you're under 18. <sup>[77]</sup> Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. <sup>[77]</sup> But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. <sup>[77]</sup> But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. <sup>[78]</sup>

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. <sup>[78]</sup>

### Drugs for anxiety

The drugs called benzodiazepines have lots of side effects. But the most serious side effect is that it is easy to get addicted to them. You can get addicted in as little as four to six weeks. So your doctor probably won't prescribe them for very long.

Other side effects may include feeling: <sup>[98]</sup>

- Sleepy
- Confused
- Weak
- Uncoordinated.

### Drugs for other mental health problems

If you take drugs called antipsychotics you may: <sup>[99]</sup>

## Post-traumatic stress disorder

- Feel sleepy
- Have a fast heartbeat
- Feel dizzy
- Gain weight
- Lose interest in sex
- Get a rash
- Have problems with your periods, if you are a woman. For example, you might get painful or irregular periods.

### Beta-blockers

These drugs have many side effects.

- They lower your **blood pressure** . This can make you feel dizzy if you stand up too fast. You may also get more tired than usual. If your blood pressure gets very low, you may faint.
- Some men have difficulty getting an erection when they take beta-blockers.

If you have trouble breathing because you have **asthma** or **bronchitis** , you should not take beta-blockers.

### How good is the research on other drug treatments?

There isn't a lot of evidence to tell us whether these drug treatments can help if you have post-traumatic stress disorder (PTSD).

### Antidepressants

We found one large review that looked at the results of several studies.<sup>[7]</sup> This type of summary is called a **systematic review** . It found that a few small trials have found that amitriptyline, phenelzine, and mirtazapine can help tackle the symptoms of PTSD. But we need more research before we can know for certain if they can help.

### Benzodiazepines

We couldn't find any good-quality studies that looked at using drugs called benzodiazepines to treat PTSD. So we can't tell whether these drugs will help if you have PTSD.

### Beta-blockers

We didn't find any good-quality studies that looked at using these drugs to treat PTSD. So we can't tell whether these drugs will help you.

### Drugs for other mental health conditions

We found three studies comparing risperidone with a dummy treatment (a placebo). The studies found mixed results. One small study found risperidone didn't help people who took it for five weeks.<sup>[7]</sup> Two other studies found risperidone reduced people's PTSD symptoms if they took it for between two and four months.<sup>[100] [101]</sup>

We found one study that compared olanzapine with a placebo, but it wasn't a very good study.<sup>[7]</sup>

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## Venlafaxine

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on venlafaxine?](#)

This information is for people who have post-traumatic stress disorder. It tells you about venlafaxine, a treatment used for post-traumatic stress disorder. It is based on the best and most up-to-date research.

### Does it work?

No. There's no evidence that taking venlafaxine will help the symptoms of post-traumatic stress disorder (PTSD). Also, antidepressants can cause side effects. Some of these side effects are serious.

### What is it?

Venlafaxine is a drug used to treat depression. It belongs to a group of antidepressants known as selective serotonin reuptake inhibitors (or SSRIs for short). Its brand name is Efexor.

### How can it help?

There's no evidence that venlafaxine can help people who have PTSD.<sup>[7]</sup> One study found no difference between venlafaxine and a dummy treatment (a placebo).

### How does it work?

Some researchers think that you get PTSD because living through a very difficult event is so shocking that your brain can't cope with the stress. And this may upset the balance

## Post-traumatic stress disorder

of chemicals in your brain.<sup>[12]</sup> Antidepressants are designed to help by correcting this balance.

### Can it be harmful?

Venlafaxine has a number of possible side effects, including constipation, weight changes, dry mouth, dizziness, difficulties sleeping, and sex problems.<sup>[7]</sup>

Guidance from NICE on depression says that venlafaxine has more serious side effects than some other antidepressants, such as fluoxetine and sertraline. In particular, NICE warns of a potential risk of venlafaxine for anyone who has high blood pressure or heart disease.<sup>[7]</sup>

### Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves.<sup>[77]</sup>

The risk of suicidal thoughts is highest if you're under 18.<sup>[77]</sup> Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24.<sup>[77]</sup> But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24.<sup>[77]</sup> But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before.<sup>[78]</sup>

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour.<sup>[78]</sup>

### How good is the research on venlafaxine?

There is no evidence that venlafaxine helps people with PTSD. We found one study that included 350 people.<sup>[7]</sup> Some people were treated with venlafaxine while others took a dummy treatment ( placebo ). After 12 weeks there was no difference between the two groups of people in terms of how doctors rated their symptoms.

### Further informations:

#### Children and PTSD

Children who have lived through a frightening or difficult event or seen something upsetting can get post-traumatic stress disorder (PTSD). If a child has PTSD, it can lead to problems later in life. If you think your child may have PTSD, don't wait to see if he or she will get better. Children with PTSD need treatment. If you are worried about your child, it's important to talk to your doctor or health visitor. <sup>[2]</sup>

#### Spotting PTSD in children

It can be hard to know how badly a child is affected by a difficult experience. <sup>[3]</sup> This is especially true of younger children who can't talk about their feelings.

If your child has been through a difficult event, or even just seen one, here are some of the things you should look out for.

Is your child: <sup>[2]</sup> <sup>[4]</sup>

- More nervous, easily distracted, and not able to concentrate? <sup>[2]</sup>
- Re-enacting the event when he or she plays? A child who has been in a traffic accident may make toy cars crash over and over again <sup>[4]</sup>
- Having trouble sleeping? <sup>[2]</sup>
- Having nightmares? For example, your child may have nightmares about monsters or being threatened. He or she may not have nightmares that are specifically about what happened <sup>[4]</sup>
- Doing poorly at school? Did he or she start doing worse after going through a difficult event? <sup>[2]</sup>
- Having more headaches or stomach aches than usual? <sup>[4]</sup>
- Acting younger than he or she actually is? For example, has your child started wetting the bed at night though he or she hasn't done it for years?

If these symptoms last for longer than a month, your child may have PTSD.

Sometimes, parents and doctors don't make the link between a difficult or traumatic event or the death of someone in the family and PTSD. This may mean that a child is wrongly diagnosed as having [attention deficit hyperactivity disorder](#) , [depression](#) , or another



mental illness.<sup>[2]</sup> So if your child has been through a difficult event and starts having some of these symptoms, especially if he or she starts re-enacting the event, it's important to let your GP know.

### What treatments will help my child?

If your child has PTSD, the most important thing you can do is give your love and support.<sup>[2]</sup>

Your GP will also offer treatment, depending on the symptoms your child is having.<sup>[2]</sup>

One review of studies (a systematic review) found 14 studies looking at different types of talking treatments for children with PTSD. It found that the research was best for a treatment called cognitive behaviour therapy (CBT for short). Studies showed that children had improvements in their PTSD symptoms, anxiety, and depression after this therapy.<sup>[5]</sup>

CBT is provided differently depending on the age of the child. CBT for older children is similar to CBT for adults. It tries to help children break the links between things that remind them of the event and the feelings they are having, by having them talk about their experience and their reaction to it. To find out more, see [Cognitive behaviour therapy to treat PTSD](#).

One study in the review looked at children and young people between 8 and 18. After 10 weeks, cognitive behaviour therapy had helped 9 in 10 children recover from PTSD. Only 4 in 10 children who didn't have treatment recovered.<sup>[6]</sup>

Younger children will have a type of cognitive behaviour therapy that is designed to suit their age.<sup>[7]</sup> Because very young children may not be able to talk about what happened, they may have play therapy. This treatment gives them a way to share their feelings without using words.

Not many studies have looked at whether drug treatment can help children with PTSD.<sup>[8]</sup> Drugs aren't used very often for children and young people with PTSD.<sup>[7]</sup>

### What will happen to my child?

Getting treatment early may stop your child getting mental health problems when they are older. Children who don't get treatment are at a higher risk of getting depressed, having an eating disorder, having problems with alcohol or drugs, and acting violently.<sup>[2]</sup> <sup>[9]</sup>

### Is my child at risk of getting PTSD?

Just like adults, children who live through any upsetting event are at risk of getting PTSD.

Children are more likely to get PTSD if:<sup>[2]</sup> <sup>[3]</sup> <sup>[9]</sup> <sup>[10]</sup>

## Post-traumatic stress disorder

- They see a violent attack on their parents
- They are raped
- They are sexually abused
- They see someone being shot
- They are in a traffic accident
- A friend of theirs commits suicide
- They live through a disaster, such as a flood
- They have already been through several difficult or traumatic events.

Girls are more likely than boys to go through a difficult or traumatic event. This is because they are more at risk of being raped or sexually abused. <sup>[2]</sup>

But it's important to remember that not all children who go through a difficult or traumatic event get PTSD.

### Questions your doctor might ask you

Your doctor will ask you questions to find out if you have post-traumatic stress disorder (PTSD). The way people answer certain questions can make it easier to tell whether they have PTSD and how serious it is. <sup>[20]</sup>

Sometimes these questions may spark upsetting memories because they ask for detailed information about what you've been through or seen. But answering these questions may be the first step towards getting treatment.

Here are some of the questions you might be asked: <sup>[21]</sup>

- Have you ever had any physical reactions (such as headaches or feeling dizzy) when something reminded you of the event?
- Have you ever tried to avoid thinking about the event?
- Have you had difficulty remembering some important parts of the event?
- Have you been less interested in activities you usually enjoy?
- Have you felt distant or cut off from other people?

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- Have there been times when you felt there's no need to plan for the future or that somehow your future will be cut short?
- Have you had any problems falling asleep or staying asleep?
- Have you felt guilty about anything you did or didn't do during the event?
- Have you ever felt guilty about surviving the event when others did not?
- Have you thought about harming yourself or ending your life?

### What happens in cognitive behaviour therapy?

Cognitive behaviour therapy is a talking treatment. It's called CBT for short. It's used to treat lots of different problems, including depression and anxiety. If you have this treatment, you'll work with your therapist to look at and change the upsetting thoughts that you are having as a result of living through a difficult or life-threatening event.

If you are having this treatment to try to prevent post-traumatic stress disorder (PTSD), you may have about five sessions with a therapist. If you already have PTSD, you'll probably see a therapist for between eight and 12 sessions. Sessions usually last as long as 90 minutes, or may last only for one hour. <sup>[26]</sup> <sup>[7]</sup>

Your therapist will probably start by explaining why you are having upsetting symptoms. And your therapist will also explain how cognitive behaviour therapy can help.

Some therapists will teach you several ways to relax. You can use these when you start to have upsetting thoughts or feelings. You'll be able to use these strategies to help you cope even when you aren't in the therapist's office.

Most therapists will also ask you to talk about what you have been through. <sup>[30]</sup> This part of the treatment may be upsetting, but your therapist will give you support.

- For example, you may be asked to close your eyes and think about what you've been through.
- Then you'll be asked to describe it as though you were going through it again.
- The therapist may tape your description and ask you to take the recording home and listen to it between sessions. <sup>[30]</sup>
- This part of the treatment is called exposure. The idea is that going over the event many times will help it to become less painful and frightening. And it will also help you realise that you don't need to avoid thinking about what happened.

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- You may also be asked to face things that remind you of what you have been through. For example, if you were in a traffic accident, you may be afraid of driving and not want to drive again. Your therapist could help you cope with this by first talking about cars in general and then about driving. When you feel comfortable with talking about driving, you and your therapist may actually sit in a car. Then you might try sitting in the driver's seat. You and your therapist will keep repeating these steps until you feel ready to try driving.

You and your therapist will also talk about the fears you have that were caused by the event. Your therapist will work with you to unravel your fears so you can try to understand them. And your therapist will help you to replace them with more positive and realistic thoughts so you can get on with your life.

### Memory structuring

Memory structuring is a talking treatment. It's a newer type of cognitive behaviour therapy. [\[29\]](#)

If you have this treatment, you see a specially trained therapist soon after you've been through an upsetting event. The therapist asks you to describe what happened, how you felt, and why you reacted in certain ways.

For example, if you tell the therapist that you screamed when your car hit another car, the therapist may ask if you screamed because you were hurt.

The therapist takes notes about what you say, putting different parts of your story into different categories. For example, the emotions you felt go into one category. The thoughts that you had go into another. And the actual event is sorted into a timeline, which is used to explain exactly what happened and when.

The therapist will repeat back to you a carefully organised version of what you've said. Then you will be asked to describe the event again in a logical way, saying which parts of your memory are feelings and thoughts, and which parts actually happened.

You will be asked to practise telling your friends and family about the event in the same logical way.

In the research on memory structuring that we found, people had two sessions with the therapist.

### Why do doctors think this might work?

Some doctors think that people who get post-traumatic stress disorder (PTSD) haven't stored memories of the event in the way they would normally store memories. People

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with PTSD often link reminders of the event with strong emotions and frightening thoughts. This may make the memories seem more powerful and disturbing. <sup>[29]</sup>

Memory structuring tries to help people organise their memories so that they aren't linked so strongly with their emotions. This may make it easier for them to cope with reminders about the event, and reduce their chance of getting PTSD. <sup>[29]</sup>

## Glossary:

### systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

### hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

### psychologist

A psychologist is trained to study the human mind and human behaviour. A clinical psychologist provides mental health care in hospitals, clinics, schools or to private patients.

### counsellor

A counsellor is a professional who is trained to help people, usually with the emotional part of their illness. Counsellors talk to people about their illness. They also suggest ways that people can make changes for the better.

### psychiatric nurse

A psychiatric nurse is a nurse who specialises in helping people who have mental health problems.

### psychiatrist

A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

### high blood pressure

Your blood pressure is considered to be high when it is above the accepted normal range. The usual limit for normal blood pressure is 140/90. If either the first (systolic) number is above 140 or the lower (diastolic) number is above 90, a person is considered to have high blood pressure. Doctors sometimes call high blood pressure 'hypertension'.

### heart failure

When the heart loses its ability to push enough blood through the blood vessels, it is called heart failure.

### angina

Angina is the name that doctors use for a pain in your chest that you get when your heart muscle isn't getting enough oxygen.

### placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

### blood pressure

Blood pressure is the amount of force that's exerted by your blood on to your blood vessels. You can think of it like the water pressure in your home: the more pressure you have, the faster and more forcefully the water flows out of the shower. Blood pressure is measured in millimetres of mercury (written as mm Hg). When your blood pressure is taken, the measurement is given as two numbers, for example 120/80 mm Hg. The first, higher, number is called the systolic pressure, and the second, lower, number is the diastolic pressure. The systolic number is the highest pressure that occurs while your heart is pushing blood into your arteries. The diastolic number is the lowest pressure that happens when your heart is relaxing and is not pushing your blood.

### asthma

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Asthma is a disease of the lungs. It makes you wheeze, cough and feel short of breath. Asthma attacks are caused by inflammation and narrowing of your airways, which makes it hard for air to pass in and out of your lungs.

## bronchitis

Bronchitis is inflammation of one or both of the major airways (called bronchi) that lead in and out of your lungs.

## septic shock

Septic shock is a serious condition caused by a large number of bacteria getting into your blood. It's also called septicaemia, sepsis or blood poisoning. Usually, when bacteria get into your blood, your immune system kills them. But if your immune system isn't working well, it can get overwhelmed. Then, the bacteria multiply and start to release poisonous chemicals (called toxins) into your blood. These chemicals cause your blood pressure to drop massively. When this happens, organs such as your brain, heart, kidneys and liver may not be able to work properly because they aren't getting enough blood. Septic shock needs to be treated urgently, usually with antibiotics, to stop these vital organs failing and to prevent death.

## intravenous infusion

When a medicine or a fluid, such as blood, is fed directly into a vein, it's called an intravenous infusion (or IV). To give you an intravenous infusion, a nurse, technician or a doctor places a narrow plastic tube into a vein (usually in your arm) using a needle. The needle is then removed and the fluid is infused (or dripped) through the tube into the vein.

## randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

## antidepressant

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

## selective serotonin reuptake inhibitors

Selective serotonin reuptake inhibitors (SSRIs) are drugs that are used to treat depression. Serotonin is a chemical in your brain (called a neurotransmitter) that affects your mood. SSRIs increase levels of serotonin in your brain. This helps to improve your mood.

## withdrawal symptoms

Withdrawal symptoms are when you get unpleasant physical or mental symptoms because you stopped taking a drug you were physically dependent on. You can become physically dependent on a drug if it alters the level of certain chemicals in your body. This makes your body produce less of those chemicals or change how it responds to them. Also, some drugs work in a similar way to chemicals that naturally occur in your body. This may mean your body stops making its natural versions. If either of those things happens, your body will need the drug to function normally and you will feel or become ill if you suddenly stop taking the drug. You can get withdrawal symptoms from some prescription medicines, as well as some illegal drugs.

## Beta-blockers

These drugs work by blocking the effects of certain chemicals produced by your body (such as adrenaline). Beta-blockers slow your heart rate and improve the beating of your heart. They are often used in people with angina or heart failure.

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