

2011 Military Health System Conference

Focusing on the Fundamentals in Treating PTSD: An Innovative Approach

Evidence Based Care

The Quadruple Aim: Learning & Growth, Readiness, Experience of Care

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Military Operational Medicine Research Program

Report Documentation Page

Form Approved
OMB No. 0704-0188

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1. REPORT DATE JAN 2011		2. REPORT TYPE		3. DATES COVERED 00-00-2011 to 00-00-2011	
4. TITLE AND SUBTITLE Focusing on the Fundamentals in Treating PTSD: An Innovative Approach. Evidence Based Care				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) US Army Medical Research and Materiel Command, Military Operational Medicine Research Program, Fort Detrick, MD, 21702				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			
unclassified	unclassified	unclassified	Same as Report (SAR)	13	

PTSD: Clinical Definition/ Diagnosis

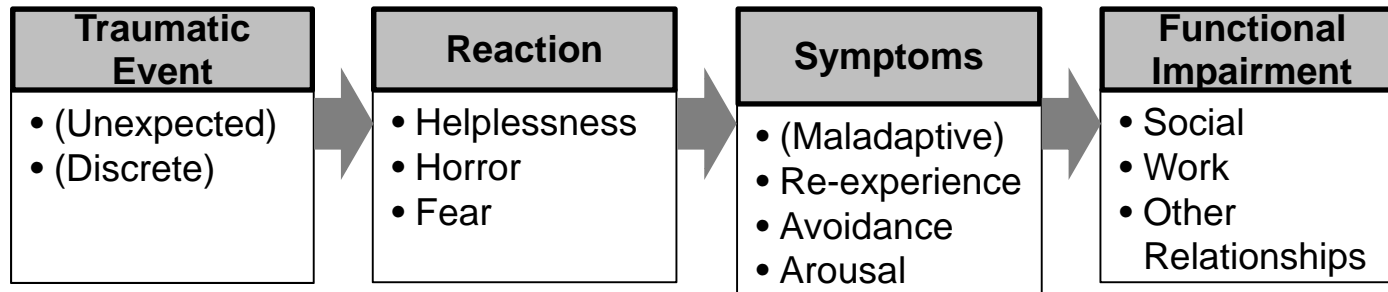


- Complex disorder associated with significant co-morbidity, disability, and impairment of daily living following exposure to a traumatic event
- Diagnosis includes: (1) Event; (2) Reaction; (3) Symptoms; (4) Impairment; (5) Time course
- Symptoms fall into three clusters:
 - Intrusive recollection of event in some way
 - Avoidance of reminders of the event or numbing
 - Hyper-aroused state

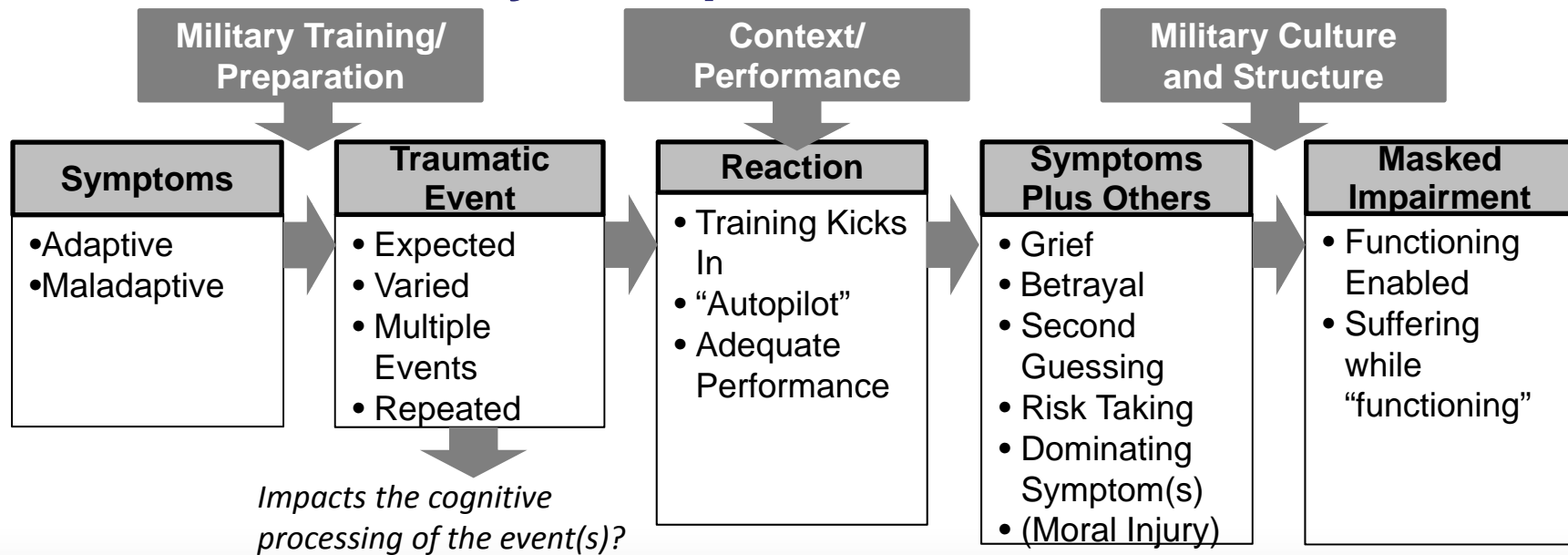
Two Models of PTSD



Victim Model of PTSD



Military Occupational Model of PTSD



Source: Castro & Adler, in press

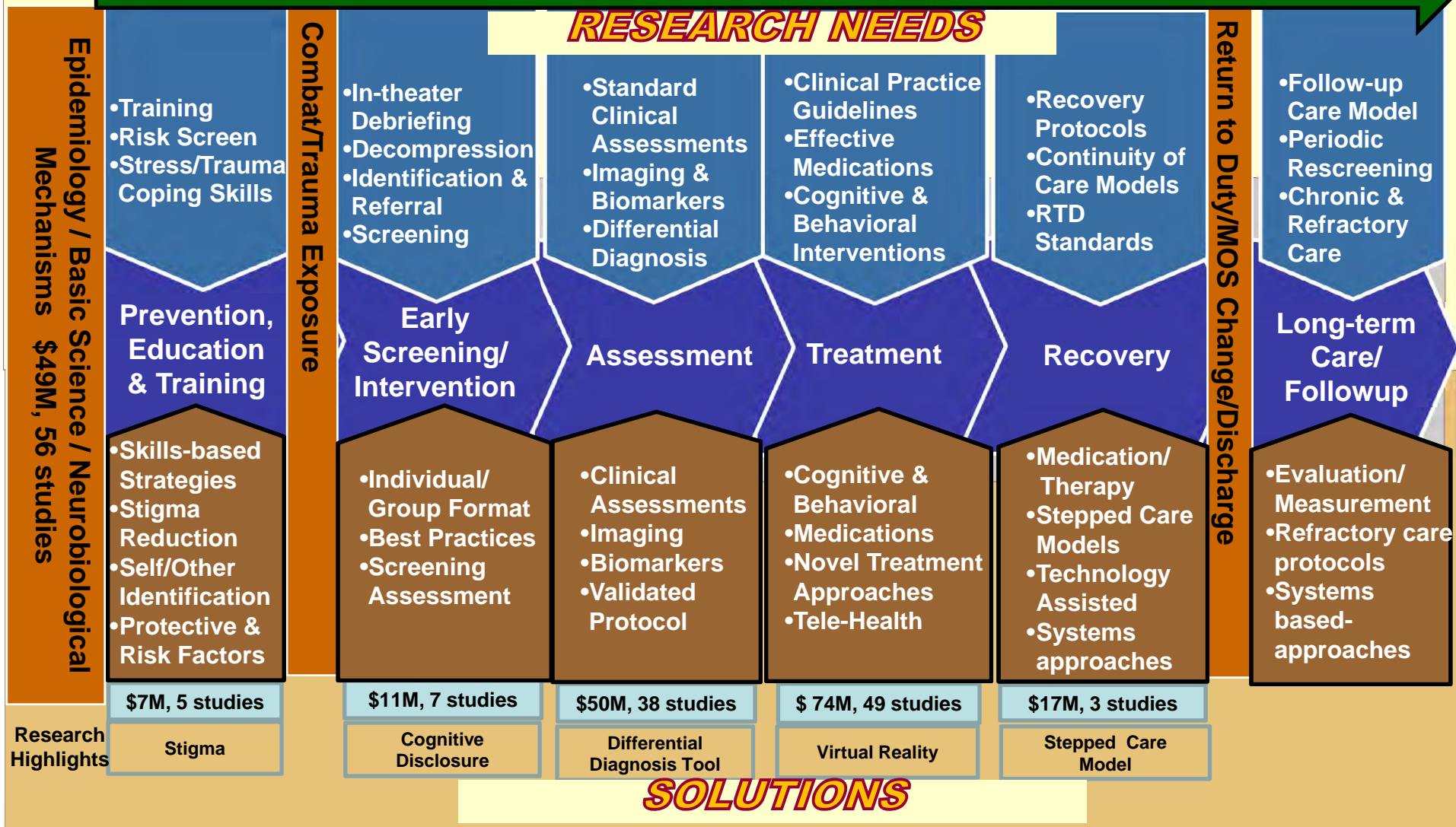
2011 MHS Conference

PTSD Care Continuum Determines Research Approach



Continuing Education and Reinforcement for Soldiers, Leaders and Service Providers

RESEARCH NEEDS



Problem/Threats



- Veterans have poorer treatment response than survivors of other traumas
- Stigma prevents/impedes seeking care
- Current evidence-based psychotherapies are <50% effective and do not address co-morbidities
- FDA approved PTSD medications (paroxetine and sertraline) are modestly effective (<40%)

Current PTSD Treatment



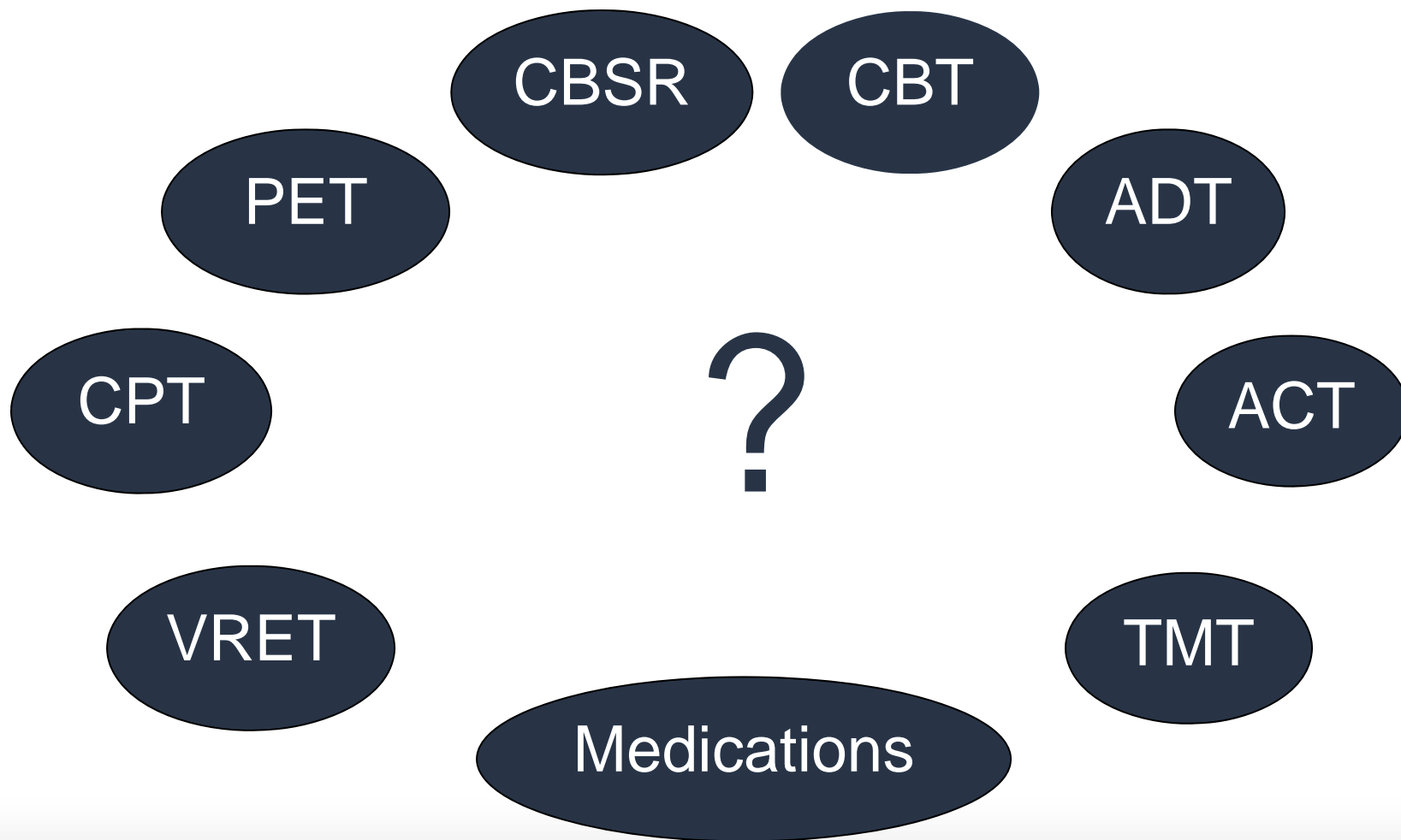
Existing processes insufficient to ensure use of evidence based clinical practice

- No accepted provider/treatment norms
- Provider selects treatment based upon:
 - Personal experience/comfort level
 - Artistry
 - Patient variables MAY be considered
- Eclectic-**NOT** manualized
 - Technique variations
 - Lacks empirical validation
 - Absence of progress standards

Current PTSD Treatments



Evidence-Based?



Innovations



- Broad-spectrum approach to treatment
- Targeting multiple symptom groups
- Non-reductionistic (pharmacologic)
- Neurogenesis focus
- Evidenced Based, Manualized Treatment Protocols
 - PET
 - CPT
 - VRET

Prolonged Exposure Therapy (PET)



- Group or couples based:
 - PE delivered in a more compact/efficient format
 - Shortened Treatment Protocol
 - Massed versus Spaced
 - May improve treatment outcome
 - Strengthen soldiers' spouse/peer supportive relationships

Virtual Reality Enhanced PET



- Adds multi-sensory component to PET
- More effectively activates fear structures
- Better facilitates the necessary emotional engagement in treatment
- Computer-based administration facilitates
 - Primary care use or self-administration
 - Enhanced receptivity and adherence to treatment
 - Stigma reduction via at home treatment

Cognitive Processing Therapy (CPT)



- Group-based
 - More efficiency/great numbers treated
 - Potentially more effective with peer-group administration
 - More economical
- Individual-based Adaptive Disclosure Therapy
 - Combines imaginal exposure therapy with cognitive therapy to reframe/reinterpret disturbing combat/operational experiences

Psychopharmacology



- 2 FDA-approved medications for PTSD
- Current PTSD-drug RFP
- Research targeting specific neural circuitry for limited tailored relief:
 - Hydrocortisol, Propranolol, Prazosin, Nopicastat
- Proposed Neuro-cranial Stimulation Research

Summary/Conclusion



- In order to be innovative, you must understand the fundamentals
- Calling something innovative doesn't make it innovative
- Innovation can take many forms
- There are no short cuts
- Innovative ideas still must pass scientific and programmatic review