

PTSD (post-traumatic stress disorder)

A handy chart to help you compare the medicines to help the symptoms of PTSD

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of PTSD, and a few others that are sometimes used.

- These medicines are in no special order, although the SSRIs are usually the first line treatments
- We have listed them as their “generic name” (the name of the actual drug).
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it’s kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn’t often help much. Serotonin and noradrenaline are two of the brain’s chemical messengers. Serotonin helps control mood, emotions, feeding and sleep. Noradrenaline helps control drive, motivation, alertness and sleep.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don’t give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you but if it worked it usually needs to be taken for quite a long time. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it’s kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don’t forget to keep them out of the sight and reach of children*)
- Although medicines can help most people’s PTSD symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of post-traumatic stress disorder (PTSD)

| Medicine | Usual dose | How we think it might work (probably) | How long it takes to work | Some of the main side effects * | | | | | How long you could or should take it for | How to stop it |
|--|---|--|--|---------------------------------|-------------|--------|---------------|-----------------|---|--|
| | | | | Drowsiness | Weight gain | Nausea | Dry mouth etc | Sexual problems | | |
| Main medicines (licensed or which are proven to help) | | | | | | | | | | |
| SSRIs; paroxetine, and sertraline (<i>although sertraline is only licensed for women</i>) | Paroxetine 40-50mg a day. Sertraline around 150mg a day | Boost serotonin | Takes about 12 weeks for full effect | ● | ● | ●●● | ● | ●●● | May need to be for a long time e.g. 1-2 years at least, as there is a high chance of the symptoms coming back if you stop | Should be slowly over several weeks, preferably longer |
| Other SSRIs e.g. citalopram, escitalopram, fluoxetine | Citalopram 20-40mg a day. fluoxetine 20-60mg a day. Escitalopram 10-20mg a day. | Boost serotonin | Takes about 12 weeks for full effect | ● | ● | ●●● | ● | ●●● | May need to be for a long time e.g. 1-2 years at least as there is a high chance of the symptoms coming back if you stop | Should be slowly over several weeks, better if even slower |
| Venlafaxine | 150-225mg a day | Boosts serotonin and noradrenaline | | ● | ● | ●●● | ●● | ●●● | | Should be slowly over at least 4 weeks, possibly longer |
| Other medicines (usually only where the main medicines have not worked or as an add-on) | | | | | | | | | | |
| Antipsychotics e.g. risperidone used with SSRIs | Risperidone 1-4mg a day | Partly sedation and partly calming the mind if used with the SSRIs or venlafaxine. | Takes a few weeks to help some of the symptoms | ●● | ● | 0 | ● | ●● | Often for a few months just to help the worst symptoms, but can be longer | Should be no problems but over a few weeks is a good idea |
| Antipsychotics e.g. olanzapine used with SSRIs | Olanzapine about 10mg a day | | | ●●● | ●●● | 0 | ● | 0 | | |