

What type of treatment is this?

SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors) are types of antidepressant medication.* There are three SSRIs/SNRIs that are recommended for PTSD:

- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Venlafaxine (Effexor)

*Medications have two names: a brand name (for example, Zoloft) and a generic name (for example, Sertraline)

There are other types of antidepressant medications, but the three medications listed above are the ones that are most effective for PTSD.

How does it work?

PTSD may be related to changes in the brain that are linked to our ability to manage stress. People with PTSD appear to have different amounts of certain chemicals (called neurotransmitters) in the brain than do people without PTSD. SSRIs and SNRIs are believed to treat PTSD by putting these brain chemicals back in balance.



I am on medication. I am not the least bit un-proud of that. It helps me to level out and to live with my nightmares, my flashbacks, my anger.” CRAIG “STU” SHIPLEY, U.S. MARINE CORPS

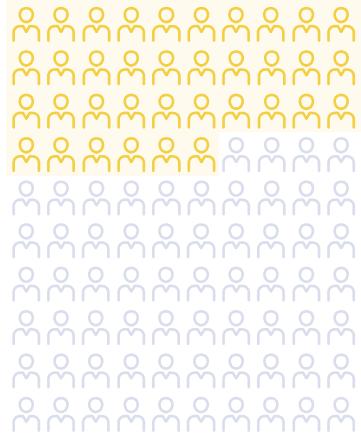
What can I expect?

To receive medications for PTSD, you will need to meet with a clinician who can prescribe these medications to you. A psychiatrist often prescribes antidepressants for PTSD. But many different types of clinicians, including your family clinician and some nurses and physician assistants, also can prescribe them. You and your clinician can work together to decide which antidepressant medication may be best for you. In general, the three different SSRIs and SNRIs listed above appear to work equally well for PTSD. Once you fill your prescription, you will begin taking a pill at regular time(s) each day. It may take a few weeks before you notice the effects of the medication. It is important to continue to take it even if you do not notice changes right away. You will meet with your clinician every few months or so. Your clinician will monitor your response to the medication (including side effects) and change your dose, if needed.

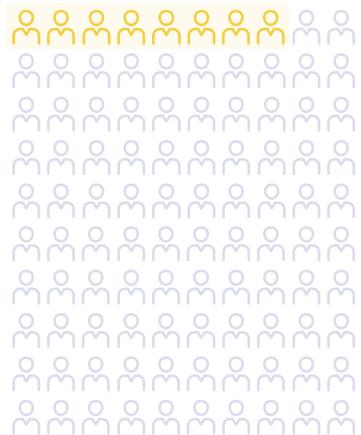
Is it effective?

Yes, SSRI/SNRI medications are some of the most effective treatments for PTSD.

36 out of every 100 people with PTSD who receive medications will have meaningful symptom improvement after about 3 months.



8 out of every 100 people with PTSD who do not receive treatment will have meaningful symptom improvement after about 3 months.



What are the risks?

The risks of taking SSRIs and SNRIs are mild to moderate side effects such as upset stomach, sweating, headache, and dizziness. Some people have sexual side effects, such as decreased desire to have sex or difficulty having an orgasm. Some side effects are short-term, though others may last as long as you are taking the medication.

Group or individual?

You will attend regular one-on-one visits with the clinician who prescribes you the medication.

Will I talk in detail about my trauma?

No, you will not need to talk about the details of your trauma. However, your clinician may ask for some basic information about your trauma—like the type of trauma and when it happened—when you first meet.

Will I have homework?

No, you will just need to take your medication as prescribed.

How long does treatment last?

You may start to feel better in about 4–6 weeks. You will need to keep taking the medication to keep getting the benefits.

How available is this in VA?

Very. All VA Medical Centers are staffed with clinicians who can prescribe antidepressant medications for PTSD.

Does VA have an app for that?

No, currently VA has not developed an app for antidepressant medications for PTSD.



See what Veterans have to say about medications

“If anyone suggests to you that you take medication in order to help you with your symptoms, I say, ‘Do it.’ ... Medications do not necessarily mean all the time, it doesn’t mean for the rest of your life. It means it gives you a helping hand to get you over that hump and able to focus.” **PENNY ANDERSON, U.S. ARMY**

“I really struggled with medication for a long time. That, to me, having to be on medication meant I was really broken... so, I would get on it and things would get better and I would get off of it. And then, things wouldn’t be better, and I’d get back on it and things would be better, so I’d get off of it. And I was driving my psychiatrist crazy because she was just like, ‘Stay on the pills.’ So, eventually, I pushed through all of that and have since been able to lower my dosage of medication because I don’t need as much.” **SHERIE WARNER, U.S. ARMY**