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# Inpatient Treatment of PTSD with Psychiatric Medications

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*Last updated March 2024*

**Introduction:** Post-Traumatic Stress Disorder (PTSD) is a complex condition that requires a thoughtful, personalized approach to medication management, especially in the inpatient setting. This fact sheet provides an overview of medication strategies for PTSD.

## First-Line Medications for PTSD:

- **SSRIs (Selective Serotonin Reuptake Inhibitors):** The primary choice for treating PTSD, effective in reducing symptoms like re-experiencing, avoidance, and hyperarousal.
  - **Sertraline (Zoloft):** 50-200 mg daily
  - **Paroxetine (Paxil):** 20-60 mg daily

## Second-Line Medications:

- **SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors):** For patients who do not respond to or tolerate SSRIs.
  - **Venlafaxine (Effexor XR):** 37.5-225 mg daily
- **Alpha-1 Adrenergic blocker**
  - **Prazosin:** Especially beneficial for nightmares and sleep disturbances, but also can diminish daytime hyperarousal. Start at 1 mg at bedtime; can be titrated up gradually to usual maintenance dose of 2-6 mg. To treat daytime symptoms, can use 1-2 mg up to four times a day. SE: hypotension, sedation.
- **Alpha-2 Agonists for hyperarousal and anxiety**
  - **Clonidine:** Start with 0.1 mg BID, can increase to 0.2 BID or TID, either standing or prn. SE: hypotension, sedation.
  - **Guanfacine:** Start 1 mg HS, can increase to max of 4 mg HS.

## Adjunctive and Alternative Medications:

- **Atypical Antipsychotics:** For severe symptoms or psychotic features.
  - **Add Quetiapine (starting at 25 mg, titrating up as needed) to SSRI or SNRI**
  - **Add any of the following Risperidone (Risperdal), Olanzapine (Zyprexa), Ziprasidone (Geodon)**
- **Mood Stabilizers:** Lithium or Valproate for mood swings or bipolar symptoms.
- **Anticonvulsants:** Lamotrigine or Gabapentin for mood instability, anxiety, or insomnia.
- **Benzodiazepines:** With caution, for acute anxiety or insomnia.
- **TCAs:** Amitriptyline or Imipramine for panic attacks, nightmares, or chronic pain.
- **MAOIs:** Phenelzine for patients who don't respond to other treatments but educate about dietary restrictions.
- **Other Antidepressants:** Mirtazapine for sleep and appetite issues, Trazodone for sleep disturbances.
- **Novel Therapeutics:** Ketamine in specialized settings for rapid symptom relief.
- **OTC Options and Supplements:** Melatonin for sleep regulation, Omega-3 Fatty Acids for mood and anxiety.

### Considerations for Special Populations:

- **Substance Use Disorders:** Avoid potentially habit-forming medications like benzodiazepines.
- **Elderly Patients:** Use lower starting doses and titrate slowly.
- **Comorbid Conditions:** Tailor medication choices to address comorbid psychiatric conditions effectively, e.g. use an atypical antipsychotic for a patient with PTSD who also exhibits symptoms of schizophrenia.