PTSD — Diagnosis & Trauma-Focused Care

Psychotherapy first-line; medication and prazosin second

CLINICAL PATHWAY

Trauma-focused psychotherapy is first-line for PTSD. Cognitive processing therapy, prolonged exposure and EMDR are equally well-supported. Avoid benzodiazepines — they worsen fear-memory consolidation and increase dependence risk.

DIAGNOSIS & SCREENING

• **Diagnostic criteria:** re-experiencing, avoidance, hyperarousal and negative alterations in mood or cognition, persisting beyond 1 month (DSM-5-TR/ICD-11)

• **Screening:** the PCL-5 (PTSD Checklist) is a brief, validated self-report tool suitable for primary care — a positive screen prompts formal assessment, not a diagnosis on its own

• **May present indirectly:** via substance use, relationship breakdown or unexplained physical symptoms — ask directly about trauma history if suspected

PSYCHOTHERAPY FIRST-LINE

• **Trauma-focused CBT:** includes cognitive processing therapy and prolonged exposure

• **EMDR:** eye movement desensitisation and reprocessing — an equally well-supported alternative

• **Treat comorbidity alongside, not instead:** depression and substance use are common and can undermine trauma-focused therapy if left untreated

MEDICATION OPTIONS

• **SSRIs:** sertraline or paroxetine are commonly first-line (TGA-approved for PTSD in Australia); fluoxetine is a reasonable alternative — start low, titrate slowly

• **Prazosin for nightmares:** evidence is mixed — earlier placebo-controlled trials were largely positive, but the largest trial (military veterans) was neutral. Current guidance favours considering it specifically for refractory nightmares or sleep disturbance, not overall PTSD symptoms. Start 1mg at night, titrate slowly to 5–15mg, off-label

• **No response by 8 weeks** at an adequate dose: reassess — consider switching SSRI, adding trauma-focused therapy if not already in place, or specialist referral

PHOENIX AUSTRALIA / NHMRC GUIDELINES

Full framework: Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (Phoenix Australia, NHMRC-endorsed, 2020). Confirm current recommendations at phoenixaustralia.org before relying on this summary.

■ SAFETY

• Don't use benzodiazepines as a primary PTSD treatment — they worsen fear-memory consolidation, increase dependence risk and delay therapeutic engagement

• Prazosin can cause orthostatic hypotension and syncope, especially the first dose — start at night, at the lowest dose, and titrate slowly

• Treat comorbid depression and substance use alongside PTSD — both are common, and untreated comorbidity undermines trauma-focused therapy

■ RED FLAGS / REFER

• Complex or childhood-onset trauma → refer to a specialised trauma service; consider EMDR

• Active suicidal ideation, dissociation or comorbid psychosis → urgent psychiatric assessment

• No response to first-line psychotherapy and an adequate SSRI trial → specialist review