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Drugs Found Ineffective for Veterans' Stress

By **BENEDICT CAREY**

Drugs widely prescribed to treat severe post-traumatic stress symptoms for veterans are no more effective than placebos and come with serious side effects, including weight gain and fatigue, [researchers reported on Tuesday](#).

The surprising finding, from the largest study of its kind in veterans, challenges current treatment standards so directly that it could alter practice soon, some experts said.

Ten percent to 20 percent of those who see heavy combat develop lasting symptoms of [post-traumatic stress disorder](#), and about a fifth of those who get treatment receive a prescription for a so-called antipsychotic medication, according to government numbers.

The new study, published in The Journal of the American Medical Association, focused on one medication, Risperdal. But experts said that its results most likely extend to the entire class, including drugs like Seroquel, Geodon and Abilify.

"I think it's a very important study" given how frequently the drugs have been prescribed, said Dr. Charles Hoge, a senior scientist at the Walter Reed Army Institute of Research, who was not involved in the study but wrote [an editorial accompanying it](#). He added, "It definitely calls into question the use of antipsychotics in general for PTSD."

The use of such drugs has grown sharply over the past decade, as thousands of returning soldiers and Marines have found that their post-traumatic stress symptoms do not respond to [antidepressants](#), the only drugs backed by scientific evidence for the disorder. Doctors have turned to antipsychotics, which strongly affect mood, to augment treatment, based almost entirely on their experience with them and how they expect them to work.

To test those assumptions, a team of researchers affiliated with the Veterans Affairs medical system had 123 veterans with the disorder begin a regimen that added Risperdal to their treatment. Some of the patients served in Vietnam, others in Iraq or Afghanistan; all had tried courses of antidepressant treatment and found little relief.

After six months of treatment, these veterans were doing no better than a similar group of 124 veterans, who were given a placebo. About 5 percent in both groups recovered, and 10 percent to 20 percent reported at least some improvement, based on standardized measures.

“We didn’t find any suggestion that the drug treatment was having an overall benefit on their lives,” said Dr. John H. Krystal, the director of the clinical neurosciences division of the Department of Veterans Affairs’ National Center for PTSD and the lead author of the study.

Dr. Krystal said the benefits many doctors thought they were getting from the drugs “quite possibly came from simply engaging the patient in treatment, and not from the medication.” He said that antipsychotic drugs might help certain people with **psychotic** features as well as post-traumatic symptoms, but that the study was not designed to identify them.

The findings come at a time when the Departments of Defense and Veterans Affairs are straining to provide treatment to returning service members who are not only concerned about the stigma of mental illness but are also often skeptical of the value of treatment. Surveys have found that only about half of those thought to need treatment actually seek it out.

Yet studies suggest that talk therapy, alone or in combination with antidepressants, can accelerate the relief of common symptoms, like **nightmares** and reclusive behavior. These psychotherapies tend to include relaxation skills; incrementally increased exposure to stress triggers; and challenging some inaccurate assumptions that fuel anxiety.

Time, too, should be taken into consideration, recent research has found. “We’re finding that about 24 months after a one-year deployment is about enough” for the body to reset itself physiologically, Dr. Hoge said.