










Cognitive therapy reduces symptoms in people with recent onset post-traumatic stress disorder

Ehlers A, Clark DM, Hackmann A, *et al.* A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. *Arch Gen Psychiatry* 2003;**60**:1024–32.

Q What is the most effective early intervention for people with post-traumatic stress disorder (PTSD): cognitive therapy, provision of a self help booklet, or repeated assessments?

METHODS

-  **Design:** Randomised controlled trial.
-  **Allocation:** Concealed.
-  **Blinding:** Assessors blinded to treatment.
-  **Follow up period:** Nine months.
-  **Setting:** John Radcliffe Hospital, Oxford, and the Northampton General Hospital, Northampton, UK; February 1998 to January 2001.
-  **Patients:** 85 people developing PTSD within 3 months of a motor vehicle accident (MVA). Inclusion criteria: aged 18–65 years; diagnosis of PTSD (DSM-IV); a score of ≥ 20 on the post-traumatic diagnosis scale (PDS), and intervention commencing within 6 months of the MVA. Exclusion criteria: unconsciousness for >15 minutes after the MVA or no memory of the accident; history of psychosis or current substance addiction; borderline personality disorder, or severe depression.
-  **Intervention:** Participants not recovering after a 3 week self monitoring phase were randomised to: cognitive therapy (maximum of 12 weekly sessions for 3 months and up to 3 monthly booster sessions); self help booklet (64 page self help booklet, customised for people experiencing an MVA, plus educational and motivational support from a clinician); repeated assessments (20 minute session with a clinician followed by regular monitoring and assessment).
-  **Outcomes:** Change in the severity of PTSD symptoms, assessed by participants (PDS) and clinicians (clinician administered PTSD scale (CAPS)).
-  **Patient follow up:** 93%.

MAIN RESULTS

At 9 months, cognitive therapy was more effective at reducing PTSD compared with the self help booklet ($p < 0.001$) and repeated assessment ($p < 0.001$; see table).

CONCLUSIONS

Cognitive therapy is more effective at reducing recent onset PTSD compared with either provision of a self help booklet or repeated assessments.

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Table Mean PTSD symptom measures before randomisation and 9 months after intervention for people completing the intervention

	Cognitive therapy (n = 28; 100%)		Self help booklet (n = 25; 89%)		Repeated assessments (n = 27; 93%)	
	After self monitoring	9 months	After self monitoring	9 months	After self monitoring	9 months
PDS self report						
Frequency	26.2	8.7	27.9	20.0	27.0	19.4
Distress	25.8	7.3	27.3	19.0	26.2	20.0
CAPS assessor						
Frequency	31.7	10.2	32.6	21.4	32.8	21.1
Intensity	26.7	9.7	26.7	18.6	25.9	17.0

Commentary

The question of how best to help individuals avoid the development of chronic post-traumatic stress disorder (PTSD) has been increasingly studied. Early single session interventions for all individuals exposed to the trauma do not seem to help¹; however, brief (four or five sessions) cognitive behavioural interventions for symptomatic individuals started within six weeks of the trauma do.^{2,3} This study concerns a longer (11 sessions on average) cognitive therapy intervention for individuals with PTSD starting on average four months after the traumatic event.

The standard of methodological rigour coupled with the excellent retention rates (94% post treatment and 93% at follow up) make it likely that the results of this study are valid. The cognitive therapy technique used was trauma focused, but placed a greater emphasis on cognitive techniques than many of the earlier, more exposure based interventions. The improvement in the cognitive therapy group is impressive and strongly suggests that the intervention is effective. However, as with all studies—and particularly those conducted by the authors of a specific treatment protocol—it will be interesting to see if the results can be replicated by other centres.

The failure of the self help booklet group to improve more than the repeated assessments group is important and, like other studies,¹ suggests that very limited input is no more helpful than no specific input at all. On the surface this seems to challenge the notion that to give educational information is always beneficial, and suggests that more research is needed regarding this before accepting it as part of routine clinical practice.

This study adds to the existing evidence base that suggests that the best way to prevent chronic PTSD is to identify individuals with traumatic stress symptoms within a few months of a traumatic event and to offer them a brief cognitive behavioural intervention.

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- Rose S, Bisson J, Wessely S. Brief psychological interventions (“debriefing”) for trauma-related symptoms and prevention of post traumatic stress disorder (Cochrane Review). In: *The Cochrane Library*, Issue 1. Oxford: Update Software, 2003.
- Bryant RA, Sackville T, Dang ST, *et al.* Treating acute stress disorder: an evaluation of cognitive behavior therapy and supportive counseling techniques. *Am J Psychiatry* 1999;**156**:1780–6.
- Bisson JI, Shepherd JP, Joy D, *et al.* Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury. Randomised controlled trial. *Br J Psychiatry* 2004;**184**:63–9.