



Effective Health Care

Comparative Effectiveness of Treatments for PTSD in Children Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Comparative Effectiveness of Treatment Options for Post-traumatic Stress Disorder in Children*, was found to be addressed by an AHRQ report titled *Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence: Comparative Effectiveness Review No. 107*. Given that the existing review covers this nomination, no further activity will be undertaken on this topic.

Forman-Hoffman V, Knauer S, McKeeman J, Zolotor A, et al. Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence. Comparative Effectiveness Review No. 107: Executive Summary. (Prepared by the RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center under Contract No. 290-2007-10056-I.) AHRQ Publication No. 13-EHC054-EF. Rockville, MD: Agency for Healthcare Research and Quality. February 2013. Available at <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0053585/>

Topic Description

Nominator(s): Individual

Nomination Summary: The nominator is interested in the treatment options for pediatric post-traumatic stress disorder (PTSD), specifically the use of dream therapy. The scope of the research was expanded to include all known treatment options and strategies for this disorder.

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Population(s): Children diagnosed with post-traumatic stress disorder or, more specifically, children ages 0–17 years who have been exposed to a trauma. Specific types of trauma include terrorism, community violence, war, school violence, natural disasters, medical trauma, and death of loved ones.

Intervention(s): Psychotherapy (e.g., cognitive behavioral therapy, hypnotherapy, psychodynamic therapy, community- or classroom-based interventions); pharmacotherapy (e.g., SSRIs, TCAs, benzodiazepines, beta blockers, alpha blockers, mood stabilizers, antipsychotics, combined therapy, other therapy) for children without symptoms. For children exposed to trauma and symptoms are present: Psychotherapy, including trauma-focused vs. non-trauma focused groupings (e.g., cognitive behavioral therapy, parent-child interaction therapy, child-parent psychotherapy, eye movement desensitization and reprocessing (EMDR), dialectical behavior therapy, complementary and alternative therapies [e.g., equine-assisted therapy], and community- or classroom-based interventions); aforementioned pharmacotherapies.

Comparator(s): Head-to-head comparison of psychotherapies, pharmacotherapies and

psychotherapies versus pharmacotherapies for the treatment of PTSD.

Outcome(s): Prevention of or reduction in traumatic stress symptoms or syndromes (e.g., PTSD, acute stress disorder, developmental trauma disorder); prevention of or reduction in mental health conditions or symptoms (e.g., depression, anxiety); prevention of or reduction in physical health conditions or symptoms (e.g., sleep disorders, eating disorders, pain, overweight or obesity, asthma, cardiovascular problems, gastrointestinal problems, headaches); reduction in risk-taking behaviors (including substance use), behavioral problems (including conduct disorder and ADHD), or criminal activities; healthy development (including improvements in interpersonal and social functioning), or reductions in the signs of developmental regression; improvements in quality of life; decreased suicidality; low adherence/dropouts; retraumatization.

Key Questions from Nominator: What is the comparative effectiveness of different types of pharmacotherapy, psychotherapy, complementary and alternative therapy, or other therapy, such as combined, for children ages 0 to 17 years exposed to trauma?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- This topic was found to be addressed by a recent AHRQ comparative effectiveness review titled *Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence*. Key questions from this report include:
 - Key Question 1: What is the comparative effectiveness of different types of pharmacotherapy, psychotherapy, complementary and alternative therapy, or other therapy, such as combined, for children ages 0 to 17 years exposed to trauma other than maltreatment?
 - Key Question 2: What is the comparative effectiveness of different types of pharmacotherapy, psychotherapy, complementary and alternative therapy, or other therapy, such as combined, for children ages 0 to 17 years with traumatic stress symptoms from trauma other than maltreatment who are already experiencing symptoms?
 - Key Question 3: Do interventions targeting children who were exposed to trauma and are already experiencing symptoms vary in their effectiveness by characteristics of the child, treatment, or setting?
 - Key Question 4: What are the harms (e.g., low adherence/dropouts, side effects, retraumatization) associated with specific types of therapies targeting children exposed to trauma or targeting children who were exposed to trauma and are already experiencing symptoms?