



# Quality improvement project regarding posttraumatic stress disorder (PTSD) and benzodiazepines as part of the Psychotropic Drug Safety Initiative (PDSI)

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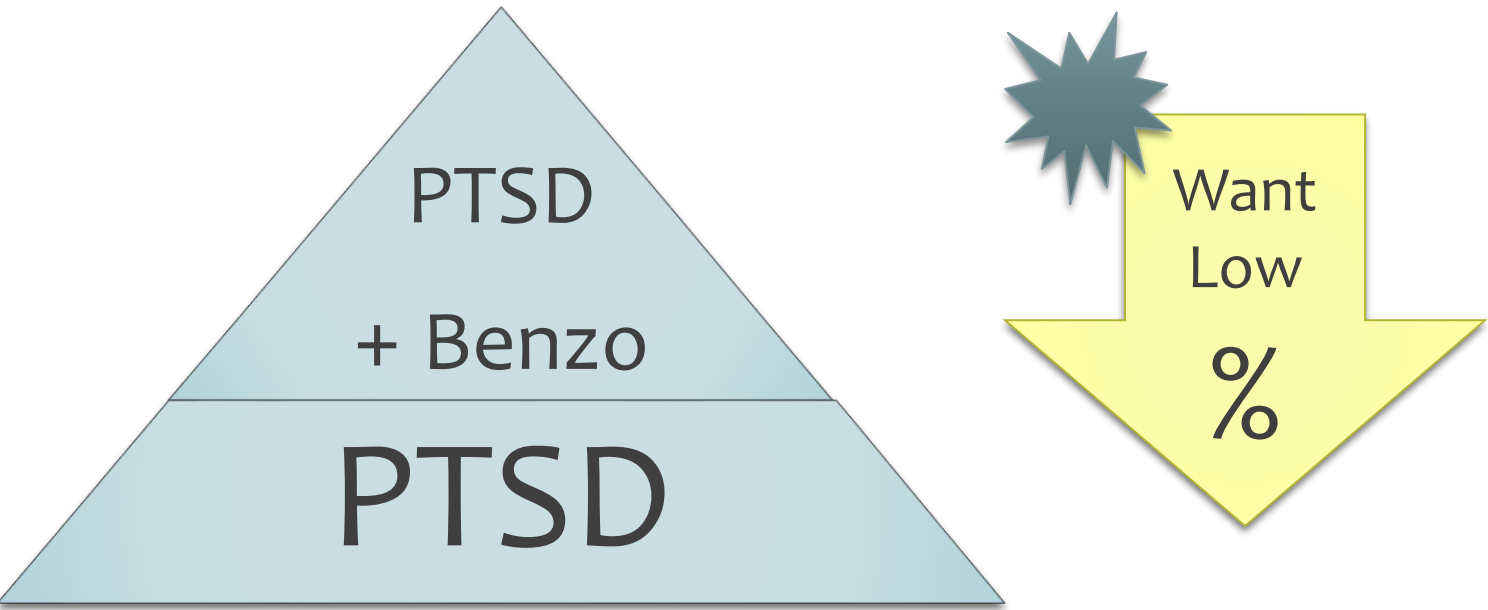


## Background

### Psychotropic Drug Safety Initiative (PDSI)

A nationwide psychopharmacology quality improvement initiative within the VA.

**One specific metric:** proportion of patients with PTSD prescribed a benzodiazepine compared to patients with PTSD with no benzodiazepine



### Use of benzodiazepines for PTSD

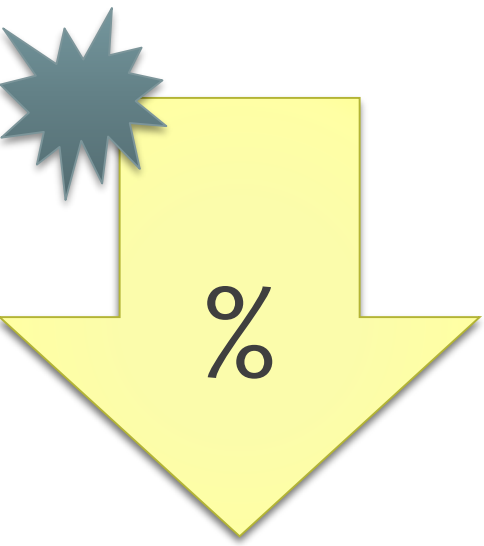
- Risk for **dependence** and **addiction**
- **Not** found to be useful in treating PTSD symptoms
- Can contribute to **poorer outcomes**
  - Disinhibition
  - Difficulty with traumatic experience integration
  - Less mental processing during psychotherapy
  - Interference with prolonged exposure (PE) treatment

## Purpose

“**minimize the exposure** of patients with PTSD to side effects and adverse events associated with benzodiazepines given **lack of evidence supporting efficacy** in treatment of PTSD symptoms” - PDSI

## Primary Objective

Decrease the proportion of PTSD patients prescribed benzodiazepines to PTSD patients not prescribed benzodiazepines at the Tuscaloosa VA Medical Center.



## Methodology

### Baseline:

- Proportion of patients with **PTSD+benzo** to **PTSD (no benzo)**
- Actionable list of patients

### Provision of Education:

- To prescribers
- To patients

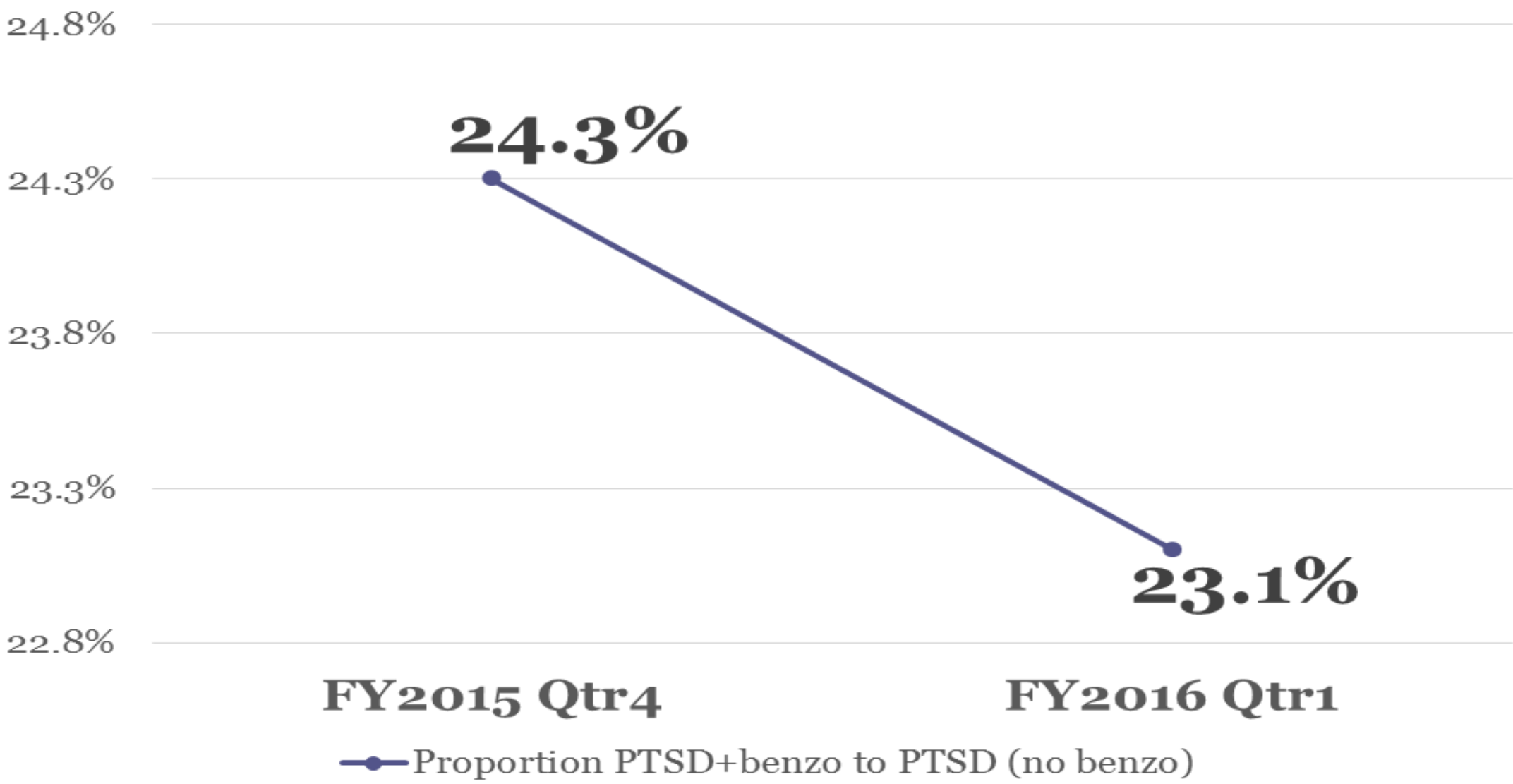
### Follow-up:

- Proportion of patients with **PTSD+benzo** to **PTSD (no benzo)**

Provider Education	Patient Education
Encrypted email	PTSD Group and Substance Abuse Group
<ul style="list-style-type: none"><li>• PDSI initiative</li><li>• Risks associated with benzodiazepines</li><li>• Lack of supporting evidence for use in PTSD</li><li>• Tapering strategies</li><li>• Alternative treatment options</li><li>• <b>**List of his/her respective actionable patients**</b></li><li>• <b>**Offer for one-on-one consultation**</b></li></ul>	<ul style="list-style-type: none"><li>• Verbal and written material</li><li>• Risks associated with benzodiazepines</li><li>• Lack of supporting evidence for use in PTSD</li><li>• Tapering strategies</li><li>• Alternative treatment options</li><li>• <b>**Encouraged patient-provider dialogue**</b></li></ul>

## Results

Proportion PTSD+benzo to PTSD (no benzo)



This **1.2% reduction** equates to ~ **22 fewer PTSD patients on benzodiazepines**  
FY2016 Qtr2 results are anticipated to be available in ~ 1 week.

## Conclusions

### Summary

- Reduction has been observed
- Final data point anticipated to be available in ~ 1 week
- Continued patient and provider education is recommended

### Limitations

- Specific situations warranting use of benzodiazepines in PTSD patients not explicitly excluded
- Limited interaction time with patients and providers
- Lag in data availability

### Disclosure

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

Joni Morgan: Nothing to disclose; June Griffith : Nothing to disclose

This project and its conclusions are the solely those of the authors and do not in any way represent conclusions drawn by the Veterans Administration or any other entity of the US Government.