

Basic Management Plan

1. Educate on PTSD

- » Explain that:
 - ♦ Many people recover from PTSD over time without treatment while others need treatment.
 - ♦ People with PTSD repeatedly experience unwanted recollections of the traumatic event. When this happens, they may experience emotions such as fear and horror similar to the feelings they experienced when the event was actually happening. They may also have frightening dreams.
 - ♦ People with PTSD often feel that they are still in danger and may feel very tense. They are easily startled (“jumpy”) or constantly on the watch for danger.
 - ♦ People with PTSD try to avoid any reminders of the event. Such avoidance may cause problems in their lives.
 - ♦ (If applicable), people with PTSD may sometimes have other physical and mental problems, such as aches and pains in the body, low energy, fatigue, irritability and depressed mood.
- » Advise the person to:
 - ♦ **Continue their normal daily routine** as much as possible.
 - ♦ **Talk to trusted people** about what happened and how they feel, but only when they are ready to do so.
 - ♦ **Engage in relaxing activities** to reduce anxiety and tension.
 - ♦ **Avoid using alcohol or drugs** to cope with PTSD symptoms.

2. Offer psychosocial support as described in the *Principles of Reducing Stress and Strengthening Social Support* (>> *General Principles of Care*)

- » Address current psychosocial stressors.
 - ♦ When the person is a victim of severe human rights violations, discuss with them possible referral to a trusted protection or human rights agency.
- » Strengthen social supports.
- » Teach stress management.

3. If trained and supervised therapists are available, consider referring for:

- » Cognitive behavioural therapy with a trauma focus*
- » Eye movement desensitization and reprocessing (EMDR)*.

4. In adults, consider antidepressants (selective serotonin reuptake inhibitors or tricyclic antidepressants) when cognitive behavioural therapy, EMDR or stress management do not work or are unavailable

- » Go to the module on moderate-severe depression for more detailed guidance on prescribing antidepressants (>> *DEP*).
- » DO NOT offer antidepressants to manage PTSD in children and adolescents.

5. Follow-up

- » Schedule and conduct regular follow-up sessions according to the *Principles of Management* (>> *General Principles of Care*).
- » Schedule the second appointment within 2–4 weeks and subsequent appointments depending on the course of the disorder.