



Conclusion

This SLR highlights the compelling impact of FDA-approved or APA-recommended treatments, particularly fluoxetine, venlafaxine ER, and sertraline on enhancing the QoL of PTSD patients



Background

- Post-traumatic stress disorder (PTSD) is a psychiatric disorder that arises from exposure to traumatic events and affects well-being
- Sertraline and paroxetine are FDA-approved agents for PTSD, while the APA suggests fluoxetine and venlafaxine as supplementary treatment options
- This systematic literature review (SLR) aims to evaluate the impact of these treatments on quality of life (QoL) in PTSD patients



Objective

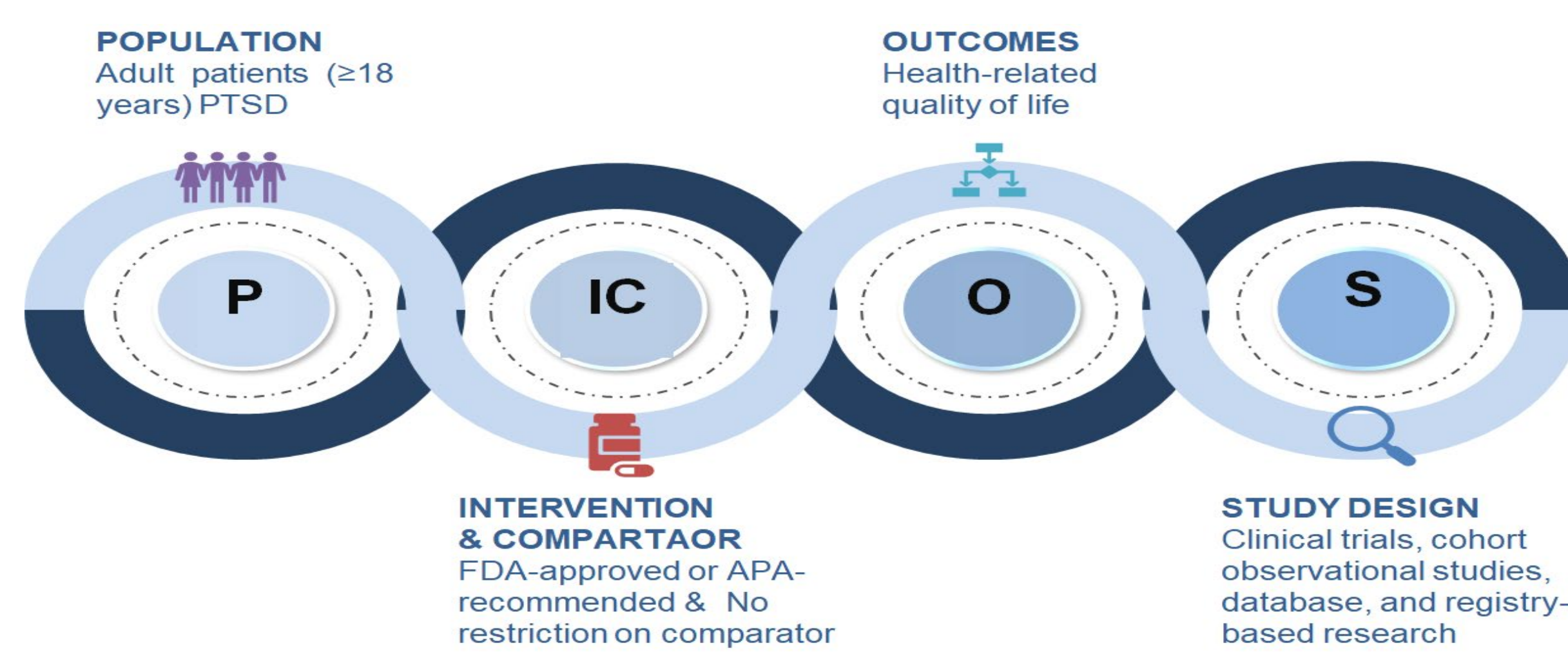
- The objective of this SLR was to evaluate the impact of FDA-approved or APA-recommended treatments on QoL in PTSD patients



Methodology

- The review followed the standard methodology for conducting SLRs as per the guidelines provided by the National Institute for Health and Care Excellence (NICE) and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)
- Key biomedical databases (Embase® and MEDLINE®) were searched from database inception to December 2023 to identify relevant PTSD studies reporting QoL in PTSD patients
- The SLR encompassed a comprehensive range of study designs, including randomized control trials, prospective and retrospective observational studies, database and registry-based research, case-control investigations, cross-sectional analyses, and cohort studies to gather QoL evidence pertaining to PTSD. The pre-defined PICOS criteria for study selection are presented in Figure 1
- The SLR followed a standard two review and quality control process for data collection and extractions

Figure 1: PICOS eligibility criteria for selection of evidence



Results

- Of the total 421 publications screened, four studies (sample size: 16-329; mean age: 36.4-41.3 years; 2 Global and 2 USA) from six publications met the inclusion criteria (Figure 2)
- Two studies assessed fluoxetine, while sertraline and venlafaxine were assessed in one study each. 36-Item Short Form Survey (SF-36) was the most assessed QoL scale (n=3), followed by Quality-of-Life Enjoyment and Life Satisfaction Short Form (Q-LES-Q-SF; n=2) and Global Assessment of Functioning (GAF; n=1)
- A study showed statistically significant change from baseline (CFB) scores between fluoxetine and placebo groups for vitality, social functioning, and mental health (Figure 3a). Similar findings were reported in the second study (Figure 3b)

Figure 2: PRISMA diagram for the screening process

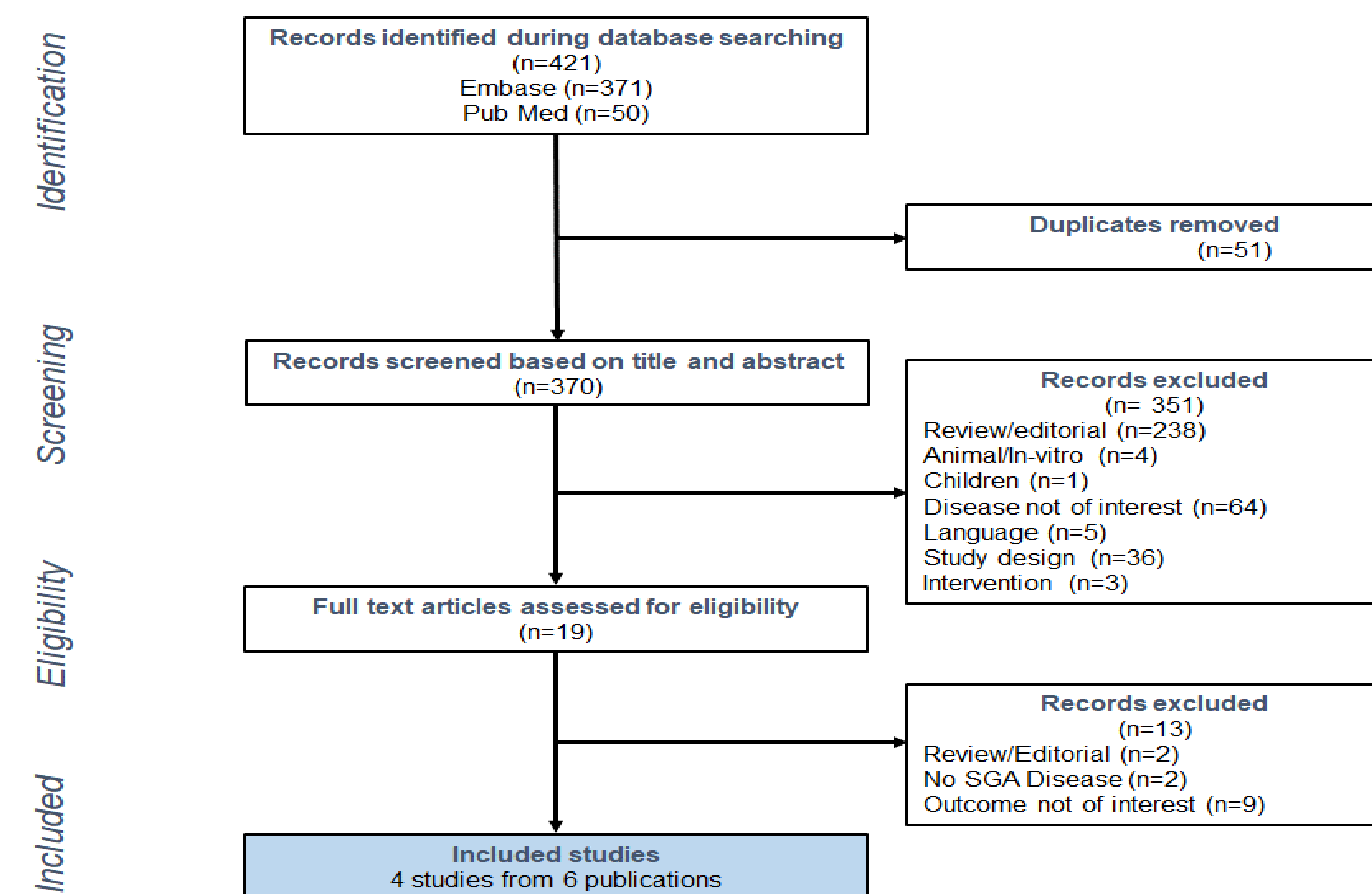
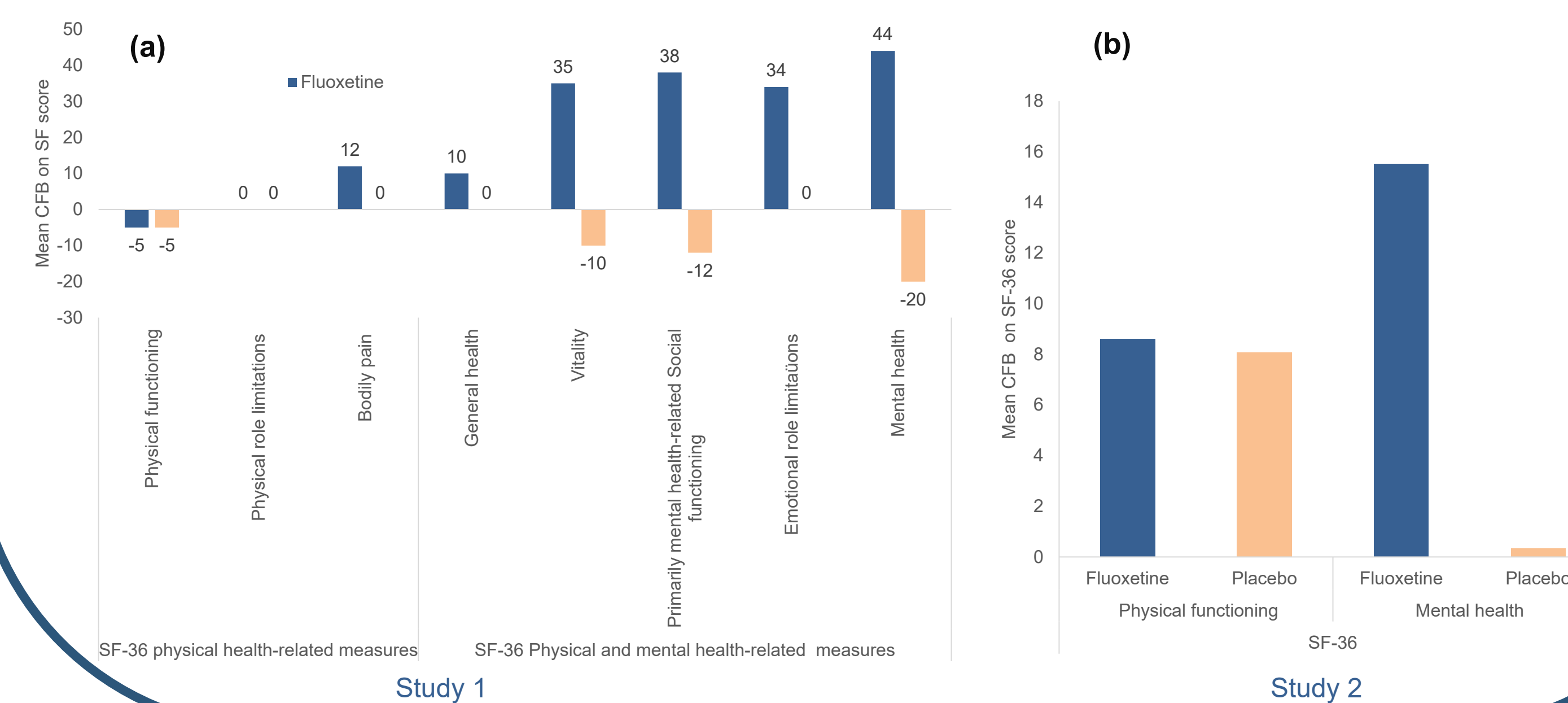


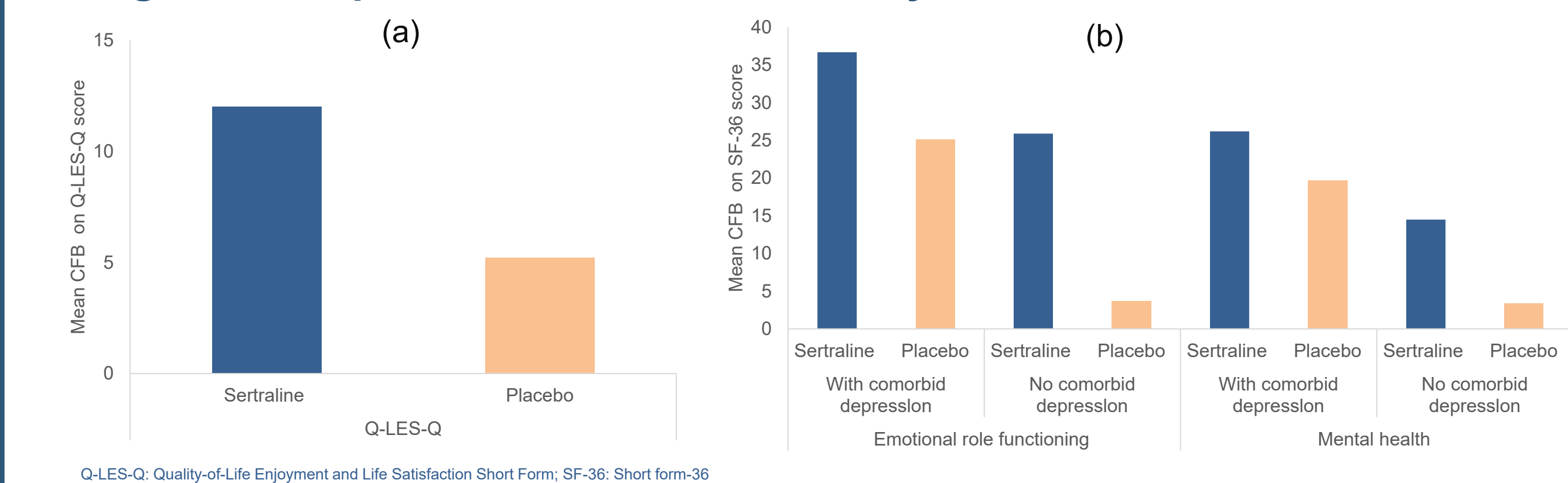
Figure 3: Impact of fluoxetine on Quality of life



Results (Cont'd.)

- Further, a study assessing the impact of sertraline on QoL reported that the treatment led to significant improvement in emotional role functioning and mental health subscales of SF-36 compared to placebo (Figure 4a). Moreover, sertraline also showed significant improvement in Q-LES-Q scores (Figure 4b); however, the presence of comorbid depression did not have a significant impact on SF-36 and Q-LES-Q

Figure 4: Impact of sertraline on Quality of life



- Another study evaluating the impact of venlafaxine on Q-LES-Q-SF (Figure 5a) and GAF (Figure 5b) scores demonstrated a significant improvement in QoL compared to placebo

Figure 5: Impact of Sertraline on Quality of life



Disclosure

SK, PR, GK, SA, and BS the authors, declare that they have no conflict of interest



References

- Davidson, Jonathan, et al. "Treatment of posttraumatic stress disorder with venlafaxine extended release: a 6-month randomized controlled trial." Archives of general psychiatry 63.10 (2006): 1158-1165.
- Malik, Mary L., et al. "Quality of life and posttraumatic stress disorder: A pilot study assessing changes in SF-36 scores before and after treatment in a placebo-controlled trial of fluoxetine." Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies 12.2 (1999): 387-393.
- Rapaport, Mark H., Jean Endicott, and Cathryn M. Clary. "Posttraumatic stress disorder and quality of life: results across 64 weeks of sertraline treatment." Journal of Clinical Psychiatry 63.1 (2002): 59-65.
- Martenyi, Ferenc, and Victoria Soldatenkova. "Fluoxetine in the acute treatment and relapse prevention of combat-related post-traumatic stress disorder: Analysis of the veteran group of a placebo-controlled, randomized clinical trial." European Neuropsychopharmacology 16.5 (2006): 340-349.
- Martenyi, Ferenc, et al. "Fluoxetine versus placebo in posttraumatic stress disorder." Journal of Clinical Psychiatry 63.3 (2002): 199-206.
- Martenyi, Ferenc, et al. "Fluoxetine v. placebo in prevention of relapse in post-traumatic stress disorder." The British Journal of Psychiatry 181.4 (2002): 315-320.

