With the following article on mindfulness, Psychiatric Annals completes a series, guest edited by COL (retired) Elspeth Cameron Ritchie, MD, MPH, on the use of complementary/and alternative medicine (CAM), or integrative modalities for the treatment of posttraumatic stress disorder (PTSD) in service members and veterans.

This month, Marina Khusid, MD, ND, MSA, explores a variety of mindfulness techniques that support first-line treatments for PTSD, for example by facilitating the patient’s engagement in care and addressing hyperarousal symptoms and comorbid conditions.

In addition to mindfulness, this series, has provided relevant information on acupuncture, virtual reality (VR) exposure therapy, stellate ganglion block, and animal-assisted therapies, just a few of a much longer list of CAM practices that include natural dietary supplements, homeopathy, meditation, yoga, tai chi, biofeedback, massage, chiropractic manipulation, traditional medical systems (eg, Ayurvedic, Chinese), energy medicine, and others.

The series has also discussed the complexity of research methodology and described two intensive outpatient programs heavily invested in CAM treatments: Overcoming Adversity and Stress Injury Support (OASIS) in San Diego, and the National Intrepid Center of Excellence (NCoE) in Bethesda, MD.

It has been estimated that 41% of service members and veterans rely on one or more CAM treatments,¹ a rate very similar to estimates in civilian populations. Furthermore, CAM is more often used by those who have a greater number of health symptoms. In one study, more than two-thirds of service members and veterans with a history of PTSD reported using one or more CAM treatments.¹

Given the wide array of CAM practices and belief in their effectiveness, how should clinicians treating PTSD approach the topic of CAM treatments? First is to use this as an opportunity to better understand patients’ health expectations and beliefs to help guide treatment planning, and address any concerns about evidence-based psychotherapies or pharmacotherapies.

Second is to understand the low level of evidence for CAM modalities, and formulate an approach that is consistent with the current Veterans Administration (VA)/Department of Defense (DoD) Posttraumatic Stress Clinical Practice Guideline (CPG), which provides a solid conceptual outline for clinical practice.²

Although there is insufficient evidence to recommend any particular CAM modality as a first-line treatment for PTSD, the CPG indicates that CAM may be used adjunctively along with evidence-based treatments.

It is helpful to think of how these modalities may be used to target specific symptoms. A recent US Army Medical Command policy on the evaluation and treatment of PTSD recommended that the goals of CAM services “should be aligned as much as possible with trauma-focused treatment goals, for example, in improving sleep, reducing

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co-existing pain, modulating physiological hyperarousal, producing a relaxation response, or facilitating narrative exposure." Specialized treatment programs that utilize CAM must ensure that these practices enhance access to evidence-based treatments and do not detract significantly from the time individuals have in the programs to receive evidence-based therapies.

Third, clinicians should ensure that patients are not putting themselves at risk in some way, such as through a supplement-drug interaction.

Ultimately, clinicians and health care policymakers should maintain a healthy skepticism of beneficial claims and insist on randomized clinical trials of CAM treatments, no matter how difficult they are to do. CAM clinical trials often have challenges similar to psychotherapy trials, such as difficulties conducting double blind randomization; however, there are many excellent methodological approaches that have enhanced the strength of evidence for psychotherapy that can also be applied to CAM studies. A good example is in the study of VR exposure therapy treatment for PTSD. Clinical trials are ongoing now to determine if VR techniques, which use video technology to expose patients to triggering events, are at least as efficacious as more traditional evidence-based narrative (oral, written) or in vivo exposure strategies, or show greater acceptance (fewer treatment drop-outs).

Randomized trials of CAM treatments need to measure efficacy compared with comparable control conditions that take into account the consistent placebo effects observed in mental health research. The fact that placebos work so well for many mental health conditions tells us a lot about the power of the human interaction and expectations for recovery that are so vital in facilitating health outcomes. While the popularity of CAM modalities likely will change over time, many of these treatments will remain an important part of multidisciplinary clinical practice, particularly if these approaches help patients engage in evidence-based care or have more positive expectations for their health. Excellent resources for CAM research may be found at nccam.nih.gov/research and summaries.cochrane.org.

REFERENCES

about the guest editor

COL (retired) Elspeth Cameron Ritchie, MD, MPH, is the Chief Clinical Officer, Department of Mental Health, for the District of Columbia. She retired from the Army in 2010, after holding numerous leadership positions within Army Medicine, including Psychiatry Consultant. Dr. Ritchie trained at Harvard University, George Washington University Medical Center, Walter Reed Medical Center, and the Uniformed Services University of the Health Sciences, and has completed fellowships in both forensic and preventive and disaster psychiatry. Dr. Ritchie is a Professor of Psychiatry at the Uniformed Services University of the Health Sciences, and is an internationally recognized expert in public health, disaster management, and combat mental health issues. She has contributed to over 150 publications, mainly in the areas of forensic, disaster, suicide, ethics, military combat and operational psychiatry, and women’s health issues. Dr. Ritchie is currently the senior editor on the forthcoming books: Forensic Military Mental Health and Women at War.