

Submission Id: 4774

Title

A primary care-based narrative exposure therapy on patients with post-traumatic stress disorder following intensive care

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Critical illness treated at the intensive care unit often causes long-term mental or physical sequelae, likewise pose the risk factor for posttraumatic stress disorder (PTSD). PTSD has high impact on quality of life and health related costs.

Objective: The PICTURE trial (from "PTSD after ICU survival") investigates the effectiveness and applicability of a brief primary care-based psychological treatment for patients with PTSD symptoms.

Study Design and Analysis: This trial is investigator-initiated, multi-centre, randomized controlled and observer-blinded.

Population Studied and Instrument: Patients showing PTSD symptoms three months after intensive care, objectified by the Post-traumatic Stress Diagnostic Scale (PDS-5 total severity score), were randomized.

Setting: The talking therapy intervention is delivered by a family physician and based on the Narrative Exposure Therapy (NET). Three sessions each 30 minutes, S-1 "Lifeline", S-2 and S3 narrative exposition to traumatic ICU events, combined with 10 following phone contacts to support. The control group treatment follows the current guidelines.

Outcome Measures: At six (T1) and 12 month (T2) follow up, the patient-reported outcomes are assessed observer-blinded. The primary endpoint is the absolute change of PDS-5 total severity score from the baseline (T0) to (T1).

Results: We recruited 319 patients according to sample size calculation and performed an intermediate analysis of 190 patients (mean age [SD] 56.3 [12.9], mean of ICU stay 16 days [20.9], max SOFA score 10.9 [8.9]). Our intermediate analysis (based on 81 patients completed T1 and 64 patients completed T2) indicates a change in the PDS-5 total severity score (range 0-88) for the NET group from baseline T0 (NET mean [SD] 27.3 [12.8], iTAU 29.9 [13.5] to T1 (NET 22.9 [17.4], iTAU 28.9 [16.1] and T2 (NET 20.2

[17.2], iTAU 28.9 [16.8]). However, this was still not significant at T0 (U= 3333.5, p = 0.18) and T1 (U= 639.5, p<.05, one sided), change in PDS-5 was significant at T2 (U=337.5, p= 0.02; figure 1).

Conclusion: The brief NET- therapy delivered in primary care may be a promising and applicable treatment to improve posttraumatic symptoms after intensive care.