

# **Updating Systematic Reviews: Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder (PTSD)**

## **A PCORI Virtual Multi-Stakeholder Workshop**

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December 12, 2016



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

# Agenda

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- Welcome
- Background and goals for the day:
  - PCORI's Evidence Synthesis Program
  - AHRQ's Evidence-based Practice Center (EPC) Program
  - Prior PTSD Review Key Questions and Analytic Framework
  - Questions to guide the discussion
- Discussion
- Summary and closing remarks



# Welcome

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## Housekeeping

- Participants' lines are live
  - Please mute your line when you are not speaking to reduce background noise
- Today's conversation is being recorded and will be posted to the PCORI web site
- We will take comments in the order indicated on the agenda
- Comments and questions from the public may be submitted via the chat window
  - We will attempt to include these submissions in the discussion when feasible
  - We cannot guarantee a question will be addressed



# PCORI's Evidence Synthesis Program



# PCORI and Evidence Synthesis

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- *PCORI's authorizing legislation states that evidence synthesis is a core function of PCORI:*

“(C) PURPOSE.—The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient subpopulations....”



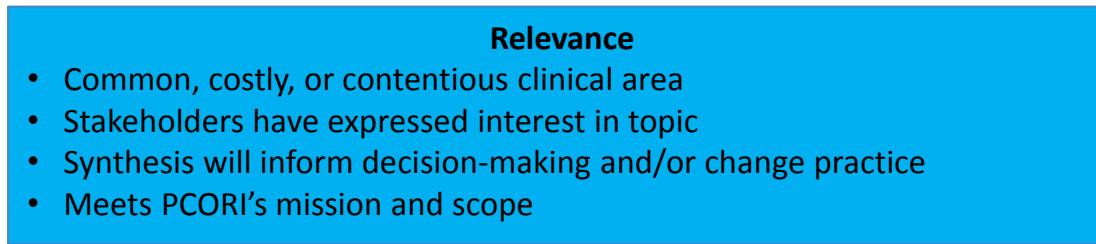
# PCORI's Evidence Synthesis Program

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- Initial goals:
  - Research to address heterogeneity of treatment effects, more personalized individual health care choices
  - More rapid deployment of actionable CER evidence in context
- We are focusing on short-turnaround, rigorous, relevant products
  - Strategic, selective focus on generating new research products (IPD MA, other research “re-use” opportunities)
  - Locating and qualifying existing CER SR products for targeted updating through a partnership with the Agency for Healthcare Research and Quality



# Decision Tree for PCORI CER Systematic Review Topic Selection



Yes

**Gap test: Has the evidence previously been synthesized?**

Work collaboratively with CER SER authors/funders to avoid duplication of efforts before proceeding

Yes

No

**Strength of evidence**

High or moderate

Low or insufficient

Candidate for new systematic review

**Urgent issue of potential harms?**

Yes

No

**Recency: Search dates within 1 year?**

Yes

Candidate for dissemination work

No

Candidate for updating

Consider update and/or dissemination work; develop framework to inform future research

**Is there sufficient intervening research since completion?**

Yes

Candidate for updating or other analysis

No

Future research or no further action



## Planned Targeted SER Updates in Collaboration with AHRQ

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- Treatment of Atrial Fibrillation
- Treatment of Rheumatoid Arthritis
- **Treatment of Post-Traumatic Stress Disorder**
- Nonsurgical Treatments of Urinary Incontinence



# AHRQ's EPC Program



# Prior Key Questions



# Prior Key Questions

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1. What is the comparative effectiveness of different psychological treatments for adults diagnosed with PTSD?
2. What is the comparative effectiveness of different pharmacological treatments for adults diagnosed with PTSD?
3. What is the comparative effectiveness of different psychological treatments versus pharmacological treatments for adults diagnosed with PTSD?



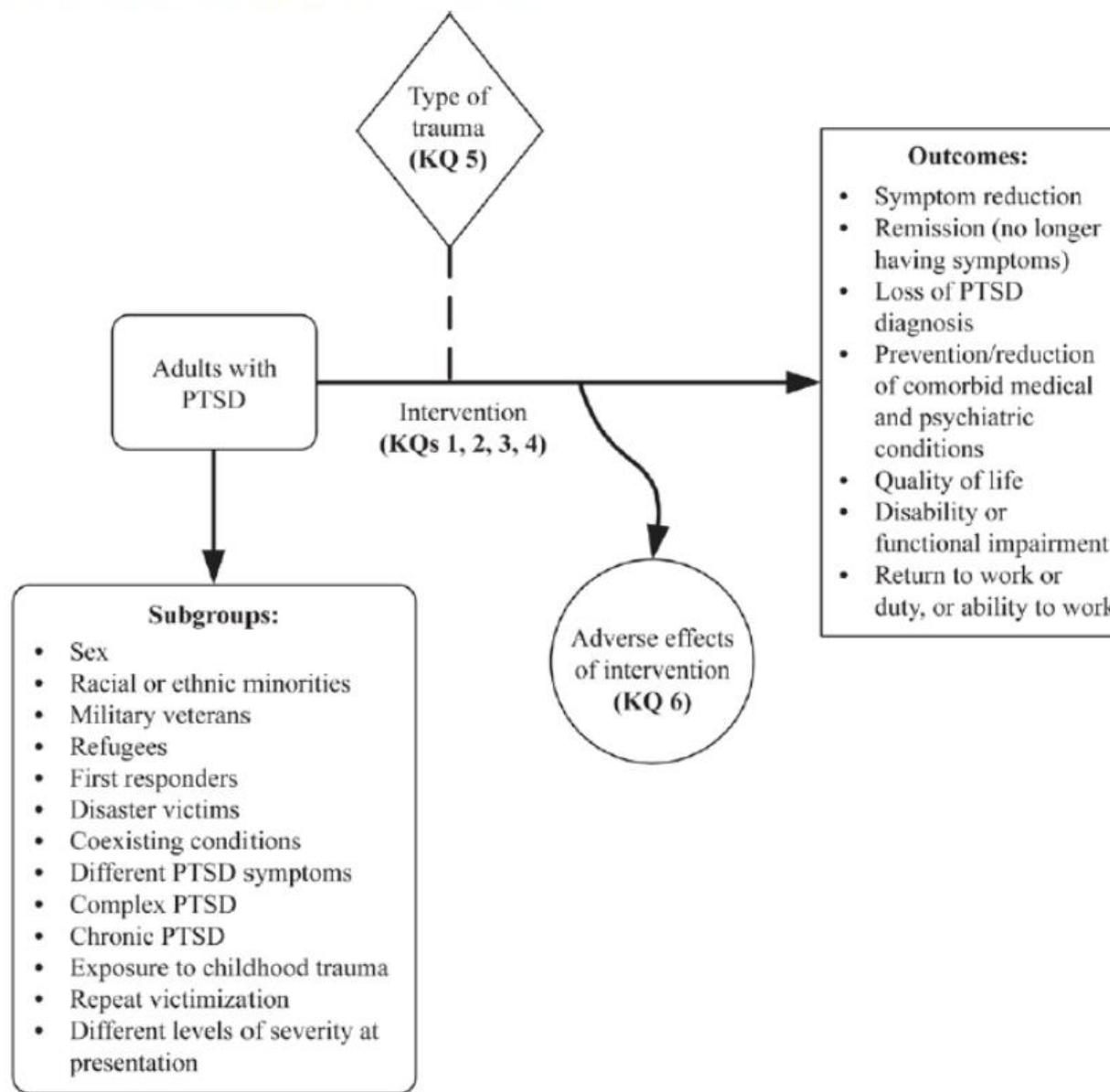
# Prior Key Questions

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4. How do combinations of psychological treatments and pharmacological treatments (e.g., CBT plus paroxetine) compare with either one alone (i.e., one psychological or one pharmacological treatment)?
5. Are any of the treatment approaches for PTSD more effective than other approaches for victims of particular types of trauma?
6. What adverse effects are associated with treatments for adults diagnosed with PTSD?



**Figure A. Analytic framework for the comparative effectiveness of psychological treatments and pharmacological treatments for adults with PTSD**



# Questions to Guide the Scoping Discussion



# Scoping Question 1

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The prior review found moderate or high strength of evidence to support the efficacy of a range of psychological treatments in improving PTSD symptoms and achieving loss of PTSD diagnosis (e.g., cognitive processing therapy, cognitive therapy, exposure therapy, cognitive behavioral therapy).

Given this, are there ways to focus **key question 1** for this update to maximize its potential for providing new information without inadvertently omitting important intervening evidence (e.g., restrict evaluation of non-head-to-head comparative trials to new therapies; repeat the search for direct comparative evidence as to which [or whether a] specific psychological modality was most effective, given the paucity of this evidence in the prior report)?



## Scoping Question 2

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The prior review found moderate strength of evidence for the efficacy of some pharmacologic agents in improving PTSD symptoms, achieving remission, and/or improving depression symptoms.

There was little head-to-head evidence to determine whether pharmacologic treatments differ in their efficacy, and a network meta-analysis provided only low strength of evidence to address this question.

In what ways, in any, would you recommend refining **key question 2** for this update given these findings?



# Scoping Question 3

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How highly would you prioritize **key question 4**, related to the relative efficacy of combinations of pharmacologic and psychological treatments versus the use of those single interventions alone?



# Scoping Question 4

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We presume that understanding heterogeneity of treatment effect—that is, whether some treatments provide greater benefits to specific subgroups of patients—would be of value.

Does **key question 5** optimally address this question by framing it in terms of the type of trauma experienced, or are there other patient characteristics that you think are important to be evaluated in this update?



# Scoping Question 5

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What would you say represents the most compelling or controversial clinical question related to PTSD right now?



# Scoping Question 6

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Is there anything that is emerging in PTSD treatment since the prior review that you feel needs to be addressed by this update?

Is something critical missing?



# Scoping Question 7

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Do you have any other comments for us on behalf of your organization?



# Discussion



# Order of Comments

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- Patients and Patient Representatives
- Clinicians
- Federal Agencies
- Patients and Patient Representatives

*\*Comments are not required of participants. Any participant may pass on the opportunity to comment.*



# Order of Comments

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## Patients and Patient Representatives

- Futures without Violence
  - Debbie Lee
- Iraq and Afghanistan Veterans of America
  - Lisa Young
- National Alliance on Mental Illness
  - Andrew Sperling
- Rape, Abuse and Incest National Network
  - Brian Pinero
- Veterans Health Council
  - Tom Berger
- Wounded Warrior Project
  - Roger Brooks



# Order of Comments

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## Clinicians

- American Psychiatric Association
  - Laura Fothmann
- American Psychiatric Nurses Association
  - Linda Beeber
- American Psychological Association
  - Lynn Bufka

## Federal Agencies

- Department of Defense
  - Sushma Roberts
- Substance Abuse and Mental Health Services Administration
  - Anita Everett
- Uniformed Services University of the Health Sciences
  - David Riggs
- National Institute for Mental Health
  - Matthew Rudorfer
- Department of Veterans Affairs
  - Paula Schnurr



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# Summary and Closing Remarks



# THANK YOU!

