

## SCOPE

### 1 Guideline title

Posttraumatic Stress Disorder: The management of PTSD in adults and children in primary and secondary care.

#### 1.1 Short title

PTSD

### 2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Mental Health to develop a clinical guideline on the management of anxiety disorders for use in the NHS in England and Wales. This follows referral of the topic of anxiety disorders, by the Department of Health and Welsh Assembly Government (see Appendix). This document provides further detail on the specific issues relating to PTSD and is a development of the original scope agreed for the anxiety disorders. The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

### **3 Clinical need for the guideline**

- a) Community-based studies in the United States reveal a lifetime prevalence for PTSD of approximately 8% of the adult population. The disorder can occur at any age, including during childhood, with symptoms usually beginning within the first 3 months of the trauma. However, there may be a delay of months or years before symptoms start to appear.
- b) PTSD presents in a range of populations, including those who have been exposed to or witnessed severe accidents, assault, deliberate acts of torture, disaster, or military action; members of the emergency services; and other special populations.
- c) People with posttraumatic stress and related disorders are currently treated in a range of NHS settings, including primary care, general mental health services and specialist secondary care mental health services. The provision and uptake of such services varies across England and Wales and reflects the demands of particular populations (for example refugees or war veterans) and the presence or absence of specialist services. The past ten years has seen a significant expansion of special services, but the provision is still subject to considerable local variation.
- d) A number of guidelines, consensus statements and local protocols exist. This guideline will review evidence of clinical and cost effective practice, together with current guidelines, and will offer guidance on best practice.

### **4 The guideline**

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – Information for*

*Stakeholders* describes how organisations can become involved in the development of a guideline.

- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

## **4.1 Population**

### **4.1.1 Group that will be covered**

The recommendations made in the guideline will cover management of the following groups.

- a) Adults and children of all ages, who meet, or are at risk of PTSD.
- b) The guideline developers will be sensitive to the different approaches to PTSD of different races and cultures, and be aware of the issues of both internal and external social exclusion.
- c) Traumatic experiences can affect the whole family and often the community. The guideline will recognise the role of both in the treatment and support of people with PTSD.
- d) The primary focus of the guideline will be PTSD, however co-morbid factors such as drug and alcoholism, pain disorders, major depression and developmental issues including personality disorder will also be considered.

## **4.2 Healthcare setting**

- a) The guideline will cover the care provided by primary, secondary and other health care professionals who have direct contact with, and make decisions concerning the care of, people with PTSD.

- b) The guideline will also be relevant to the work, but will not cover the practice, of those in:
- occupational health services
  - social services
  - the independent sector.

### **4.3 Clinical management – areas that will be covered**

The guideline will cover the following areas of clinical practice.

- a) Diagnostic criteria currently in use for PTSD and the diagnostic factors that trigger the use of this guideline. The definition of the condition in relation to other anxiety disorders will be precise.
- b) The guideline will address the issues of diagnosis, detection and the use of screening techniques in high risk situations and include advice on the appropriate use of early intervention (psychological and pharmacological).
- c) Pharmacological interventions for PTSD (those available in the UK according to the British National Formulary). When referring to pharmacological treatments, the guideline will whenever possible recommend within the licensed indications. However, where the evidence clearly supports it, recommendations for use outside the licensed indications may be made in exceptional circumstances. The guideline will expect that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.
- d) The guideline will include advice on the appropriate use of psychological interventions including type, modality, frequency and duration.
- e) The guideline will include the appropriate use of combined pharmacological and psychological interventions.

- f) The guideline will consider the side effects, toxicity, acceptability and other disbenefits of treatments.
- g) The guideline will recognise the need for people with PTSD to have information and opportunities to discuss with clinicians the advantages, disadvantages and potential side effects of treatment, so that they can make informed choices about care options.

#### **4.4 Clinical management – areas that will not be covered**

The guideline will not cover treatments that are not normally available on the NHS.

#### **4.5 Audit support within guideline**

The guideline will include key review criteria for audit, which will enable objective measurements to be made of the extent and nature of local implementation of this guidance, particularly its impact upon practice and outcomes for people with PTSD.

#### **4.6 Status**

##### **4.6.1 Scope**

This is the final version of the scope. It has been derived from the scope on generalised Anxiety which formerly included PTSD and which was subject to a 4-week period of consultation with stakeholders and review by the Guidelines Advisory Committee. As a result of that consultation, a decision was taken to prepare a separate guideline for PTSD and this separate scope was drafted and submitted to the Institute's Guideline Programme Director and Executive Lead for approval.

##### **4.6.2 Guideline**

The development of the guideline recommendations will begin in Spring 2003.

## 5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*
- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups.*

These booklets are available as PDF files from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Information on the progress of the guideline will also be available from the website.

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## Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

“To prepare a clinical guideline and audit tool for the NHS in England and Wales for ‘talking’ therapies, drug treatments and prescribing for anxiety and related common mental disorders, including generalised anxiety disorder (GAD), panic disorder (with or without agoraphobia), post-traumatic stress disorder, and obsessive–compulsive disorder (OCD). The audit tool should include a dataset, database and audit methodology.”