

ZIPRASIDONE TREATMENT FOR POSTTRAUMATIC STRESS DISORDER: 128 CASES

DEAR EDITOR:

Posttraumatic stress disorder (PTSD) is a severe and debilitating disorder that affects 9 to 40 percent of the population.¹ The use of SSRIs (serotonin reuptake inhibitors) is the standard of care.² I am reporting a series of 128 cases of PTSD treated with ziprasidone (Geodon®). Several articles reference the atypicals risperidone (Risperdal®), quetiapine (Seroquel®), and olanzapine (Zyprexa®). A most recent review³ does not mention ziprasidone. This letter may be the first report of ziprasidone in PTSD.

Cases. The symptoms of severe PTSD included flashbacks, hallucinations, somato-sensory hallucinations, and nightmares. There were 100 female subjects and 28 male subjects. The age range was 18 to 54. All of these patients were treated for dual diagnosis. Moreover, there were no metabolic problems precluding treatment on a psychiatric unit. The symptoms of PTSD always coincided with a “causal” event. That is, the syndrome never developed as a consequence of the addiction. Seventy percent of our patients had PTSD symptoms predating any substance abuse. The events included rape, molestation, incest, viewing murders, beatings, or burnings, and sudden family death. There was no gender-specific event more common than another. The average length of stay on the inpatient unit was 7.5 days. Ziprasidone was given in doses from 20 to 160mg daily. Dosing was adjusted clinically on a daily

basis. Concomitant psychotropic medications, other than neuroleptics, were used if needed.

Results. Eighty-nine percent of the patients were rated as excellent or satisfactory positive responders. Treatment failures were due to intolerable side effects, including somnolence, akathisia, and nausea.

Discussion. PTSD is a severe and debilitating disorder. The symptoms can be severe and frightening, causing further anxiety, depression, and insomnia in an already stressed patient.

We feel our results are important because of:

1. The extremely high rate of symptom relief
2. The lack of severe side-effects
3. The rapidity of response to ziprasidone.

That 89 percent of our patients not only tolerated the medication, but reported rapid symptomatic relief is remarkable. Our results should be followed up by double-blind studies that can more assiduously study responses to ziprasidone in PTSD. Until then, we strongly recommend that ziprasidone be considered as one of the primary treatments for PTSD patients with symptoms that include the psychotic symptoms of flashbacks, hallucinations, nightmares, agitation, paranoia, or other indicators of severe of illness.

REFERENCES

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