

Interpersonal psychotherapy for Post Traumatic Stress Disorder with comorbid Major Depressive Disorder: a case study

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Introduction:

Interpersonal Psychotherapy (IPT) is a time-limited treatment that centers on resolving interpersonal problems. It's empirically validated mainly for major depressive disorder (MDD). IPT may be adapted for the treatment of post traumatic stress disorder (PTSD) and offers a non-exposure-based approach to PTSD.

Objectives:

This case report aims to demonstrate the efficacy of IPT as treatment for PTSD with comorbid MDD.

Case report:

Trauma History: We report the case of Mr. M, a young military member aged 34 years old, married, father of two children, with no medical or psychiatric history, who is very appreciated by his colleagues. He has been repeatedly traumatized after terrorist attacks. The last one was very violent and in which he has lost many of his good friends. He's addressed after two months for psychiatric care.

Presenting Complaints: Mr. M. reported vivid, frightful and unbearable memories, feeling hyperalert and watchful. He abandoned all of his activities and He avoided people, and places that evoked strong memories. He become solitary, and rarely goes out from home. He tends to over think about His lost friends. Sadness was invasive. He also feels mad about himself not being able to rescue them.

Previous Treatments: Mr. M. was undertaken Paroxetine 40 mg per a day. He did not participate in any previous psychotherapy.

Assessment: Mr. M. met criteria for PTSD with comorbid MDD (DSM 5 criteria). His baseline score on PCL5 was 58 confirmed by CAPS. Beck's Depression Inventory was over 31 counting for severe depression.

Treatment Overview:

IPT was adapted for the treatment and focused on the area of Grief or Complicated Bereavement.

Sessions 1 to 3: Initial Phase:

- The therapist first explained the IPT approach to Mr. M.
- Then He conducted a thorough review of Mr. M. depressive symptoms and functional impairment.
- The patient was helped to establish the interpersonal context of the current depressive episode (linking mood to grief) with assignment of the sick role.
- Evaluation found that his attachment style was a secure type.

The Interpersonal Inventory explored all important relationships with individuals, including those who had passed away. his relationships with his wife and children were the most important.

Session 4 to 9: Middle phase:

- Mr. M. now understood that he was suffering from a treatable illness that was not his fault, with clinical symptoms related to his past traumas and lost.
- He learned to detect and monitor these symptoms in the course of therapy.
- He was helped to focus on the present and to invest actual relationships.
- He was encouraged to express feelings of sadness, anger, culpability and loss instead of avoiding or suppressing intense feelings.
- He identified his difficulty asking help from his wife and children. Role-playing games were enrolled to improve Mr. M.'s ability to communicate with his significant others.

Session 10–12: Termination Phase:

In the termination phase, Mr. M. was helped to review the course and progress of the treatment, prepare for closure, and establish a prevention plan.

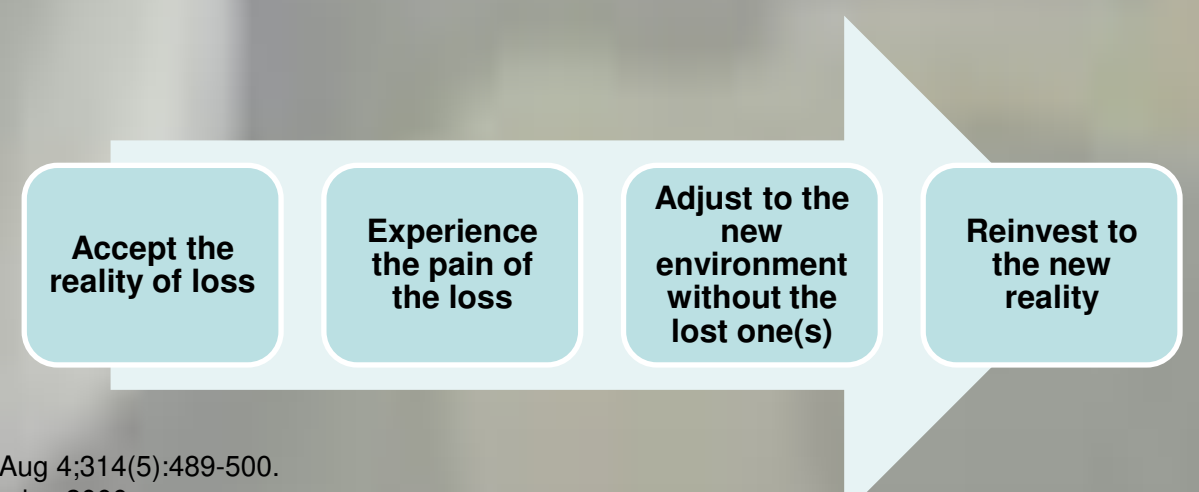
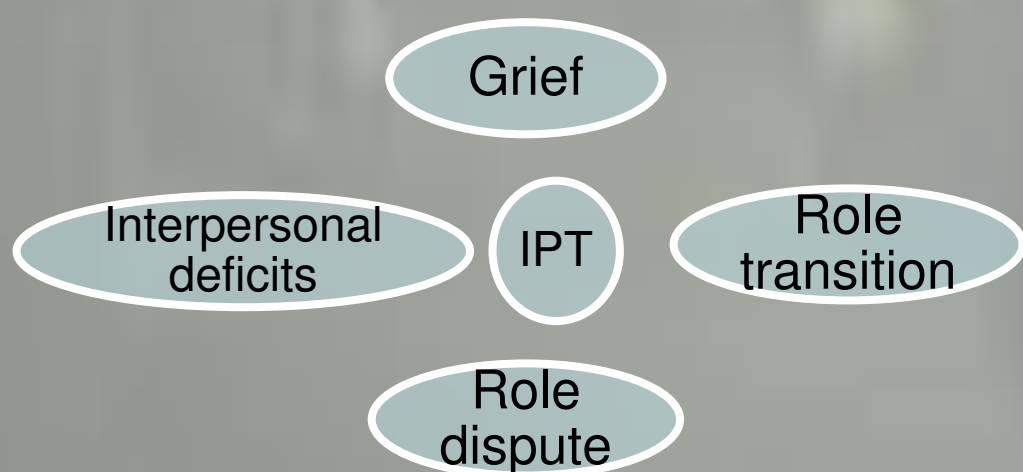
Therapy outcomes: IPT has been successfully used as psychotherapy for PTSD with comorbid MDD. A significant improvement on the patient functioning and a decrease of the depressive symptoms were noted with subsequent improvement on PTSD symptoms.

Discussion:

Interpersonal therapy (IPT) has demonstrated efficacy as a treatment for major depressive disorder (MDD) [1,2]. Bleiberg and Markowitz published a pilot study showing its promise for PTSD [3]. Krupnick et al. adapted IPT as a group treatment for PTSD after interpersonal trauma. Group-based interpersonal psychotherapy (IPT-G) provided shows promise in improving interpersonal functioning and reducing psychological distress [4]. IPT may be an efficacious alternative for patients who refuse repeated exposure to past trauma [5]. Instead, IPT focuses on interpersonal sequelae of trauma. IPT works by improving patients' interpersonal functioning and emotion regulation commonly impaired in PTSD. Treating interpersonal sequelae of PTSD appears to improve other symptom clusters [5,6].

Conclusions:

IPT acknowledges the impact of trauma on the patient's interpersonal functioning and may offer an alternative for patients who refuse or do not respond to exposure-based approaches.



[1]Steenkamp MM, et al. Psychotherapy for Military-Related PTSD: A Review of Randomized Clinical Trials. JAMA.. 2015 Aug 4;314(5):489-500.
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[3]Bleiberg KL, et al. A pilot study of interpersonal psychotherapy for posttraumatic stress disorder. Am J Psychiatry 2005;162:181–183.
[4]Krupnick JL, et al. Group interpersonal psychotherapy for low income women with posttraumatic stress disorder. Psychother Res 2008;18:497–507.
[5]Markowitz JC, et al. Is Exposure Necessary? A Randomized Clinical Trial of Interpersonal Psychotherapy for PTSD. Am J Psychiatry.2015 May;172(5):430-40.
[6]Ray RD, et al. Group interpersonal psychotherapy for veterans with posttraumatic stress disorder: a pilot study. Int J Group Psychother.2010 Jan;60(1):131-40.

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