



## PTSD Resources

Access PTSD and therapy resource information by clicking on the blue links/words. The sites and forms you are trying to access should appear instantly.

### THERAPY REFERRALS

[Local Therapists](#)

[Therapy Contact Spreadsheet](#)

### FOR PATIENT CARE

[Sleep Log](#)

[Grounding Techniques for PTSD](#)

[Flowchart for Assessment & Diagnosis of PTSD](#)

[Medication monotherapy for the Treatment of PTSD by Recommendation and Strength of Evidence.](#)

### FOR THE PHYSICIAN

[VA/DoD Clinical Practice Guideline](#)

<https://www.healthquality.va.gov/guidelines/mh/ptsd/index.asp>

[Psychology Today](#)

[www.psychologytoday.com](http://www.psychologytoday.com)

[Diagnostic and Statistical Manual of Mental Disorders \(DSM\) Mobile App](#)

**DSM-5 App :** <https://www.appi.org/products/dsm-mobile-app>

The DSM-5® Diagnostic Criteria Mobile App is designed to help mental health practitioners, researchers and students fully integrate the new DSM criteria and codes into their practice and study.

Users have full offline access to all of the criteria sets as well as online access to supporting videos, commentary and resources. Powerful search and customization tools aid and enhance assessment of symptom presentations in a variety of clinical and administrative settings. The app features: Access to the complete DSM-5® diagnostic criteria sets on your phone and tablet. ICD-9-CM and ICD-10-CM codes for clinical and administrative use. Valuable video commentary from the DSM-5® task force members highlighting changes from DSM-IV to DSM-5®. Streamlined navigation of the classification hierarchy.

### FOR THE PATIENT

**CBT-I Coach App:**

<https://mobile.va.gov/app/cbt-i-coach>

CBT-i Coach is for people who are engaged in Cognitive Behavioral Therapy for Insomnia with a health provider, or who have experienced symptoms of insomnia and would like to improve their sleep habits. The app will guide users through the process of learning about sleep, developing positive sleep routines, and improving their sleep environments. It provides a structured program that teaches strategies proven to improve sleep and help alleviate symptoms of insomnia.

## **LOCAL THERAPISTS**

### **Medicaid/No funding patients/Private Insurance**

Behavioral Healthcare Partners (740) 522-8477

Mid-Ohio Psychological Services (740) 281-1777

The Woodlands (740) 349-7066

National Youth Advocate Program (740) 349-7511 (also see adults)

Life Empowering Counseling Center

Karen Gross - (740) 616-0778

Cynthia Webb (740) 817-1565

### **Private Insurance**

ACE Psychological Services – Amynda Rhodes, Psy.D. – 740-877-3440

Psychological Consultants (740) 522-2230

Newark-Granville Counseling (740) 587-5252

Granville Counseling Center (740) 587-1720

Karen Cowie – Mid Ohio Counseling, LLC - 740-507-6707

Bridging Connections – 740.522.0009

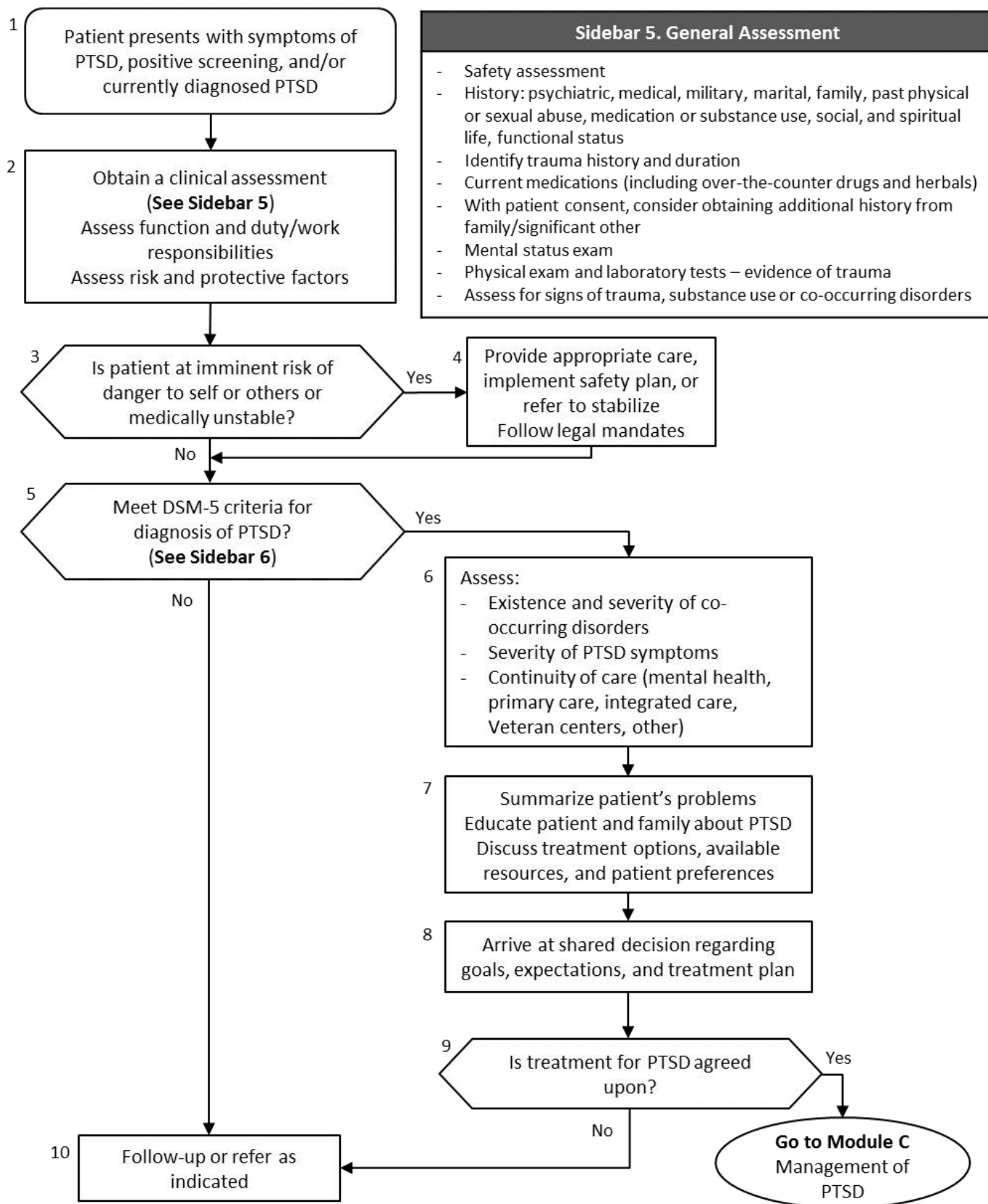
Cindy Cummins

Nikki Kennedy

Dennis Bowers

Better Minds – River Road in Granville - **740.587.1543**

# Flowchart for Assessment & Diagnosis of PTSD



## Sidebar 5. General Assessment

- Safety assessment
- History: psychiatric, medical, military, marital, family, past physical or sexual abuse, medication or substance use, social, and spiritual life, functional status
- Identify trauma history and duration
- Current medications (including over-the-counter drugs and herbals)
- With patient consent, consider obtaining additional history from family/significant other
- Mental status exam
- Physical exam and laboratory tests – evidence of trauma
- Assess for signs of trauma, substance use or co-occurring disorders

Abbreviations: DSM: Diagnostic and Statistical Manual of Mental Disorders; PTSD: posttraumatic stress disorder

# TWO WEEK SLEEP DIARY



INSTRUCTIONS:

1. Write the date, day or the week and type of day: (W)ork, (S)chool, (O)ff or (V)acation.
2. Put the letter "C" in the box when you have any caffeinated beverage or supplement that includes caffeine. Put "M" when you take ANY Medication. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (l) to show when you get in bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep include all naps.

*SAMPLE ENTRY: On Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep Watching TV from 7-8 PM, went to bed at 10:30 pm, fell asleep around midnight, woke up and couldn't get back to sleep until about 5 am, slept from 5-7 am, got out of bed at 7:30 am and had coffee and medicine before going to work.*

Today's Date	Day of the week	Type of Day	Noon	1PM	2	3	4	5	6PM	7	8	9	10	11PM	Midnight	1AM	2	3	4	5	6AM	7	8	9	10	11AM
Sample	Mon	W		F					A				—									—	M C			

## WEEK ONE

[illegible]

## WEEK TWO

[illegible]

Phone	Name	Care solicitation	Paramore	Buckeye	UHC community	No Meditation	Meditation	Humana	Med Ben	Med Mutual	Blue Cross / B S	UHC UBH	Aetna	Com Psych	Cigna	Anthem	Optum	OSU NGS	Tricare	Most Private	QCP	Magellan	EAP	sliding scale	BWC	First Health Group	Ohio PPO	Value Options	Optima	None	Specialty/Approach
(740) 689-4998	Abbott, Jeanine (bariatric); Lancaster																									x					
(614) 677-0400	Akashi, Azaria; 935 River Rd, Ste C, Granville																												x		
(855) 231-0502	AllWell Behavioral Health; Cosh, Musk, Morgan, Noble, Guernsey & Perry Cos. Scheduling line	x	x	x	x	x																									
(614)751-1090	Apex Counseling Svcs; 5310 E. Main St., Ste 102 ' Reynoldsburg	x	x									x																			eating disorders, anger, marriage/CBT, DBT/CD/Biofeedback
(614) 626-2696	Associates in Family Care; 7602 Slate Ridge Blvd, Reynoldsburg	x						x			x	x		x		x		x													†
(740) 587-1543	Barkett, Dr. Brian; Better Minds Group, 941 River Rd, Ste B, Granville, OH																														ADHD, Biofeedback
(740) 345-5437	Barns, Stacia; House of New Hope; 8135 Mt Vernon Rd, St. Louisville	x	x																												
(740) 788-0237	Behavioral Health Care Partners; Jeanie - intake Scheduling , 65 Messimer Dr., Newark	x	x	x	x	x																	x								
(614)451-6606	Bethel Olentangy Psychological Svcs. 4949 Olentangy River Rd, Cols	x							x		x	x	x		x			x	x			x				x	x		x		All psychologists Adults, children, couples, sexual addictions, DBT, ADHD testing, PICT, mindfulness, biofeedback, HRT, CBIT (Tics)

[illegible]

[illegible]

Phone	Name	Care source	Mol ina	Par amont	Buck keye	UHC Community	Med icaid	Med icare	Hum ana	Med Ben	Med Mutual	Blue Cross /BS	UHC UBH	Aet na	Com Psy ch	Cig na	Ant hem	Opt tum	OSU NGS	Tric are	Most Private	QCP	Mag elin	EAP	slid ing scale	BWC	First Health Grp	Ohio PPO choice	Value Options	Opti ma	None	Specialty/Approach			
(740) 392-5399	Fiumera, Dr. Christopher; 202 D Gay St, Mt Vernon																																		
(740) 421-4034	Fouts, Jon; Horizons Counseling & Recovery, 24 E Front St, Pataskala																														x		Life Coaching, dual diagnosis, impulse control, Personality disorder		
(614) 588-7181	Garman, Todd VGF 4905 Jacksontown Rd Newark, OH 43055																																		adolescents, men and mariages in crisis, restoration of sexual brokeness
(740) 877-4157	Griffith, Jay; Restorative Solutions Now , Newark Church of the Nazarene, 200 S. Williams St, Newark	x	x	x					no	x	x	no	x	no		no	no	x		x		x						x	x		x			✚, Marital, Relationship/CBT, MBCT, REBT, SFBT/Individual & couples, life transitions, Anxiety, Depression, DoA	
(740) 616-0778	Gross, Karen; Life Empowering Counseling, 1616 W Church, Newark	x	x				x														x								x						Anx, depr, grief
(614) 957-2645	Hite, David; New Heights Counseling Svs, 10444 Crouse Willison Rd, Johnstown	x									x	x	x				x																		✚ADHD, mood, parenting, grief, family, CBT, video
(740) 396-8970	Holmes, Kathleen; Associates in Counseling, 575 Industrial Pkwy Heath, OH									x	x		x					x		x		x							x					✚ Trauma, depr, anx, abuse, PTSD, eating d/o, EMDR, MBCT	
(740) 616-0779	Inceoglu, Marilyn; 630 W Main, Newark	x	x				x		x	x	x	x					x							x					x						
(614)863-8686	J Scott Counseling, 7638 Slate Ridge Blvd, Reynoldsburg, OH 43068 J Scott Craig, MS, LPCC	x									x	x		x	x	x	x																		Couples & Familiies, CBT, Gottman Couples



Phone	Name	Care solicitation	Paramore	Buckeye	UHC community	Meditation	Meditation	Meditation	Humanism	Meditation	Blue Cross / BSH	Aetna	Comp Psych	Cigna	Anthem	Optum	OSU Tricare	Most Private	Magellan	EAP	sliding scale	BWC	First Health	Ohio Health	Ohio PPO	Value Options	Optima	None	Specialty/Approach
(614) 763-6976	Johnson, Laura; Associates in Family Care, (no longer in Granville)	x									x	x			x		x												Depresssion, Anxiety, relationship/ CBT, Strength based / Individuals & couples, Bipolar
(740) 587-1543	Johnson, Maria; 941 River Rd., St B, Granville																												grief
(740) 788-1474	Johnson, Maria; Hospice, 2269 Cherry Valley, Newark																												grief, EMDR
(740) 405-2428	Kannaday, Jay; Newark Area W/C Friendly Transportation Service																												Transportation Service (Wheelchair friendly)
(740) 522-0009	Kennedy, Nikki; Bridging Connections Christian Counseling, 30 Custer Rd, Heath	x	x																						x				
(740) 393-6001	Kershner, Kyle - Soujourners Counseling Svs; 111 S. Mulberry St, Mt. Vernon	x	x																										✝
(614) 656-4063	King, Lynn; New Heights Counseling Svs, 10444 Westerfille Rd., Johnstown	x									x	x	x																
(740) 571-4802	Klepser, Alisa; Holy Wellness Center, 24 Front St., Pataskala																										x		✝ Depr, coping, anx
	Krumsee, Art Mindfulness Reduction Columbus, OH mindfulcolumbus.com																												MBCT/teacher
(740)224-4808	Machamer, Sarah LISW ACE Psychological Svs., 575 Industrial Pkwy, Health, OH										x	x	x		x	x								x	x				

[illegible]



Phone	Name	Care services offered	Mental health	Primary care	Behavioral health	UHC Community Health Center	Medicaid	Medicaid	Medicaid	Home care	Medicaid	Blue Cross of Ohio	UHC	Aetna	ComPsych	Cigna	Antiemetic	Optum	OSU	Tricare	Most Private	QCP	Magellan	EAP	Sliding scale	BWC	First Health	Ohio Health	Ohio PPO	Value Options	Optima	None	Specialty/Approach	
(740) 349-7066	Rechel, Amanda; The Woodlands; 195 Union St., B1, Newark	x	x	x	x	x	x																											
(740) 689-6700	Rehm, Michael; River Valley Counseling Center, 131 N. Ewing St, Lancaster																																	
(740) 877-3440 fax 522-4673	Rhodes, Dr. Amynda ACE Psychological Svs. 575 Industrial Pkwy Heath, OH								x	x		x		x		x										x	x		x				‡Addiction, Dual Diagnosis, Relationship, no ADHD testing	
(614) 582-1734	Risser, Michelle LISW; 37 E. Wilson Bridge Rd, suite 250, Worthington, OH						x				x			x		x	x		x														pregnancy & post partum, substance abuse, anxiety, OCD, HIV/AIDS,	
(740) 200-3082	Robinson, Susan; 905 River Rd, St C, Granville																														x		PTSD, Grief, Gay / CBT, Choice, EMDR	
(614) 588-0303	Solovey, Andrew; 252 Bradenton Ave, Dublin																																	
(740) 522-0009	Stephey, Tami CNP; Bridging Connections Christian Counseling, 30 Custer Rd, Heath																																	Medication management
(740) 788-8850	The Village Network; Newark 14 Sandalwood Dr., Newark					x	x		x		x		x							x													Dual diagnosis, substance abuse, trauma, depression, anxiety, couples counseling *Offers Psychiatry via Tele-psych	
(740) 392-5416	Weaver, Kathleen; Mt. Vernon Psychological Svs, 102 E Gambier, Mt. Vernon	x	x																															Faith based
(740) 817-1565	Webb, Cynthia; Life Empowering Counseling, 1616 W. Church, Ste A, Newark	x	x																										x					

[illegible]

## SELF-HELP STRATEGIES FOR PTSD

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### STEP 1: Educate yourself: Learning about anxiety & PTSD

No matter what type of anxiety problem you are struggling with, it is important to know the **facts about anxiety**.

**FACT 1:** Anxiety is a normal and adaptive system in the body that tells us when we are in danger. This means that dealing with your anxiety **NEVER** involves eliminating it, but rather managing it.

**FACT 2:** Anxiety can become a problem when our body tells us that there is danger when there is no real danger.

As an important first step, you can start by understanding that all of your fears and physical feelings have a name: **ANXIETY**.

To learn more details about anxiety, see [What Is Anxiety?](#)

Because PTSD can include scary symptoms such as nightmares, flashbacks, or dissociation (that is, acting or thinking as if you are living the trauma all over again), you might be worried that you are going crazy. For this reason, it is so important to educate yourself about all of the feelings that are common to PTSD. The problem is **not** that you are crazy. Rather, the problem is that you have anxiety because of a traumatic event you have experienced.

The good news is that there are skills that you can learn to help you cope with this anxiety.

### STEP 2: Building your Anxiety Management Toolbox



**TOOL #1: Learning to calm anxiety by slowing down your breathing** (see [How to do Calm Breathing](#)).

If you have PTSD, you might find that you are anxious throughout the day. Calm breathing is a quick and portable tool that you can use to “bring the volume down” on some of those anxious feelings.

**NOTE:** If you experience flashbacks or dissociation, it is a good idea to keep your eyes open when doing calm breathing.



**TOOL #2: Learning how to calm your anxiety by relaxing the muscles in your body** (see [How to do Progressive Muscle Relaxation](#)).

Because many people with PTSD are tense and jumpy throughout the day, it can be very helpful to learn how to relax your body.

Calm breathing and progressive muscle relaxation can you help to reduce some of the anxious and tense feelings in your body.



**TOOL #3: Grounding techniques**

Grounding is a very helpful technique if you are experiencing flashbacks and you find yourself sometimes losing touch with the present moment. Having this symptom of PTSD is not only terrifying for you, but it can also be scary for people around you, such as friends and family.

Grounding teaches you to stop losing touch with the present moment by concentrating and focusing on the present or by directing your attention to something else.

### **Some Examples of Grounding**

- Touch objects around you, and describe them (texture, colour). For example, “I’m sitting on a red chair, and the fabric is really soft; it’s velvet. The carpet is beige, and there is a red couch in the corner.”
- Run water over your hands, and describe aloud how it feels.
- Name all the different types of animals you can think of (e.g., zebra, cat, dog, cow, etc...), or types of flowers, cities in B.C., etc...
- Say the alphabet backwards

### TIPS FOR GROUNDING:

- 1. Eyes open.** When doing grounding techniques, make sure to keep your eyes open, so that you can see and focus on what is around you right now. It is also a good idea to speak out loud, describing what you are seeing and doing.
- 2. Practise:** Like any other skill, it is important to practise grounding techniques. It will be most useful if you have tried using this skill when you were calm, and you practised it often. That way, when you find yourself needing to use it, you already know how.
- 3. Enlist help:** Teach a friend or family member about grounding and why you need to use it. If someone you trust understands when grounding is useful, they can remind you to use it (and do it with you) if you are starting to lose touch with the present. For example, they might say, “I think you might want to do some grounding now... can you describe what you are wearing? What am I wearing? Where are we right now?”



### TOOL #4: Getting back into your life

Sometimes adults with PTSD will stop doing the things that they used to enjoy, and isolate themselves by avoiding friends and family. Although this is an understandable reaction after living through a trauma, **it is not helpful.**

Even though it might be difficult, it is important to get back into the normal routine of your life as soon as possible; this includes going to work, socializing with friends, and keeping up with hobbies or sports that you enjoy.



**KEY:** If it feels too difficult to get back to your usual activities, such as going to work, start with short pleasant activities that will take you out of the house for a brief period of time. These might include: going for coffee with a friend, going to see a movie or renting a DVD, or going out for a walk. Even a small step toward getting back into your life is a positive step forward!

It is also important that you take proper care of yourself. Some people with PTSD stop paying attention to what they eat, when they sleep, or whether they are getting enough



exercise. Unfortunately, these bad habits can actually make your anxiety worse. For tips on how to practise good habits and take care of yourself, see [Tips for Healthy Living](#).



### **TOOL #5: Facing your fears**

Some adults with PTSD will find themselves avoiding situations that are associated with the trauma they experienced. Some examples of this avoidance include:

- If you were in a car accident, you might be avoiding driving, being in cars, walking in areas where there is a lot of traffic, or being in the neighbourhood where the accident took place.
- Avoiding general places, situations or people associated with your trauma, such as parks, crowded places, and people of a particular ethnicity, age, or gender.
- Avoiding trauma reminders such as movies, TV, conversations.

The best way you can help yourself to deal with these fears is by facing them, rather than avoiding them. Normal activities such as driving or being in a car or reading the newspaper are best addressed by gradually approaching these situations. For tips on how to do reduce your avoidance see [Facing Your Fears –Exposure](#).

## **STEP 3: Knowing when to ask for help...**

Although the skills listed here can be very effective in helping you to manage your anxiety, sometimes they are not enough. For example, you might feel completely unable to be around others or to face some of your fears by yourself. This is understandable, since dealing with PTSD can feel like an overwhelming struggle.



If this is the case for you, it might be a good idea to consult with your family doctor, a psychiatrist or a psychologist/mental health worker to get some help in dealing with your PTSD. Working with someone trained in dealing with PTSD can also give you a chance to talk about any feelings of guilt, shame, or self-blame you might have because of your traumatic experience.

### ***Why do I need to deal with my guilt?***

Many people with PTSD think that they are either responsible for what happened in some way, that they could have prevented it, or that others would blame them if they knew “the whole story”. For example, it is not uncommon for people who have been sexually assaulted to think that they didn’t “fight back” enough, or that they acted in a careless way that invited or encouraged the attack.

Thoughts of guilt about a traumatic event can lead to strong negative feelings of sadness, depression, and shame.

#### **KEEP IN MIND:**

Although it is common for people with PTSD to feel very guilty about what happened to them or the way that they acted during the trauma, **these thoughts and feelings are false**. No one can predict the future, so you could not have predicted the trauma occurring. Also, it is easy to think about what you should have done, after it has already happened: knowing what you could have done (if you had predicted the trauma before it happened) does not mean that you are wrong or to blame for what you did do (see [Realistic Thinking](#) for more information).

A therapist can help you to talk through these thoughts and feelings, which is an important step toward coping with your PTSD.

#### **STEP 4: Building on bravery**

Remember that any progress you make in managing your anxiety and PTSD symptoms comes from a lot of hard work. If you are noticing improvements, take the time to give yourself some credit: reward yourself!

The best way to see your progress is to record all the work you are doing with your PTSD management skills. For example, write down how often you use relaxation or grounding techniques, and how effective it was each time. If you are trying to get out and socialize more, keep a record of the activities you have participated in each week. Set realistic goals for yourself, and reward yourself when you achieve those goals.

***How do you maintain all the progress you made?***

#### **PRACTISE, PRACTISE, PRACTISE!!**

The PTSD management skills presented here are designed to teach you new and more effective ways of dealing with your anxiety. If you practise them often, they can become new habits that are a part of your daily routine.

Like an exercise program, it is important to “keep in shape” even when you are feeling better and you have reached your goals.

For more information on how to maintain your progress and how to cope with relapses in symptoms, see [Learning about Relapse Prevention](#).

**Table 2. Medication Monotherapy for the Treatment of PTSD by Recommendation and Strength of Evidence**

Quality of Evidence*	Recommend For	Suggest For	Suggest Against	Recommend Against	No Recommendation For or Against
Moderate	Sertraline^ Paroxetine^ Fluoxetine Venlafaxine		Prazosin (excluding the treatment of PTSD associated nightmares)		Prazosin for the treatment of PTSD associated nightmares
Low		Nefazodone <sup>±</sup>	Quetiapine Olanzapine Citalopram Amitriptyline	Divalproex Tiagabine Guanfacine	Eszopiclone
Very Low		Imipramine Phenelzine <sup>±</sup>	Lamotrigine Topiramate	Risperidone Benzodiazepines D-cycloserine Hydrocortisone Ketamine	Bupropion Desipramine D-serine Escitalopram Mirtazapine
No Data <sup>†</sup>					<u>Antidepressants</u> Doxepin Duloxetine <sup>†</sup> Desvenlafaxine Fluvoxamine <sup>†</sup> Levomilnacipran Nortriptyline Trazodone Vilazodone Vortioxetine <u>Anxiolytic/Hypnotics</u> Buspirone <sup>†</sup> Cyproheptadine Hydroxyzine Zaleplon Zolpidem

\*The Work Group determined there was no high quality evidence regarding medication monotherapy

^FDA approved for PTSD

±Serious potential toxicity, should be managed carefully

†No data were captured in the evidence review for the CPG and were not considered in development of this table



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Low		Nefazodone <sup>±</sup>	Quetiapine Olanzapine Citalopram Amitriptyline	Divalproex Tiagabine Guanfacine	Eszopiclone
Very Low		Imipramine Phenelzine <sup>±</sup>	Lamotrigine Topiramate	Risperidone Benzodiazepines D-cycloserine Hydrocortisone Ketamine	Bupropion Desipramine D-serine Escitalopram Mirtazapine
No Data <sup>†</sup>					<u>Antidepressants</u> Doxepin Duloxetine <sup>†</sup> Desvenlafaxine Fluvoxamine <sup>†</sup> Levomilnacipran Nortriptyline Trazodone Vilazodone Vortioxetine <u>Anxiolytic/Hypnotics</u> Buspirone <sup>†</sup> Cyproheptadine Hydroxyzine Zaleplon Zolpidem

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Therapeutic Category	Initial Dose	Dose Range	Clinical Considerations: Comorbidities and Safety
<b>Antidepressants</b> <b><i>Monotherapy</i></b> <ul style="list-style-type: none"> <li>■ Fluoxetine*</li> <li>■ Paroxetine*</li> <li>■ Sertraline*</li> <li>■ Venlafaxine*</li> </ul>	10-20 mg daily 10-20 mg daily 25-60 mg daily IR: 25 mg 2 or 3 times a day XR: 37.5 mg once daily	20-80 mg daily 20-50 mg daily 50-200 mg daily 75-375 mg in 2-3 divided doses 75-225 mg once daily	<ul style="list-style-type: none"> <li>■ Avoid abrupt discontinuation; withdrawal symptoms with sudden discontinuation of SSRIs and SNRIs, paroxetine and venlafaxine in particular</li> <li>■ Paroxetine and sertraline have FDA label indications for treating PTSD</li> <li>■ Common adverse effects of the SSRIs and SNRIs include nausea, headache, diarrhea, anxiety, nervousness, sexual dysfunction, agitation, dizziness, hyponatremia or SIADH, and serotonin syndrome</li> <li>■ Venlafaxine can elevate blood pressure; caution advised with patients with hypertension</li> </ul>
<ul style="list-style-type: none"> <li>■ Nefazodone±</li> </ul>	25–100 mg 2 times daily	150-600 mg in 2 divided doses	<ul style="list-style-type: none"> <li>■ Nefazodone is associated with life-threatening hepatic failure; monitor for signs and symptoms including LFTs; avoid if active liver disease; do not re-challenge</li> <li>■ Nefazodone is subject to many drug interactions, particularly those involving CYP3A4 and glycoprotein</li> </ul>
<ul style="list-style-type: none"> <li>■ Imipramine±</li> </ul>	25-75 mg daily	100-300 mg in 1 or 2 divided doses	<ul style="list-style-type: none"> <li>■ Avoid TCAs within three months of an acute MI</li> <li>■ TCAs are relatively contraindicated in patients with coronary artery disease or prostatic enlargement</li> <li>■ TCAs side effects include dry mouth, dry eyes, constipation, orthostatic hypotension, tachycardia, ventricular arrhythmias, weight gain, and drowsiness Photosensitivity may occur</li> </ul>
<ul style="list-style-type: none"> <li>■ Phenelzine±</li> </ul>	15 mg 3 times daily	15 mg daily; 90 mg in divided doses	<ul style="list-style-type: none"> <li>■ Phenelzine considerations include drug-drug and drug-food interactions, risk of hypertensive crisis, hypotension, and anticholinergic effects</li> </ul>

Abbreviations: FDA: Food and Drug Administration; IR: immediate release; LFT: liver function tests; mg: milligram; MI: myocardial infarction; PTSD: posttraumatic stress disorder; SIADH: syndrome of inappropriate anti-diuretic hormone; SIT: Stress Inoculation Training; SNRI: Serotonin–norepinephrine reuptake inhibitors; SSRI: serotonin reuptake inhibitors; TCA: tricyclic antidepressant; XR: extended release

\*Strong For recommendation

±Weak For recommendation

