

**Title:** Analysis of Psychiatric Care and Prescribing Patterns for Patients with PTSD Treatment in a Federally Qualified Health Center

**Authors:** Allison Wadlow and Leah Korte, Pharm.D. Candidates; Kelly Gable, Pharm.D., BCPP; Jaron Asher, MD

**Purpose:** Psychotherapy remains the mainstay treatment recommendation within posttraumatic stress disorder (PTSD) guidelines. Consistency of pharmacotherapy treatment recommendations is lacking. The intent of this retrospective study is to explore PTSD pharmacotherapy prescribing patterns at a federally qualified healthcare center (FQHC).

**Methods:** SIUE Institutional Review Board approval was obtained prior to project initiation. The FQHC selected for this project serves as a practice site for behavioral health (BH) providers (one psychiatrist and one psychiatric pharmacist) and non-BH providers (25 primary care providers and 18 family medicine residents). Prescriber, prescribing data (from July 12, 2020 to July 12, 2021), patient demographics, and ICD-10 codes for depression, PTSD, and substance use disorders were extracted from the electronic health record. Psychiatric medication prescribing patterns were further analyzed based on concurrent diagnoses and type of prescriber (BH vs non-BH).

**Results:** Within this FQHC, 490 patients receiving treatment over a one-year period had a diagnosis of PTSD. Depression (21%, n = 103) and nicotine use disorder (20%, n = 98) were the most common co-occurring psychiatric conditions. During this year, BH providers prescribed 430 psychiatric medications and non-BH providers prescribed 752 psychiatric medications. Selective serotonin reuptake inhibitors (SSRIs) made up 11% (n = 47) of the 430 BH prescribed medications and 20% (n = 150) of the 752 non-BH prescribed medications, with sertraline used most frequently. Mirtazapine, bupropion, duloxetine, and trazodone were the antidepressants used most often by BH providers. They made up 27% (n = 116) for BH and 17% (n = 128) for non-BH, with mirtazapine prescribed most frequently by BH. Quetiapine and aripiprazole were the most common antipsychotics and prescribed at comparable rates. Benzodiazepines

made up 6.7% (n = 28) for BH and 9.6% (n = 72) for non-BH, with clonazepam prescribed most frequently. Prazosin was the most common medication for sleep-related PTSD symptoms, making up 6.5% (n = 28) for BH and 8.1% (n = 61) for non-BH.

**Conclusions:** This FQHC encourages primary care (non-BH) to initiate treatment for common mental health conditions. Additionally, while PTSD guidelines lack consistency for pharmacotherapy, they all recommend SSRI treatments. The results of this study are likely reflecting the integrated healthcare model of this FQHC, in that non-BH providers are encouraged to initiate more common first-line treatments, while BH providers will often treat patients with more refractory symptoms. In this way, non-BH provider prescribing more closely matched current treatment guidelines. However, this study also demonstrated the need to reinforce the de-prescribing of benzodiazepines by non-BH providers.