

American Psychological Association (APA)
Clinical Practice Guideline Development Panel for PTSD

July 13-14, 2014

APA Headquarters
Washington, DC

Meeting Summary

Attending

Guideline Development Panel members: Christine Courtois (Chair), Laura Brown, Joan Cook, John Fairbank, Joseph Gone, Russell Jones, Annette La Greca, Thomas Mellman (by phone), John Roberts, Priscilla Schulz, Jeffrey Sonis, and Sharon Wise. (Not attending: Matthew Friedman)

Advisory Steering Committee liaison: Steven Hollon

APA staff: Lynn Bufka, Raquel Halfond, Howard Kurtzman, and C. Vaile Wright

Guests (by phone): Cynthia Feltner (University of North Carolina School of Medicine) and Gerald Gartlehner (RTI International)

Day One

Members were welcomed and all present introduced themselves and reviewed the agenda.

The panel members spent the morning working together as a full group on the decision table on Efficacy of Exposure Therapy in order to ensure that all understood the process and were consistent in their procedures for completing decision tables. The panel decided to continue working as a full group on additional decision tables for the remainder of day one.

Among the methodological topics discussed was how to set boundaries between small and large benefits; ultimately, however, the panel did not decide on any rigid cutoff points. The panel determined that it would not consider the mechanisms of action of an intervention in evaluating it, but rather focus on evidence of the efficacy/effectiveness of the intervention.

For cases in which little or no data are available about patient values and preferences, the panel discussed how to rate certainty and variability. No final resolution was reached. [This topic was taken up in a subsequent conference call.]

Dr. Wright provided an overview of the literature on harms and burdens that was identified by staff. Panel members pointed out that the meaning or causes of “dropout” are not always clear, and that this unclarity should be noted in the guideline document. It was also pointed out that some treatments may lead to temporary symptom exacerbation (as a component of the treatment itself) but can ultimately be effective.

Dr. Gartlehner joined the meeting via phone for about an hour to respond to methodological questions. He stated that if the panel has strong evidence for the benefits of an intervention and weak evidence indicating no serious harms, then making a strong recommendation in favor of the intervention is reasonable. The panel inquired about how to handle a situation in which the confidence interval for an effect includes the null value. Dr. Gartlehner recommended and the panel agreed that in such a case, the particular outcome should be marked as “unable to rate” due to the inconsistency. [This last point was taken up again by the panel on a subsequent conference call.]

Day Two

Panel members spent the morning of the second day completing decision tables in small work groups. They then reconvened to review these decision tables as a full group. Members noted that having the full panel, representing various perspectives, weigh in on each decision table was valuable and should be continued.

Dr. Feltner, who was a coauthor of the AHRQ systematic review, and Dr. Gartlehner joined the meeting by phone for about an hour and answered panel members’ questions about methodology and the evidence profiles.

In reviewing the decision table on Efficacy of EMDR as a full group, the panel found an inconsistency between the evidence profile and the full AHRQ systematic review. It was not clear whether the evidence profile included evidence from van der Kolk et al. (2007), which compared EMDR to medication and to a placebo, or from Carlson et al. (1998), which compared EMDR to usual care. [This issue was resolved after the meeting. It was learned that the evidence profile included evidence from Carlson et al. (1998), not from van der Kolk et al. (2007).]

In the afternoon, Dr. Hollon raised the question of the degree to which the panel should rely on the systematic review versus directly examining the primary studies. In general, panel members concluded that, in order to avoid introducing bias, decisions to examine primary studies should be based on clear criteria that are applied consistently. They expressed the need to find a balance among trust in the methods underlying the review, their responsibility to check the validity of the review, and the need to complete their task in a reasonable amount of time. The panel decided to continue to discuss this issue following the meeting, and APA staff will bring the issue to the full Advisory Steering Committee.

Decision Table Status

By the end of the meeting, the panel had completed an initial draft of all of the decision tables pertaining to psychological treatments. The panel reviewed the following tables as a full group: efficacy of cognitive therapy, efficacy of exposure therapy, efficacy of EMDR (partially reviewed), efficacy of narrative exposure, and comparative effectiveness of exposure vs. exposure plus cognitive restructuring. The panel began working as a full group on the decision table for the comparative effectiveness of seeking safety vs. active controls but decided to wait to finish completing this table. All the decision tables pertaining to medications remain to be drafted by the group at its next meeting.

Next Steps

- Panel will continue work to complete and review decision tables.

- APA staff will review decision tables completed thus far by panel and note inconsistencies or spaces where information is left blank.
- APA staff will bring to the Advisory Steering Committee the question of the degree to which the panel should rely on the systematic review versus directly examining primary studies.
- Panel will review the list of interventions for which no evidence has at least moderate strength/quality. (Panel might decide to recommend against use of such interventions, particularly if there are associated harms/burdens.)
- Panel will continue discussion of proposed procedures for completing decision tables.
- APA staff will check with the evidence profile authors on which studies were included in the EMDR evidence profile.
- Next conference call: July 23, 2014, 8pm ET
- Next in-person meeting: September 12- 13, 2014