Combining Nerve Blocks with Therapy Speeds Recovery in Military Personnel, Veterans

Stellate ganglion block alongside cognitive processing therapy leads to faster improvement from post-traumatic stress disorder (PTSD)

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Key Takeaways
• Researchers found that adding a stellate ganglion block (SGB) to cognitive processing therapy (CPT) helps military members and veterans feel better and recover from post-traumatic stress disorder (PTSD) symptoms more quickly.
• SGB works best when given before therapy, but it can also be given after CPT to help people who did not feel better with CPT alone.
• This innovative approach could help military personnel return to work faster and could be especially useful when specialized PTSD care is hard to find, like in rural areas.

Military service members and veterans frequently experience post-traumatic stress disorder (PTSD), which is linked to a range of psychological challenges and adverse effects.

Cognitive-behavioral therapies like cognitive processing therapy (CPT) are the main treatments for PTSD and are most effective when given daily. However, many patients continue to have PTSD symptoms after treatment, highlighting the need for more research to improve its effectiveness.

In previous studies, stellate ganglion block (SGB), a long-acting anesthetic injection into the cervical spine thought to "reset" sympathetic arousal, has shown promise as an additional treatment by reducing PTSD symptoms.

In a first-ever randomized clinical trial, researchers at The Ohio State University Wexner Medical Center and College of Medicine evaluated the efficacy of SGB when delivered in combination with front-line PTSD psychotherapy treatment.

“Our research shows SGB enhances CPT effectiveness when administered beforehand. Military personnel and veterans not helped by initial daily CPT experienced significant PTSD symptom

reduction when SGB is given after CPT," said senior study author Jaryd Hiser, PhD, psychologist at Ohio State's Department of Psychiatry and Behavioral Health (https://medicine.osu.edu/departments/psychiatry-and-behavioral-health). "In addition, we found that SGB before CPT may offer a faster treatment response for some patients."

Study findings are published in the journal Psychotherapy and Psychosomatics (https://karger.com/pps/article-abstract/doi/10.1159/000550014/941525/Effectiveness-of-Combined-Cognitive-Processing?redirectedFrom=fulltext).

The study involved 86 military personnel and veterans with PTSD, who were given SGB either before or after daily CPT. PTSD symptoms were measured using the PCL-5, a standardized tool for assessing post-traumatic stress after a traumatic event.

Hiser noted that the intervention produced quick and effective results. Over an average period of just two weeks, participants' PCL scores fell from 50 to 20—more than double the standard improvement—and this positive effect lasted for at least one year after treatment.

PTSD is the most common mental health issue among military personnel and veterans, affecting up to 23% of this population. PTSD often results from combat trauma, but can also result from non-combat trauma, such as sexual assault, domestic violence or childhood abuse.

PTSD causes psychological issues like intrusive thoughts, avoidance, mood and cognitive shifts, and increased arousal, which can lead to problems such as work or relationship dissatisfaction, aggression, substance abuse, and suicidal thoughts. These challenges hinder deployment readiness and diminish the overall quality of life for military personnel.

Though the sample included veterans and service members, many participants had non-combat trauma. The results suggest this therapy could also benefit civilians with difficult trauma cases. While veterans were the main focus, these treatments could help others as well, Hiser said.

"The combination of SGB before daily CPT may be of particular interest to the Department of Defense for treating military personnel with PTSD," Hiser said. "Such an approach could maximize treatment response in a brief period of time and return military personnel to mission readiness sooner. This approach could also enhance clinical efficiency by reducing symptoms quickly, which is important because specialized PTSD care is not always available, especially in rural areas."

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Conflict of Interest Disclosures
- Jaryd Hiser, PhD, declares no conflict of interest.
- Other authors declare various conflicts of interest.

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