Yoga for Post Traumatic Stress Disorder in Women

Joshua Burns
Pacific University

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Abstract

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Conclusion: The benefits of yoga in the treatment of adult women with PTSD are promising but preliminary. More studies are needed to adequately address the potential benefits of yoga for treatment of PTSD. Future research is warranted on this topic due to its potential impact on changing the management of post traumatic stress patients, reducing strain on the healthcare system, and lowering costs for patients.

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Degree Type
Capstone Project

Degree Name
Master of Science in Physician Assistant Studies

First Advisor
Prof. Sommers

Keywords
Post traumatic stress disorder, yoga, treatment, women.

Subject Categories
Medicine and Health Sciences

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Yoga for Post Traumatic Stress Disorder in Women

Joshua Burns

A Clinical Graduate Project Submitted to the Faculty of the

School of Physician Assistant Studies

Pacific University

Hillsboro, OR

For the Masters of Science Degree, August 2016

Faculty Advisor: Annjanette Sommers

Clinical Graduate Project Coordinator: Annjanette Sommers, PA-C, MS
Biography
Joshua Burns is a native of Florida where he completed a bachelor’s in Public Health through Old Dominion University. He spent 5 years in the Air Force as a medic which led to pursuit of further education as a physician assistant.
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Acknowledgements

To *my parents*: Thank you for helping me to succeed.
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Table I: Characteristics of Reviewed Studies

List of Abbreviations

CAPS................................................................. Clinician-Administered PTSD Scale
CBO..............................................................Congressional Budget Office
DSM-IV............................................................Diagnostic Statistical Manual Version 4
PCL......................................................................PTSD Checklist
PTSD...............................................................Post traumatic Stress Disorder
PSS-I.................................................................PTSD Symptom Scale Interview
SSRI.................................................................Selective Serotonin Reuptake Inhibitor
TCAs..............................................................Tricyclic Antidepressants

List of Appendices

Appendix A............................................................PTSD Checklist for Civilians
Appendix B............................................................PTSD Checklist for Veterans
Yoga for Post Traumatic Stress Disorder in Women

BACKGROUND

Post traumatic stress disorder (PTSD) is a life altering condition with a pathophysiology that is not well understood.\(^1\) Post-traumatic stress stems from a traumatic event or experience that often places someone in danger, leaving a lasting memory which manifests secondary symptoms. Examples of triggers that may lead to PTSD are: combat exposure, sexual or physical abuse, terrorist attacks, motor vehicle accidents, or natural disasters.\(^2\) Symptoms of PTSD can include intrusive thoughts, flashbacks, nightmares, avoidance of reminders of trauma, hyper vigilance and sleep disturbances, which may all result in interpersonal struggle. Common accompanying co-morbid conditions include depression, substance use disorders, and somatization.\(^1\)

The current lifetime prevalence within the United States of PTSD ranges from 6.8 to 12.3 percent. Risk factors can include gender, age of trauma, race, socioeconomic status, and psychiatric history. Women are four times as likely to develop PTSD than men which may be because women are more likely to experience sexual assault. Sexual assault is the most frequent type of trauma experienced by woman who suffer from PTSD.\(^1\) Additionally, women in the military have an increased likelihood to experience trauma while also being at a greater risk of sexual harassment and assault.\(^3\)

There are many different treatments for PTSD, yet not everybody who experiences trauma or symptoms of PTSD seeks out treatment. One study has found that women respond to treatment just as well if not better than men, this may be because women are more comfortable sharing their feelings and talking about interpersonal conflicts than men.\(^3\) Treatment typically
includes medications, psychotherapy, exposure, and coping skills training. Systematic reviews have been done to assess the effectiveness of cognitive therapy for PTSD and have resulted in mixed conclusions, most of which are positive, but others have inadequate evidence to support its efficacy. Many of the studies that have good results unfortunately have a high rate of incomplete response. The Institute of Medicine found that, “The current available scientific evidence for the treatment of PTSD has not reached a level of certainty that would be desirable for such a common and serious condition”. Limited studies have also found that there is no significant difference in efficacy between combining psychotherapy and pharmacotherapy versus either treatment independently for PTSD.

Pharmacotherapy alone for PTSD has a great deal of variation in response, currently selective serotonin reuptake inhibitors (SSRI) are first-line medications that are being used for PTSD. Duration with a SSRI should last a minimum of six to eight weeks in order to reach its therapeutic effect and may have many adverse side effects. There is insufficient evidence to support the efficacy of tricyclic antidepressants (TCAs) or atypical antipsychotic medications at this time.

Moreover, cost of therapy for PTSD has been show to be roughly $4100 in the first year with many patients needing years of therapy to cope with such a disorder. Data from the Congressional Budget Office (CBO) shows that fours years of treatment adds up to $10000. Although cost doesn’t end there, patients who suffer from PTSD have a greater risk of lost work productivity that is thought to be from inability to handle large crowds and also their suffering from co-morbid conditions such as depression, anxiety, and substance abuse. Therefore other forms of treatment including alternative therapies, like yoga, should be further investigated.
More than 26 million Americans practice yoga regularly, and it is one of the top 10 commonly practiced forms of complementary health care used in the United States. Yoga has been used as an adjunctive treatment for disorders including depression, fibromyalgia, schizophrenia and more. Yoga increases body awareness and may improve one’s ability to identify aspects of physical sensations and reduce triggering an emotional response.¹ With a PTSD diagnosis, one can expect a large cost for treatment that may not even fully benefit the patient.

This background brings the question in review: Is yoga an effective treatment for PTSD in adult women? If found to be efficacious, yoga has greater health benefits combined with less burden of cost and risk from side effects for women suffering from PTSD.

METHODS

An exhaustive literature search was performed using Web of science, MEDLINE-Ovid, Google Scholar, CINAHL and MEDLINE-Pubmed using the search terms yoga, post traumatic stress disorder, women, treatment. References from identified articles were reviewed for additional studies. Included in this systemic review were randomized control trials¹,⁹ of adult women with PTSD. Primary outcomes were measured via CAPS and PSS-I. All articles used were full-text and published in English language. Studies were assessed using the GRADE criteria.⁸

RESULTS

Based on the eligibility criteria, two studies¹,⁹ were found that both collected data via randomized control trials. See Table I. The participant demographics between studies were similar with respect to age and race; although primary outcomes were not measured by the same
questionnaire. Providers have the option of using the PTSD checklist (PCL) which is a self-administered tool for screening, or the Clinician-Administered PTSD Scale (CAPS) which is another tool used for assessing severity. The PCL has two different versions available for civilian and or military populations, the max score is 85 and a score of 50 is considered to be consistent with a diagnosis of PTSD. The Clinician-Administered PTSD scale is a structured assessment conducted by interview that measures the core and associated symptoms of PTSD. The frequency and severity of symptoms are recorded through standard prompt questions and behavior rating scales. The PTSD Symptom Scale Interview (PSS-I) is a 17-item questionnaire that has parallel questions similar to DSM-IV criteria. The PSS-I, unlike the other screening tools, was only used to assess the patients at baseline in the studies of this review, after undergoing treatment the PCL was used during mid and post-treatments assessments. Both studies used DSM-IV criteria for diagnosis making comparison between the two possible.

**Dick et al**

This is a randomized control trial published in 2014 that compared the effects of yoga as an intervention for PTSD and sub-threshold PTSD symptoms in women. The two groups assessed consisted of 38 females (9 veterans and 29 civilians) split into an experimental group that attended 12 yoga sessions lasting 75 minutes then completed weekly questionnaires and a control group which attended 12 weekly assessment sessions in groups of five participants each, while completing the same questionnaires reviewing their symptoms. Out of the 38 participants a total of 29 met criteria for full PTSD and the remaining 9 were considered sub-threshold using the PSS-I. Participants were excluded if they had taken a yoga class within the past 6 months, had substance dependence within 3 months and an unstable psychiatric condition or suicide risk; ninety-six women were narrowed down to 38 who met criteria. The questionnaires given
weekly were abbreviated versions of the packets completed at the participants’ baseline, post-intervention, and follow-up. This study examined the effects of yoga on symptoms defined as reappraisal (cognitively transforming a situation to alter its emotional effect) and expression suppression (inhibiting emotion-expressive behavior while emotionally aroused). The authors hypothesized that the yoga participants would experience an increase in reappraisal and decrease in expressive suppression. Results of this study showed that expressive suppression decreased significantly overtime for the yoga group but not for the control group. There were no significant changes in reappraisal scores for the yoga or control group.9

Van der Kolk et al

This study1 was conducted from 2008 to 2011 consisting of 64 women randomly assigned to either a trauma-informed yoga or supportive women’s health education class for 10 weeks. Out of the total 101 participants that were assessed in this study, 64 remained after excluding for participants that did not meet diagnostic DSM-IV criteria, and after patients self withdrew. Other exclusion criteria included those that were pregnant or breastfeeding, had a current unstable medical condition, had substance abuse in the past 6 months, had an active suicide risk or had attended greater that 5 yoga sessions prior. Assessments were conducted at pretreatment, mid-treatment and post-treatment using the DSM-IV focusing on affect regulation and depression. The yoga intervention lasted one-hour each week for 10 weeks in a trauma-informed class focusing on breathing, postures and meditation. The control treatment consisted of 10 weeks of an hour-long women’s health education class that focused on active participation and support that increased knowledge of different health aspects. Women assigned to this group were encouraged to seek medical services, discuss issues with medical professionals, normalize the experience of talking about uncomfortable body issues and conduct and pursue self-care
activities. Results of this study were that 16 of the 31 participants that used yoga as an intervention no longer met PTSD criteria at the final assessment compared to 6 out of the 29 who no longer met criteria in the control group. In assessing more closely, both groups exhibited a significant decrease in PTSD symptoms during the first half of the treatment; however, the yoga group maintained the improvements while the control group relapsed after the initial improvement.¹

**DISCUSSION**

These two studies¹,⁹ suggest that the stretching, relaxation, and coping techniques provided by yoga are beneficial as adjunctive treatments of symptoms in adult female patients with post traumatic stress disorder, as emphasized by the van der Kolk et al study which demonstrated approximately 30% more patients had improved PTSD symptoms such that they didn’t meet DSM-IV criteria for the diagnosis. Of note, participants in theses studies¹,⁹ who were currently undergoing supportive care or taking medications were not excluded and instructed to continue their treatment.

However, there are some limitations with these studies. The number of participants in both studies¹,⁹ when compared to the prevalence of morbidity in the United States is a large limitation. Mid-treatment assessment was not performed in the Dick et al study. Dick et al study used the PSS-I for inclusion criteria but measured change via the PCL; long term follow-up was not performed to measure the full effect of the intervention in comparison to the assessment group. Also, it was not addressed to which aspects of yoga were the most beneficial and to whom. The varying levels of PTSD in the patients could have a large impact on the study
outcomes. Participants using medications or current therapy were not excluded from these studies which may have affected the outcome when combined.\textsuperscript{1,9}

Kolk et al study lacked a formal follow-up period and lasted only 10 weeks in duration while common practice of yoga and medications for PTSD generally last longer.\textsuperscript{1}

Despite these limitations, the evidence seems to support recommending yoga to female patients suffering from PTSD. Yoga has minimal adverse effects and a minimal cost. The average cost of yoga can vary from $10 to $20 per class and for those that intend to pursue private lessons they can expect to pay around $75-$100 per class. If used adjunctively to standard care, the possible benefits most often will out-weight the costs.\textsuperscript{11}

More in-depth research should be conducted to understand the different aspects of yoga practice and its specific contribution to the most common symptoms of PTSD. With greater understanding of PTSD symptoms, and added trials of which forms of yoga help – clinicians can begin to create yoga specific classes for these patients and improve the practice to express full potential of its’ benefit. With further research, yoga can become an evidence-based recommendation for patients with PTSD and expose a greater population to its benefits verse the current self-reporting population. Additionally, longer studies with larger populations will increase efficacy and augment further treatment. Yoga for women suffering PTSD is very applicable to practice, yet is not commonly covered by insurance. With few studies resulting in reduction of symptoms there is a large potential for added benefit of the practice to aid quality of life in patients suffering PTSD.

**CONCLUSION**
Practicing yoga according to these studies may reduce symptoms associated with PTSD; however, the findings are preliminary. Further research is needed to understand what aspects of yoga specifically aid women suffering from PTSD. Separate research on the physiological changes improved by yoga in relation to trauma, when combined with a greater understanding of post traumatic stress, could allow yoga to lead as a primary treatment. With PTSD having such a high prevalence within the United States, greater efforts should be put forth to discover the best treatment for this population suffering and develop it. A treatment that has low risk, minimal side effects, and added benefits should be recommended to all patients.
References


   [http://commons.pacificu.edu/pa/293](http://commons.pacificu.edu/pa/293)

3. Women, Trauma, and PTSD. PTSD: National Center for PTSD.


http://www.cbo.gov/sites/default/files/cbofiles/attachments/02-09-PTSD.pdf


**Table I. Characteristics of Reviewed Studies**

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Limitations</th>
<th>Indirectness</th>
<th>Inconsistency</th>
<th>Imprecision</th>
<th>Publication bias</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van der Kolk et al(^1)</td>
<td>RCT</td>
<td>Not Serious(^a)</td>
<td>Not Serious(^b)</td>
<td>Not Serious(^b)</td>
<td>Serious(^a)</td>
<td>Likely(^b)</td>
<td>Low</td>
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<tr>
<td>Dick et al(^9)</td>
<td>RCT</td>
<td>Not Serious(^a)</td>
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<td>Not Serious(^b)</td>
<td>Serious(^a)</td>
<td>Likely(^b)</td>
<td>Low</td>
</tr>
</tbody>
</table>

Abbreviations: GRADE: Grading of Recommendations, Assessments, Development and Evaluation, PTSD: Post-traumatic stress disorder

\(^a\) Small sample size

\(^b\) The van der Kolk et al study and Dick et al study used symptoms of PTSD to focus on, which may vary
APPENDICIS

Appendix A

**Patient's name:**

---

**Instruction to patient:** Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Not at all (1)</th>
<th>A little bit (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>Extremely (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Repeated, disturbing dreams of a stressful experience from the past?</td>
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<tr>
<td>3.</td>
<td>Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
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<tr>
<td>4.</td>
<td>Feeling very upset when something reminded you of a stressful experience from the past?</td>
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<tr>
<td>5.</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
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<tr>
<td>6.</td>
<td>Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
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<tr>
<td>7.</td>
<td>Avoid activities or situations because they remind you of a stressful experience from the past?</td>
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<td>8.</td>
<td>Trouble remembering important parts of a stressful experience from the past?</td>
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<tr>
<td>9.</td>
<td>Loss of interest in things that you used to enjoy?</td>
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<td>10.</td>
<td>Feeling distant or cut off from other people?</td>
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<tr>
<td>11.</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
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<tr>
<td>12.</td>
<td>Feeling as if your future will somehow be cut short?</td>
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<tr>
<td>13.</td>
<td>Trouble falling or staying asleep?</td>
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<td>14.</td>
<td>Feeling irritable or having angry outbursts?</td>
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<td>15.</td>
<td>Having difficulty concentrating?</td>
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<td>16.</td>
<td>Being “super alert” or watchful on guard?</td>
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<td>17.</td>
<td>Feeling jumpy or easily startled?</td>
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</tbody>
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**Total score:** [ ]
Appendix B

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**Instruction to patient:** Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

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