



Treatment of PTSD Nightmares: Is prazosin a dream come true?

CLINICAL QUESTION

How effective is prazosin for nightmares in posttraumatic stress disorder (PTSD)?

BOTTOM LINE

In patients with PTSD, prazosin may decrease nightmare symptoms by 1-3 points (0-8 scale), but does not consistently improve sleep quality compared to placebo over 6-26 weeks. When titrated gradually, prazosin is well-tolerated but more experience dry mouth (16% versus 4%) and dizziness (47% versus 39%) compared to placebo.

EVIDENCE

- Results statistically significant unless stated.
- 7 systematic reviews (5-11 Randomized Controlled Trials [RCTs], 441-796 patients)¹⁻⁷ over the past 5 years evaluated prazosin versus placebo. At 6-26 weeks:
 - Nightmares:
 - 7 systematic reviews: all showed statistically significant improvements using different measures.

- Example: distressing dreams score (0 to 8 points, lower is better);⁸ baseline ~6):
 - RCTs:⁸⁻¹⁴ 4/7 prazosin better by 1.5 to 2.9 points, 3/7 no difference.
- Sleep quality:
 - 5 systematic reviews: 3 showed statistically significant improvements, 2 did not.
 - Example: Most commonly used sleep quality score (0 to 21 points, lower is better; baseline ~11-15; clinically meaningful change: 2.5-3 points):^{15,16}
 - RCTs:^{8,9,11-13,17,18} 4/7 prazosin better by 2.4 to 4.9 points, 3/7 no difference.
- Adverse events:
 - Discontinuations due to adverse events: not reported.
 - Dry mouth:⁶ 15.6% versus 4.0% (placebo), number needed to harm (NNH)=8; Dizziness:⁶ 46.4% versus 38.8% (placebo), NNH=13.
- Limitations: Differences in patients enrolled (example: mild PTSD to suicidal patients), outcomes assessed, drop-out rates (range 0-70%), and size of treatment effect. Largest RCT performed in patients with clinically stable PTSD showed no differences.⁸

CONTEXT

- Trauma-related nightmares reported by 80% with PTSD in first 3 months, with symptoms resolving in about half of patients several months later.^{3,20}
- RCT dosing: prazosin 1 mg at bedtime titrated every few days or every week to minimize adverse events, particularly orthostatic hypotension.^{8-14,17,18} Mean RCT doses ~5-15mg per day (at bedtime or divided).
- Guidelines suggest:
 - In addition to trauma-focused cognitive behavioural therapy (CBT) for general PTSD treatment (strong recommendation),^{19,21} some recommend specific forms of CBT (example: image rehearsal therapy)²⁰ for those with PTSD-associated nightmares.
 - Prazosin may be used for treatment of PTSD-associated nightmares (weak recommendation).^{19,20}

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AUTHORS

Scott Thomas, PharmD
candidate

Matthew Exner, PharmD
candidate

Michael R Kolber, MD CCFP
MSc

Jamie Falk, PharmD

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