Stellate Ganglion Block for PTSD

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INTRODUCTION

- 50% of patients with post traumatic stress experience symptoms longer than 3 months.
- The use of SGBs in the treatment of PTSD is gaining popularity, but has yet to achieve widespread adoption despite being used to treat psychiatric conditions since 1947[1].
- Efficacy of standard treatment of post-traumatic stress is predicated on processing trauma which exacerbates symptoms often leading to avoidance or disengagement.
- High prevalence of PTSD among AD, which is twice that of civilians[3].
- SGB's offer rapid relief, which is crucial during combat, and can last up to 3 months.
- Evidence points to epigenetic changes in brain-derived neurotrophic factor as the mechanism[7].

METHODS

Psychiatric evaluation and diagnosis

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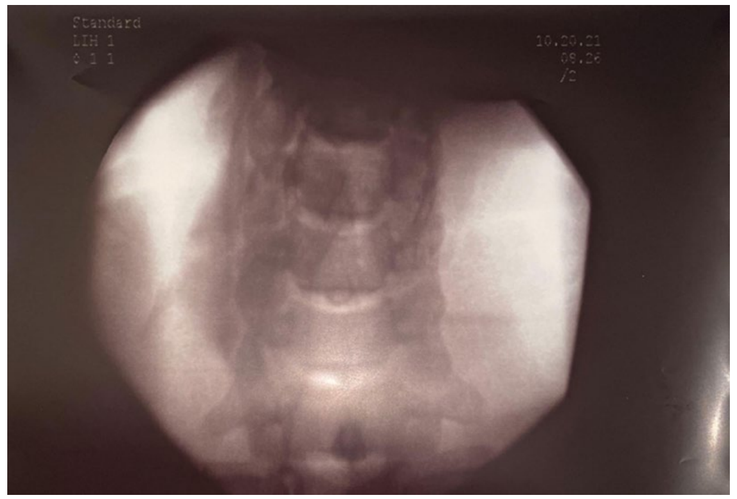
Symptoms Refractory to
Psychotherapy
Pharmacotherapy

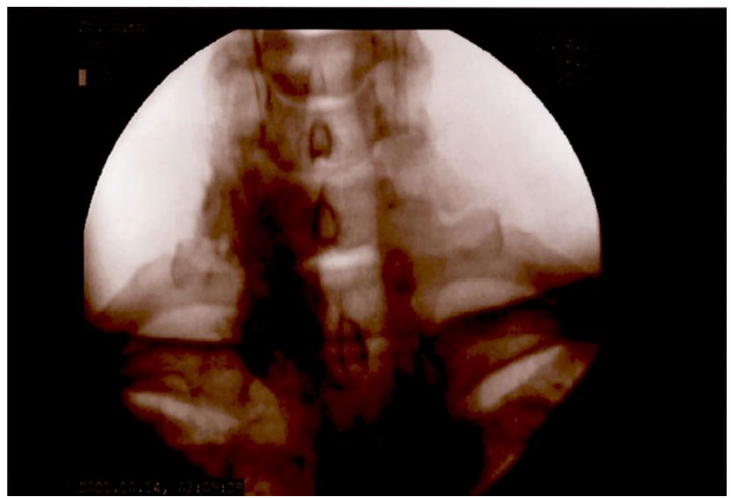
↓ Referral for Stellate Ganglion Block (SGB)

PTSD Checklist for DSM-5 (PCL-5) pre- and post-procedure
Ultrasound Guided SGB with 7-9 mL of 0.5% ropivacaine injected at the C-6 level.
Confirmed with spread of contrast dye.

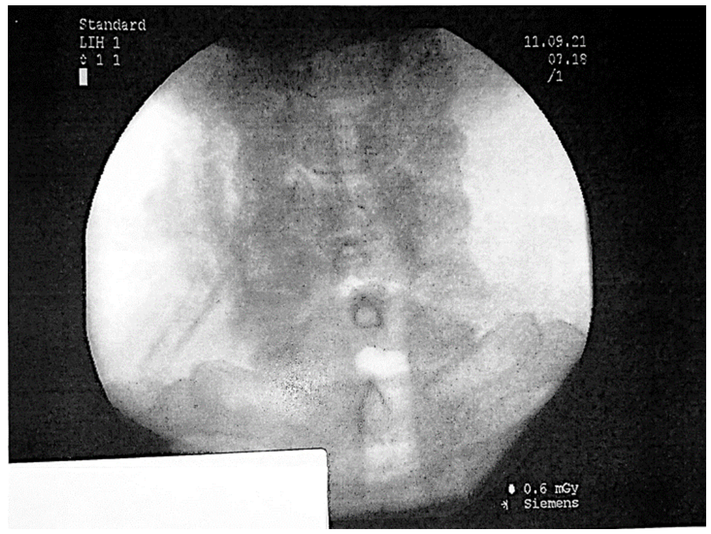
CLINICAL PRESENTATION



Patient 1: 44 F receiving SGBs since Aug 2020 with 4-6 week benefit. Refractory to pharmacotherapy and psychotherapy. Pre-procedure PCL-5: 54. Post-procedure (2 weeks): 48.



Patient 2: 46 M post-TBI patient who received SGB for PTSD. Pre-procedure PCL-5: 49. Post-procedure (~8 weeks): 47. Reported no significant change but able to engage in therapy he otherwise wouldn't have.



Patient 3: 47 M PTSD since June 2020. Refractory to psychotherapy and zoloft leading to removal from job position due to decreased work performance. Pre-procedure PCL-5: 51. Post-procedure (~3 weeks): 42.

CONCLUSIONS

- PTSD is a complex disorder that is difficult to treat and can lead to terminal consequences.
- Data regarding short-term benefit of SGBs is growing and overwhelmingly positive when used appropriately as an adjunct.
- Considering the chronic nature of PTSD, SGBs may be an effective supplemental therapy to the standard of care.

REFERENCES

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