



"Research & Training to Improve Clinical Care"

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Short Name: Early Combined Intervention after Traumatic Injury

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Abstract:

Each year in the United States approximately 2.5 million individuals are hospitalized after sustaining traumatic physical injuries. Within 48 hours after the September 11th 2001 attack, 1,103 injured victims were triaged through 5 New York City acute care centers. Injured patients are at high risk for developing posttraumatic stress disorder (PTSD) and related comorbidities. High quality interventions remain to be developed for injured trauma survivors who begin their care episode as surgical inpatients and are followed up through primary care outpatient visits and community rehabilitation. The goal of this randomized clinical trial is to test the effectiveness of an early intervention that combines evidence-based psychotherapeutic and psychopharmacological treatments with case management. The early combined intervention is hypothesized to reduce PTSD symptoms, improve post-injury functioning, diminish alcohol consumption, and prevent new injuries. Over a 3 year period, 420 injured trauma survivors ages 18 or older will be recruited from the inpatient trauma surgery service of the University of Washington's Harborview Medical Center and randomized to receive the combined intervention or care as usual. Intervention patients will receive care from a trauma center based mental health team that includes 2 front-line RN interventionists as well as supervising MD/PhD consultants. The case management intervention component engages patients in posttraumatic care and also provides continuity of care by linking treatment across surgical, primary care, and community service delivery sectors. The evidence-based component of the combined intervention includes cognitive behavioral therapy and medications targeting PTSD and motivational interviewing targeting alcohol consumption. Evidence-based interventions will be tailored to patients' preferences and will be delivered at critical junctures after the injury in a stepped fashion. 1, 3, 6, 9, and 12 months after the acute care inpatient admission, the 2 groups will be compared on measures of PTSD, functional impairment, alcohol consumption, new injury hospitalizations, and costs. The investigation includes a national advisory committee that will integrate study findings into ongoing policy discussions surrounding the adoption of sustainable acute mental health services for diverse injured survivors of individual and mass trauma.

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