RECONsolidation of Traumatic memories to ResOLve Posttraumatic Stress Disorder (RECONTROL): Preliminary Results

Michael J. Roy, MD, MPH[1,3]; Paula G. Bellini, MA[1,4]; Annabel Lee Raboy, MA[1,4]; Patricia T. Spangler, PhD[2, 3,4]; Deborah Probe Adams, MA[2,3,4]; Kerri E. Dunbar, MA[1,4]; Catherine L. Dempsey, PhD[2,3,4]; Richard M. Gray, PhD[5]
Centers for [1]Neuroscience and Regenerative Medicine and [2]Study of Traumatic Stress, Uniformed Services University, Bethesda, MD; [3]Walter Reed National Military Medical Center, Bethesda, MD; [4]Henry M. Jackson Foundation, Bethesda, MD; [5]Research and Recognition Project, Corning, NY.

BACKGROUND

- Rates of successful treatment for PTSD of military personnel with current standard of care, Prolonged Exposure (PE), Cognitive Processing Therapy, and pharmacotherapy, are <50%
- Challenges include: treatment ineffectiveness, low tolerability, poor compliance, high dropout, need for long-term therapy
- Reconsolidation of Traumatic Memories (RTM) is a promising new imaginal approach characterized by low dropout rates (<10%), marked reduction in symptom severity, and rapid responses (<5 sessions)
- RTM deliberately and rapidly provokes dissociation between the traumatic memory and associated emotions or feelings by having the patient imagine themselves in a projection booth observing themselves viewing a movie of their trauma on a theater screen, with features altered (e.g. distance, angles, sound)
- Study aim: In order to remain blinded to group assignment, the current study objective is to determine whether participants meet PTSD criteria post-intervention, regardless of group assignment

METHODS

Study Design:

- Randomized, single-blinded, two-arm, controlled clinical trial
- Active duty and retired service members who meet criteria for PTSD, confirmed by administration of the Clinician-Administered PTSD Scale for DSM5 (CAPS-5) by an independent study administrator
- Up to ten 90-minute sessions of RTM or PE via VTC

***Outcome Measures*:**

- Primary: remission of PTSD diagnosis on CAPS-5 post-intervention
- Secondary: symptom severity on CAPS-5, PCL-5 (PTSD symptoms), NSI (postconcussive symptoms), PHQ-9 (depression), GAD-7 (anxiety), PSQI (sleep quality), WHOQOL-100 (functional status)

Data Analyses:

- Preliminary analyses were conducted for all participants combined to keep assessors blinded

PRELIMINARY RESULTS

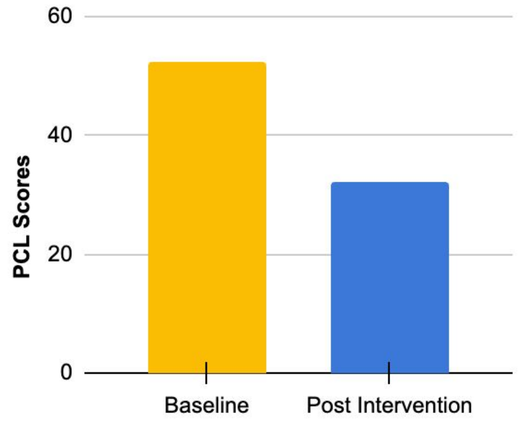

Figure 1. Combined RTM and PE participants´ change in PCL scores for participants who completed baseline post intervention assessments (n=46)

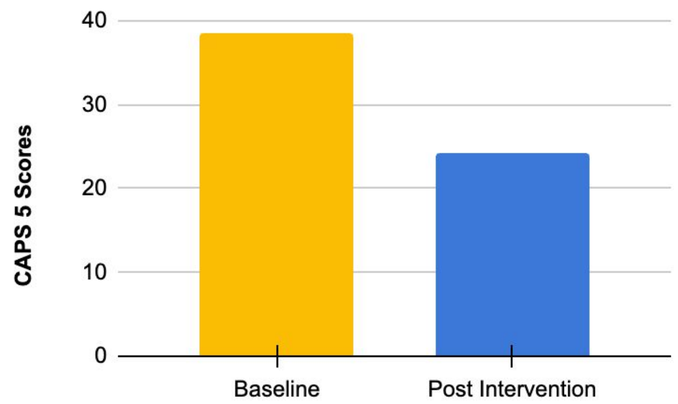

Figure 2. Combined RTM and PE participants´ change in CAPS 5 scores for participants who completed baseline post intervention assessments (n=48)

58%
No longer met PTSD diagnostic criteria at post intervention

DEMOGRAPHICS

Age (years)	46.7
Gender (n)	
Female	29
Male	57
Military Status	
Active Duty	31
Retired/Veteran	52
Civilian	3
Branch	
Air Force	2
Army	43
Coast Guard	2
Navy	27
Marine	7

Randomization	
PE	26
RTM	23
No. of traumas	
PE	1.19
RTM	1.74
No. of sessions	
PE	9.17
RTM	8.30

PRELIMINARY CONCLUSIONS

RTM has been well-received by military study participants to date, and is considerably easier to complete than Prolonged Exposure. This study is one of the first to compare this treatment approach head-to-head with a current first-line therapy. Although we remain blinded to treatment allocation at this juncture, the preliminary results with all participants combined together are promising. In addition, conduct of both PE and RTM via VTC has been well-received and practical, and has enabled participation from across the country.