

Title:

Post Traumatic Stress Disorder and Incidence of Nicotine, Alcohol, and other Drug Disorders in Persons Who Have Experienced Trauma

Source:

Breslau, Naomi, Davis, Glenn, C. and Schultz, Lonni, R. Post Traumatic Stress Disorder and Incidence of Nicotine, Alcohol, and other Drug Disorders in Persons Who Have Experienced Trauma. Archives of General Psychiatry Vol 60, March 2003; 289-294.

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Conclusion:

The researchers found that post traumatic stress disorder (PTSD) predicted the onset of nicotine dependence and other drug abuse or dependence, but trauma without PTSD did not. PTSD and trauma without PTSD did not predict the onset of alcohol abuse or dependence. There was a significant interaction found in women who had been exposed to trauma but did not have PTSD and an increased risk for alcohol abuse or dependence. That was not true of men who were exposed to trauma, when compared to the no trauma group.

This study found an increased risk for major depression in people with PTSD, but not in people who experienced trauma and didn't develop PTSD. Also, they found that those people who are exposed to trauma and don't develop PTSD do not have an elevated risk of developing major depression or a substance abuse disorder than unexposed people.

This study also supported findings from other studies that indicate only a small portion of individuals who experience trauma go on to develop PTSD. PTSD may be a causal risk factor for nicotine and drug use disorders, or alternatively, the co-occurrence of PTSD and these disorders might be influenced by shared risk factors other than traumatic exposure. The authors suggest that family and twin studies may answer these questions.

Purpose:

The purpose of the article is to examine whether the exposure to traumatic events increases the risk for nicotine dependence or alcohol or other drug use disorders, independent of PTSD. According to the authors three recent explanations show that substance use disorders increase the likelihood PTSD either by association with lifestyles that involve an elevated risk of exposure to traumatic events that induce PTSD or by increasing persons susceptibility to the PTSD inducing effects of trauma. The second is that PTSD is a causal risk factor for substance use disorders, when substances are used to relieve distressing symptoms of PTSD. The third reason is the association of substance use disorders with PTSD might be noncausal reflecting shared genetic or environmental factors.

The researchers used a sample of 1200 people from 21 to 30 years old. All were members of a health maintenance organization in southeast Michigan. This was a longitudinal study (10 years) that focused on individuals who had experienced trauma, but had not developed PTSD. Retrospective lifetime data gathered at baseline were used to estimate the risk for onset of

substance use disorders in persons with PTSD and in persons exposed to trauma without PTSD, compared with persons who have not been exposed to trauma.

Findings:

The data show an increased risk for the onset of nicotine dependence and drug abuse or dependence in persons with PTSD, but no increased risk or there is a lower risk (for nicotine dependence, in the perspective data) in persons exposed to trauma in the absence of PTSD, compared with unexposed persons. Exposure to trauma in either the presence or the absence of PTSD did not predict alcohol abuse or dependence.

Out of the 899 respondents with complete data 40 % had been exposed to 1 or more DSM III-R traumatic events up to the time of the initial interview. Of that 40% only 23.6% met the DSM III-R criteria for PTSD. Also, at the initial interview the prevalence for nicotine dependence was 19.9%, for alcohol abuse or dependence was 21.4% and other drug abuse or dependence was 11.8%. In the 10 years follow up there were increases in the baseline group that had no history of nicotine dependence 15%, the group that had no history of alcohol abuse or dependence 13.9%, and the group that had no history with other drug abuse or dependence 3.2%.

Implications for Prevention:

This study indicates that PTSD does not significantly increase men's likelihood of developing an alcohol abuse or dependence disorder, but it does increase women's risk. PTSD does increase the risk of individuals beginning to smoke. It is possible that when looking at alcohol prevention and treatment one size fits all may not work, women may respond to different prevention and treatment methods.

Summary Provided By:

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