

Title:

Alcoholism and Drug Abuse in Patients with PTSD

Source:

Kofed, Lial, M.D., M.S.; Friedman, Matthew J., M.D., Ph. D.; Peck, Robert, M.D. Alcoholism and Drug Abuse in Patients with PTSD. *Psychiatric Quarterly*, Vol. 64(2), Summer 1993, pp 151-171.

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Conclusion:

The relationship between post traumatic stress disorder (PTSD) and substance abuse is both common and complex. This appears to be particularly prevalent among war veterans who have experienced exposure to heavy combat. Research also suggests other possible variables including family history, individual responses to stress, pre-exposure drinking behavior and post-exposure environment. Research subsequently suggests that both illnesses must be addressed and treated simultaneously to ensure the greatest level of success for each and both. It is recognized that treatment is most effective when it combines both group and individual therapy with goals focusing on the relief of PTSD symptoms and the reduction and eventual cessation of addictive behaviors.

Purpose:

The authors of this article seek to explain the complex relationship between PTSD and substance abuse. The article focuses on veterans of World War II and Vietnam and the multiple variables both pre and post to the combat experience. The purpose of the study was to review the following:

- 1) The relationship between PTSD and alcoholism and drug abuse (A-DA)
- 2) The helpfulness of general "dual diagnosis" information
- 3) Current pathophysiologic data allowing the concept of a neurobiological model of PTSD/A-DA
- 4) The phenomenology of PTSD/A-DA being either specific or unique
- 5) The development of a rational assessment and therapeutic approaches based upon the limited PTSD/A-DA treatment literature

The article also poses questions concerning the influence and validity of certain psychiatric diagnosis in the presence abusing behaviors and addiction. The authors speculate that alcohol and drug addiction is more likely to affect the clinical outcomes of PTSD than other possible diagnosis. Finally, they hypothesize on the most promising combination of treatment methods.

Findings:

There are many studies which link high war zone stress with PTSD. The National Vietnam Veterans Re-adjustment Study reported significantly higher current and lifetime rates of alcohol and other drug problems among male Vietnam veterans with high war zone stress than among

low war zone stress veterans or other control groups. Exposure to heavy combat appeared to more than double a veteran reporting a post discharge substance abuse problem.

The relationship between PTSD and substance abuse is complex and may be influenced by a variety of other factors including family history, previous experience with substances, current vulnerability, and post-exposure environment. The goal of treatment is to provide both relief for PTSD symptoms and the cessation of addictive behaviors. PTSD and substance disorders are intertwined so frequently that PTSD treatment should be dual focused to provide simultaneous treatment for co-occurring disorders. There is not much literature addressing what treatment would be most effective.

It was found that the more general literature tells us that to be a success, treatment of concurrent PTSD and substance abuse requires prompt control of PTSD symptoms, combined with simultaneous substance abuse treatment. Literature also suggests that the prompt control of the psychiatric symptoms is required and greatly improves the possibility of long term success of treatment. Without it, the level of success is seriously reduced both in the short and long term for both PTSD and addiction.

Implications for Prevention:

Barring the elimination of environments and behaviors, which trigger PTSD and substance abuse the most promising intervention, is relapse prevention. The efficacy of any specific approach is not supported in the research but it is agreed that the treatment goals should involve the relief of PTSD symptoms and the reduction and eventual cessation of addictive behaviors. Controlling the PTSD symptoms is paramount for the success of both goals.

Both group and individual therapy is recommended, with inpatient and outpatient care as options. While psychotropic drugs are not uniformly recommended, the use of some benzodiazapines has been found to be safe and effective. A cornerstone of all relapse prevention is aftercare. It is hoped that those who are going to develop and offer new treatment programs for PTSD and substance abuse will evaluate and report the results of their experiences.

Summary Provided By:

Denise Denton and JoAnne McNemar