

Title:

Social Health Functioning in Female Primary Care Patients with Post Traumatic Stress Disorder With and Without Comorbid Substance Abuse

Source:

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Conclusion:

Research has clearly shown the link between substance use disorders and post traumatic stress disorder (PTSD). Many patients with PTSD report problems with several domains of life including work, interpersonal relationships, and overall health and well being. This study examines the problems for women with PTSD and a substance use disorder in order to compare them with females presenting with PTSD and no lifetime history of a substance use disorder. After thoroughly assessing the work, interpersonal relationships, and medical history of study participants the findings show no significant differences when comparing female patients with diagnosed PTSD and female patients with diagnosed PTSD and a substance use disorder.

One significant finding of the study is related to the “self-medication” hypothesis. According to this hypothesis, PTSD patients are likely to turn to alcohol or other chemicals to manage the symptoms of PTSD. The results of this study showed that patients who present with PTSD and a substance using disorder are more likely to remain in a PTSD episode for an extended period of time than those patients who present only with PTSD. These findings support the idea that patients who turn to chemicals to manage PTSD symptoms are less likely to develop other appropriate coping strategies and have a greater deal of difficulty resolving the PTSD episode.

Purpose:

This study reports that recent studies indicate a high incidence of a dual diagnosis PTSD and a lifetime of substance abuse. Studies have also shown that persons with a lifetime of PTSD are three times more likely to also have a lifetime of substance abuse. This study attempted to determine what the relationship was between the two when a person had both.

Over 3500 patients in clinics were screened first to determine if an anxiety disorder existed. From those further testing was conducted to determine positive detection of an anxiety disorder. Of the 474 that met the criteria, 189 were found to meet current diagnosis of PTSD at the time of the interviews. The interview included assessment of trauma history, work productivity, interpersonal functioning and health functioning (problems, limitation, energy/fatigue, emotional well-being, etc).

The differences between the patients with PTSD and those with *both* PTSD and substance use disorder were then examined.

Findings:

The majority of the participants reported a lifetime history of rape or other sexual assault (88%). In addition both groups reported a number of lifetime traumatic events with the average age of the first trauma being 12.5-12.9 years old. Because many patients had multiple traumas, it was not possible to determine if the PTSD was rape-related. However, in a previous report on this sample, it was found that the chances of developing PTSD after rape increased nearly 12-fold, and about 8-fold after other sexual assault.

The analysis of the data was not able to find significant differences between those with PTSD and substance use disorder and those with PTSD and no substance use disorder in relationship to their work productivity, interpersonal functioning, and overall well-being and health.

Data did indicate that patients with PTSD and substance use disorder stayed in episodes of PTSD for a longer time than patients without substance use disorder. These findings support the hypothesis that PTSD patients often turn to substances to manage symptoms from the PTSD episode. Patients who utilize substances as a coping mechanism are less likely to employ more effective coping strategies and are therefore more likely to experience a longer PTSD episode.

It is important to note some of the limitations of this study. Although the data showed no significant differences the study was not designed to detect small or medium effects. The study participants were a very select population so the findings may not generalize to other populations such as minorities, children, or men. In addition the study focused on only past substance use disorders as opposed to ongoing addiction. PTSD that presents with a current substance abuse addiction may lead to more significant problems and a decreased quality of life.

Those conducting the study indicate this is the first study [to their knowledge] that compares the social and health limitation of persons with PTSD and substance use disorder to PTSD without substance use disorder with a sample drawn from non-psychiatric patients. The sample size was also relatively small [148] and consisted of women only. Therefore the study concludes that substance use disorder diagnosed with PTSD may not explain the social and health dysfunctions that are seen in patients with the dual diagnosis.

Implications for Prevention:

Because the link between PTSD and substance abuse has been clearly documented the findings related to the types of substance use disorders are significant for prevention. According to the findings of the study alcohol dependence was the most common substance use disorder present in patients. This was followed by alcohol abuse, cocaine dependence, and cannabis dependence respectively. This information can and should be used by health professionals when treating female patients with PTSD. Clearly when working with female PTSD patients addressing appropriate alcohol use and confronting any illegal chemical use could aid in the prevention of a future substance use disorder.

Summary Provided By:

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