POST TRAUMATIC STRESS DISORDER IN PATIENTS WITH SUBSTANCE USE DISORDER: SOCIODEMOGRAPHIC AND RELATIONSHIP CHARACTERISTICS

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Dually diagnosed patients pose a unique challenge to the psychiatrists during evaluation and management. Presence of comorbidity in substance using patients is a rule rather than exception. Working on these lines an outpatient based study was carried out in Psychiatric Hospital, Srinagar, on 561 substance using patients, to work out the prevalence and patterns of comorbid PTSD. The subjects were assessed using MINI plus. Of these, 62.56% (n=351) had comorbidity, with PTSD being comorbid in 23.64% (n=83). Most of the patients were in the age group of 15-26 years (39.75%), Majority were males (63.85%) and unmarried (49.39%). Most of the patients belonged to the middle class (78.32%). Educated patients (89.16%) outnumbered illiterates (10.89%). Majority of the patients (63.85%) had witnessed multiple traumatic events. Such high rates of comorbidity suggests functional relation between these two disorders and further discourse is warranted.

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Keywords : Substance use, comorbidity, PTSD.

Introduction

Interest in the study of co-occurrence between mood, anxiety disorders and substance use disorders has grown tremendously in past decade and a half. It has become clear that co-occurrence of these disorders is common and has definite impact on treatment of dually diagnosed patients. After DSM III-R (APA 1987) allowed clinicians to give multiple diagnoses when different syndromes occur together in one episode of illness, the issue of co morbidity has assumed a central stage in psychiatric records1. Association between Posttraumatic Stress Disorder and substance use disorder has been reported in Vietnam Veterans and civilian samples. Studies also found that substance use was very common in PTSD cases in USA as were other comorbid psychiatric conditions present in these patients2. Combat veterans and civilians with PTSD have demonstrated that in PTSD, alcohol abuse or dependence is the most common co morbid disorder followed by depression, other anxiety disorders, conduct disorder and non-alcohol substance abuse and dependence3.

High rates of substance abuse and PTSD were first reported in war related studies in which as many as 75% combat veterans with life time PTSD also met criteria for alcohol abuse or dependence. Among the civilian population substance use disorder have ranged from 21.6% to 43% in the patients with PTSD as compared with 8.1% to 24.7% in persons with out PTSD4. Many of these studies have assumed that PTSD is a primary disorder and that the substances are used to self medicate symptoms5. Chilcoat added that drug use disorders in people who have been diagnosed as PTSD might be result of efforts on their part to self medicate masking the symptoms of PTSD6.

The present study was undertaken to assess the prevalence of post-traumatic stress disorder in substance use disorder patients and examined the temporal relationship between the two psychiatric disorders.

Material and Methods

Patients registered in the out patient department of psychiatric diseases hospital, Srinagar were the source of the study. A semi-structured interview was used to record sociodemographic variables and history of drug use in patients. Total of 561 substance use disorder patients diagnosed with the help of DSM-IV based MINI Plus were screened for a comorbid diagnosis of MINI Plus’ out of these 561, 351 patients had an associated psychiatric disorder. Among these dually diagnosed patients, 83 patients had PTSD as a co morbid diagnosis. The relative onset of concurrent disorders was rated on the basis of historical report during assessment.

Results:

Total of 561 substance use disorder patients were included in the study, out of which 62.56% (n=351) patients had an associated psychiatric disorder. Concurrent PTSD as dual diagnosis was present in 23.64% (n=83) patients.

The age of cases ranged from 19-55 years with mean age 27.17 years +/- S.D +/- 5.23. The maximum number of patients 39.75% (n=53) belonged to 19-26 age group followed by 30.12% (n=25) in 27-34 years of age group. This study was dominated by male sex as there were 63.85% (n=53) males and 36.14% (n=30) females. Most of the cases were unmarried 49.39% (n=41) followed by married 39.75% (n=33) and 10.83% (n=7) were divorcees or widowers. The middle class constituted most of our patient population i.e 78.32% (n=65). Graduates and postgraduates constituted 48.84% (n=41) followed by matriculants 39.75% (n=33) and illiterates constituted only 10.84% (n=9) of our dually diagnosed Substance Use Disorder and PTSD patients. 50.60% (n=42) were government employees followed by 39.75% (n=33) Laborers/ unemployed and 9.63% (n=8) were students.

Most of the patients 63.85% (n=53) had either experienced or witnessed multiple traumatic events
qualifying for the diagnosis of PTSD as compared to 36.14% (n=30) patients who had exposure to one traumatic event. Other parameters are given in the table.

**Discussion:**

The present study assessed the prevalence of post-traumatic stress disorder in substance use disorder patients, their sociodemographic variables and relationship between the two disorders. 62.56% (n=351) patients had an associated psychiatric disorder and concurrent PTSD as dual diagnosis was present in 23.64% (n=83) patients. These figures are supported by studies carried out by Reiger 1984 and NCS 1991 in which the odds ratio for Substance Use Disorder in men was 2-3 and 2.5-4.5 for women suffering from PTSD. Using data from ECA study 1981, Cottler observed that cocaine/opiate users were most likely to report PTSD qualifying traumatic events(43%) and over all Substance Use disorder was more common in these PTSD patients as compared to the rest. In our study 39.75% (n=33) belonged to the 19-26 age group which are in agreement with the figures seen Hellen E. Ross et al. Male sex 63.85% (n=53), unmarried 49.39% (n=41), from middle class family 78.32% (n=65), 50.60% (n=42), government employees and literates 89.15% (n=74) dominated our dually diagnosed Substance Use Disorder and PTSD patient sample. This is consistent with findings of Khantzian, et al. However keeping in view the over all literacy rate of this part of the world and earlier studies by Margoob et al. literacy rate and occupational status are not consistent with the socio-demographic distribution of the community as are earlier results. This could be due to lack of knowledge. Most of the patients are still unaware of PTSD symptoms and continue taking drugs/self-medication themselves or prescribed by non-psychiatric experts as treatment of these somatic symptoms resulting in addiction subsequently. In addition most of the patients were actually referred from private clinics in contrast to earlier studies, which were carried out in psychiatric diseases hospital where patients from lower socioeconomic background seek treatment.

The study revealed that most of the patients 63.85% (n=53) had either experienced or witnessed multiple traumatic events qualifying for the diagnosis of PTSD as compared to 36.14% (n=30) patients who also had history of one event may be due to persistent disturbed conditions in this part of the world. Most of the patients 39.75% (n=33) used multiple drug combinations like benzodiazepines, opioids and cannabis, followed by 30.12 % (n=25) opioid which is supported by our earlier study results. However alcohol was least used by these patients 4.8% (n=4) in contrast to the studies from rest of the world, possibly due to the fact that alcohol is not a socially approved beverage in this part of the world and its relatively lesser availability.

So the high rates of co morbidity between Substance Use Disorder and PTSD in our study suggest that these disorders are functionally related to each other. Bremners self-medication model suggested that patients report CNS depressants like alcohol, opioids and benzodiazepines lead to instant symptom relief for a short duration. In addition clinical evidence suggests that the choice of substance use (CNS depressants vs CNS stimulants) may stem from a particular constellation of PTSD symptoms that the patients experience.

Jacobsons review paper also establishes stress as a contributing factor for future development of substance use. He suggested that in PTSD, sensitization makes the patient more sensitive to the stressor and in substance abuse sensitization makes the patient more sensitive to drugs. In addition in PTSD, the individual is conditioned to the rewarding stimulus, in drug abuse sensitization makes the patient more sensitive to the stressor and in substance use. He suggested that in PTSD, sensitization makes the patient more sensitive to the stressor and in substance use. He suggested that in PTSD, sensitization makes the patient more sensitive to the stressor and in substance use. He suggested that in PTSD, sensitization makes the patient more sensitive to the stressor and in substance use.
Khantzian to conclude that suffering is the heart of addiction.  

Conclusion:  
Our study confirms that co morbidity between substance use disorders and post traumatic stress disorder is common and symptoms of dually diagnosed patients tend to be more severe and refractory to treatment. Our study also revealed that most of our dually diagnosed patients were young males and females from middle class and most of the patients had experienced multiple traumatic events resulting mostly in the use of combination drugs.

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