Joint Treatment of PTSD and Cocaine Abuse

By Lauren Gilmore

A recent study suggests that exposure therapy, a common form of treatment for people with post-traumatic stress disorder (PTSD), in addition to substance abuse counseling, may significantly decrease the severity in symptoms of both disorders.

Symptoms of PTSD are characterized by three main categories: “intrusions,” which includes re-experiencing the trauma through flashbacks or nightmares; “hyperarousal,” which contributes to symptoms of anxiety, irritability, poor concentration and hypervigilance; and “avoidance,” an inappropriate evasion of people, places or situations which may trigger memories of the event. Research has suggested a correlation between PTSD sufferers and cocaine abuse, as an estimated 30-60 percent of those diagnosed with PTSD also abuse substances such as cocaine. Some experts feel that abusing substances may greatly intensify certain PTSD symptoms. An additional concern is that the use of exposure therapy, a common method of treatment that involves reliving the traumatic experience, may increase drug abuse due to the emotional difficulty of the experience.

The study, conducted by Dr. Kathleen Brady of the Medical University of South Carolina, combined exposure therapy and substance abuse counseling in PTSD/cocaine-dependent subjects. The study involved 39 subjects, 32 of whom were female, who participated in a treatment protocol consisting of 16 therapeutic sessions. The first three weeks focused on substance abuse counseling and development of coping strategies. Subjects were then treated by the method of “imaginal exposure,” which gradually desensitizes them from fear-inducing stimuli and situations. Fifteen out of 39 actually
completed the study, attending at least 10 out of 16 therapeutic sessions and three exposure sessions.

Significant decreases in both cocaine use and active symptoms of PTSD were found in those subjects that completed the study. Study participants reported a 53 percent decrease in intrusion and a 27 percent decrease in avoidances. Clinicians completed a 30-item structured interview and noted a 66 percent decrease in intrusion, a 70 percent decrease in avoidances, and a 47 percent decrease in hyperarousal in study participants. Upon completion of the study, subjects also reported a 60 percent reduction in cocaine use and a significant decrease in substance-related problems.

The marked improvements in the subjects were similar to those found in other studies. However, the low number of participants in the study and high dropout rate indicates a need for more controlled studies in order to produce results of higher accuracy. Dr. Brady feels that this study can perhaps provide essential information on identifying those patients who do, and those who do not, benefit from this method of treatment and other approaches that may prove to be more efficient.

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References: