

PTSD and Substance Use Disorder in Veterans

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PTSD and SUD

- ◆ More than 1 in 4 veterans with PTSD also have SUD
- ◆ War Veterans with PTSD and alcohol problems tend to be binge drinkers. Binges may be in response to bad memories of combat trauma (Self Medicating?)
- ◆ Nearly 1 in 3 veterans seeking treatment for SUD also has PTSD
- ◆ The number of Veterans who smoke nicotine is almost double for those with PTSD (60%) versus those without a PTSD diagnosis (30%)
- ◆ In the wars in Iraq and Afghanistan, 11% of returning soldiers seen in the VA have an SUD versus 8.4% of general population

War Veterans and PTSD/SUD

- Among war veterans seeking treatment for PTSD the rates of SUD are much higher:
 - 74% Vietnam veterans with PTSD have comorbid SUD

- The converse is also true, veterans with SUD have higher rates of PTSD
 - 63% OEF/OIF/OND veterans with AUD or SUD also have PTSD
 - 76% OEF/OIF/OND veterans with AUD AND SUD also have PTSD

Why does it matter?

- Individuals with both disorders have poorer treatment outcomes, additional psychiatric problems, and more functional problems across multiple domains, including medical, legal, financial, and social than those with just one disorder.

Medication Options for SUD

- Opioids
 - Buprenorphine
 - Methadone
 - Naltrexone IM
- Alcohol
 - Naltrexone PO and IM
 - Acamprosate
 - Disulfiram
 - *Topiramate, *Baclofen, *Gabapentin, *Ondansetron, *Zonisamide, *Varenicline, *SSRIs
- Cannabis
 - *N-Acetylcysteine

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*Non-FDA Approved

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Medication Options for PTSD

- Paroxetine and Sertraline (SSRIs)
- VA also recommends Venlafaxine and Fluoxetine (Non-FDA approved)
- More recent data does not support use of atypicals with risperidone being expressly contraindicated as adjunctive therapy
- 2nd line can include imipramine (TCA), phenelzine (MAOI), and nefazodone. (Non-FDA approved)
- Prazosin recent data countered utility for PTSD. May/may not help with NMs.
- Benzodizepines worsen outcomes for patients with PTSD. If used for acute symptoms limit to 5 days or less.
- Research
 - D-cycloserine NMDA –partial agonist
 - Hallucinogens: psilocybin and MDMA facilitated therapy
 - Endocannabinoid system
 - N-Acetylcysteine improved PTSD symptoms in those undergoing SUD Treatment

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Therapy on PTSD/SUD

- Trauma focused therapies are more efficacious than pharmacotherapy and are strongly recommended treatments for PTSD. The greatest benefits of treatment appear to come from evidence-based therapies such as CPT, PE, and EMDR based on effect sizes.
- One challenge with trauma focused therapy is a higher drop out rate when compared with non-trauma therapies.
- Meta-analysis suggests patients with PTSD and SUD who received trauma-focused cognitive behavioral psychotherapy for PTSD along with SUD psychotherapy were more likely to reduce their PTSD symptoms and substance use than were patients who received SUD only treatment.

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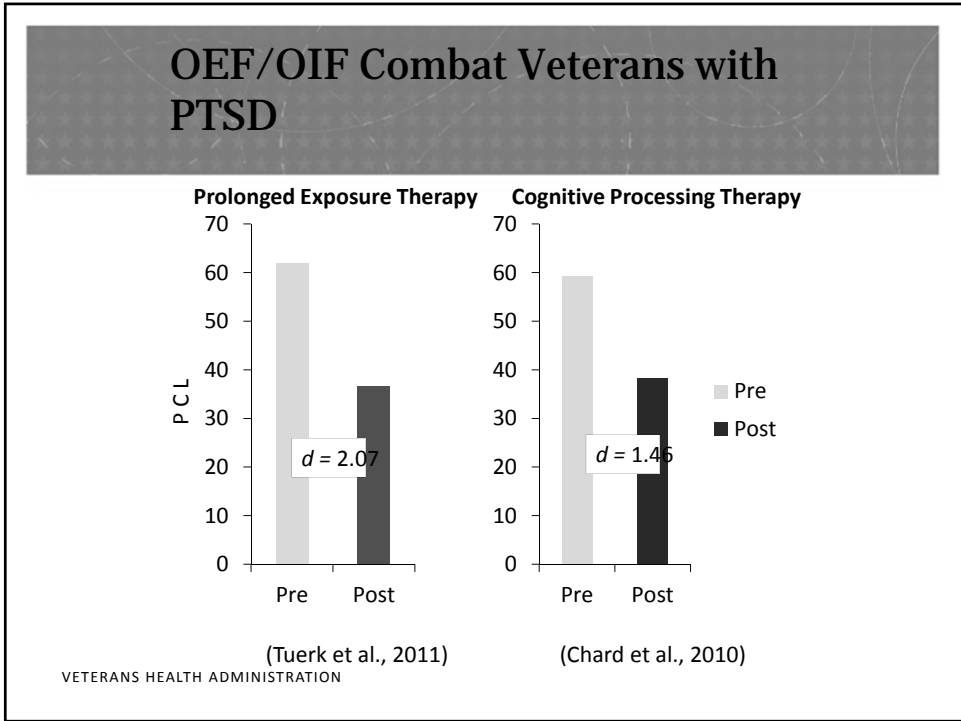
Does Therapy Work?

- For every 100 people who receive trauma focused PTSD treatment how many will no longer have PTSD after 3 mos?

• CPT/PE/EMDR	SSRI	SIT	No Treatment
53	42	20	9

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- ### SUD Therapy
- CBT-SUD (MI, CM, RP, DBT skills)
 - Motivational Enhancement Therapy
 - Behavioral Couples Therapy
 - 12-Step Facilitation
 - Community Reinforcement Approach
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Important Points

- Military culture places importance and value on self-reliance. Many veterans strive to solve mental health issues on their own and view getting professional help as a sign of 'weakness'. Others feel the need to 'protect' their family or friends by not talking about their symptoms or struggles.
- Treatment Works!
- Treat SUD and PTSD simultaneously when possible they do NOT need to be handled in succession.

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