

Alcohol Abuse Exacerbates Posttraumatic Stress

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NEW ORLEANS — Female victims of sexual and physical assault show a high rate of postassault alcohol abuse, which is associated with a more severe course of posttraumatic stress disorder.

Compared with nondrinking women, those with alcohol use disorders (AUD) were significantly more likely to have severe PTSD symptoms, especially intrusion symptoms. Even past alcohol users showed more severe symptoms than did nonusers, Debra Kaysen, Ph.D., said at the annual meeting of the Association for the Advancement of Behavioral Therapy.

Her findings suggest that all assault victims should be carefully screened for both past and present AUD. "My experience is that this is not necessarily done in all cases," said Dr. Kaysen, of the University of Washington, Seattle. "It's not enough just to ask about current use, because past use is apparently also a risk factor."

Dr. Kaysen saw 189 women within 2 weeks of either a sexual or physical as-



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DR. KAYSEN

sault, and 66% (124) of them returned for a 3-month follow-up. The women were young (mean 31 years), and most were black, single, and poor, with 50% making less than \$5,000 a year. The women were recruited through local emergency departments, police departments, and community victim services agencies.

Alcohol use and abuse were assessed with the Structured Clinical Interview for DSM-III-R, and PTSD was assessed with the Clinician-Administered PTSD Scale (CAPS).

No symptoms of PTSD were present in 22% of the group. Thirty-five percent of the group showed acute PTSD symptoms 2 weeks after the assault but not at follow-up. Thirty-eight percent showed a chronic course; they were symptomatic at both 2 weeks and 3 months. Delayed onset occurred in 5% of the women; they showed no symptoms at 2 weeks but were symptomatic by the 3-month follow-up.

Most of the women (71%) had no AUD, either current or past. A past history but no acute drinking was found in 17%. Acute AUD occurred in 3%. These women, previously nondrinkers, began drinking at 2 weeks but had stopped by 3 months. Two percent of the group experienced a delayed onset of AUD, 4% had quit drinking in the past but experienced a relapse after the assault, and 2% had a chronic course of AUD.

At the initial visit, women with AUD had the most severe intrusive symptoms—indicated by an average CAPS score of about 26. Women with a past history had

a CAPS score of about 22, whereas nondrinkers had a score of about 18.

Symptoms improved at almost the same rate in all of the women over the study period. By 3 months, however, women with current AUD still had more severe intrusive symptoms (CAPS score of 18) than those with a past history of AUD (CAPS score of 15) and those without AUD (CAPS score of 12).

"The women who were drinking got better but never made up the ground they

had lost at the very beginning," Dr. Kaysen said.

She saw a trend toward even worse results in avoidance symptoms among current drinkers. Their average CAPS score fell from about 27 to only 25 by 3 months, compared with a fall from 29 to 23 for those with a past history. The score for nondrinkers fell from 23 to 15.

Because the number of women with current AUD was small, Dr. Kaysen said her results must be interpreted with cau-

tion. The combination of PTSD and alcohol use, however, is "clearly potentially devastating" and should spark proactive intervention.

It's important to protect women with acute posttraumatic alcohol use from developing a full-blown alcohol use disorder. "We might think about teaching relapse-prevention skills or using motivational enhancement therapy to prevent the development of alcohol use disorders in those with high-risk drinking" she said. ■

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Reference: 1. Sunshine A, Olson NZ, Colon A, et al. Analgesic efficacy of controlled-release oxycodone in postoperative pain. *J Clin Pharmacol.* 1996;36:595-603.



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