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University of Florida Psychiatry Grand Rounds

Post Traumatic Stress Disorder (PTSD) and Comorbid Alcohol Use Disorders (AUD)

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1. What is the prevalence of comorbidity of PTSD and AUD among Veterans?

Answer: If you look at the general population, the rates of alcohol use disorders is less than 20% but when you look at people who have PTSD again the general population rates are almost 50%, and its thought that the rates are even higher among men and among those who have experienced combat. So for the veteran population, individuals with PTSD and AUD is a very common comorbidity.

2. What are the Food and Drug Administration (FDA) approved medications to treat PTSD and AUD?

Answer: For alcohol there are four approved medications, Disulfiram, which has been around for a long time, over 50 years. Naltrexone which the oral formulation was approved in 1994, Acamprosate or Campral which was approved I think in 2006, and then more recently we have Vivitrol which is the intramuscular formulation of Naltrexone. There are two medications approved for PTSD, Sertraline and Paroxetine. But there are two others that are recommended by the Department of Defense as medications with strong evidence for treatment of PTSD and those include Fluoxetine and Venlafaxine.

3. What are the new potential treatments for these disorders when they co-occur?

Answer: We've been doing some studies looking at noradrenergic medications, including the noradrenergic anti-depressants like Desipramine and we have some evidence that those might be effective in people that have comorbidity, and we're just finishing a study and I know there are other groups looking at Prazosin which is an alpha-adrenergic medication that's been shown to have some efficacy in PTSD and some efficacy in alcohol use alone to see whether it affective in comorbidity. And the final, sort of area that I know of that's being evaluated is using the anticonvulsants like Topiramate and Succinimide to see if they are effective in treating comorbidity.

4. Final thoughts?

The challenges include, I mean even until this day we still have compartmentalized treatments, so there are still barriers to treatment. Even at the VA where I work which is very aware of the high prevalence of comorbidity we have separate PTSD clinics, separate substance use clinics, and although people are becoming more cross trained, they still are compartmentalized. I think there sometimes is an under-recognition of the comorbid disorder, so someone presents for treatment for say alcohol use then they may not get asked the right questions to whether they have PTSD.

Similarly if they present for treatment for PTSD sometimes people don't do a good enough evaluation about whether they have alcohol or other substance use disorders. There is still stigma of course attached to it, and one of the things that we struggle with is trying to engage people in treatment. Perhaps they have some lack of insight but especially for the young veterans that are returning often they don't want to come to treatment and you can't really blame them. They are young and they want to get on with their lives. They may come in crisis but they don't want to commit to long term treatment.

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