

PTSD Treatment Important Predictor of Remission in Patients with Substance Use Disorders and PTSD

Approximately one-third of those patients with a substance use disorder (SUD) also have a diagnosis of post-traumatic stress disorder (PTSD). Several programs have been developed to treat comorbid PTSD and SUD, yet little is known about their efficacy. Some programs are based on the theory that addressing PTSD symptoms early in the treatment course prevents SUD relapse. On the other hand, many providers believe that patients must maintain a substantial period of abstinence before PTSD symptoms can be addressed.

Investigators in this study examined whether PTSD treatment received during the first and second year that followed inpatient treatment for substance use disorder would predict 5-year SUD remission. Another focus of the study was to assess 12-Step self-help attendance as an adjunct to predicting 5-year remission. Participants in this study (n = 100) were selected from a larger sample of male veteran inpatients that participated in a multi-site VA program evaluation of SUD treatment. Findings of this study suggest that for patients with both SUD and PTSD, a change in PTSD symptoms may be the most important factor in the remission of both disorders. Patients receiving treatment for PTSD in the first 3 months following discharge from inpatient SUD treatment were more likely to be in remission in year 5 of follow-up, as were patients who received PTSD treatment for a longer period of time during the first year following discharge. In addition, attendance in 12-Step self-help in the first year was positively associated with 5-year remission. These findings indicate that providers focusing on treating PTSD immediately after SUD treatment may improve the chances for long-term remission.

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