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Comorbidity of post-traumatic stress disorder and alcohol abuse in women: Systematic analysis

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Study Aims: The current study aimed to systematically analyze various research done in the area of female posttraumatic stress disorder (PTSD) and alcohol abuse, and to critically review these results on the basis of theoretical models as well as answer the following questions: 1) What is the reciprocal relationship between trauma/PTSD and alcohol abuse among females; 2) What are the moderating factors/variables of this relationship?

Methods: The computer bibliographic databases Ebsco, Scopus, Springer, Web of Science, Medline, Science Direct were used to search for scientific publications. Systematic analyses sample consisted of peer reviewed, English written papers addressing mixed gender and female PTSD and alcohol abuse issues from 2012–2017 May.

Results: Total of 1011 articles was found in scientific databases related to searched keywords, of which 29 met the selection criteria and were analyzed. The results of longitudinal research indicate that 1) various trauma, especially sexual abuse trauma exposure in childhood is linked with increased risk of problematic alcohol use and revictimization in adulthood; 2) revictimization in adolescence, rather than victimization in childhood has a greater impact on the onset and progression of problematic alcohol use in adulthood. Cross-sectional and epidemiological studies also support significant relationships between female PTSD and alcohol abuse. Regards to negative impact of alcohol use on PTSD symptoms results are yet controversial, some studies suggest that alcohol does not exacerbate symptoms of PTSD over time, while others argue that alcohol abuse worsens PTSD symptoms and is linked to chronicity of both disorders. Motivational and emotional factors have an important impact on alcohol abuse in women with PTSD, when increase in both negative and positive feelings and various motives, specifically coping motives is linked to alcohol use in response to PTSD symptoms. Regards to theoretical models, longitudinal studies tend systematically demonstrate mutual maintenance model perspective, nevertheless studies of cross-sectional design reveals self-medication aspects of alcohol use behaviour and emphasizes proximal relations between PTSD symptoms and alcohol abuse.

Conclusions: In general, the results are in line with previous systematic analyzes. The results have important clinical implications, as treatment of comorbid conditions is more complex and time-consuming than those with a single disorder. In addition, following elements of comorbid treatment are crucial—identification and integration of traumatic events, promotion of effective alternative trauma coping strategies, as well as learning to recognize negative emotional states and developing new relaxing skills such as positive imagery visualization or mindfulness, which would help to reduce problematic alcohol use and the probability of revictimization in the future.

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