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COMORBIDITY OF POSTTRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDER: A CASE REPORT

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Introduction: Dual diagnosis of posttraumatic stress disorder (PTSD) and substance use disorder (SUD) is reported to be both highly prevalent and highly challenging in therapeutic sense. Comorbidity of PTSD with SUD is complex, since substance abuse may often develop as an attempt to self-medicate the painful symptoms of PTSD while consequential withdrawal states exaggerate PTSD. Although there is a significant degree of comorbidity between PTSD and SUD, understanding of causal relationships between these disorders remains scarce.

Case report: We present the case of twenty-five year old male with PTSD (according the criteria of both ICD-X and DSM-IV) developed after trauma. Traumatic event included patient being witness to infliction of serious injuries to another person and also experiencing severe threat to personal safety. Three weeks after this occasion, suffering with clear symptoms of PTSD, patient started self-medication with benzodiazepines. Aside from temporary relief shortly after medication usage, PTSD symptoms generally worsened, particularly during periods of withdrawal. Five months after starting with substance use, patient was admitted to our Center. Treatment consisted of psychotherapy and medications (antidepressive, mood stabilizers, non-benzodiazepine hypnotic) with good response.

Conclusion: The addition of SUD to PTSD represents complication that needs to be appropriately addressed during treatment. Further research is necessary to ascertain which treatment could be most effective solution for this frequent association.