

P-14 - DISSOCIATIVE MECHANISMS OF FORMATION OF ALCOHOLISM IN PATIENTS WITH CO-MORBID POSTTRAUMATIC STRESS DISORDER

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Relevance: In PTSD, phenomenon of dissociation is associated with massive emotionally disorganizing experience of extreme traumatic stress. In alcoholism dissociation is a result of psychopharmacological effects of alcohol. Common dissociative mechanisms of formation of alcoholism co-morbid with PTSD and alcoholism with alcoholic psychoses condition compatible likelihood of their further highly progression.

Material and methods: Persons with dual diagnosis - PTSD and alcoholism (F43.1, F10.2) have been examined (n=78). Control group included 82 healthy persons without mental and addictive disorders. The examined were persons of male and female gender (25—45 years, mean age was $34,89 \pm 7,76$ years). We used DES - Dissociation Experiences Scale (E. M. Bernstein, F. W. Putnam; 1986); scales CIWA-Ar, TAS (Toronto Alexithymia Scale).

Results: In alcoholic patients with co-morbid PTSD there is accelerated formation of compulsive component of primary craving to alcohol that is associated with specific motivation to use psychotropic effects of ethanol as an agent of "self-medication", as palliative variant of stress coping-strategy. The most often motivation to use alcohol is ataractic (82,0 %). Obligatory character of interrelationship of alcoholic dissociation with initial massive psychotraumatization in PTSD and disturbances in affective domain is confirmed by high indices (DES - $19,2 \pm 2,4$ and TAS - $70,2 \pm 4,2$), on one hand, and high correlation of TAS with indices of TSQ – questionnaire of traumatic stress ($r=0,48$, $p < 0,01$) - on another.

Discussion: In alcoholism co-morbid with PTSD, symptoms of alcohol withdrawal have comprehensive character (CIWA-Ar – $62,2 \pm 1,4$ scores) and reinforce symptoms of psycho-physiologic hyper-activation that provokes continuous cycles of relapsing.