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Therapy for Posttraumatic Stress and Alcohol Dependence

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To the Editor In a randomized clinical trial, Dr Foa and colleagues[1] examined prolonged exposure psychotherapy for co-occurring posttraumatic stress disorder (PTSD) and alcohol dependence. Prolonged exposure therapy was studied in relation to supportive counseling, use of naltrexone, and a pill placebo. The article provides an example of how the same findings can be interpreted quite differently when considered from a public health perspective.

Results of the trial were null for prolonged exposure therapy; it did not show a main effect on substance use disorder or on PTSD compared with supportive counseling. Yet the authors concluded simply that prolonged exposure therapy did not exacerbate substance use disorder. Thirty-five studies of PTSD with substance use disorder, ranging from pilot studies to multisite trials, have shown that treating PTSD in the context of substance use disorder does not worsen either disorder.[2] From a public health perspective, the novel finding of the study by Foa and colleagues[1] is that supportive counseling, which is a low-cost, easily trainable, and well-tolerated approach, did as well for both PTSD and substance use disorder as prolonged exposure, which is a more expensive, less easily trainable, and less well-tolerated model. Moreover, this is the fourth of 4 randomized clinical trials to show a lack of main effect for PTSD exposure therapy on either PTSD or substance use disorder compared with less emotionally intense therapy at the end of treatment.[3-5]

Foa and colleagues[1] also found low attendance at prolonged exposure therapy sessions, which was also a problem in prior studies.[3] Yet they concluded that future research should find ways to increase attendance by patients at prolonged exposure therapy sessions. A public health perspective might suggest instead that prolonged exposure therapy is not a strong option for this population.

A decade ago, Foa identified that prolonged exposure therapy is not a first-line treatment for PTSD with substance use disorder.[2] The evidence now supports that. Clinicians report that patients with PTSD and substance use disorder are more difficult to treat than patients with only PTSD, for example.[2] In sum, prolonged exposure therapy likely works best with less complex patients.

There is often a rush to label treatments as evidence-based, and prolonged exposure has been widely identified as such.[1,4,5] The study by Foa et al[1] speaks to the importance of recognizing that for more challenging patients, a therapy such as supportive counseling may be no less powerful than prolonged exposure, yet more sensitive to public health needs.

ARTICLE INFORMATION

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REFERENCES

1 Foa EB, Yusko DA, McLean CP, et al. Concurrent naltrexone and prolonged exposure therapy for patients with comorbid alcohol dependence and PTSD: a randomized clinical trial. *JAMA*. 2013;310(5):488-495.
PubMed | Link to Article

2 Najavits LM, Hien DA. Helping vulnerable populations: a comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *J Clin Psychol*. 2013;69(5):433-479.
PubMed | Link to Article

3 Mills KL, Teesson M, Back SE, et al. Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and substance dependence: a randomized controlled trial. *JAMA*. 2012;308(7):690-699.
PubMed | Link to Article

4 van Dam D, Ehring T, Vedel E, Emmelkamp PM. Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial. *BMC Psychiatry*. 2013;13(1):172.
PubMed | Link to Article

5 Sannibale C, Teesson M, Creamer M, et al. Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders. *Addiction*. 2013;108:1397-1410.
Link to Article