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Research Paper

Impact of trauma on addiction and psychopathology profile in alcohol-dependent women

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ABSTRACT

Background. – Trauma experienced throughout a lifetime increase the risk of alcohol dependence, particularly in women. However, few studies have investigated the addiction and psychopathological impact of these histories of trauma.

Objective. – The objective was to compare two groups of alcohol-dependent women, with and without a history of trauma, in terms of addiction and psychopathological characteristics.

Methods. – The addiction (duration of dependence, quantity of alcohol consumed, any associated dependence) and psychopathological characteristics (history of trauma, psychiatric comorbidities, depression score, anxiety score, dissociation and alexithymia) was assessed by semi-structured interview and standardized scales.

Results. – Traumatized women consumed significantly more alcohol (18 drinks vs. 12 drinks, $P = 0.04$) and preferred stronger alcohol [79% of the traumatized group drank daily and predominantly strong spirits versus 42% in the non-traumatized group ($P = 0.02$)]. Traumatized women presented a significantly higher prevalence of mental illness (1.86 mental illnesses vs. 0.92, $P = 0.05$), particularly anxiety disorders. Both groups presented a high alexithymic tendency. Traumatized women had a higher dissociative tendency with and without alcohol. They presented more pathological dissociation under the influence of alcohol than non-traumatized women (56% of traumatized women vs. 15% of non-traumatized women, $P = 0.02$). This difference was not significant in the absence of alcohol (19% vs. 0%, $P = 0.1$).

Conclusion. – We propose the hypothesis that, by drinking strong alcohol traumatized women try to accentuate their dissociative tendencies via chemical dissociation. Unfortunately, this defence mechanism is destructive. Systematic screening for a history of trauma in alcohol-dependent women is important in order to propose management adapted to their specific psychopathological profile.

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1. Introduction

1.1. Alcohol dependence in women

The prevalence of alcohol dependence in women has been increasing for several decades. The NESARC study by Falk, Yi, and

Hiller-Sturmhöfel (2008) found that 4.9% of women presented alcohol use disorders. Little research has been conducted on the problem of alcohol dependence in women. There is a high level of social rejection of female alcohol dependence. The published studies focused predominantly male cohorts. However, female specificities have been identified, such as the modalities of more solitary and concealed drinking associated with strong guilt feelings (Hensing & Spak, 2009; Wilsnack, Vogeltanz, Wilsnack, & Harris, 2000), a higher rate of psychiatric comorbidities and especially a higher proportion of women with a history of trauma (Lejoyeux & Mourad, 1997; Limosin, 2002; Nolen-Hoeksema,

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2004). Furthermore, there is a faster progression in the course of alcoholism in women compared to men as Diehl et al. revealed (2007).

1.2. Psychiatric comorbidities

A study by Greenfield, Back, Lawson, and Brady (2010) reports a high prevalence of psychiatric comorbidities among alcohol-dependent women. Women who experienced child maltreatment or interpersonal trauma had more than two times the risk of transitioning to psychiatric disorders. Trauma appears to be an important correlate of cascade of psychiatric disorders (Walsh, McLaughlin, Hamilton, & Keyes, 2017). As Lejoyeux and Mourad (1997) showed it the association between psychiatric disorders and alcohol dependence is more marked in women than in men. Women are more likely to experience mental health problems as a result of their alcohol or drug use (Ait-Daoud, Blevins, Khanna, Sharma, & Holstege, 2017). Also, one half of alcohol-dependent women meet the criteria of major depressive episode as Kessler et al. (2012) revealed. The presence of social phobia, generalized anxiety disorder or panic disorder considerably increases the risk of developing alcohol dependence in women (Morris, Stewart, & Ham, 2005; Smith & Book, 2010).

1.3. Emotions and alexithymia

The psychological reasons for drinking in women are more centered on the management of negative emotions and emotional distress (Stewart, Gavric, & Collins, 2009). Among them, alexithymia, i.e. the difficulty to identify and communicate one's emotions, is an emotional disturbance frequently observed in alcoholic populations [between 45% and 67% (Thorberg, Young, Sullivan, & Lyvers, 2009)]. Alexithymia has mainly been studied in predominantly male cohorts but to our knowledge, no data are available concerning alexithymia in alcohol-dependent women.

1.4. Trauma, PTSD and dissociation

Simpson and Miller (2002) showed that a history of trauma is more frequent among alcohol-dependent women than among alcohol-dependent men [A study conducted in 2007 demonstrated a proportion of 78% of alcohol-dependent women who had experienced a potentially traumatic event (Dragan & Lis-Turlejska, 2007)]. Several studies have confirmed the association between trauma and alcohol dependence in women (Dube, Anda, Felitti, Edwards, & Croft, 2002; Nayak, Lown, Bond, & Greenfield, 2012; Tucci, Kerr-Corrêa, & Souza-Formigoni, 2010; Widom, White, Czaja, & Marmorstein, 2007). A longitudinal study, demonstrated the long-term implications of abuse in childhood on the development of alcohol-related disorders. A study by La Flair et al. (2013) also revealed that women with childhood trauma are more likely to progress from the non-problem drinking class to the severe and hazardous drinking. Traumatic experiences also increase the risk of alcohol dependence independently of associated psychiatric comorbidities (Sartor et al., 2010).

Many studies (Breslau, Davis, & Schultz, 2003; Najavits & Walsh, 2012; Ouimette, Wolfe, & Chrestman, 1996; Stewart, Conrod, Samoluk, Pihl, & Dongier, 2000; Watt et al., 2012) have also demonstrated a very strong association between posttraumatic stress disorder (PTSD) and alcohol abuse or dependence in women. According to Najavits, Weiss, and Shaw (1997), the prevalence of PTSD ranges between 30% and 59% in women with substance use disorder.

Dissociation, a transient loss of unity between consciousness, memory, identity and perception of the environment, is a useful and common defence mechanism following trauma (Lazignac,

Cicotti, Bortoli, Kelley-Puskas, & Damsa, 2005). The concept of dissociation is complex and can be grasped by the absorption in the imaginary, the depersonalization derelation or the dissociative amnesia. In this article, we use the term “dissociation” to refer to emotional disconnection or depersonalization but not to the notion of dissociative identity.

However, this dissociative tendency can sometimes become accentuated, chronic, and pathological with the development of disabling dissociative disorders. The prevalence of dissociative disorders in the alcohol-dependent population remains a subject of debate (Schäfer et al., 2007; Schäfer et al., 2010). Langeland, Draijer, and van den Brink (2002) showed that dissociative disorders appear to be rarer among alcohol-dependent patients than illicit substance abusers. This pathological dissociation appears to be clearly more frequent in alcohol-dependent women compared to men and among subjects who have experienced trauma (Evren, Sar, Karadag, Tamar Guro, & Karagoz, 2007; Najavits & Walsh, 2012).

1.5. Impact of trauma on alcohol dependence in women

The literature has established a solid link between trauma and female alcohol dependence. For example Werner et al. (2016) showed that trauma exposure is a risk factor for alcohol initiation, transition to an alcohol use disorder symptom, and alcohol use disorder diagnosis in European Americans women. However, what is the specific current impact of the experienced traumas on the addictive and psychopathological characteristics of the alcohol-dependent women? Very few answers to this question are currently available in the literature (Dragan & Lis-Turlejska, 2007), as the majority of studies have been conducted in male cohorts (Evren et al., 2011) or mixed cohorts (Nayak et al., 2012) and sometimes did not specifically concern alcohol (Najavits & Walsh, 2012; Ouimette, Brown, & Najavits, 1998; Pirard, Sharon, Kang, & Angarita, Gastfriend, 2005; Stewart et al., 2000; Schäfer et al., 2010). Furthermore, most of these studies were based on large community-based cohorts (La Flair et al., 2013; Fetzner, McMillan, Sareen, & Asmundson, 2011; Sartor et al., 2010) and not on clinical populations of alcohol-dependent subjects. These studies often tried to demonstrate correlations between variables such as a diagnosis of PTSD, alcohol dependence, gender or age. PTSD has been more extensively studied than a personal experience of trauma in general (Fetzner et al., 2011; Najavits & Walsh, 2012; Sartor et al., 2010; Schäfer et al., 2010; Watt et al., 2012). Similarly, several studies have been exclusively devoted to a history of sexual abuse during childhood (Klonecky, Harrington, & McChargue, 2008; Klonecky, McChargue, & Bruggeman, 2012). Finally, very few studies have compared two groups of alcohol-dependent patients as a function of a history of trauma and they only concerned their course, recurrence rate, and abstinence rate (Greenfield et al., 2002; Pirard et al., 2005) without evaluating the addiction and psychopathological profile at a given point in time. In this study, we choose to preferentially focus on a traumatic story and not just a diagnosis of PTSD, it is because our clinical experience drives us there.

Indeed, we frequently meet patients with a traumatic history who have symptoms clearly related to this experience and who, however, do not complete of a diagnosis of PTSD. In addition, the literature tends to evaluate patients suffering from PTSD, for this study we wanted to have a broader vision (Driessen et al., 2008; Evren et al., 2011; Fetzner et al., 2011; Najavits & Walsh, 2012; Norman et al., 2012).

1.6. Objective, hypothesis

The objective of this study was to compare two groups of alcohol-dependent women, with and without a history of trauma,

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