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Posttraumatic stress avoidance symptoms as mediators in the development of alcohol use disorders after exposure to childhood sexual abuse in a Swiss community sample☆

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ABSTRACT

This study examined the role of posttraumatic stress disorder (PTSD) symptoms of re-experience, avoidance, and hyperarousal in the relationship between different types of trauma and alcohol use disorders (AUD). We used data from 731 trauma-exposed individuals who participated in the first wave of the PsyCoLaus-study. Trauma characteristics were assessed relatively to the occurrence of lifetime PTSD symptoms and AUD. The results suggest that lifetime and childhood sexual abuse as well as overall childhood trauma were directly linked to AUD and PTSD symptoms, in particular to avoidance symptoms. From single symptom clusters PTSD avoidance was found to specifically mediate the trauma-AUD pathway. Both childhood and sexual trauma strongly contribute to the comorbidity of PTSD and AUD and avoidance-type symptoms appear to play a central role in maintaining this association. Hence, the alleviation of avoidance symptoms might be an important target for therapeutic intervention among victims of sexual abuse before specific addiction treatment is initiated.

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Introduction

The experience of adverse or traumatic life events is associated with a number of negative consequences, such as post-traumatic stress disorder (PTSD), depression and suicide attempts (for an overview (McFarlane, 2004; Mulvihill, 2005). Other long-term consequences of trauma exposure include maladaptive behaviors such as excessive drinking, distorted eating as well as self-injurious behavior (Rorty & Yager, 1996).

The link between trauma exposure and alcohol use disorders (AUD) has been documented by numerous studies (Fetzner, McMillan, Sareen, & Asmundson, 2011; Walsh et al., 2014). There is evidence from clinical studies that more than 80% of individuals who sought help for AUD have experienced at least one traumatic event during their lives (Dragan & Lis-Turlejska,

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2007). The majority of them experienced their first traumatic event during childhood, mostly as sexual or physical abuse (Lown, Nayak, Korcha, & Greenfield, 2011; Zlotnick et al., 2006). Adolescents with alcohol dependence were found to be up to 21 times more likely than controls to report a history of sexual abuse (Clark, Lesnick, & Hegedus, 1997). Similarly, associations between sexual abuse and adulthood alcohol use problems have been found in cross-sectional as well as in prospective community samples (for a review (Browne & Finkelhor, 1986; Molnar, Buka, & Kessler, 2001), albeit numbers were somewhat smaller than in help-seeking populations. However, the mechanisms and determinants underlying these associations remain unclear so far.

A conceptual model of long-term correlates of sexual abuse suggests that tension-reducing behaviors, such as the increased use of alcohol, may be seen as an attempt to cope with traumatic experiences (Polusny & Follette, 1995). Sexual abuse, especially at an early age, is often a persistent experience rather than restricted to a single event, such as an accident, and may therefore be more prone to severe psychopathological and developmental consequences in later adulthood, including high levels of anxiety and emotional distress (De Bellis, 2002; Fergusson, Horwood, & Lynskey, 1996; Whiffen & Macintosh, 2005). This often includes the development of symptoms, such as autonomic hyperarousal, avoidant behaviors, and re-experiencing phenomena, which constitute the core diagnostic criteria for posttraumatic stress disorder (PTSD) according to the DSM-IV (APA, 1994). Therefore, it is not surprising that the comorbidity of AUD with PTSD (Leeies, Pagura, Sareen, & Bolton, 2010) is comparably higher for childhood or adult sexual trauma than for any other types of trauma (Blanco et al., 2013; Najavits, Weiss, & Shaw, 1997).

It was observed that the development of PTSD often precedes the over- or misuse of alcohol and/or substances, i.e. consistent with the self-medication model (Khantzian, 1997; Ouimette, Read, Wade, & Tirone, 2010). If the self-medication hypothesis is true, alcohol will be used to reduce the symptoms of traumatic stress. Thus, higher stress will lead to more frequent PTSD symptoms, which, in turn, may mediate the development of alcohol use symptoms and consequently increase the risk for AUD (Epstein, Saunders, Kilpatrick, & Resnick, 1998). However, PTSD is known to be a heterogeneous disorder with its well-characterized symptom clusters, which could be differentially associated with alcohol use problems (for review, Jakupcak et al., 2010). The extent to which specific PTSD symptoms contribute to the pathway between trauma and AUD remains unclear. This, however, will be the main focus of the current study.

Therefore, the purpose of the current study was to more closely examine the direct and indirect associations among trauma (type and timing), PTSD symptomatology (re-experience, avoidance, and hyperarousal symptom clusters), and AUD in a large, epidemiological sample of individuals with lifetime trauma. Our primary aim was to explore whether the three PTSD symptom clusters would mediate the well-known relationship of lifetime and childhood trauma, and of a history of sexual abuse in particular, with higher rates of AUD. Based on the findings we hope to gain more insight into the underlying mechanisms of the comorbidity of PTSD and AUD.

Methods

Sample and procedure

All data were collected within the PsyCoLaus study, a substudy of the larger CoLaus randomly selected population-based cohort study of Lausanne, in the French-speaking part of Switzerland. From 2003 to 2006, a sample of $N = 6{,}734$ subjects aged between 35 and 75 years (at the time of assessment) was recruited for the first wave of CoLaus, which was designed to assess the prevalence of cardiovascular risk factors and diseases. From a total of 5,535 individuals that finally participated, two thirds ($N = 3{,}720$; 67.00%) agreed to take part in the additional psychiatric (PsyCoLaus) assessment. Since trauma exposure was conditional for the assessment of PTSD symptoms, only those subjects were included in the current study that reported any lifetime traumatic exposure ($N = 783$; 21.20%). From those, another 52 (6.64%) subjects were excluded as they reported an onset of AUD prior to first trauma exposure, which lead to a final sample of $N = 731$ subjects.

About 57% (57.32%) were females and the mean age was 49.44 years (SD = 8.68; range: 35.03–65.87 years) (Table 1). More than a half of the study sample (52.79%) had basic education, 25.91% higher education and 21.31% had a university degree.

The study was approved by the Ethics Committee of the University of Lausanne. All participants provided written consent after being informed of the goal and funding of the study.

Measures

The data of the PsyCoLaus study were derived from the French version (Leboyer et al., 1995) of the semi-structured Diagnostic Interview for Genetic Studies (DIGS) (Nurnberger et al., 1994). In addition to demographic features, the French version of the DIGS comprises information on a broad spectrum of DSM-IV Axis I disorders as well as on some Axis II criteria and suicide behavior (Preisig et al., 2009). According to the DIGS participants were coded as having an AUD if they met criteria for either alcohol abuse or dependence according to the DSM-IV at any point of their lives. The experience of PTSD symptoms was assessed using the relevant sections from the French version (Leboyer et al., 1991) of the Schedule for Affective Disorders and Schizophrenia–Lifetime and Anxiety disorder version (Endicott & Spitzer, 1978).

Lifetime exposure to potentially traumatizing events was assessed asking the question "Have you ever been exposed to any of these events from the following categories?": (1) accident, (2) physical assault, (3) combat and/or war, (4) witness of murder, violence or death by an accident, and (5) sexual abuse. Sexual abuse was defined as the experience of an event

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