

Treating trauma in psychosis

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Psychotic disorders are the result of complex interactions between genes, vulnerability and environmental factors. Childhood abuse is such an environmental condition that results in disturbance of brain development, capacity to regulate stress and the chronic inflammatory activity of the immune system (Danese and McEwen, 2012). Childhood abuse predisposes to all kinds of psychiatric disorders such as anxiety, depression, addiction, personality disorder, but also psychotic disorder. The prevalence of sexual or physical abuse in schizophrenia is 50% (Morgan and Fisher, 2007) and the prevalence of PTSD in schizophrenia is 12.4% (Achim et al., 2011).

The association between childhood abuse and adult psychotic disorder has a dose response relationship which points to a causal route and the population attributed fraction is 33% (Varese et al., 2012). This means that there would be 33% less psychotic disorders, if we were able to prevent childhood abuse. In these psychotic patients we often find comorbid posttraumatic stress disorder.

Although the prevalence of comorbid PTSD is quite high, the diagnose of PTSD is under recorded in the patients charts (less than 1%). In those patients that have documented psychotic disorder and PTSD, the PTSD is not treated. Until recent, patients with psychosis were excluded in randomised trials to examine the efficacy of trauma treatment. Some small trials documented the feasibility and safety of EMDR and Prolonged Exposure in the treatment of PTSD in psychotic disorder. This resulted in a large multisite trial in the Netherlands comparing EMDR and PE versus Waiting List in the treatment of PTSD in psychotic disorder (de Bont et al., 2013). In a large cohort of 2608 patients we found an estimated prevalence of 15.95% of patients with PTSD. 155 Patients entered randomised controlled trial. At end of treatment and at 6-months follow-up we found large effect-sizes for both EMDR and PE in reducing trauma symptoms and two-third of the treated patients no longer full-filled the criteria for PTSD. Both treatments were equally effective and safe. Other trials from London and Boston also show efficacy and safety. There are huge numbers of patients with PTSD and psychotic disorder all over the world and they should be treated state-of-the-art from now on.