

CORRESPONDENCE

Deployment-Related Stress Disorder in German Soldiers: Utilization of Psychiatric and Psychotherapeutic Treatment

by Dr. rer. medic. Jens T. Kowalski, Dr. med. Robin Hauffa, Dipl.-Psych. Herbert Jacobs, Dr. med. Helge Höllmer, Prof. Dr. rer. soc. Wolf Dieter Gerber, Dr. med. Peter Zimmermann in volume 35-36/2012

Cannabis Therapy

The authors addressed a topic of increasing relevance. In this context we wish to mention a treatment option for posttraumatic stress disorder (PTSD) that is mostly not known in Germany: (self) medication with cannabis products. In North America, countries in the Balkans, and countries in the Middle East, this form of treatment is widespread. In Rhode Island (US), some 40% of all 4300 state-registered patients consuming cannabis were recommended cannabis treatment for PTSD by their doctors. The supreme court of law in Croatia decided in 2009 that war veterans were legally allowed to use cannabis. According to an observational study from Israel that was presented in 2011, cannabis has a relevant therapeutic benefit in the treatment of PTSD. In a clinical study from Canada, the cannabinoid nabixone reduced nightmares and flashbacks (1). A case report from Germany (2) describes a patient in whom severe uncontrolled flashbacks, panic attacks, and self-harm owing to severe PTSD notably improved as a result of self-treatment with cannabis products. We can assume that very few patients with PTSD actually report their self-medication to their treating physicians.

According to animal studies, the therapeutic effect of cannabinoids can be explained by the fact that the amygdala, which is responsible for storing memories and fear, is under the control of the endogenous cannabinoid system. Flooding the amygdala with endocannabinoids therefore results in the elimination of disagreeable memories (3). In a controlled clinical study of extinction learning, the active substance in cannabis, tetrahydrocannabinol (THC), prevents the re-appearance of fear, so that modulators of the cannabinoid system have been suggested for the treatment of anxiety disorders (4). DOI: 10.3238/arztebl.2013.0144a

REFERENCES

- Fraser GA: The use of a synthetic cannabinoid in the management of treatment-resistant nightmares in posttraumatic stress disorder (PTSD). *CNS Neurosci Ther* 2009; 15: 84–8.
- Passie T, Emrich HM, Karst M, Brandt SD, Halpern JH: Mitigation of post-traumatic stress symptoms by Cannabis resin: A review of the clinical and neurobiological evidence. *Drug Test Anal* 2012; 4: 649–59.
- Marsicano G, Wotjak CT, Azad SC, et al.: The endogenous cannabinoid system controls extinction of aversive memories. *Nature* 2002; 418: 530–4.
- Rabinak CA, Angststadt M, Sripada CS, et al.: Cannabinoid facilitation of fear extinction memory recall in humans. *Neuropharmacology* 2013; 64: 396–402.

- Kowalski JT, Hauffa R, Jacobs H, Höllmer H, Gerber WD, Zimmermann P: Deployment-related stress disorder in German soldiers: utilization of psychiatric and psychotherapeutic treatment. *Dtsch Arztebl Int* 2012; 109(35–36): 569–75.

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Conflict of interest statement

Professor Müller-Vahl sits on the board of the International Association for Cannabinoid Medicines and the German working group “Cannabis als Medizin” [cannabis as a medicinal drug]. Dr Grotenhermen has received consultancy fees and for acting as a peer reviewer from THC Pharm and Bionorica Ethics. He is employed by nova-Institute, Hürth. He is the Executive Director of the International Association for Cannabinoid Medicines.

In Reply:

The German armed forces (Bundeswehr) follow the current guidelines from the Association of Scientific Medical Societies in Germany (*Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften*, AWMF) for their therapeutic approach to psychological traumatization (1). Additional complementary therapeutic options for the treatment of therapy-resistant forms of posttraumatic stress disorder or the treatment of comorbid disorders are already available in army hospitals in various forms—for example, acupuncture or meditation techniques. The therapeutic use of cannabis products contradicts existing rules and regulations of the armed forces’ service law, which prohibits the use of illicit drugs on principle. Experiences with individual cases of self-treatment with cannabis products in whom the consumption usually took on a life of its own, showed only short-term alleviation of different symptoms (mostly from the agitation cluster) in our patients, and ultimately led to the development of tolerance and other addiction-related problems. Whether the targeted medical use of cannabinoids will, according to considerations from basic research, yield different experiences in clinical practice should be urgently investigated in controlled studies. DOI: 10.3238/arztebl.2013.0144b

REFERENCES

- Flatten G, Bär O, Becker K, et al.: S2 – Diagnostik und Behandlung von akuten Folgen psychischer Traumatisierung. *Trauma & Gewalt* 2011; 3: 214–21.
- Kowalski JT, Hauffa R, Jacobs H, Höllmer H, Gerber WD, Zimmermann P: Deployment-related stress disorder in German soldiers: utilization of psychiatric and psychotherapeutic treatment. *Dtsch Arztebl Int* 2012; 109(35–36): 569–75.

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Conflict of interest statement

Dr Kowalski is employed by the Bundeswehr.