Antisocial Personality Disorder as a Confounder in PTSD and Substance Use Disorders

TO THE EDITOR: We noted that although Katherine L. Mills, Ph.D, and colleagues (1) screened for individual personality disorders, these personality disorders were analyzed as a homogeneous group. Furthermore, antisocial personality disorder was absent.

We feel that antisocial personality disorder could be a confounding factor in this study. It is associated with substance use disorders (2, 3) and is also a risk factor for exposure to traumatic events (4).

The authors concluded that individuals with substance use disorders plus posttraumatic stress disorder (PTSD) were young, unmarried, not in a relationship, and receiving government allowances. These findings could be explained by the presence of antisocial personality disorder.

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Dr. Mills Replies

TO THE EDITOR: We thank Drs. Sule and Kelly for their comments on our article and appreciate the opportunity to respond to their letter. A number of studies have found an association between antisocial personality disorder, substance use disorders, and PTSD. Nonetheless, we believe that our findings are unlikely to be confounded by antisocial personality disorder. First, antisocial personality disorder is an unreliable diagnosis, particularly among people with substance use disorders (1, 2). A diagnosis of antisocial personality disorder is based on behaviors often associated with drug use (e.g., criminality and social deviance) (3). As such, it is difficult to distinguish "true psychopaths" (whose behaviors are driven by psychopathology) from "symptomatic psychopaths" (whose behaviors are driven by their drug use) (2, 4). Second, although it is true that antisocial personality disorder has been associated with considerable harm, when borderline personality disorder is controlled, the harms attributable to antisocial personality disorder disappear (1). Finally, not one single respondent to the Australian National Survey of Mental Health and Well-Being screened positive for dissocial personality disorder (5); hence, it could not be controlled for in our study. This is unlikely because of the absence of the disorder in the Australian general population, but rather because of methodological limitations (5, 6) and/or problems inherent in the operationalization of the disorder. We hope that our article, as well as the letter by Drs. Sule and Kelly, will contribute to future research in this area.

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Observed Effects of Creatine Monohydrate in a Patient With Depression and Fibromyalgia

TO THE EDITOR: Creatine-containing compounds play an important role in muscle and brain energy homeostasis and may have a beneficial effect on brain functioning (1, 2). Fibromyalgia is characterized by widespread tenderness in specified anatomical locations. The etiology of fibromyalgia is unknown but may involve energy metabolism. A variety of muscle impairments is reported in cases of fibromyalgia, and whether fibromyalgia is a muscle disease remains controversial (3). J.H. Park, Ph.D., and colleagues (4) reported lower than normal phosphocreatine and adenosine 5′-triphosphate levels and a lower than normal phosphcreatine/inorganic-phospate ratio in the quadriceps muscles of fibromyalgia patients.

"Ms. A" was a 52-year-old woman who suffered from posttraumatic stress disorder (PTSD), depression, and fibromyalgia. She had been a highly functioning woman who ran a kindergarten. Her psychiatric condition started after she lost her left eye in a terror bombing scene. Therapy with citalopram, 40 mg/day and tramadolol, 200 mg/day, for more than a year was ineffective, and she continued to suffer from severe symptoms of the aforementioned disorders.

The patient participated in an open study for 4 weeks that examined the effect of creatine monohydrate added to the ongoing psychotropic treatment of PTSD patients (5). In addition to the assessment of her PTSD, Ms. A was evaluated three times during this period (prior to participation and 2 and 4 weeks after) using the Hamilton Rating Scale for Depression and the Short Form 36 Health Status