Letter to the Editor: Childhood trauma may combine synergistically with stimulant use rather than cannabis use to predict psychosis

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Early experiences of physical and sexual abuse are considered to contribute to the development of psychosis later in life (Read et al. 2005; Schreier et al. 2009; Arseneault et al. 2011). Similarly, cannabis use has been linked to an increased risk of psychosis and an earlier age of onset of psychotic illness (Moore et al. 2007; Large et al. 2011). A growing number of studies have shown that childhood trauma and cannabis use can combine more-than-additively to produce a highly elevated risk of psychotic symptoms and psychosis (e.g. Houston et al. 2003; Barnett et al. 2004; Barnett et al. 2007). To test this idea, I examined data from 7125 participants drawn from the Adult Psychiatric Morbidity Survey 2007, as utilized in Houston et al. (2011).

As shown in Houston et al. (2011), cannabis use moderated the link between non-consensual sex in childhood and psychotic disorder in the last week [odds ratio (OR) 10.53, 95% confidence interval (CI) 1.14–99.64; all analyses were adjusted for age, gender, ethnicity, education, employment, alcohol use, sexual trauma after age 16 years, presence of neurotic disorder, and, where appropriate, cannabis and stimulant use]. Similarly, stimulant use (cocaíne, ecstasy or amphetamines) combined with non-consensual sex before the age of 16 years to predict a raised risk of psychosis (OR 1.38–3631 in fully adjusted analysis), as shown in Fig. 1a. Early non-consensual sex was unrelated to psychosis amongst those who had used cannabis alone.

Taken together, these findings suggest that stimulant use amongst cannabis users rather than cannabis use alone may enhance the impact of childhood trauma on the likelihood of developing psychotic disorder. Future studies examining cannabis × trauma interactions in psychosis should include the main effect of stimulants and interactions between trauma and stimulants in their analyses. Such an approach may uncover novel relations and will ensure that those examining synergistic relations between cannabis use and adverse experiences accurately identify the specific drugs that contribute to psychosis risk.

Declaration of Interest

None.

References


Fig. 1. Relationship between non-consensual sex before the age of 16 years and psychosis for: (a) those who have used cannabis and those who have not taken cannabis or stimulants (cocaine, amphetamines or ecstasy); and (b) cannabis users who have taken stimulants, cannabis-only users and those who have not taken cannabis or stimulants. Note: participants who have used stimulants but not cannabis (approximately 1% of the sample) were excluded for illustration purposes.


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