ORIGINAL ARTICLE

Psychiatric comorbidity and PTSD-related health problems in war veterans: Cross-sectional study

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Abstract
Background and objectives: PTSD rarely occurs on its own and opinions on the correlation between PTSD and its comorbidities are still divided.
Methods: To identify the comorbidity profile of psychiatric diagnoses in PTSD – affected war veterans and to determine the correlation with mental and health problems.
Participants and methods: The experimental group consisted of 154 war veterans with combat-related PTSD. The control group was made of 77 veterans without PTSD. The study applied a general demographic questionnaire, the Harvard Trauma Questionnaire – Bosnia and Herzegovina version and the MINI.
Results: A 97.4% of PTSD-diagnosed veterans satisfied criteria for other mental disorders and that 44.8% suffered chronic somatic problems. More frequently they suffered from current depressive episode (41.6%), past depressive episode (36.4%), depressive episode with melancholic features (36.4%), dysthymia (13.6%), panic disorder with agoraphobia (11.0%), generalized anxiety disorder (82.5%) alcohol abuse (34.4%) and suicidal ideation (26.0%).
Conclusion: The study showed that chronic PTSD in war veterans was almost always accompanied by multiple psychiatric and often somatic comorbidities.

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Introduction
Human reactions to traumatic stress can vary from mild distress to long-term changes and personality alterations.

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Although posttraumatic stress disorder is considered to be the most common psychiatric effect of traumatic experience, an increasing number of evidence shows that posttraumatic stress disorder (PTSD) as a concept and diagnosis includes only one part of the variation.1,2 Studies into the effects of military and civilian psychotraumatization agree that PTSD rarely occurs on its own in persons who were exposed to traumatic events.3,4 Moreover, we may say that psychiatric comorbidity in persons with PTSD is quite common.4 Earlier studies found that comorbid conditions were correlated with chronic course of PTSD;5 psychopathology in comorbid conditions were more complex5,6 and disability and dysfunctionality were more serious.5,7

The most frequent comorbid disorders that PTSD patients suffer from are mood disorders and anxiety disorders. According to earlier studies, depression comorbidity rate in PTSD patients ranges from 21% to 94%,8-12 while anxiety rate ranges from 39% to 97%.10,12,13 A significant number of the patients (11-67%) satisfy the criteria for triple comorbidity at some point in their lives and apart from PTSD they experience depression and anxiety.12,14

Other negative effects on health in PTSD – affected persons are behavioral disorders which occur in up to 43% of the patients, while comorbid alcohol abuse or addiction to alcohol and psychoactive drugs ranges from 35% to 52%.14 According to the latest studies, 20–40% of PTSD – diagnosed patients experience psychotic symptoms that may be as serious as the symptoms experienced by schizophrenic patients.16-18

Apart from high rates of psychiatric comorbidity, persons suffering from chronic PTSD also present a significant prevalence of different somatic diseases (cardiovascular, endocrine, gastrointestinal, respiratory, musculoskeletal, dermal and venereal diseases) and medically explained and unexplained pain syndromes.19-21 Hypothesis of this study is that PTSD produce systemic effects on health of psychotraumatized persons and is a mediator between psychological trauma and psychophysical health.

The aim of the study was to determine the correlation of the comorbidity profile of PTSD and the accompanying mental and health problems in war veterans.

### Material and methods

The study was conducted at the Mostar University Hospital, Department of Psychiatry, in 2015. It was approved by an ethics committee of the University hospital of Mostar before it is beginning. Participants were notified that they could withdraw their participation at any point in the study without any consequence. Participants were not paid for their participation in the study, therefore, remuneration was not a coercing factor influencing study participation.

To form the experimental group we contacted all veterans who had been treated with PTSD at the above-mentioned psychiatric department. The veterans were contacted in the order they had applied for the treatment. The veterans received written notification and consent form. The experimental group consisted of 154 veterans who were treated for war-related PTSD at the psychiatric department of the Mostar University Hospital. The inclusion criterion for the experimental group was PTSD caused by war trauma, while the exclusion criterion were mental problems prior to the war. The control group was formed of 77 war veterans without PTSD, living in the West Herzegovina County and the Herzegovina-Neretva County. The exclusion criteria for forming the control group were mental disorders prior to the war. Of 317 veterans, 19 (6%) had psychiatric problems prior to the war and therefore could not participate in the study, while 144 (51.7%) refused to participate. Finally, experimental sample consisted of 154 (48.6%) veterans with PTSD.

The control group was formed by using the snowballing method.21 War veterans’ associations were taken as the starting point in the process. Upon previous arrangement with two war veterans’ associations, the principal investigator visited the associations’ premises and approached the veterans who were present at the moment. The principal investigator gave them notification and consent forms, explained the aim of the study and asked if they were willing to take part. The veterans were also asked if they could pass the information on to their fellow soldiers and hand them the forms. Sometime later, the veterans who wanted to take part in the study telephoned the principal investigator and arranged to either visit the psychiatric department or to meet with the principal investigator at the associations’ premises. All participants were asked again if they could pass the information to their fellow soldiers and ask them to participate too.

Veterans who had not had any psychiatric problems prior to the war and who gave their written informed consent for participation in the study responded to the HTQ (Harvard Trauma Questionnaire),23 which was used to determine the presence of PTSD. The participants who did not satisfy the PTSD criteria according to the HTQ (total score < 2.5) continued with the participation and they responded to the same battery of tests as the experimental group. Of 86 respondents, 9 (10.46%) satisfied the criteria for PTSD according to the HTQ score and they were excluded from the study. The control group finally consisted of 77 veterans.

All participants could seek therapy and medical intervention or withdraw from the study at any time.

### Instruments

General demographic data, social and material status and chronic somatic diseases were determined by using a general demographic questionnaire construed particularly for the aim of the study.

In order to establish the level of traumatization and determine the presence of posttraumatic symptoms we used the first and fourth module of the Harvard Trauma Questionnaire (HTQ), Bosnia and Herzegovina version.23 The instrument was developed in 1998 by the Harvard Program in Refugee Trauma, associations for mental health protection and experts from BH and Croatia.

The version of HTQ is used in the form of a structured interview. The first module contains a list of possible traumatic events and experiences to which the population of BH was exposed during and after the war (war period, refugee period, and postwar period), presented in the form of 46 yes/no questions. This part of the questionnaire is not designed for scoring. The fourth module contains 40

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