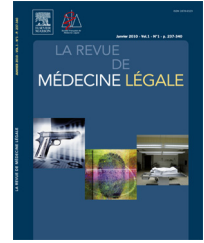




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ORIGINAL ARTICLE

Post-traumatic stress disorder, determinants and psychosocial consequences in a group exposed to a fire: Influence of personal history



L'état de stress post-traumatique, ses déterminants et conséquences psychosociales chez des personnes victimes d'un incendie : l'influence de l'histoire personnelle

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KEYWORDS

Post-traumatic stress disorder;
Fire;
Immigrant population;
Determinants;
Impacts;
Impact of Event Scale-Revised

Summary

Aim. — A fire started in a French hostel where many immigrants lived. The aim of this study was to assess the prevalence of PTSD, its demographic, professional and familial determinants and its impact one year later in this population.

Patients and methods. — From March to November 2012, 45 people aged at least 16 years old, for whom a medical assessment had been requested, were included. Demographic variables, floor on which victims lived, family status, professional status and addictive behaviour, before and after the event were recorded, as were the Impact of Event Scale-Revised (IES-R) and psychiatric or psychological support provided.

Results. — Of the victims, 84% were immigrants and 59% suffered from PTSD. PTSD mainly affected immigrants (65%) (more particularly those who had arrived in France a short time before the trauma), young people (74%), women (86%), workers (86%), and persons who had psychiatric support (79%) after the fire. Increased alcohol and tobacco consumption, changes in employment status and family ties after the fire were more frequent in people who developed PTSD.

Conclusion. — Some determinants highlighted in our study are well known in the scientific literature while others are controversial. Multicentre and international studies should be conducted in order to adjust the risk factors for the nature of the trauma and the population's characteristics.

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MOTS CLÉS

État de stress post-traumatique ;
Incendie ;
Immigration ;
Déterminants ;
Impacts ;
Impact of Event Scale-Revised

Résumé

But de l'étude. — Un incendie a dévasté un foyer où vivaient principalement des personnes issues de l'immigration. Le but de cette étude était de déterminer la prévalence d'un État de Stress Post-Traumatique (ESPT) un an après les faits, parmi les victimes et de comprendre les déterminants démographiques, professionnels et familiaux.

Patients et méthode. — Ont été incluses de mars à novembre 2012, 45 personnes, âgées de 16 ans minimum, pour lesquelles une expertise pénale avait été demandée. Ont été relevés des données démographiques, l'âge du logement, le statut familial, professionnel, les consommations alcoolique et tabagique avant et après les faits, ainsi que le suivi psychologique ou psychiatrique. L'ESPT a été évalué à partir de l'Impact of Event Scale-Revised (IES-R).

Résultats. — Quatre-vingt-quatre pour cent des personnes étaient issues de l'immigration et 59 % souffraient d'un ESPT. L'ESPT était majoritairement présent chez les personnes issues de l'immigration (65 %) (principalement celles qui étaient arrivées en France depuis peu), les jeunes (74 %), les femmes (86 %), celles qui travaillaient (86 %) et celles qui avaient bénéficié d'un suivi psychiatrique après les faits (79 %). Un an après les faits, l'augmentation des consommations d'alcool et de tabac, ainsi que les changements professionnels et familiaux, survenaient davantage chez les personnes souffrant d'un ESPT.

Conclusion. — Certains déterminants soulignés dans notre étude se retrouvent dans beaucoup d'autres études, tandis que d'autres sont plus controversés. Des études multicentriques et internationales devraient être menées afin d'ajuster le risque de développer un ESPT à la nature du traumatisme et aux déterminants de la population d'étude.

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Introduction

As described in the Diagnostic and Statistical Manual of Mental Disorders V (DSM V) and International Classification of Diseases-10, Post-Traumatic Stress Disorder (PTSD) is the consequence of severe acute or chronic trauma. The main symptoms are persistent re-experiencing of the traumatic event (flashback memories, recurring distressing dreams), neuro-vegetative hyperarousal with hypervigilance and insomnia. The time between the initial trauma and these disorders can vary from a few weeks to several months. In most cases, PTSD regresses. Sometimes, it becomes chronic, lasting several years, and can change the victim's personality [1]. During the first three months, PTSD is considered an acute disorder; after that, it is considered a chronic disorder [2].

To assess the presence of PTSD, several scales have been developed. The Impact of Event Scale-Revised (IES-R) proposed by Weiss and Marmar is particularly useful as:

- it assesses psychological distress intensity due to any traumatic life event in the general population;
- it is easy to use and widely used in the literature;
- it is a sensitive scale [3,4].

This scale is composed of 22 items divided into three subscales to distinguish between intrusion, avoidance and hyperarousal symptoms occurring during the previous seven days.

The answers to each item are evaluated on a 5-point Likert scale (0 = not at all to 4 = extremely). The sum of the scores obtained for each item is the total score.

Creamer et al. suggested using the average of all item scores: an average score greater than or equal to 1.5 points for each item, or a total score greater than or equal to 33 would identify cases of PTSD [5]. Asukai et al. proposed a

1.4-point cut-off for each item [6]. Three subscales can be calculated: one corresponding to symptoms of intrusion (7 items, scored out of 35 points), one to symptoms of avoidance (8 items, scored out of 40 points), and the last to symptoms of hyperarousal (6 items, scored out of 35 points).

The risk factors and consequences of PTSD are not well known. Many studies have identified risk factors and impacts of PTSD on the familial and professional environment and addictive behaviour. These studies, however, were conducted primarily in a context of natural disasters, terrorist attacks and war victims and also on cohorts of workers (firefighters, medical emergency teams, soldiers) [7,8]. Demographic factors (young [2] and female [9]) and the lack of social support were the main risk factors identified [10]. However, we know that these factors may vary depending on the culture or origin of the population [11] and on the intensity and nature of the trauma [12].

Few studies have been conducted in victims of a single traumatic event, like a fire, because the main difficulty is to find them a long time after the event to assess:

- the prevalence of PTSD in this population;
- the individual consequences of the psychological damage.

These medical consultations allowed us to gather the majority of the hospitalized fire victims at one centre more than one year after the event.

Our objective was to assess the prevalence of PTSD, the potential risk factors and the psychosocial consequences in this population exposed to a life-threatening fire.

Methods

On November the 15th 2010, fire broke out in front of an ADOMA hostel in Dijon. ADOMA is the name of a social

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