

P02-209 - ROLE OF IMMUNE MECHANISMS IN FORMATION OF VARIANTS OF ADAPTATION IN PERSONS WITH PTSD

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Study involved 102 combatants (mean age $31,78 \pm 6,75$ years). Clinical dynamics of PTSD brought neurotic (40) and pathocharacterological (62) variants of PTSD. Control group consisted of 80 healthy men. Clinical syndromes of secondary immune deficiency were detected in 51.4% of patients with neurotic version of PTSD and 75.9% with pathocharacterological version. It's in 2 and 3 times higher than in controls. In pathocharacterological variant of PTSD we observed most frequently infection (53.4%) and autoimmune (17.2%) syndromes. In total group of combatants, as compared with control the overall pool of T-lymphocytes (SD2+), mature T-lymphocytes (SD3+), helper / inducer (CD4+), ACSF-activity of leukocytes, elevated number of cells expressing markers of late activation (HLADR+) and the percentage of peripheral lymphocytes, expressing receptors of Fas-readiness to apoptosis (CD95+) reduced. Comparative analysis of parameters of immunity in different variants of PTSD, revealed some differences. Significant features of the immune status in pathocharacterological variant compared with neurotic are significantly lower values of total pool of T-lymphocytes (CD2+) ($p < 0,05$), number of helpers/inducers (CD4+) ($p < 0,05$) and number of B-lymphocytes (CD20+) ($p < 0,05$). Pathocharacterologically variant (diagnosis with adverse clinical dynamics), as compared with neurotic version of PTSD (more favorable in clinical terms) is characterized by increased frequency of occurrence of clinical signs of immune deficiency with predominance of infectious and autoimmune syndromes, more pronounced disturbances of indices of immunity. This strongly suggests role of immune mechanisms in formation of various variants for adaptation in clinical PTSD.