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PTSD AND ICD-10: CLINICO-SOCIAL CONCEPTION

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The aim of the investigation: To determine clinical-dynamic characteristics of combat-related PTSD for best understanding etiologocal and pathogenesis bases in mentioned category.

Subjects: 478 male combatants aged 22-43 y.o., observed in 1993-2008 years.

Methods of investigation: Clinico-psychopathological; quality of life self-evaluating scales, IES-R and statistical.

According to ICD-10, only one diagnostical category - "reaction to hard stress and adaptation disturbance"- is identified as having explicit etiological connection with psycho-traumatic extraordinary impact. Negative mental symptomatology in combatants is reflected there as "chronical personality changes after catastrophe".

Contrary to "classical" position personality change may be its chronical outcome and the diagnosis should be stated not only after 2 years. That's why the period of urgent adaptation is characterized by regressive, ontogenetically more early forms of reacting; conscience disintegration.

Appearance of more prolonged and more specifical PTSD symptomatology reflects pathoplastic later development.

PTSD can be understood as a transforming reactive process, fixating in memory traces new behavioral stereotypes. Specific adaptation in military conditions happens because of cortical behavior control's depression and deep-undercortical philogenetically old vital affects releasing (as the biological base). Positive PTSD symptomatology in combatants are repeated memories about psychotrauma, often transform into obsessive-phobic complexes. In case of increased cortex inhibition impulsive behavior's motives are formed. Initial war stress is complicated by the necessity to adapt to usual conditions and it often becomes a basis for behavioral deviations. That's why we should consider the treatment and rehabilitation of such persons one of the priority medical and social tasks in XXI century.