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POSTTRAUMATIC STRESS DISORDER AND AND CONCOMITANT COMORBIDITY IN BIH WAR VETERANS 12 YEARS AFTER WAR

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Introduction: PTSD is dominant, but rarely the only psychological disorder that is present among individuals who have a history of exposure to traumatic event.

Objectives: To examine morbidity in veterans 12 years after the war, with special emphasis on comorbidity of PTSD and other psychiatric disorders.

Methods: The study population consisted of 154 veterans who sought psychiatric treatment due to PTSD. The control group consisted of 77 war veterans who do not have PTSD, collected by snow balling method through veteran associations. The study used a general demographic questionnaire, the HTQ-version for BiH, and the MINI.

Results: Veterans who sought psychiatric treatment due to PTSD, were experienced a significantly greater number of traumatic events ($t=5.66$; $P < 0.001$) and achieved significantly higher scores on a scale of PTSD symptoms ($t=15.291$; $P < 0.001$), perceived personal functionality ($t=12.491$; $P < 0.001$) and the overall result of traumatic symptoms ($t=14.499$; $P < 0.001$). Additionally, among veterans with PTSD there are significantly more of those who reported chronic somatic diseases ($\chi^2=17.988$; $P < 0.001$), who met the criteria for the diagnosis of current depressive episode ($\chi^2=36.297$; $P < 0.001$), previous depressive episode ($\chi^2=29.356$; $P < 0.001$), depressive episode with melancholic features ($\chi^2=29.356$; $P < 0.001$), dysthymia ($\chi^2=9.959$; $P=0.007$), the criteria for the diagnosis of panic disorder with agoraphobia ($\chi^2=5.490$; $P=0.019$), PTSD ($\chi^2=102.018$; $P < 0.001$) and generalized anxiety disorder ($\chi^2=89.755$; $P < 0.001$).

Conclusion: Although PTSD is the dominant cause for seeking psychiatric treatment in veterans, PTSD promotes a comprehensive psychiatric and somatic comorbidity, and predominated are anxious and affective disorders.