

Post Traumatic Stress Among University Students

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Abstract

Objective: This study examined university students' symptoms of post-traumatic stress disorder during war, and violence activities in Iraq.

Patients and Methods: one hundred and fifty students filled in questionnaires and were assessed by the use of Post-traumatic Stress Reaction Index.

Results: We found high rates of post-traumatic stress reactions. The assessment of the students revealed that the symptoms of post-traumatic stress disorder tended to persist. Post-traumatic stress disorder scores were significantly correlated with the scores of depression and anxiety in both assessments ($p \leq 0.05$).

Conclusion: These results indicate that post-traumatic stress disorder symptoms can be seen after a stressful event that was perceived as life-threatening by at least some of the students, even though the children did not experience major losses, injury, or ongoing disruption in the community.

Keywords: PTSD, Posttraumatic Stress Disorder.

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Introduction

Today in Iraq and according to the World Health Organization (WHO) the total number of displaced people (IDPs) is estimated at 3.9 million, of which 2 million have sought refuge in neighboring countries. Overall, up to 8 million are in urgent need of humanitarian assistance. Health services are overstretched, particularly in the areas most affected by violence and/or with greater concentrations of IDPs. In 2006, 36 000 persons were reported wounded, mostly from gunshots, shrapnel and burns. Each wave of injured patients further depletes the limited stocks available for other surgical interventions. Due to the emigration of experienced staff, the available health workers have to carry out procedures for which they received no formal

training. A nationwide mental health assessment conducted by the Ministry Of Health (MOH) and the Ministry of Planning in collaboration with the WHO shows that 63% of the Iraqi adult population is subject to depression, while almost a third of adolescents are suffering from post traumatic stress disorder.¹

Posttraumatic Stress Disorder (PTSD) is a chronic and disabling psychiatric disorder associated with a significant degree of morbidity. Lifetime prevalence rates in the community have been estimated at 1.3%-7.8%.^{2, 3} Posttraumatic stress disorder has been recognized as a distinct psychiatric disorder since the introduction of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III)⁴ in 1980.

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According to this classification, a diagnosis of PTSD required exposure to a recognizable stressor that would evoke symptoms of distress in almost everyone. This definition was modified some years later⁵ to emphasize the requirement of avoidance phenomena, which consist of deliberate efforts to avoid thoughts, feelings, activities, and situations that aroused recollections of the trauma. The avoidance of recollection of the traumatic stressor only served to emphasize the fundamental importance in the development of PTSD of exposure to an extreme, life-threatening stressor.^{6, 7} Changes of the definition of PTSD that were brought about in the DSM-IV8 included redefining the traumatic event. This had to involve actual or threatened death or serious injury or a threat to the physical integrity to self or others. In addition, the person experiencing the event had to respond with intense fear, helplessness, or horror. Clinically, significant distress and impairment in social, occupational, or other important areas of functioning with a minimum duration of one month were further requirements.^{8,9}

In this study, we examined the nature of traumatic event which was collected by the students and the impact of war and violence on the mental health status of university students.

Patients and Methods

A descriptive study was conducted at the University of Mosul for the period throughout 2008. The study subjects consist of 150 students who were selected randomly from three University Faculties (Medicine, Nursing, and Basic education). A traumatic event checklist is a tool in which (31) events that commonly occur during times of military violence in Mosul City are rated by students as a dichotomy, (Yes) or (No). Students who reported four events or less were classified as "Low exposure", those who reported five or more events were classified as "Higher exposure". The IES-R is similar to IES in that it is a self-report measure designed to assess current subjective distress for any specific life event. The IES-R has 22 items, 7 items having being added to the original 15-item IES (Weiss & Marmar, 1997).

The 7 items comprise 6 that tap hyperarousal symptoms such as: anger and irritability, heightened startle response, difficulty concentrating, hyper vigilance; and one new intrusion item that taps the dissociative-like re-experiencing when experiencing true flash-back. The hyper arousal subscale and the new intrusion item along with the existing intrusions and avoidance subscales parallel the DSM-IV criteria for PTSD. The 7 items were randomly interspersed with the existing 7 intrusions and 8 avoidance items. The only modification to the IES items was the bifurcation of the item "I had trouble falling asleep or staying asleep" into "I had trouble falling asleep" (assigned to the hyper arousal subscale), and "I had trouble staying asleep" (retained in the intrusion subscale). Respondents are asked to rate each item in the IES-R on a scale of 0 (not at all), 1 (a little bit), 2 (Moderately), 3 (quite a bit) and 4 (extremely) according to the past (???) days. Descriptive statistics were used to present the study sample; t-test was used for differences among groups.

Results

Table (1): Sociodemographic data.

	<i>Mean</i>	<i>SD</i>
<i>Age years</i>	22.4	5.2
<i>Sex</i>	<i>No</i>	<i>%</i>
<i>Male</i>	87	58
<i>Female</i>	63	42

Table (2): Stressful life events.

<i>Trauma</i>	<i>No</i>	<i>%</i>
<i>Life- threatened accident</i>	24	16
<i>Physical attack</i>	19	12.7
<i>Threatened with weapon</i>	1	0.7
<i>Arrested by occupied forces</i>	10	6.6
<i>Blast bomb</i>	96	64

Table (3): Frequency of post-traumatic disorder symptoms among study subjects.

<u>Symptoms</u>	<u>%</u>
Avoidance	
Emotional avoidance	36
Social avoidance	28
Memory avoidance	30.8
Hyper arousal	
Sleep disturbance	26
Concentration disorder	19
Regression	24
Re experiences	
Repetitive image	22
Repetitive thought	36
Flashbacks	39

Table (4): Distribution of students in the PTSD reaction Index categories.

<u>Severity</u>	<u>No</u>	<u>%</u>
Non<12	45	30.0
Mild <12-24	37	24.7
Moderate<25-39	35	23.3
Severe<40-59	24	16.0
Very severe>60	9	6.0

Discussion

In this study, we found high rates of post-traumatic stress reactions among university students who experienced a war and violence attacks in Iraq. (22.7%) had mild, (23.3%) had moderate and (22%) severe to very severe PTSD symptoms. The majority of studies refer to young people who experienced natural catastrophic events such as floods (with prevalence of 37% at post-flood and 7% at 17 years later),⁹ hurricanes (short-term prevalence of 3-9%)¹⁰, and earthquakes (rates varying from 37% to 91%).¹¹

The frequency of PTSD in adults who encountered war activities ranged between 28% and 50%.^{12,13} Pynoos et al.¹⁴ studied students who had lived through a sniper attack at their school. Nearly 40% were found to have moderate to severe PTSD. Fourteen months later, Nader et al.¹⁵ assessed the same children and reported that (74%) of those most severely affected by being in the playground at the time of the incident still reported high levels of PTSD, while (19%) of the students who did not witness any incident reported some degree of PTSD.

Thabet and Vostanis¹⁶ assessed Palestinian children who experienced war traumas. PTSD reactions of at least mild intensity were observed in (72.8%) of the sample, while 41% reported moderate/severe PTSD reactions. The total scores of female students and those who had more than one previous trauma experiences were found to be higher in this study. Inconsistent findings exist regarding gender differences in the development of PTSD symptoms after exposure to any trauma. Some investigators reported no gender difference,^{17, 18} whereas others suggested that there were more severe and longer symptoms of PTSD in girls.¹⁹ Cumulative traumas were also suggested to be associated with more severe and longer symptoms of PTSD.²⁰ The most frequently reported symptoms were fear of the recurrence of the trauma, emotional detachment, being easily startled, being upset by reminders and avoidance of situations that reminded them of the trauma. In regards to the responses of the students, our findings were consistent with the literature.²¹ Studies have established that the diagnostic criteria of PTSD in students were not totally met and that only some of the symptoms were present.^{22, 23} Yule and Udwin²⁴ and Goenjian et al.²⁵ reported positive correlations between the levels of PTSD, depression and anxiety. We found that the PTSD scores were significantly correlated with the scores of depression and anxiety. It is known that especially PTSD and major depressive disorder-dysthymia are frequently seen in the students. Several authors have hypothesized that PTSD precedes and predisposes to the onset of major depressive disorder rather than the reverse.²⁶ On the other hand, some authors suggested that a previous psychiatric illness was related to the development of PTSD symptoms. However, based on the results of our study, we could not answer the question whether anxiety and depressive symptoms caused a tendency to PTSD or developed secondary to PTSD. Our study had several limitations, students' characteristics and previous psychiatric history, which might play an important role in the development and the chronicity of the symptoms of PTSD, were not evaluated. Another limitation was the absence of assessment of global functioning or a clinical interview. Also, because the scale was used to

assess post-traumatic stress reactions following a specific trauma, we were unable to include any type of control group in our study. These results indicated that PTSD symptoms could be seen after a stressful event that was perceived as life-threatening by at least some of the children, even if the children did not experience major losses, injury and there was no ongoing disruption in this community.

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الاضطرابات التالية للكرب بين طلبة الجامعة

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الملخص

الهدف: تناولت هذه الدراسة فحص أعراض الاضطرابات التالية للكرب خلال الحرب وأعمال العنف في العراق.

المرضى والطرق: مائة وخمسون طالباً قاموا بتعبئة الاستبانات، وقيموا باستخدام مؤشر ردود الفعل التالية للكرب.

النتائج: وجدنا معدلات عالية من تفاعلات الاضطرابات التالية للكرب. أشار تقييم الطلبة إلى أن أعراض الاضطرابات التالية للكرب ما زالت قائمة. وقد ارتبطت الاضطرابات التالية للكرب معنوياً مع درجات الكآبة والقلق في كلا التقييمين.

الاستنتاجات: أشارت النتائج إلى أن أعراض اضطرابات التالية للكرب يمكن ملاحظتها بعد أحداث مجهدة يمكن النظر إليها كمهددات للحياة على الأقل لدى بعض الطلبة، على الرغم من أن الأطفال لم يتعرضوا إلى خسائر كبيرة، جروح، أو التعطيل الجاري في المجتمع.

الكلمات الدالة: الاضطرابات التالية للكرب.