A Comparison of the General Health Status of the Veterans and Normal People and Estimation of the Prevalence of the Post Traumatic Stress Disorder Among the Veterans

Mohamad Khaledian, Mazaher Bodaghi, Parvane Khanjari, Azimesadat Fatemi, Mozhgan shooshtari

Department of Psychology, Payame Noor University, PO BOX 19395 - 3697, Tehran, IRAN.

MA in Family Counseling, Shahid Beheshti University, Tehran, IRAN.

MA, Department of Children with Special needs, University of Isfahan, Isfahan, IRAN.

Student PhD, Department of Children with Special needs, University of Isfahan, Isfahan, IRAN.

The aim of the present research is to compare the general health status of the veterans and normal people and estimating the prevalence of the posttraumatic stress disorder among the veterans. From among all the veteran and normal people residing in Tehran, 100 people were selected as sample (50 veterans and 50 normal people) using the sampling method in access. To collect data, the 28 question general health questionnaire (GHQ) and the Mississippi's post traumatic stress disorder scale were applied. Findings indicated that there is a difference between the veterans and normal people with respect to all their general health level subscales. Also, %32 of the veterans was suffering from post traumatic stress disorder symptoms caused by the imposed war.

INTRODUCTION

War leaves behind various impacts and these impacts manifest various effects given the war's destruction, its intensity and degree of expansiveness. Physical disabilities and mental side effects caused by wars were effects that we have been widely observing during life scenes and post years among the survivors of the war and their relatives [1]. Eight years of the imposed war in our country ad stresses incurred has engendered PTSD another disorders caused by wars stresses among veterans and fighters and even their families[2]. Mental injury caused by war not only affects the fighter but also other members of the family, wives and children [3]. The issue of health was on the agenda since the very creation of mankind during long centuries, According to the world health organizations' reports, the world will see major changes in the area of the epidemiology of diseases as well as humans' health needs in the next two decades.

In such a way, non contagious diseases like mental diseases will rapidly replace infectious and contagious diseases, thus becoming factors in creating disability and premature deaths. Different reason could be cited in changed visage of the epidemiology of diseases, e.g. roads accidents, violence, industrialization, environmental –biological pollution, weakening mental foundations in families and societies as well as in wars [4]. The term, mental health is an extended concept that includes mental Well being, feeling of self ability, sufficiency, understanding inter generation solidarity and the ability to diagnose potential emotional and intelligent talents, in such way one can recognize his abilities, adapt with his common life stresses and become useful and effective professionally [5]. Cheerfulness, feeling of being fortunate are divine blessings bestowed on man in the light of mental health. In addition, mental health is thought to be one of the main effective factors in promoting man's perfection[6]. The post traumatic stress disorder (PTSD) is referred to an intense and late response to intense stress making factors like natural disasters (quakes and flooding) and manmade disasters (war and manslaughter) [7]. In PTSD, the person must have experienced a disaster that includes real or possible death, considered as a serious threat to peoples' physical body in its entirety. A harmful disaster must have created

intense fear, horror, and feeling of insolvency. The PTSD, introduced as a diagnostic category in DSM-III requires an excessive response to an intense stress making factor that involves anxiety, avoiding the stimuli related with disasters, general torpidity of general responses. One of the criteria of DSM-IV-TR for PTSD is to face with the harm making disaster that causes continued fear, insolvency and horror [8]. Research by Bremner et al., in brain scanning indicated that people affected with PTSD have a smaller hippocampus than non PTSD people [8]. Several studies on PTSD in war veterans with PTSD symptoms was associated with smaller volume in hippocampus [9].

Clinical experience s and observations by Coughlan and Parkin(1987), showed that the families of veterans suffer from mental problems [1]. Given the research by Dekel et al., 2008, interaction with a person hurt results in the mental pressure that leads to different mental problems (e.g. higher levels of depression symptoms, anxiety problems, sleeping problems, emotional tiredness and bodily pains)[10]. In a research by Goldstein and Common (1987) on 1112 of the former wartime prisoners in the U.S. state of Virginia indicated that using the DSM diagnostic criteria, %55/7 of the sample were infected with the PTSD [11]. Around %30 of the Vietnam war retirees have experienced PTSD and around %25 of them are spending softer problems [12]. PTSD, studies among the veterans of Mazandaran indicated that %77/8 of the sample were in the PTSD group [13]. Around %20 of the American soldiers injured in Vietnam and %50 of the people involved in wars were PTSD linked patients [8]. Research by Sotker et al., (1994) indicated that during the operation "storm of the desert" (1990-1991, following the Iraq's invasion of Kuwait) , %65 of the people appointed for collecting , labeling and burring disperse parts of the dead had been diagnosed with PTSD [8]. PTSD had been reported at %20 among people living in the south Canal street (next to the world trade centers in New York) following the 9/11 terrorist attacks [14]. Results by Ahmadzade and Malakyan(2005) with the subjects of comparing aggression, anxiety and social growth among the juvenile children of the PTSD veterans and juveniles of normal people in Isfahan showed that the level of aggression, anxiety among the former group is significantly higher than the latter [2].

Studying the mental health status and the level of PTSD prevalence in veterans not only could define therapeutic approaches for this group, but also it will be of a great help to find appropriate ways in future planning among the community of veterans. As a result, this research aims to compare the mental health level of the veterans and normal people and estimate the prevalence of the PTSD caused by war among the veterans of Tehran.

Materials and Procedures:
This research was conducted to compare the mental health level of the veterans and normal people and estimate the prevalence of the PTSD caused by war among the veterans of Tehran. From among all the veteran and normal people residing in Tehran, 100 people were selected as sample (50 veterans and 50 normal people) using the sampling method in access.

Research Tools:
GHQ questionnaire was designed by Goldberg in 1972 to measure the mental health. This test has 28 questions, including four subscacles of physical complaints, anxiety, social functions and depression [15]. To score, the simple Lickert method (0-1-2-3) was applied. In this test, the cutting off point for sieving has been estimated as 23. In other words, the trainees scoring less than 23 were not qualified for the patience. While investigating the four fold subscacles of the physical symptoms anxiety and insomnia, intense social function and depression, should the score obtained by the trainee in each of the subscacles of above , is more than 14 , he has problems with that subscale. The validity of the GHQ questionnaire has been approved by the professors and its reliability has been as %81 in different researches. The reliability of the questionnaire in the current research was found to be %8 through the cronbach alpha [16].

The Mississippi's post traumatic stress disorder scale was designed by Kian et al., (1988) to evaluate the intensity of the signs of PTSD [17]. The Mississippi's post traumatic stress disorder scale has 35 items classified in 5 groups: repeated experience, abandonment and weakness, hyper arousal, and self injury. Three cases of the cases are closely related with the DSMIV criteria for the PTSD. This scale is able to segregate among the people having PTSD and people having no such disorder. The Mississippi scale was standardized in Iran by Goodarzi (2001)[18]. The reliability coefficient was obtained as %8 through the cronbach alpha.

Results:
As seen in table1, the average of veterans in all the GHQ questionnaire factors, i.e. physical complaints, anxiety, social function and depression is higher than the ordinary people that are indicative of the fact that normal people have higher health levels. Given the cutting off point an d scoring, the normal people have mental health levels in the subscales while the veterans are on the verge of problems in all the subscales, enjoying lenient health. Also, the results are indicative of the significant differences in all the subscales between the normal ad veterans. Also, the total score of the veterans indicate they have no better health. Thus, it is concluded that there is significant difference between the general healths of the two groups of people.
Table 1: Group differences for the general health subscales among the veterans and normal people.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Normal</th>
<th>Veteran</th>
<th>df</th>
<th>T</th>
<th>Sg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>7.73</td>
<td>9.14</td>
<td>98</td>
<td>5.05</td>
<td>0.001</td>
</tr>
<tr>
<td>SD</td>
<td>4.69</td>
<td>4.16</td>
<td>98</td>
<td>5.05</td>
<td>0.001</td>
</tr>
<tr>
<td>Physical disorder</td>
<td>6.19</td>
<td>8.82</td>
<td>98</td>
<td>6.17</td>
<td>0.001</td>
</tr>
<tr>
<td>Social function</td>
<td>6.54</td>
<td>7.73</td>
<td>98</td>
<td>6.17</td>
<td>0.001</td>
</tr>
<tr>
<td>Depression</td>
<td>5.34</td>
<td>6.17</td>
<td>98</td>
<td>6.17</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Table 2: PTSD status.

<table>
<thead>
<tr>
<th>PTSD</th>
<th>healthy</th>
<th>patient</th>
<th>total</th>
<th>health percentage</th>
<th>patient percentage</th>
<th>Total percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
<td>16</td>
<td>50</td>
<td>0.68</td>
<td>0.32</td>
<td>100</td>
</tr>
</tbody>
</table>

Findings of the table 2 indicate that %32 of the research sample have symptoms of the PTSD disorder caused by war. From a perspective of calendar age, the samples of this case, the degree of PTSD prevalence was 47/3 in the age group of 45-55; %32/6 in the age group of 55-65 and %20/1 among the age group of 65.

Discussion:

The findings of the present research indicate that there are significant differences in all the general health subscales between veterans and normal people, in the sense that veterans have lower general health levels compared to the normal people. These findings are in conformity with those of Coughlan and Parkin (1987), who indicated that the families of veterans suffer from mental pressure and also those of Deker et al. (2008) [10], Ahmadzade and Malakyan (2009) [2]. To explain these findings, we can say that the reason for the mental and physical disability is war. In addition, in DSM-IV-TR, depression, anxiety and psychological problems are introduced as PTSD impacts [8]. Also, the findings of the research indicate that 32% of the veterans are afflicted with the PTSD caused by war. These findings are in line with most of the studies including the prevalence of PTSD between 5% to 58% and the prevalence of this disorder among the populations exposed to danger between %5 to 75% [12], as well as those of Zarghami in 1991 (13), Goldstein, and Common (1987) [11], Sotker et al. (1994) [8], Gully et al. (2002) [14]. To explain these findings, we can refer to the role of the hippocampus in brain that has a role in the memory related to emotions where the PTSD afflicted persons could have smaller hippocampus [8]. Studies by Brenner et al. (2003) over brain scanning show that PTSD afflicted persons could have smaller hippocampus compared to the others [8]. Research on the wartime veterans afflicted with PTSD indicate that the smaller volume of the Hippocampus is related to the PTSD symptoms [10]. These findings suggest that the smaller volume of the hippocampus could be a preface to the PTSD. Maybe, people involved in war could have PTSD too. To explain these data we can refer to a biological-nervous mixed perspective as well as an understanding based on the fact that the PTSD people will experience more intruding memories and the remaining of them will guarantee this disorder while three decades of war is already passed. The present research is conducted in Tehran. Thus, it has to be cautious in generalizing the findings of this research to the entire country. Furthermore, one has to take special care to other people of the society.

Conclusion:

Although our wartime disabled people differ with those of the other countries in terms of religious beliefs, martyrdom morale, veteran ship being valuable, and social respect, one should not forget unwanted impacts of the mental and physical problems of the veterans and as a result the present research aims to compare the mental health level of the veterans and the ordinary people as well as estimating the prevalence of PTSD among the veterans.

REFERENCES


