

Acute Post Trauma Stress Syndrome (PSS) versus Chronic PSS after Armed Operations in Bosna, Yemen versus Lebanon and Syria

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Original Article

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Abstract:

Post Trauma Stress Syndrome has two forms, acute and chronic; depending on the interval and duration of stress, since this is a typically reactive psychosocial disorder with vegetative medical symptomatology evoked by acute or chronic stress. The aim of this three cohort comparative study is to compare the position of PTSS between: victims of bombing in Yemen (air strikes only); combined war operations in Ukraine; and combined operations in Syria, and chronic military unrests in Lebanon.

Introduction

Armed conflicts within the last 10 years, have had severe consequences not only to housing trade and transportation infrastructure but to human lives directly, and indirectly, to poor status due to disrupted water and food energy supplies including sleep disturbances due to acute or chronic bombing and shelling.

The aim of this research is in a brief note to describe the position of acute and chronic post trauma stress syndrome (PTSS) in different types of conflicts in places served by the various emergency and refugees of war projects of the Tropicteam, Step In, Little Sisters and other NGOs operating in Eastern Europe and Middle east.

Methods

Frequency of acute versus chronic PTSS defined as:

1. Disturbances of sleep and or concentration
2. Fear, depression and other reactive psycho syndromes and symptoms
3. Psychomotoric disorders (hypertension, hyperglycemia, tachycardia, night sweats)

Acute syndrome was defined as signs and symptoms only during armed events;

Chronic PTSS was defined as persistence of at least 2 of 3 groups of symptoms (above) at least one week after an armed event (bombing shelling) or after leaving a risk area of war.

Results and discussion

Table 1. shows the distribution and percentage of visitors of particular either nutrition or health care projects. Yemenese and Ukrainian victims of war and refugees had all Acute PTSS and Lebanese and Syrian chronic PTSS: these required chronic medications against hypertension, diabetes and insomnia. In comparison to Post war areas with our projects in Rwanda and Burundi

where war conflict apparently ended more than 25 years ago, infectious diseases of chronic origin such as malaria HIV and TB are prevalent and chronic PTSS is rare. (23).

Conclusions

Management of Acute Post Trauma Stress Syndrome requires a multidisciplinary team of: psychologist (psychological support and acute trauma management); social worker (travel and housing advice); nurse or doctor (acute health problems and medicamentous APTSS management); lawyer or UNHCR officer (ensuring safe migrant or refugee status).

Concerning chronic PTSS, patients need medical support with psychiatrists or trauma / war medicine specialist supported by pharmacists is advisable.

The best prevention is to avoid any armed conflicts or to remove the civilian population before bombing or shelling starts, like it was in Kuwait 1990, Baghdad 1998, Belgrade and other highly populated towns with prevalence of civilian population, where information of upcoming operations was announced by air dropping of maps and information about next day planned operations. However, this was not done in Yemen, Ukraine, and therefore, in management of migrants and refugees of war, we have to expect long systematic work with multidisciplinary socio-psycho-medical teams, and economic-financial rehabilitation of the whole country, as it was been done in Rwanda and Sudan, 25-60 years ago after genocide.

Table 1 Type and percentage of acute versus chronic PTSS-experience from Lebanon, Syria, Yemen, Ukraine by Tropicteam Refugee and Migrants Health Programs

	Type of PTSS prevalent	Intervention	Time
Lebanon, Dayeeh/Beirut	Chronic 75-90%	Amb. services	45 years
Ukraine, border Uzgorod/Mukacevo	Acute 95%	Emergency, HC, PSS	30 days
Yemen, Hodejda	Acute 75%	Food and water suppl.	5 years
Syria, Alepo	Acute 25 / chronic 75%	Amb. Health service, food	8 years
Quaragosh, Kurdistan/Iraq	Chronic 90%	Amb. health	4 years

References

1. WHO ANNUAL REPORT (2020) WHO Geneve, 2022. pp.155.
2. HYGIENIST GENERAL (2011) Lex corona. National Institute of Public Health Bratislava 2011. p. 25.
3. HAMAROVA A *et al.* (2022) First week of mission and humanitarian assistance at the Ukrainian border. *Acta Missiologica*, 12. 2022. 1. pp.12-13.
4. SUVADA J, PALENIKOVA M *et al.* (2021) Posttrauma stress syndrome is the commonest diagnosis in migrants to Greece. *Clinical Social Work and Health intervention*, 11. 2021. 2. pp. 98-99.
5. TOPOLSKAA *et al.* (2020) Spectrum of humanitarian assistance in war affected South Yemen, *Med Horizon*. 59. 2020. pp. 266-270.
6. COSTELLO M, DRGOVA J, BOZIK J, MURGOVA A, GALLOVA, A., BUJDOVA N (2020) Vaccine refusal *Clinical Social Work & Health Intervention*, 11 2020, 2, pp. 9-12.
7. OTRUBOVA J, KALATOVA D, KILIKOVA M, MURGOVA A, KOZON V, *et al.* (2019) education on nursing and social work. *Clinical Social Work & Health Intervention*, 2019, 2, pp 10-11.
8. KHALED I, HAJ ALI PERI, KALATOVA D, GALLOVA A, BAK T, MURGOVA A, ZOLLER K, GIERTLIVOVA D, *et al.* (2018) Spectrum of infections in physiotherapy and rehabilitation ward for war victims. *Clinical Social Work Health Intervention*. 8, 2018, 2, 26-28.
9. BELOVICOVA M, MURGOVA A, VANSAC P, POPOVICOVA M (2019) Hepatitis C screening in Selected Social Rescue group facilities in Eastern Slovakia. *Clinical Social Work & Health Intervention* 10. 2019, 2, 5-28.