

Brief Article

A review of comorbid disorders with PTSD in psychiatric centers in Tehran between 2009-2010

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(Received: 2Jan 2014; Revised: 29Jan 2014; Accepted: 12May 2014)

Abstract

Introduction: Vulnerability has an important role in PTSD, which can be either genetic or acquisitive. According to research, the disorder coexists simultaneously with at least another psychiatric disorder and can be a disorder comorbid with a predictive factor, which influences the process from afflicting to medication. This study was performed to determine PTSD accompanying disorders in the patients referring to psychiatric centers in Tehran between 2009-2010.

Methods: A total of 71 patients referring to psychiatric centers were examined for the co-occurring symptoms and disorders through questionnaires after initial interview, DSM-IV-TR criteria, and PTSD diagnosis.

Results: 78.9% of the studied group was female and 21.1% was male. 39.4% of patients had acute PTSD, 60.5% chronic PTSD, and 93% had at least one other disease simultaneously.

Conclusion: Insomnia, depression, and anxiety are the most important co-occurring diseases, and physiological symptoms are the most common symptoms of the disorder.

Declaration of Interest: None.

Keywords: Symptoms, Comorbidity, Posttraumatic stress disorder.

Introduction

The term posttraumatic stress disorder was first coined in 1980 by the American Psychiatric Association (1). Based on the definition of DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders), after hearing, seeing, or somehow involving in a pathologic event, an individual may show reactions accompanied by fear, inability, and recurring experience of the event.

The PTSD diagnosis can be given when these symptoms continue for one month. The disorder duration below three months is considered an acute disorder. However, when the symptoms last for more than three months, it is considered as chronic disorder (2). Recurring flashbacks of the event, inability to remembering an important part of the event, psychological disturbance, physiological reactivity, avoiding the factors, thoughts, activities, and places that remind the

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Running title : Eye and behavior

event, problem in concentration, watchfulness, sleep disorder, limited emotions and alienation toward others, irritability, obscure feeling of future, and reduced interest in important activities are among the symptoms of this disorder (3). Not all individuals experiencing a traumatizing event develop PTSD. In fact, vulnerability plays an important role in developing these symptoms and this can be attributed to genetic or acquisitive factors (4). Revision of the results of 290 research works performed between 1980 and 2006 showed that women who exposed to traumatizing event develop PTSD more than men (5). This disorder coexists with at least another psychiatric condition. The most prevalent conditions are depression, drug abuse, and anxiety disorders which can be regarded as predictive factors too (6). Individuals with comorbid disorders suffer suicidal thoughts, severity and frequency of symptoms two and half times as other individuals (7). The results of a study on 1000 female and male juveniles after Bam earthquake indicated that depression, anxiety, wrath, posttraumatic devastation and stress in this group was more than the control group (8). A sever and serious PTSD co-occurring condition is insomnia (9). Research on 50 PTSD patients showed that irritability and wrath were responsible for 48% of the main symptoms, depression 18%, aggression 14%, anxiety 10%, continuous headache 8%, and sexual disorders 2%. The most common minor symptoms included mood disorders 34%, insomnia 30%, lack of interest in life 22%, sadness and loneliness 14%, nightmares and lack of concentration 10% (10). Nautet al. (2000) divided the effective factors in the disorder into three groups: 1) peritraumatic factors such as the individual's mood, temper, anxiety and depression, family characteristics, economic and social situation, and background of trauma in childhood. 2) The nature and details of trauma. 3) Posttraumatic factors such as social support, economic resources, and additional stressful factors (11,12). Based on the results of studies, the relationship between PTSD is a two-sided mental disease with a high degree of disorders outbreak (13,14). According to the report of the American Psychiatric Association, the outbreak rate is between 1 and 14 percent during life, based on the community-based studies. This rate is between 5% and 75% in the at-risk groups (2). Regarding the comorbidity disorders can manifest both as predictive and co-occurring with PTSD, their identification can facilitate the process of prevention and medication. This study was conducted with the aim of determining PTSD comorbidity disorders in the patients referring to Tehran psychiatric centers in 2009-2010.

Methods

The sample under study in this research consisted of all individuals referring to psychiatric and psychology centers in Tehran and Imam Hossein hospital between 2008-2009. The referring individuals, who were diagnosed with PTSD by psychiatrist in the initial interview, were assessed based on DSM-IV criteria. Finally, 71 referring patients declared their consent for participating in the study. The questionnaire information gathering tools included age, gender, and disorder duration, nature of remembering the event, symptoms and disorders. DSM-IV-TR criteria and the clinical interview of psychiatrist, the nature of drug consumption, and patient's report diagnosed the comorbidity disorders.

Results

The results of analysis of 71 questionnaires indicated that 78.9% of the studied group was female and 21.1% was male. The average age was

28 years and its standard deviation was 7.15. The disorder lasted one to three months in 39.43% and more than six months in 60.57% of the population. 5.6% of patients stated that they remembered the event when awake, 87.3% in sleep and when awake, and 54% remembered the event in their dreams. 27% dreamed terrible dreams. 75% would suffer palpitation when reminding the event, 76% would suffer problems in breathing, and 92% would suffer high temperature.

93% of PTSD patients have at least a comorbidity disorder and 86.3% stated that they used psychiatric medicine to treat their disorder. 83.1% were vulnerable to sound. 95.8% suffered continuous fatigue. 90.1% had sleep problems, 33.8% had obsession, 66.2% were depressed, 74.4% had anxiety, and 59.2% felt unmotivated.

Conclusion

In this research, 71% of PTSD patients were studied concerning their age, gender, PTSD accompanying symptoms, and history of mental diseases. Female patients outnumbered the male patients by 57.8%. Revision of the results of 290 research works between 1980 and 2006 showed that women who were exposed to trauma develop PTSD more than men (5). 39.43% of patients developed acute PTSD and 60.57% acute PTSD.

Reminding the event occurs when awake in 5.6% of patients, both when awake and in sleep in 87% of patients, and 54% when dreaming. As diagnostic criteria would indicate, the evident symptoms of PTSD include the recurring experience of the event; fear accompanying reaction, and inability (2). 75% of patients suffered palpitation when reminding the event, 76% had problem in breathing, and 78% and 92% suffered high temperature. Physiological reactivity is the main symptom of PTSD (3).

93% of PTSD patients had at least another mental disorder. The results of a research conducted by Kesleret al. (1995) proved that PTSD co-occurred with at least another psychiatric disorder in 88.3% of men and 79% of women. In this study, 90.1% of patients had problem while sleeping, 33.8% suffered obsession, 66.2% were depressed, 74.4% developed anxiety, and 59.2% felt unmotivated. 83.1% were vulnerable to sound, and 95.8% suffered continuous fatigue (14). Yasemi and Goodarzi (1994) reported sleep disorder frequency in PTSD patients. The main symptoms included irritability and anger in 48%of cases, depression in 18%, aggression in 14%, anxiety in 10%, continuous headache in 8%, and sexual disorder in 2%. The most common minor symptoms included mood disorders in 34%, insomnia in 30%, lack of interest in life in 22%, feeling sad in 14%, nightmares and reduced concentration in 10% of patients (9).

A greater number of women may be a sign of vulnerability to this disorder. The PTSD disorder co-occurred with other diseases that could in turn influence the medication process. The physiological symptoms and reminding the event in sleep and when awake existed in over 80% of patients. Insomnia, anxiety, and depress-ion were the most prevalent disorders.

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