

20 Socio-Medical Characteristics of Girls and Women with Comorbidity of Post-Traumatic Stress Disorder and Depressive Disorders

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20.1 Abstract

People with both disorders' PTSD and depression, have greater risk for health, social and emotional problems. The main purpose of this paper is to assess the prevalence rate of health, social and emotional problems among women and girls with war related post-traumatic stress disorder (PTSD) and depression as associated disorder.

Method: a cohort study for the three-year periods 2013-2015 that analyzed the prevalence of health, social and emotional problems among women and girls traumatized during the war in Kosovo, diagnosed with post-traumatic stress disorder and depression.

Results: Hypertension was significantly more prevalent among patients with PTSD and depression than on those without depression, on the former group it was 4.3 times that on the latter. In the field of social problems, almost all of the ones with depression experienced physical torture, 89.6% of the other category were unemployed and 19.3% had behavioural disorders. Regarding emotional problems, 97.8% of the patients with depression have declared anger, 11 times more than in the other group. Similarly, the likelihood of anxiety is twice more in the former group, twice more ashamed than those without depression and significantly more self incriminated. Only around 30% have good relationships with the community.

Conclusion: Women with war-PTSD and associated with depression have more physical problems, particularly they have more than 4 times as much hypertension compared to the group without depression. The ones with PTSD and depression are significantly more likely to not be employed, have more anger, feel self-incriminated, and have experienced physical abuse than in the other group. Findings emphasize the necessity for increased care of traumatized persons in order to minimize health, social, and emotional problems in order prevent the trans-generation trauma.

Keywords: PTSD, Kosovo, comorbidity.

20.2 Introduction

During the war in Kosovo, within period January 1998-June 12, 1999, 11.840 people were killed, while 1.450 people are still missing; 20.400 Albanian women were raped, nearly 750,000 were refugees in neighbouring countries (1). Albanians after their return in Kosovo were challenged with traumatic experiences as the missing family members, traumatic experiences of violence, rape, and persecution and destruction of their homes and properties (2). Post-traumatic stress disorder (PTSD) as a mental health condition is triggered by a terrifying event either experiencing it or witnessing it, (3) whereas the traumatic event differs from the stressful event by its intensity (4). In a study conducted in Kosovo, 17.1% of respondents reported post-traumatic stress disorder (PTSD) and there was a correlation between mental health status and social functioning, more traumatic events the worse mental health (5). Mortality rate increased 2.3 times during the war among Kosovar Albanian population in Kosovo, and it correlated with an intensification of the Serbian campaign of "ethnic cleansing"(6).

Untreated trauma also generates other problems: suicide attempts, domestic violence, child trauma, depression, drug addiction, crimes, human beings trafficking and other deviances in society, with serious consequences for families and communities (7). People with both disorders' PTSD and depression, show greater social, occupational, and cognitive impairment, higher levels of distress, and are more prone to attempt suicide (8).

Epidemiological studies in Bosnia (9) and in the United States have shown that psychiatric morbidity is much higher in populations that have experienced war, persecution, and mass violence (10). Another study conducted in 2005, by the Kosovo Rehabilitation Centre for Tortured Victims in cooperation with the Kosovo Ministry of Health, the Danish Refugee Council and the World Psychiatric Association shows that the prevalence of PTSD, depression and emotional distress remains high. Thus, the prevalence of the PTSD in the population was 22% and it was only 3% lower than in year 2000 (11).

One of the worst experiences faced by many women and girls in Kosovo, which, even after many years of the end of the war, is a source of grave consequences for women, their families and society as a whole, is rape against women, used as a tool of war. There is no accurate estimate of the number of women and girls who were raped or suffered from other forms of sexual violence during the war in Kosovo. Some estimates, however, consider that the total ranges from 10,000 to 20,000 victims. The use of mass rape and other forms of sexual violence as part of a strategy of mass ethnic cleansing continues to have significant on-going consequences not only for its immediate victims, but also for their families and communities. The psychological recovery of survivors of sexual violence and torture has been greatly hampered by the stigma and the survivor's fear of being rejected by family and community, created an impediment to her rehabilitation, access to justice, and socio-economic reintegration. The PTSD rate among Albanian Kosovar women is high and its consequences hamper their current social functioning and their quality of life and wellbeing (5, 12, 13, 14).

The main purpose of this paper is to assess the prevalence rate of health, social and emotional problems among women and girls with war related post-traumatic stress disorder (PTSD) and depression as associated disorder.

20.3 Method

A cohort study for the three-year periods 2013-2015 that analyzes the prevalence of the depression among women and girls traumatized during the war in Kosovo, diagnosed with post-traumatic stress disorder. Data source is database of Kosovo Rehabilitation Center for Torture Victims, a non-governmental organization based in Pristina-Kosovo, where clients are those who had experienced various traumatic experiences during the Kosovo war. The total number of PTSD diagnosed cases, recorded in the database was 350 since the cultural sensitivity, who had voluntarily disclose their history and seek for the services in this center. Selection was done systematically, respectively, every second in the database from the total number until a sample of 150 cases was reached.

The criterion for participation in the analysis was the registration at the NGO/Center and the preliminary diagnosis with the PTSD. For the diagnosis of PTSD, the Harvard Trauma Questionnaire- HTQ was used, while the General Health Outcome Questionnaire was used for assessing the physical health status. Diagnostic criteria were the presence of at least five key symptoms over a period of at least one month: at least one symptom of recurrence, at least one avoidance symptom and at least two hyper vigilance symptoms. Excluding criteria was partial PTSD with only some of its symptoms.

The GHQ-28 is used as a community screening tool and for the detection of nonspecific psychiatric disorders, a higher mean score on the GHQ-28 represents poorer mental health status (score range, 0-28). The GHQ-28 is composed of 4 subscales (score range, 1-7): somatisation, anxiety, social dysfunction, and depression. The HTQ combines the measurement of trauma events (part I) and symptoms of PTSD (part II), selected from the

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Post-traumatic stress disorder is analyzed by age group, dwelling place, marital status. Statistical parameters are calculated such as arithmetic average, the variability measures as the standard deviation, variability interval. The data testing is done by OR.

20.4 Results

Of the sample of 150 Albanian community women diagnosed with post-traumatic stress disorder, in particular are analyzed and presented cases with comorbidity with depressive disorders disaggregated by age, residence and marital status. The age of research subjects ranged from 30 to 64 years. The average age of women with PTSD and depression is 46.5 years and largest participation have group age 40-49 with 62 years respectively 41.4% of women and girls involved in the research. The group age of 50-59 presents 30 or 45% of women and girls. At the age above 50 were 50 subjects or 37.0%. Regarding dwelling place 85 of them or 63% were from country side, (Table 1) whereas 99 of the cases or 63.0% were married, 15 or 14% were unmarried, 18 or 13.3% were widows.

PTSD and Depression		N	%
		135	100
Age-group	30-39	29	21.5
	40-49	56	41.5
	50+	50	37.0
	Xbar	46.5	
	SD	8.1	
	min	30	
	max	64	
Dwelling place	Village	85	63.0
	City	50	37.0
Marital status	Married	99	73.3
	Not married	15	11.1
	Divorced	3	2.2
	Widow	18	13.3

Table 1: The structure of respondents with post-traumatic stress disorder and depression by age group, residence and marital status.

Regarding health problems, among patients with PTSD and depression 86.7% have had headache, 54.1% experienced muscle pain, and 33.3% suffered from disorder of appetite. Hypertension was significantly more prevalent among patients with PTSD and depression than on those without depression, on the former group it was 4.3 times that on the latter. In the control group there were none with thyroid gland problems.

In the field of social problems, almost all of the ones with depression experienced physical torture and 19.3% had behavioural disorders. While all of the ones without depression were employed, 89.6% of the other category were unemployed. Additionally, 44.4% of the ones with depression had experienced having a family member killed during the war.

By the Fisher exact test, there was a significant difference between the two groups, more specifically, there were 70% less tobacco users and 70% less missing family members in the group with depression.

Regarding emotional problems, 97.8% of the patients with depression have declared anger, 11 times more than in the other group. Similarly, the likelihood of anxiety is twice more in the former group. More than half of them have declared that they are ashamed - twice more than those without depression. By the Fisher exact test, there was significant difference in self incrimination between the study groups (Table 2).

Only around 30% have good relationships with the community. Relations with family and wider community are significantly at some point good with 56.3% and 55.6%, $p=0.00$ (Table 3).

Problems	PTSD and Depression	N	%	OR	0.95 CI		Fisher Exact Prop.Test
		135	100.0		Lower	Upper	
Health	Headache	117	86.7	0.0	0.0	NaN	0.218
	Muscle pain	73	54.1	0.8	0.3	2.3	0.787
	Hypertension	70	51.9	4.3	1.2	16.0	0.027
	Disorder of appetite	45	33.3	0.8	0.3	2.2	0.775
	Diabetes	20	14.8	0.0	0.0	NaN	1.884
	Problems with the thyroid gland	18	13.3	infinite	NaN	infinite	0.218
Social	Behavioral Disorders	26	19.3	1.0	0.3	3.6	1.000
	Excessive use of tobacco	23	17.0	0.3	0.1	10.0	0.044
	Excessive use of medicines	21	15.6	0.7	0.2	2.8	0.709
	Unemployed	121	89.6	infinite	NaN	infinite	0.362
	No special interests	108	80.0	1.0	0.3	3.8	1.000
	Family members killed	60	44.4	0.5	0.2	1.6	0.285
	Missing family members	21	15.6	0.3	0.1	0.9	0.031
	Domestic violence	12	8.9	0.0	0.0	0.1	5.542
	Physical torture	132	97.8	0.0	0.0	NaN	1.000
Emotional	Fear	79	58.5	0.9	0.3	2.8	1.000
	Anxiety	117	86.7	1.6	0.4	6.3	0.696
	Anger	132	97.8	11.0	2.0	60.6	0.014
	Shame	73	54.1	1.8	0.6	5.2	0.415
	Self-incrimination	50	37.0	infinite	NaN	infinite	0.007

Table 2: Health, social and emotional problems among women with post-traumatic stress disorders and depression.

Relations	With family		Wider society	
	N	%	N	%
	135	100	135	100
At some point, good	76	56.3	75	55.6
Not good	17	12.6	22	16.3
Good	42	31.1	38	28.1
Chi-Square, DF=2	38,98		32,84	
p-value	p=0.000		p=0.000	

Table 3: Social Relations of women with post-traumatic stress disorders and depression.

20.5 Discussion

Mental health problems and social functioning impaired by war in Kosovo are important issues to address. War-related trauma sequels continue to have a significant impact on the mental health of the Kosovo population even 20 years after the end of the war, and this is evidenced by the high values of PTSD or other mental disorders associated with PTSD as well as their comorbidity with disorders such as physical, emotional and social health disorders.

There are only few qualitative studies on this issue published so far in Kosovo, which affects the weakening of the importance of the problem in Kosovo society. When psychological trauma is less intense, stressful life events play an important role in the occurrence of general psychological symptoms (15).

The findings from this study document the long-term impact of traumatic experiences during the war on physical, mental health and the social functioning of women/girls subjected to these traumatic incidents. The results of the study proved that women/girls in Kosovo who had been exposed to severe traumatic events had post-traumatic symptoms even 20 years after the end of the war and that post-traumatic stress disorder became chronic to a significant proportion of Kosovar women/girls. The findings also confirm the correlation of PTSD and other health, social and emotional disorders. Two studies conducted in Bosnia and Sri Lanka show high

values of disorders such as depression, anxiety, and anger. This is in line, with our study that shows high values of these disorders (16, 17).

Clinical reports of Bosnian refugees in treatment show similar findings for depressive symptoms with rates ranging from 14% to 21% (18), (19) and for PTSD symptoms with rates ranging from 18% to 53% (18), (19), (20), whereas in Kosovo study reveals that almost 90% of them are depressed. In a study among Cambodian refugees, significant dose-effect relationships between cumulative trauma and psychiatric symptoms was revealed, 39.2% of respondents reported symptoms of depression and 26.3% reported symptoms of PTSD, 20.6% reported symptoms comorbid for depression and PTSD (9). In Kosovo comorbidity for PTSD and depression was higher with 90%.

Only 30% have good relationships with the family members or neighbourhoods where they live. These findings are also supported by previous studies which revealed that social support, both prior and after traumatic experience, plays an important role in mediating the development risk of PTSD. In Kosovo case, 90% of all women with PTSD and depression were unemployed and similar in Bosnia most frequent psycho-social problems were insufficient financial resources and a job loss (21).

20.6 Conclusion

Women with war-PTSD and associated with depression have more physical problems, particularly they have more than 4 times as much hypertension compared to the group without depression. The ones with PTSD and depression are significantly more likely to not be employed, have more anger, feel self-incriminated, and have experienced physical abuse than in the other group. Findings emphasize the necessity for increased care of traumatized persons in order to minimize health, social, and emotional problems in order prevent the trans-generation trauma.

20.7 References

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