

Stebliuk Vsevolod, Gan Roman, Pronoza Kateryna. Particularities of physical and mental injuries for Ukrainian-Russian war victims. *Journal of Education, Health and Sport*. 2016;6(4):458-465. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.50626>  
<http://ojs.ukw.edu.pl/index.php/johs/article/view/3495>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 755 (23.12.2015).  
755 Journal of Education, Health and Sport eISSN 2391-8306 7

© The Author (s) 2016;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland  
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium,

provided the original author(s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 05.04.2016. Revised 25.04.2016. Accepted: 28.04.2016.

## **PARTICULARITIES OF PHYSICAL AND MENTAL INJURIES FOR UKRAINIAN-RUSSIAN WAR VICTIMS**

**Vsevolod Stebliuk\*, Roman Gan\*\*, Kateryna Pronoza\*\*\***

**\*Ukrainian Military Medical Academy**

**\*\*Ivano-Frankivsk National Medical University**

**\*\*\* NGO "Ukrainian Society of overcoming the consequences of traumatic events"**

Prof. Vsevolod Stebliuk\*, Dr. Roman Gan, PhD\*\*, Kateryna Pronoza\*\*\*

\*Ukrainian Military Medical Academy

\*\*Ivano-Frankivsk National Medical University

\*\*\* NGO "Ukrainian Society of overcoming the consequences of traumatic events"

### **Abstracts**

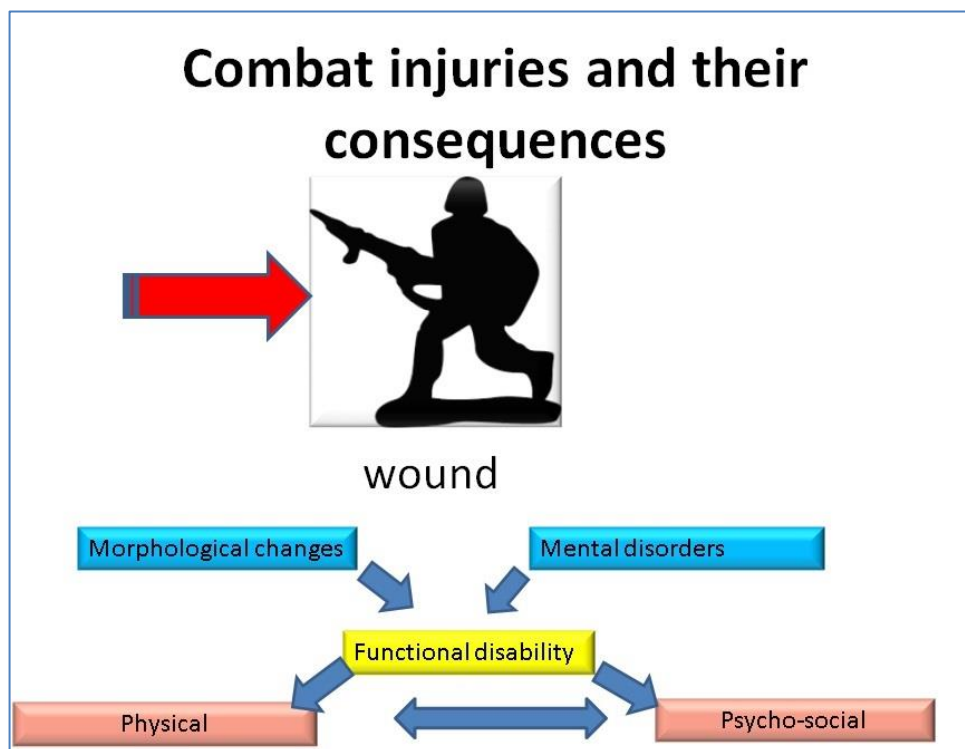
V. Stebliuk, R.Gan, K.Pronoza. **Particularities of physical and mental injuries for Ukrainian-Russian war victims.**

The study was conducted for researching statistics dates and clinical results of physical and mental consequences of wounds for veterans of Ukrainian-Russian war especially PTSD-symptoms. More than 50% of injuries are extremities combat trauma. Near 30% wounded soldiers have different cranial-cerebral injuries. Other areas usually injured not frequently. The first place in the structure of non-traumatic diseases has mental disorders (near 30% of cases). After then, most common diseases are cardiovascular system's problems (18%), pulmonary diseases (10%, like as acute respiratory infections and pneumonias), digestive problems (10%). In structure of mental disorders prevalence the somatophorm disorders (18%) an acute stress reaction (15%). Post-traumatic stress disorder (PTSD) was diagnosed in 14,26% of cases

**Key words:** combat trauma, acute stress reaction, posttraumatic stress disorder.

Over two years of undeclared war and real aggression of the Russian Federation in Ukraine, clearly defined features of physical and mental injuries of war victims [1].

Combat trauma is not isolated - physical or mental. Unable wounded body without a wounded soul, and mental disorders are always reflected in the somatization[2.3]. Physical injury or mental combat disorders and their consequences lead to a breach of Functioning and Disability (Pic. 1).



Picture 1. Combat injuries and their consequences.

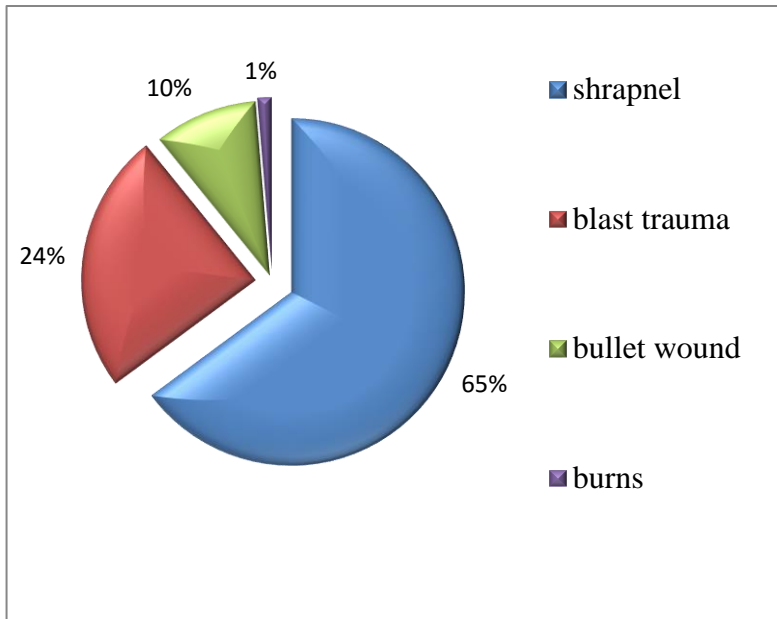
For the full return of war victims to a peaceful life is necessary to carry out a complex rehabilitation. But planning and providing of effective rehabilitation is impossible without analysis of structure of injuries and peculiarities of mental and physical status.

**The purpose of study:** researching statistics dates and clinical results of physical and mental consequences of wounds for veterans of Ukrainian-Russian war especially PTSD-symptoms.

**Materials and methods:** statistics dates from Surgeon General Staff, MoD of Ukraine, psychopathological researches according X-ICD and DSM-IV for PTSD symptoms.

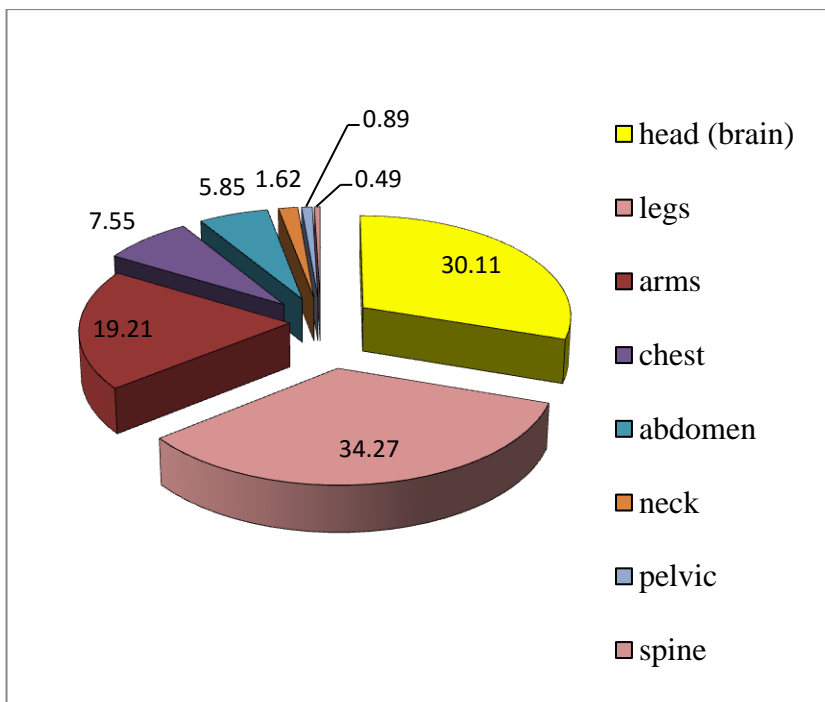
**Results and discussion:** During 2 years of war more than 15 000 soldiers in Ukrainian Armed Forces were injured, more than 2000 were died. More than 170 have amputees (13 double, 1 triple and 1 quad).

In causes of injury prevalence shrapnel injury (65%) and blast trauma (24%) (Pict. 2).



Picture 2. Cause of injuries.

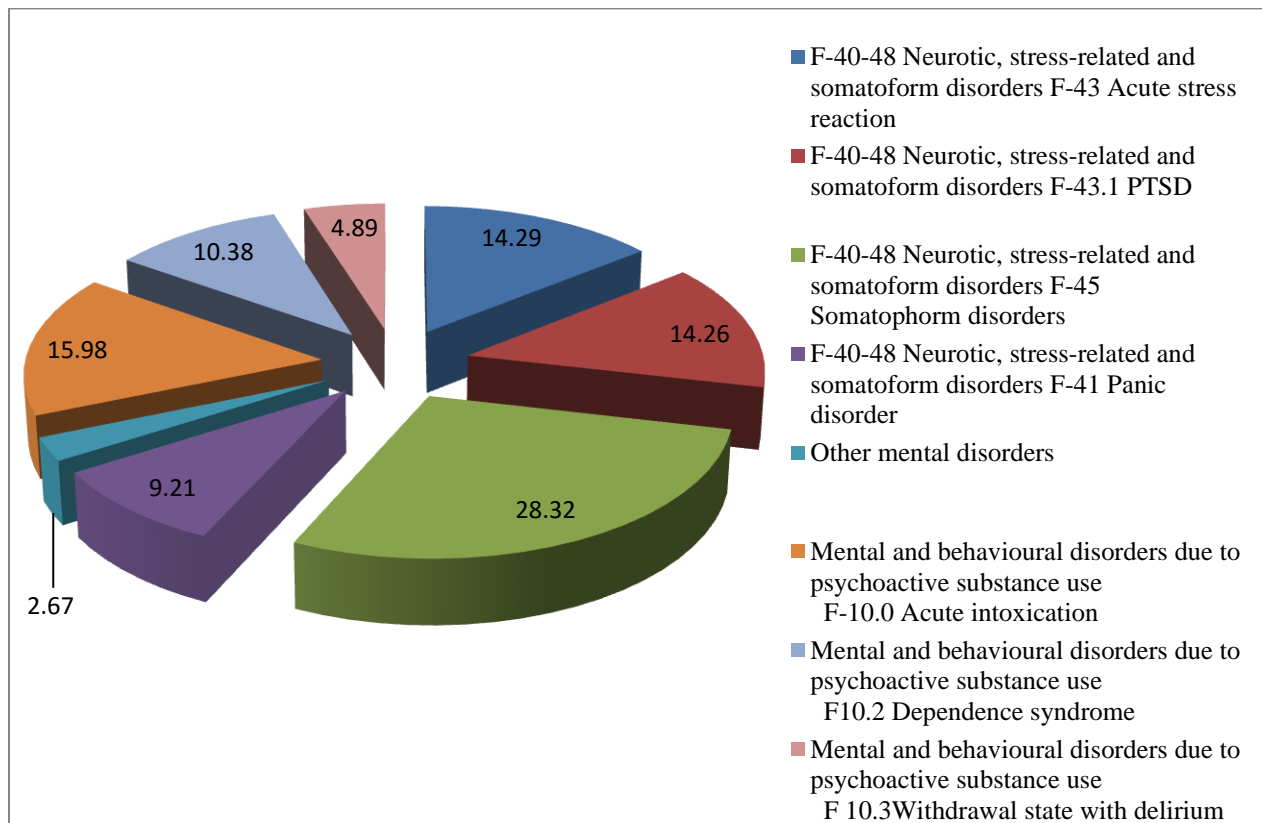
Area of injuries also has specific dates. More than 50% of injuries are extremities combat trauma. Near 30% wounded soldiers have different cranial-cerebral injuries. Other areas usually defended by armed vest and other defense and injured not frequently (Pict. 3)



Picture 3. The structure of wounds (%).

Non-traumatic pathology in participators of war also has specify results. The first place in the structure of non-traumatic diseases has mental disorders (near 30% of cases). After then, most common diseases are cardiovascular system's problems (18%), pulmonary diseases (10%, like as acute respiratory infections and pneumonias), digestive problems (10%).

In structure of mental disorders prevalence the somatophorm disorders an acute stress reaction. Post-traumatic stress disorder (PTSD) was diagnosed in 14,26% of cases (Pict. 4).



Picture 4. Structure of mental disorders.

Such a high frequency of mental disorders due to traumatic factors of wartime. We distinguish two main groups of psycho-traumatic factors: combat and non-combat. The first group includes:

- situations that threaten the life and physical integrity of personnel;
- injury, concussion, injury
- death of close friends and colleagues
- horrific images of death and human suffering
- deaths of fellow soldiers, civilians, for which assigns a soldier
- events in which injured the honor and dignity of a serviceman.

The second group(war-related factors) includes:

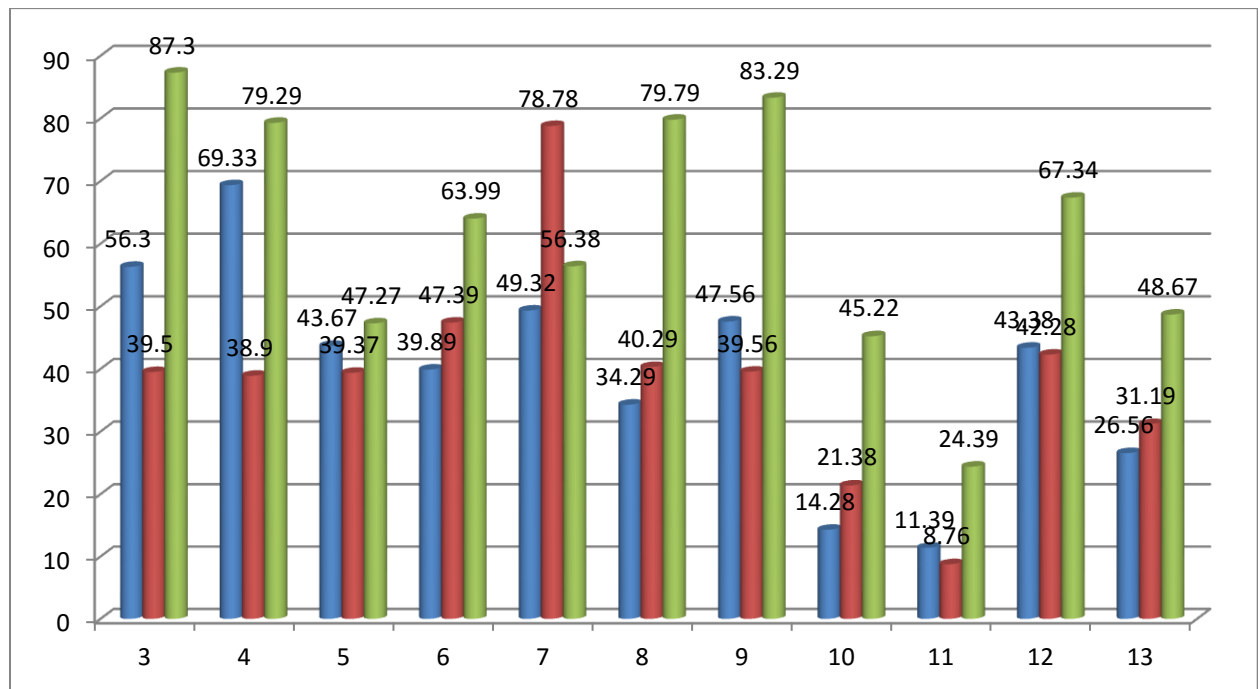
- elevated levels of permanent potential threat to life; continued implementation of strenuous activity;
- prolonged deprivation of basic biological and social needs; sudden and unexpected changes in the conditions of service and life;
- evere environmental conditions of life;
- lack of contact with family;
- the inability to change the conditions of its existence; intense and lasting interpersonal conflicts;
- increased responsibility for their actions;
- the opportunity to die, get injured or be captured in a “senseless war”.

In the later period (after 6 months on average), acute combat stress reaction can occur in PTSD. Our research has shown particular for manifestations of PTSD among the

participants of the first phase of the war, active kinetic operations in 2014 (mostly volunteer battalions - group one, 55 persons), active members of positional war of winter - spring 2015 (group two, 37 persons) and opposition parties during the so-called armistice (autumn 2015 - winter 2016) - a group of three, 28 people.

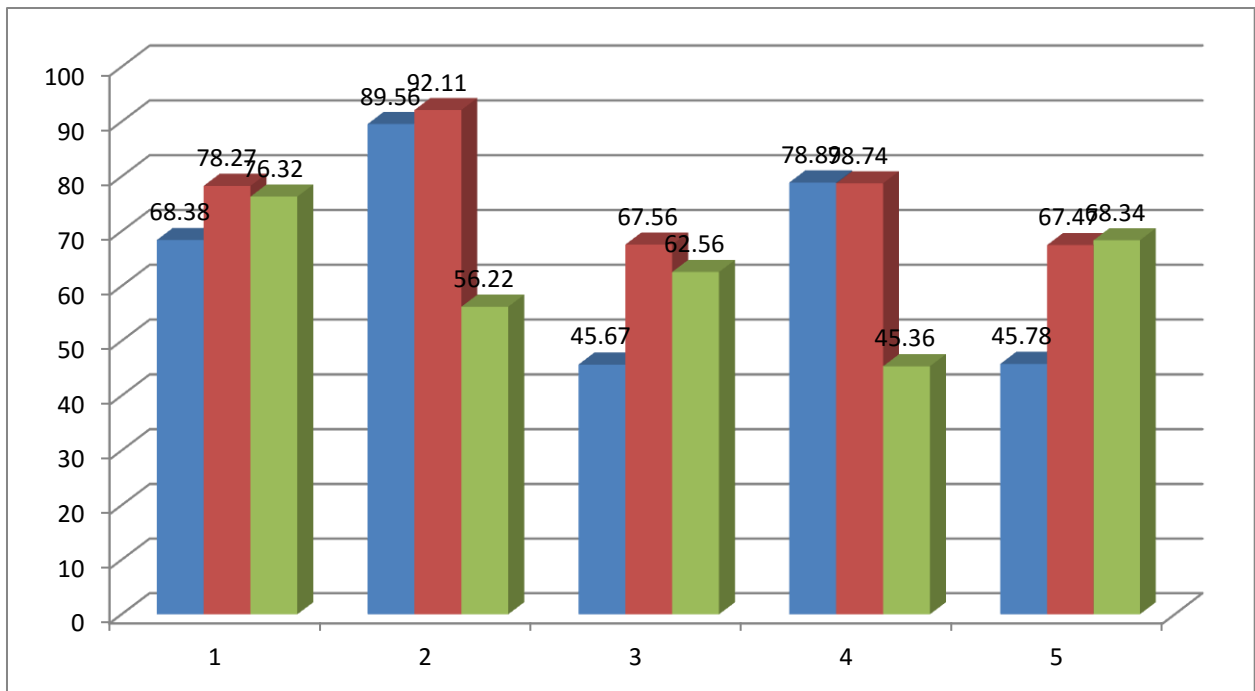
We studied frequencies of DSM-IV-TR Criteria for PTSD (Tab.1) in the veterans groups.

According to received information, "negative", agitated, depressive symptoms predominated in the third group, among the soldiers, who did not participate in active actions, and were in danger in their passive opposition (Pict. 5)



Picture 5. PTSD – signs (part B-C) in difference groups of veterans

Active symptoms (Part D) prevailed on the contrary the representatives of the first and second groups. For these veterans characterized by aggressive mood, often inadequate response to sub-threshold irritation.(Pict. 6).



Picture 6. PTSD – signs (D).

The data should be considered when developing programs of physical and mental rehabilitation, as well as in the planning processes of adaptation and re - socialization of veterans into peaceful life.

**Table 1. DSM-IV PTSD criteria**

## **DSM-IV-TR Criteria for Posttraumatic Stress Disorder**

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  - (2) The person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
- (3) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
  - (4) Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
  - (5) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience; illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
  - (6) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
  - (7) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
- (8) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
  - (9) Efforts to avoid activities, places, or people that arouse recollections of the trauma
  - (10) Inability to recall an important aspect of the trauma
  - (11) Markedly diminished interest or participation in significant activities
  - (12) Feeling of detachment or estrangement from others
  - (13) Restricted range of affect (e.g., unable to have loving feelings)
  - (14) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal lifespan)
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- (1) Difficulty falling or staying asleep
  - (2) Irritability or outbursts of anger
  - (3) Difficulty concentrating
  - (4) Hypervigilance
  - (5) Exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

### **References**

1. Галуха, О. І. Посттравматичний стресовий розлад у військовослужбовців, що брали участь в антитерористичній операції на сході України та проблеми їх психологічної реабілітації / О. І. Галуха // Укр. наук.-мед. молодіжний журнал. - 2015. - N Спец. вып. 1. - С. 135-136

2. Matyash MN, Khudenko LI. FEATURES OF PTSD IN THE PARTICIPANTS OF THE ANTI-TERRORIST OPERATION--UKRAINIAN SYNDROME. *Lik Sprava*. 2014 Dec;(12):105-12. Ukrainian. PubMed PMID: 26638477.
3. Colborne M. Ukraine struggles with rise in PTSD. *CMAJ*. 2015 Nov17;187(17):1275. doi: 10.1503/cmaj.109-5160. Epub 2015 Oct 19. PubMed PMID:26482447; PubMed Central PMCID: PMC4646746.

### **References in Transliteration**

1. Galuha, O. I. Posttravmatichnij stresovij rozlad u vijs'kovosluzhbovciv, shho brali uchast' v antiteroristichnij operacii na shodi Ukraïni ta problemi ih psihologichnoï rehabilitacii / O. I. Galuha // *Ukr. nauk.-med. molodizhnij zhurnal*. - 2015. - N Spec. vyp. 1. - S. 135-136
2. Matyash MN, Khudenko LI. FEATURES OF PTSD IN THE PARTICIPANTS OF THE ANTI-TERRORIST OPERATION--UKRAINIAN SYNDROME. *Lik Sprava*. 2014 Dec;(12):105-12. Ukrainian. PubMed PMID: 26638477.
3. Colborne M. Ukraine struggles with rise in PTSD. *CMAJ*. 2015 Nov17;187(17):1275. doi: 10.1503/cmaj.109-5160. Epub 2015 Oct 19. PubMed PMID:26482447; PubMed Central PMCID: PMC4646746.