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FORMATION MECHANISMS OF NON-PSYCHOTIC MENTAL DISORDERS IN INJURED COMBATANTS AS A BASIS OF PSYCHOTHERAPY

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Abstract

Today 16.2% of the world's population suffers from the consequences of military conflicts. In 80% of people affected by hostilities, the consequences of combat trauma are non-psychotic mental disorders. According to the data obtained during the study, the following non-psychotic disorders were found in examined combatants: acute stress reaction (F43.0) in 36.2% of subjects, PTSD (F43.1) in 32.1%, prolonged depressive adjustment reaction (F43.21) in 11.3%, adjustment disorder with anxiety (F43.22) in 12.2%, depressive episode (F32.1, F32.2) in 8.2% of subjects. 145 male injured combatants aged 20 – 55 y. o. were examined at the Military Medical Clinical Center of the Northern Region. **Methods:** clinical psychopathological, clinical anamnestic, psychodiagnostic, catamnestic, statistical. According to the results of Clinically administered PTSD Scale (CAPS), clinically pronounced manifestations of PTSD were noted in examined combatants (frequency of PTSD symptoms: 33.9 ± 3.6 points, intensity: 32.2 ± 5.5 points, and total severity of symptoms: 67.1 ± 6.9 points). According to the Impact of Event Scale-Revised (IES-R) in the surveyed combatants, a high level of impact of the traumatic event was observed by scales of invasion (77.8% of surveyed), avoidance (62.9%) and physiological excitability (72.2%). Against the background of using the developed program there were a positive dynamics of mental state

(86.9% of respondents), a decrease in anxiety (85.6%) and depression (82.2%), and a decrease level of PTSD symptoms by Impact of Event Scale (IES-R) (79.8%).

Key words: combatants; injuries; non-psychotic mental disorders; psychotherapy; psychoeducation.

Introduction. Combat stress has a powerful psychotraumatic effect on the personality of servicemen, which is the main cause of combat mental trauma, development of acute stress and post-traumatic stress disorders. Combat stress is accompanied by the action of stressors that threaten the lives of servicemen and negatively affect their health, reduce the success of their activities or lead to its failure, cause psychogenic losses in the units. [1, 2].

According to modern scientific data, 16.2% of the world's population suffers from the consequences of military conflicts. In 80% of people affected by hostilities, the consequences of combat trauma are non-psychotic mental disorders [3, 4].

Getting injured along with physical trauma is a distress, a psychotraumatic event that leads to mental disorders. Injury as a result of combat actions leads to a combination of severe stressors that adversely affect mental health of the wounded and leads to the development of non-psychotic mental disorders. [5, 6, 7].

Non-psychotic mental disorders as a consequence of combat stress are found in many combatants and significantly reduce the combat effectiveness of servicemen and require using of a set of psychiatric, medical, psychological and psychotherapeutic measures [8, 9, 10].

Stress-related mental disorders that occur during hostilities are one of the important internal barriers to combat effectiveness and effective performance of professional duties by combatants, and in the future - to adapt to normal life through layering on this substrate new stresses associated with social maladaptation. Therefore, the issues of detection and analysis of psychometric markers of post-traumatic stress disorder (PTSD) in combatants and the development of effective strategies for their early diagnosis and prevention are relevant issues today [11, 12, 13].

The above-indicated data conditioned relevance of this study.

The aim: to develop a psychotherapeutic correction system of non-psychotic mental disorders for injured combatants based on the research of its clinical phenomenology and mechanisms of formation.

Contingent, materials and research methods. 145 male injured combatants were examined at the Military Medical Clinical Center of the Northern Region, aged 20-55 years.

The study was conducted with obtained informed patient consent in compliance with the principles of bioethics and deontology.

The main research methods were: clinical psychopathological, clinical anamnestic, psychodiagnostic, catamnestic, statistical.

Results and discussion. According to the data obtained during the study, the following non-psychotic disorders were found in examined combatants: acute stress reaction (F43.0) in 36.2% of subjects, PTSD (F43.1) in 32.1%, prolonged depressive adjustment reaction (F43.21) in 11.3%, adjustment disorder with anxiety (F43.22) in 12.2%, depressive episode (F32.1, F32.2) in 8.2% of subjects.

Triggers of non-psychotic mental disorders are the fact of injury, uncertainty of treatment prognosis, prolonged stay in combat situation, insufficient level of special training before hostilities, fear of being taken as a prisoner, death and serious injuries of comrades in person, the need to participate in the evacuation of dead bodies, threat of death under “volley fire” or a sniper’s shot, prolonged stay in the field (in dugouts, tents).

According to the results of Clinically administered PTSD Scale (CAPS), clinically pronounced manifestations of PTSD were noted in examined combatants (frequency of PTSD symptoms was 33.9 ± 3.6 points, intensity was 32.2 ± 5.5 points, and the total severity of symptoms was 67.1 ± 6.9 points). According to the Impact of Event Scale-Revised (IES-R) in the surveyed combatants, a high level of impact of the traumatic event was observed by scales of invasion (77.8% of surveyed), avoidance (62.9%) and physiological excitability (72.2%).

In the structure of non-psychotic mental disorders in the examined patients there were a severe level of depression (89.1%) and anxiety (95.6%) by the Hamilton scale, subclinical manifestations of depression (56.8%) and clinical manifestations of anxiety (69.8%) by Hospital Anxiety and Depression Scale (HADS).

A program of personalized psychotherapeutic support for injured combatants was developed and tested during this research.

Psychotherapeutic complex for patients with acute stress reaction included use of rational psychotherapy, cognitive behavioral therapy by A. Beck, problem-solving therapy, psychoeducation.

The psychotherapeutic program was aimed at developing emotional resilience to social psychological frustration; formation of communication and social skills; emotional reappraisal of traumatic experience; restoring a sense of self-worth; correction of erroneous conclusions and cognitive distortions associated with combat trauma.

Psychotherapeutic support for patients with PTSD included trauma-focused cognitive behavioral therapy, Eye Movements Desensitization and Reprocessing of emotional trauma therapy (EMDR), psychoeducation.

The psychotherapeutic program was aimed at correcting pathological behavioral patterns associated with combat stress; restoring a sense of self-worth; developing skills to master the symptoms of hyperactivation, avoidance, overwork.

Personally-oriented psychotherapy, body-oriented psychotherapy, individual-crisis therapy, drawing techniques of art therapy and psychoeducation were used for prolonged depressive reaction patients.

Psychotherapy was aimed at forming constructive forms of emotional and behavioral response to the effects of combat stress; development of management skills for a psychophysiological condition and emotional reactions; formation of stress resistance, development of constructive solution skills for social and psychological problems.

Psychotherapeutic complex for adjustment disorder with anxiety included individual-oriented short-term psychodynamic psychotherapy, training in overcoming anxiety and self-confidence, biosuggestive therapy and psychoeducation.

The psychotherapeutic program was aimed at correcting anxiety disorders, obsessive memories and experiences associated with combat stress; stabilization of vegetative status; constructive reassessment of traumatic experience; development of constructive forms of cognitive and emotional response aimed at reducing level of anxiety and avoiding development of secondary fears.

In patients with depressive disorder, personality-oriented psychotherapy, existential therapy by Rogers, biosuggestive therapy and psychoeducation were used.

The psychotherapeutic program was aimed at the correction of depressive states, manifestations of general and somatized anxiety, interpersonal sensitivity; formation of stress resistance; development of constructive response to stimuli associated with trauma; affective reassessment of traumatic experience, restoration of a self value sense.

Effectiveness criteria for developed program of psychotherapeutic support are determined: dynamics of mental state, personal qualities, sociopsychological adaptation and quality of life of the examined patients.

Conclusion. Against the background of using the developed program there were a positive dynamics of mental state (86.9% of respondents), a decrease in anxiety (85.6%) and depression (82.2%), and a decrease level of PTSD symptoms by Impact of Event Scale (IES-R) (79.8%).

Conflicts of Interest: author has no conflict of interest to declare.

References:

1. Aimerdov K. V., Voloshchuk A. E., Asieieva Yu. O., Tolmachov O. A. (2016). Suchasna diahnostychna kontseptsiiia posttravmatychnoho stresovoho rozladu. Arkhiv psykhiiatrii. T. 22, № 2. S. 128-129.
2. Maruta N.A., Zavorotnyi V.Y. (2018). Pryntsypy reabylytatsyy voennosluhashchykh s razlychnymy varyantamy posttravmatycheskoho stressovoho rasstroistva. Ukrainskyi visnyk psykhonevrolohi. T. 26. № 3 (96). S.33-38.
3. Bohomolets O. V., Pinchuk I. Ya., Ladyk-Bryzghalova A. K. (2016). Poshyrenist ta struktura posttravmatychnykh psykhichnykh porushen v uchasnykhiv boiovykh dii. Arkhiv psykhiiatrii. T. 22. № 2. S. 11-15.
4. Iureva L. N. (2017). Dyahnostyka, korrektsiya y profylaktyka kryzysnykh sostoiany u uchastnykhov voennykh konfliktov: uchebnoe posoby. Dnepr : Novaia ydeolohiya. 204 c.
5. Okhrona psykhichnoho zdorovia v umovakh viiny. (2017). U dvokh tomakh. Pereklad z anhliiskoi. "Nash format". K.. T-1. 579 s.
6. Karpov S. M., Bakhadova Э. M., Apahuny A. Э., Kaloev A. D. (2014). Otdalennye posledstviya mynno-vzryvnoho ranenya, kak faktor psykhonevrolohyches kykh narusheni. Vestnyk novykh medytynskykh tekhnolohyi. T. 21, № 3. S. 100-103.
7. Verba A.V., Barbaziuk O.A., Shvets A.V. ta in. (2017). Vkazivky shchodo zberezhenia psykhichnoho zdorovia viiskovosluhbovtiv v zoni zastosuvannia viisk (syl) ta pid chas vidnovlennia boiezdatnosti viiskovykh chastyn (pidrozdiliv). pid zah. red. Holovnoho psykhiatra MO Ukrainy, doktora medychnykh nauk O.V. Druzia, Holovnoho psykhiatra MVS Ukrainy, doktora medychnykh nauk V.S. Hichuna. K. 102 s
8. Kozhyna H.M., Strelnikova I.M., Zelenska K.O. ta in. (2019). Metod psykhosotsialnoi reabilitatsii stanu viiskovosluhbovtiv – uchasnykhiv boiovykh dii z travmatychnymy ushkodzhenniamy mahistralnykh sudyn kintsivok, shcho uskladnylysia rozladamy adaptatsii. Informatsiinyi lyst pro novovvedennia v systemi okhrony zdorovia №178-2019. Kyiv. 4 s.
9. Voloshyn P.V., Maruta N.O., Shestopalova L.F.ta in. (2014). Diahnostyka, terapiia ta profilaktyka medyko-psykhologichnykh naslidkiv boiovykh dii v suchasnykh umovakh: Metodychni rekomendatsii. Kharkiv. 79 s.

10. Zavorotnyi V.Y. (2018). Dyagnostycheskye predyktory y krytery razlychnykh varyantov posttravmatycheskoho stressovoho rasstroistva u voennosluzhashchykh Vooruzhennykh Syl Ukrainy, uchastvovavshykh v boevykh deistviyakh na Vostoke Ukrainy. Ukrainskyi visnyk psykhonevrolohii. T. 26. № 2 (95). S. 43-47.
11. Druz O. V., Chernenko I. O. (2017). Napriamky medyko-psykholohichnoi profilaktyky poststresovykh psykhiichnykh rozladiv u uchasnykiv lokalnykh boiovykh dii. Ukrainskyi visnyk psykhonevrolohii. T. 25. № 1 (90). S. 45-48.
12. Maruta N.O., Markova M.V. (2015). Informatsiino-psykholohichna viina yak novyi vykyk suchasnosti: stan problemy ta napriamky yii podolannia. Ukrainskyi visnyk psykhonevrolohii. T. 23. № 3 (84). S. 21-28.
13. Sotsialno-stresovi rozlady (klinika, diahnostyka, profilaktyka) (2016). Kolektyvna monohrafiia za redaktsiieiu profesora P. V. Voloshyna, profesora N. O. Maruty. – Kharkiv: Vydavets Strokov D. V. 335 s