

## Prevalence of PTSD among Sudanese Armed Forces War Veterans, Khartoum 2018

**Onab A Sulfab\***

*Medicine/Peace and Development Studies, University of Bahri, Sudan*

**\*Corresponding Author:** Onab A Sulfab, Medicine/Peace and Development Studies, University of Bahri, Sudan.

**Received:** January 28, 2019; **Published:** February 28, 2019

### Abstract

This research paper was conducted to review the prevalence of PTSD, its association with age, education, socioeconomic status, marital status and origin of patients. The importance of this study lies in emphasizing a negative impact of war that is rarely focused on; its social and economical disruptive effects on society and the burden that is not well anticipated for by the state. The main purpose was to share results with main stakeholders for a better policy making strategy that puts mental health in a priority consideration. The data collection procedure was through a questionnaire that contained in the first section: personal information including age, gender and marital status and children under one's care. It also included military service time and combat exposure duration in addition to education level and socioeconomic status. The data were collected from several psychiatric hospitals around Khartoum. Sample size was 20 patients all were war veterans in Sudanese armed forces, were diagnosed with PTSD by a consultant psychiatrist, hospitalized in Khartoum based psychiatric hospital and aged 25 - 40.

The results of data analysis and interpretation showed that 83% of patients were under the age of 35 while 80% received an education level only up to primary school, 85% were from a low socio-economical status, only 7% were married and have children, and the majorities were originally from areas of conflict. 70% suffered from chronic PTSD (symptoms lasting for more than 6 months), and 95% of the triggering events were (direct physical trauma).

From this study we can conclude that PTSD has a direct association with low socio-economic status, low levels of education and mainly affects younger war veterans, with a greater chance of developing chronic PTSD due to the lack of appropriate mental health care and preventative measurements.

**Keywords:** PTSD; War Veterans; Khartoum

### Introduction

Sudan is an area of conflict and persistent combat and armed conflict spreading in its peripheries especially in the southern and western states (those same states carried the highest percentage of PTSD patients; 40% from South Darfur alone). Post war social, psychological, economical or political effects are widely spread either long term or short term. This paper will regard the mental health related effects, specifically PTSD on war veterans.

Post Traumatic Stress Disorder (PTSD): "a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world".

The prominent characteristic of posttraumatic stress disorder (PTSD) is the development of symptoms following exposure to one or more traumatic events. Clinically, PTSD follows different patterns. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic or dysphoric mood states and negative cognitions may be most distressing. In some other individuals, arousal and reactive-externalizing symptoms are prominent, while in others, dissociative symptoms predominate. Finally, some individuals exhibit combinations of these symptom patterns. All variants of PTSD lead to disturbances in everyday activities and lower the quality of lives not only affecting individuals suffering from the disorder, but extending to their families and their community.

## Methods and Procedures

The data collection procedure was through a questionnaire that contained in the first section: personal information including age, gender and marital status and children under one's care. It also included military service time and combat exposure duration in addition to education level and socioeconomic status.

In this first section the aim was to determine the relationship between PTSD and combat exposure duration and susceptibility with education level and socioeconomic status. And to assess the economic burden for those who are the main providers for their families and children and to link the lack of productivity caused by the disorder with the sufferer's age.

The next section regarded any past medical or family history of mental illness, expression and duration of symptoms, the triggering event, and the diagnosis of PTSD according to the Diagnosis and Statistical Manual-VI (DSM-VI) [1].

## Results and Discussion

### Presentation, analysis and interpretation of data

The sample size was 20, all military veterans diagnosed with PTSD by a trained professional and they all fit the DSM-VI criteria of PTSD. Was taken from several mental health hospitals around Khartoum states, its names will not be mentioned for security reasons.

In the first section the data contained personal information including age, gender, marital status, children, education level and socioeconomic status to see which group is mostly affected and to compare combat exposure duration and military service time between sufferers [2-7].

It also included past medical history of mental illness and past family history for its importance in predicting the incidence of PTSD as a precautionary procedure in the future.

- Subjects were all male.
- Mean military service time was: 10 years.
- Mean Combat exposure duration was: 5.5 years.
- **Age:** The majority of the subjects (85%) were less than 35 years old while (15%) were above 35.
- **Marital status and children:** 65% were unmarried while 28% were married but had no children, 7% were married with children.
- **Education:** The most affected were primary school graduates (most of them left school early for economical reasons) with a percentage of 80%, while secondary school graduates comprised a percentage of 20%, there were zero college graduates and above.
- **Socioeconomic status (analysis was made through trained social workers):** 85% of the sufferers were from a low socioeconomic class which explained the high percentage of primary school graduates as well, 15% were from a middle socioeconomic class, there were zero from a high socioeconomic class which can be explained by the fact that they will seek private hospitals especially for mental health issues.
- **Origin:** The most affected state was south Darfur (40%) which is a known area of armed conflict since 2003, next comes gadarif and North kordofan both (15%)
- **Past history and family history of mental illness:** Past medical history is important in predicting PTSD occurrence; this data can be helpful in future plans regarding prevention of PTSD or early detection as follows
- **Duration of symptoms:** 70% suffered from the symptoms for more than 6 month which either means they did not receive adequate health care of they suffered from a severe form of PTSD while 30% suffered from symptoms for less than 6 months.
- **Triggering event:** 95% were triggered by being directly exposed to physical trauma during combat, while 5% were triggered by witnessing physical trauma and death occurred to a friend or a colleague.
- **Symptoms:** All subjects expressed all three criteria put by DSM-VI: intrusion symptoms, Persistent Avoidance of Stimuli Associated with Trauma, and Alterations in Arousal and Activity. Only 5% showed Dissociative symptoms which is a subtype of PTSD. All subjects were significantly impaired or distressed by symptoms and symptoms were not aggravated by substance abuse or alcohol.

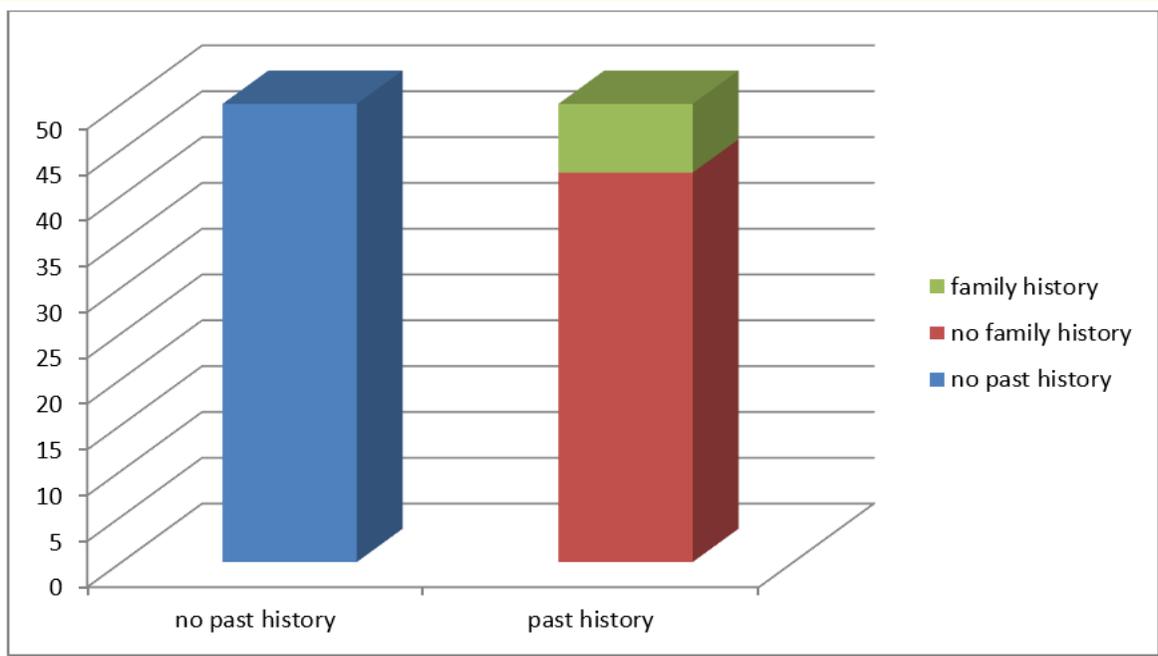


Figure 1

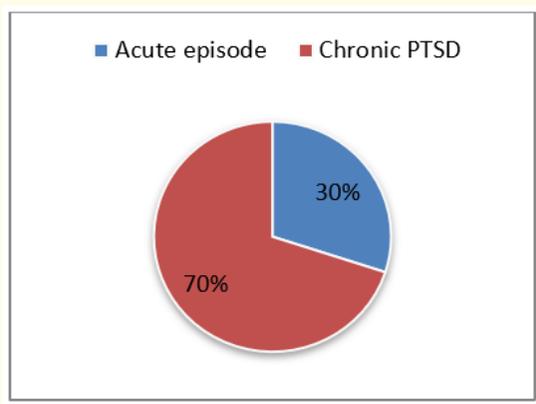


Figure 2

**Conclusion and Recommendation**

In conclusion in the sample provided in this research paper the most affected age group was less than 35, 65% were single, 80% had only primary school education and 85% came from a low socioeconomic background. All subjects were Male.

Most subjects suffer from a chronic type of PTSD (70%) where symptoms last for more than 6 months with 50% having past medical history of mental illness and 7% having positive family history of mental illness. 95% were triggered by directly being exposed to physical trauma during combat.

All of the above symptoms are highly distressing and impair day to day activity by decreasing concentration and the ability to participate in most productive achievements; dissociating the sufferer from the community around them either around their families or in the workplace.

This condition if not treated properly can lead to serious outcomes that might end up in severe depression and suicide. This loss of productivity has its effects on individuals, communities as well as the economy as a whole; all these effects can be abolished by several mechanisms.

For starters and at recruitment a meticulous psychological study must be done. Even after that there must be regular psychological assessments for veterans under combat situation and there should be an extended program for rehabilitation of war veterans after experiencing traumatizing events.

The most effective outreach is rehabilitation programs for veterans returning from combat.

### Bibliography

1. American psychiatric association. Diagnosis and statistical manual of mental disorders (DSM-VI) (2013).
2. David Semple and Roger Smyth. Oxford handbook for clinical psychiatry (2004).
3. <https://www.ncbi.nlm.nih.gov/>
4. [Www.psychiatryonline.org](http://www.psychiatryonline.org)
5. [www.scientificamerican.com](http://www.scientificamerican.com)
6. [www.ptsd.va.org](http://www.ptsd.va.org)
7. American Psychiatric Press Textbook of Psychiatry (1988).

**Volume 8 Issue 3 March 2019**

**©All rights reserved by Onab A Sulfab.**