

# Incidence of PTSD and Their Causes in Eastern Zone

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## ABSTRACT

Among 134 Patients under PTSD study, 36 Patients were excluded on the basis of exclusion criteria. In 98 Patients whom were under PTSD study 93 (94.9%) of them from Eastern Zone in which 75 of them were Males and 15 were Females and 5 (5.1%) were from Tagab and remote areas, 4 males and 1 Female.

The ages of 86 (67%) were 5 – 18 years and 12 (12.4%) from 19 – 45 years. According to Gender all 70 (71.4%) Males and 28 (28.6%) Females. Due to causes 94 (95.91%) Genocide and war, 3 (3.65%) from Thunder and 1 (1.02%) due to rape suffered from PTSD.

Duration of this illness were in 4 (4.08%) 9 years, 7 (7.14%) 2 years, 13 (13.26%) and 71 (71.4%) less than 1 year.

In consideration of Mental Disorders in 86 (87.75%) were Transient and in 12 (12.24%) permanent mental disorders. In 67 (68.36%) chemical therapy and in 31 (31.68%) cultural therapy done. Positive result of this treatment 96% were Chemical and 4% cultural therapy.


**Keywords:** PTSD, Eastern Zone, Mental Disorder, cultural therapy

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## 1. Introduction

My objective from this study according to the result and suggestions are prevention, eradication of this illness and in this study I may lead interesting information to be useful for my dear students and respectful doctors.

As PTSD may come from life frustration and patients mental, socio economic worsening and our people suffering from frustration since more than three decades up till now, therefore no any study found about this, to show how much rate and causes of PTSD are in our eastern zone. Due to importance I necessitate to find out the causes of PTSD and Eastern provinces. As our country Afghanistan is mountainous, the presence of high mountains and narrow valleys is suitable place for floods and earthquakes. On the other hand it is the crossroads of East, West, North and South. It is the crossing way of invaders and every time the Muslim nation of Afghanistan facing resistance with invaders and they are in criticizing time, in addition they are facing genocide, destruction of their houses and loss of property which may lead to this disease. The reason is that I found it necessary to conduct a study of PTSD cases in Eastern zone, which is the result of above frustrations.

Important points of the nominated study are:

1. Enhancement of PTSD incidence day by day.
2. Due to the cultural influences of the population, many patients are taken to shrines and other places and are left without treatment.
3. There is no study conducted in Eastern zone.

## 2. Objectives

As PTSD is a common cause of lifelong distress and deteriorates mental, socioeconomic condition of the patient and our

populations are suffering from distress since more than three decades, therefore no any study found about this, which is how rate and causes of PTSD in our eastern zone. Due to the important of this I necessitate finding out the causes of PTSD and Eastern provinces.

My objective from this study is to suggest the following points and results:

1. Investigation of this illness.
2. Finding out the causes of illness.
3. Prevention of illness.
4. Eradication of illness.
5. leading interesting and useful information to my dear students and respectful doctors.

### 3. Literature Review

PTSD is the condition which comes out of delayed reaction to mental stresses or life threatening events. It causes anxiety with typical symptoms.

In ICD-10 the severe mentally stress and frustrations face up three underline conditions which are mentioned.

1. Acute stress reaction.
2. Post-traumatic stress disorder.
3. Adjustment disorder. (papdakis Maxine A, et all, 2021)

1st type treated within three days. 2nd type comes after one month of frustration and it may not lies up to six months. In 3rd type the affection may see as other types such as Depression, anxiety, Irritability and misrelationship and sometimes maybe together. (papdakis Maxine A, et all, 2021)

### 4. Causes

Various causes may role in the development of the disease. (Brown Rober H, et al, 2005)

1. Individual actions like previous experiences, frustrations before illness, age and personality of the person.
2. Social actions like general thoughts about worse events and their results, no social support and life actions against each other which may develop the disease.
3. Natural devastation events like earthquake, flood, fire, fireworks and drowning in water.
4. Actions created by human like war and genocide, crimes, accidents, annoyance, terror and others which may cause PTSD. (papdakis Maxine A, et all, 2021)

It is not apparent, how many populations are suffering from the above actions, but it thoughts that 15% young adult may have mental problems due to natural events, whom they need proper treatment.

### 5. Clinical features

In addition to existing symptoms, the patient must have history of bad events which he faced. Symptoms may develop within six months and some of them may start after this. (David A. Greenberg,et.all, 2016)

In the typical features of this disease is re-experience of bad events, night mare, Numbness, less affection and feeling weakness, separation from environment and people, no response to peripheral stimulations, Avoidances from those places having bitter events and lack of interest. In addition to this exaggerative response to provocation, sleep disorders, Feeling guilty of past events, concentration disorders, memorial destruction and autoimmune system disorders may also occur. Occasionally in a patient within first adverse events may see flash back. That's why he prefers to stay away from the places and situations which remind bitter past adverse events. The disease has episodic cycle and completely remodeling may also see. A less percent patients apparently may have chronic and personality changes. Patients prefer alcohol, intoxicant materials and drug addiction.

### 6. Differential diagnosis

Differentially diagnosed with the following diseases: (papdakis Maxine A, et all, 2021)

1. Generalized anxiety disorder
2. Depression
3. Phobic disorder
4. Organic mental disorder.

**7. PTSD Management**

The management for the patient is to decrease the present symptoms and preparing for their daily activities. (Benjaminj.Sadock, et all, 2015)

For short duration anti-depressant (imipramine) and sometimes with anxiolytic are given. Psychotherapy and behavior therapy is also useful. Social support and proper environment are the best than others. Community participation is useful for chronic patients. (Benjaminj.Sadock, et all, 2015)

**8. Methodology and Patients**

This prospective study is conducted in 134 patients from 2019/6/5 to 2020/6/4 in neuropsychiatry department of Nangarhar medical faculty. In this study we preferred all those patients whom they weren't having organic lesions such as Tuberculosis, cardiovascular disease, respiratory disease, Endocrine disease, and gastrointestinal disease and with no other symptoms and only presented with PTSD clinical features.

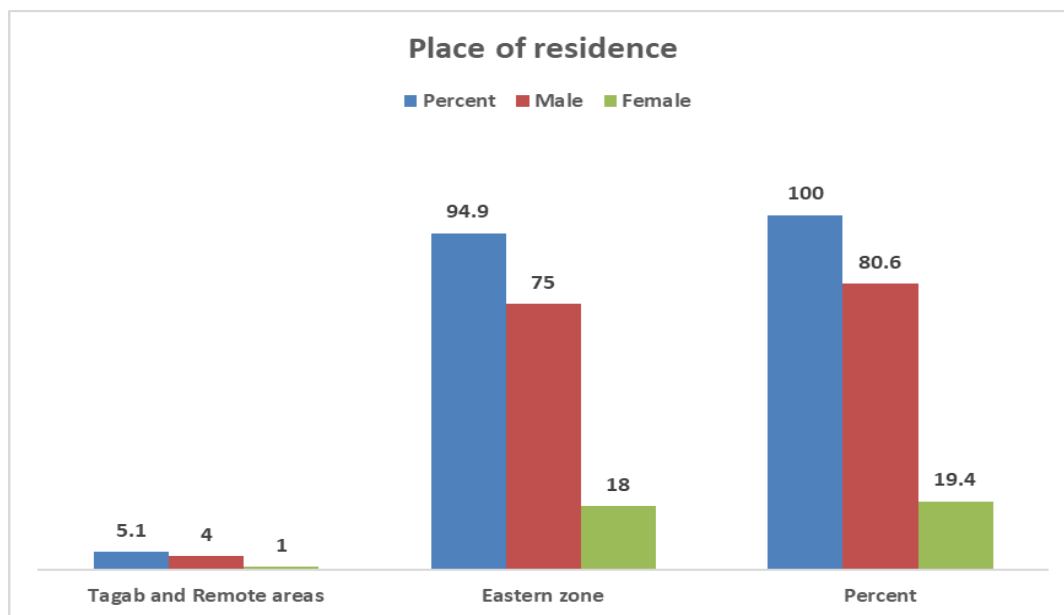
The included 134 patients of this study which living place, age and sex are describe in table 1, 2 and 3. Complete history from patients and their relatives has taken. Detailed physical examination, laboratory investigations and patient mental examination on the basis of structured clinical interview for DSM – V, Axis – I has done.

36 patients who have had mentally diseases the same as clinical feature of PTSD has been excluded.

Patients with PTSD symptoms were studied by age, sex, place of residence, cause of PTSD symptoms, onset and duration of the disease.

1st Table: Patients were shown according to residence

| Place of residence | Nangarhar, Kunar, Laghman and Nouristan | Tagab and remote areas |
|--------------------|---|------------------------|
| Male               | 75                                      | 4                      |
| Female             | 18                                      | 1                      |
| Total              | 93                                      | 5                      |
| Percent            | 94.9                                    | 5.1                    |

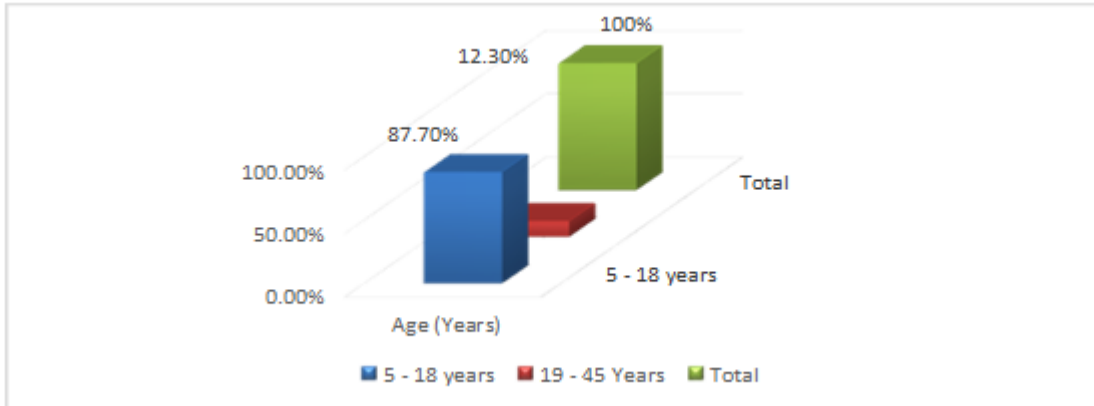


1st Graph: Patients were shown according to residence.

**According to the age:** 86 were 5 – 18 years and 12 were 19 – 45 years.

2nd Table: Patients were shown according to age.

| Age (Years) | 5 – 18 | 19 - 45 | Total |
|-------------|--------|---------|-------|
| Number      | 86     | 12      | 98    |
| Percent     | 87.7%  | 12.3%   | 100 % |

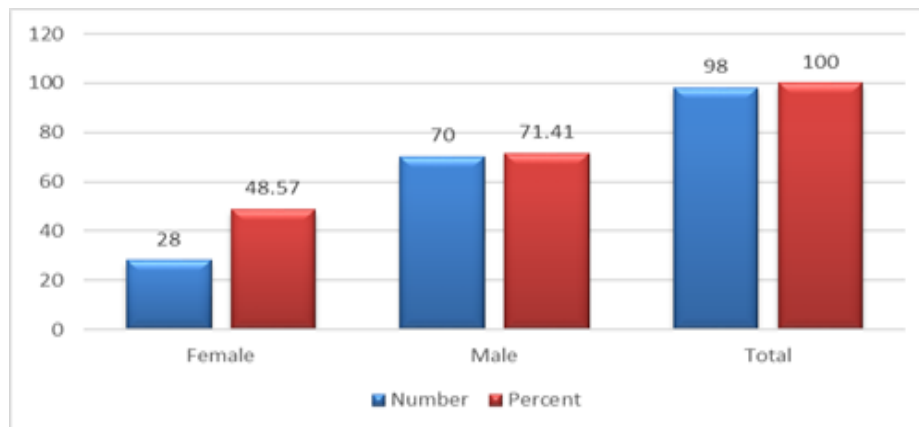


2nd Graph: Patients were shown according to age.

According to the sex: 58 were males and 25 were females.

3rd Table: Patients were shown according to sex.

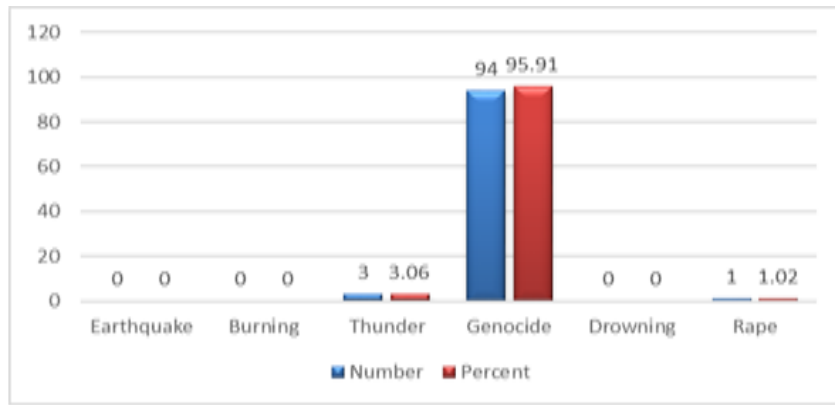
| Sex     | Male   | Female | Total |
|---------|--------|--------|-------|
| Number  | 70     | 28     | 98    |
| Percent | 71.41% | 28.57% | 100 % |



3rd Graph: Patients were shown according to sex.

4th Table: Patients were shown according to PTSD causes.

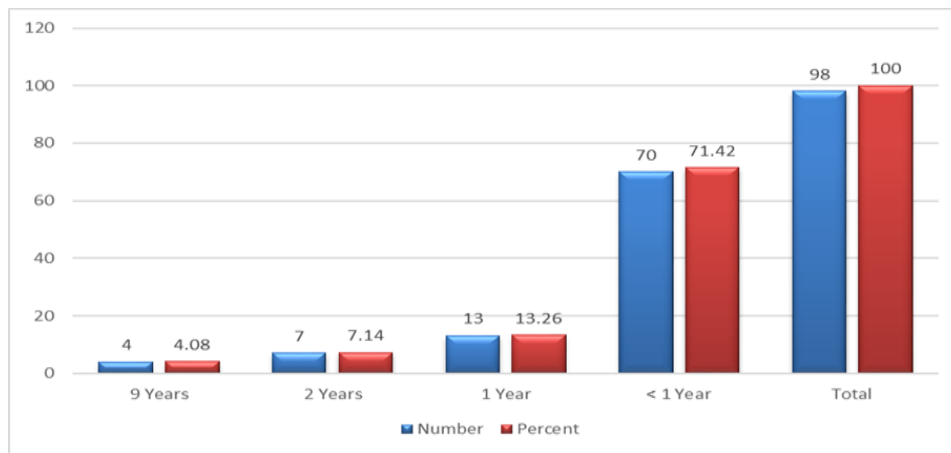
| Cause   | Earthquake | Burning | Thunder | Genocide | Drowning | Rape  | Total |
|---------|------------|---------|---------|----------|----------|-------|-------|
| Number  | 0          | 0       | 3       | 94       | 0        | 1     | 98    |
| Percent | 0%         | 0%      | 3.06%   | 95.91%   | 0%       | 1.02% | 100%  |



4th Graph: Patients were shown according to PTSD causes.

5th Table: PTSD patients were shown according to symptoms onset and duration.

|                           |       |       |        |        |
|---------------------------|-------|-------|--------|--------|
| <b>Number of Patients</b> | 4     | 7     | 13     | 70     |
| <b>Percent</b>            | 4.08% | 7.14% | 13.26% | 71.42% |
| <b>Years</b>              | 9     | 2     | 1      | <1     |

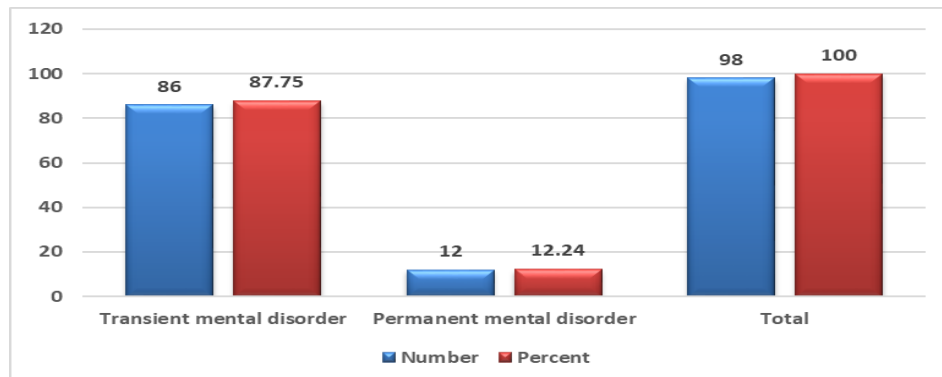


5th Graph: PTSD patients were shown according to symptoms onset and duration.

In 98 patients whom they were under investigation two types of clinical sign and symptoms seen. Transient and permanent were mentioned.

6th Table: PTSD patients were shown according to mental disorders.

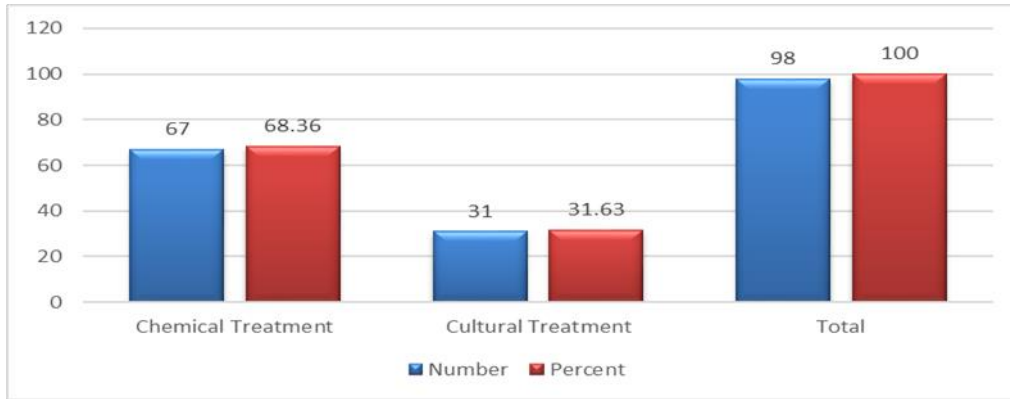
| Type of mental disorder | Transient | Permanent | Total |
|-------------------------|-----------|-----------|-------|
| <b>Number</b>           | 86        | 12        | 98    |
| <b>Percent</b>          | 87.75%    | 12.24 %   | 100 % |



6th Graph: PTSD patients were shown according to mental disorders.

7th Table: Patients were shown according to PTSD treatment.

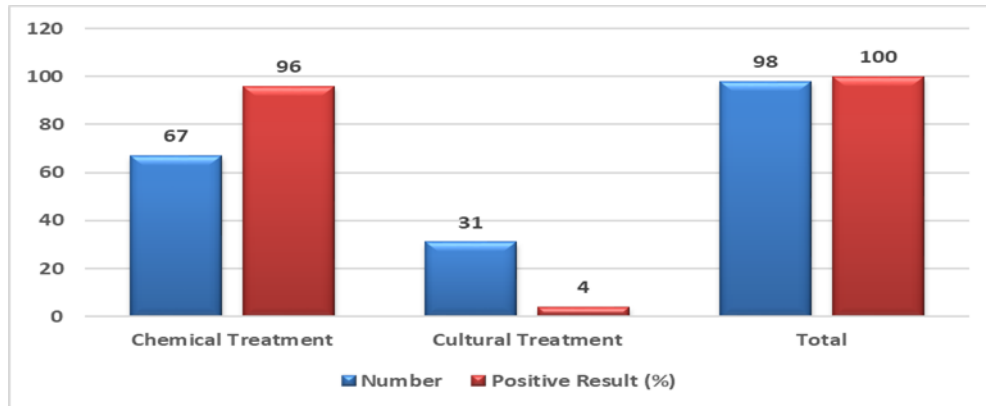
| Treatment | Chemical treatment | Cultural treatment | Total |
|-----------|--------------------|--------------------|-------|
| Number    | 67                 | 31                 | 98    |
| Percent   | 68.36%             | 31.63%             | 100 % |



7th Graph: Patients were shown according to PTSD treatment.

8th Table: Patients were shown according to treatment results.

| Treatment type  | Chemical | Cultural | Total |
|-----------------|----------|----------|-------|
| Number          | 67       | 31       | 98    |
| Positive Result | 96 %     | 4 %      | 100 % |



8th Graph: Patients were shown according to treatment results.

### 9. Discussion

In All world which PTSD incidence occurred most causes were natural events like fireworks, Earthquake and togetherly sinking in water, which in our country specifically in Eastern provinces the evidence of earthquake, water sinking and fireworks which causes most PTST incidence were not seen. War and genocides are the most incidence of PTSD.

### 10. Results

Among 134 patients 36 were excluded on the basis of this study exclusion criteria. In 89 patients which has typical PTSD symptoms 97 were males and 19 females. 13 from eastern zone and 5 were from tagab and remote areas. Among 98 patients, in 84 their ages were 5 – 18 and in 12 were 19 – 45 years old.

According to ages, all PTSD patients were 70 males and 28 females. From their causes 94 faced genocide, 30 from thunder and 1 raped.

Due to duration of the illness, 71 had symptoms less than 1 year, 13 for one year, 7 to two years and 4 till 9 years.

According to mental disorders types, 86 had transient and 12 permanent mental symptoms.

In 67 patients under chemical therapy 96% and 31 whom they were under cultural treatment 4% remolded.

## 11. Suggestions

1. To all those whom they have patients' besides their medical and chemical medicines are asked to assure them.
2. Try to keep patients away from those places which cause fear.
3. Patient should be protected from conditions that cause stress.
4. The Ministry of Public Health should have a psychotherapy and counselling unit in every government and non-government hospital, so that patients can receive psychotherapy and counselling.
5. Publicize messages of Peace to eradicate war which is the basic cause of disease.

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