

POST-TRAUMATIC STRESS DISORDER IN SOLDIERS ATO

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Until 2014, the military service in Ukraine looked rather unattractive. In the ranks of the Ukrainian military forces in most cases were drafted individuals who did not have any possibilities to escape from service in the army. It is clear that the specific conditions of the army service such military courtesy, hazing, the impossibility of staying alone, increased responsibility, regulated daily routine, and the other were quite different from life in the family.

Today, the fighting in the East of Ukraine, the so-called ATO, has a massive psycho-traumatic impact on the personality of the soldiers, which inevitably leads to post-traumatic stress disorder (PTSD). All participants in military engagements inevitably, to varying degrees, manifest changes in mental state. The emotional load, under which they constantly stay, does not allow to objectively determine the severity of their psychological state when receiving traumatic injuries. In such patients, the number of complaints is minimal, typical of the avoidance, isolation and linguistic behavior, which must necessarily be taken into account not only when diagnosis and differential diagnosis are performed, but also in treatment.

In current research we examined 218 ATO soldiers with a traumatic brain injury of mild to moderate degree who were treated at a Military Medical Clinical Center of the Western Region in Lviv.

In the study of psychopathological manifestations in ATO fighters in comparison with ordinary patients, the results were follows: the period of oscillation of mood of ATO fighters was $26,6 \pm 3,1\%$ and in ordinary patients was $8,5 \pm 1,1\%$, respectively; nightmares: $15,5 \pm 2,1\%$ and $4,2 \pm 0,6\%$; Feeling of uncertainty: $17,7 \pm 2,3\%$ and $6,4 \pm 0,8\%$; Fatigue: $48,8 \pm 4,6\%$ and $19,1 \pm 1,6\%$; The social alienation was: $22,2 \pm 2,6\%$ and $10,6 \pm 1,2\%$. According to the presented data

it was observed the violations of cognitive functions, where the frequency of detection of psychopathological manifestations is significantly higher in ATO fighters as compared to ordinary patients with similar indicators ($p < 0,05$), which makes it possible to consider the study of cognitive functions in this category of patients as part of the clinic that requires a mandatory correction.

Conclusion: All patients who participated in military engagements in the East part of Ukraine have one of the form of a psychological trauma with new qualitative and quantitative characteristics during of a long period of life and requires frequent psychotherapeutic and medical correction.