

Prevalence of Post Traumatic Stress Disorder Among Secondary School Students in Baquba

Hayder J. Hmmod

Abstract

Background: Post traumatic stress disorder occurs at high rate in adolescents and its rate appears to be rising . because this syndrome can have long lasting effect when it occurs before adulthood ,early recognition and treatment are vital .

Aims of the study: This study aims to identify the life time prevalence rate of PTSD among secondary school student and the relation of socio demographic characteristics after students exposed to stressful evens in their life Baquba city. which is considered to be one of the hot areas in Iraq.

Method: 296 secondary schools students were selected randomly from six secondary schools in Baquba city for the period from 1/10/2005 to 25/12/2005 those student were screened by semi-structure interview based on (DSM IV) criteria for the diagnosis of PTSD.

Results: The rate of life – time prevalence of PTSD among those students was 27.4% and the rate was higher among female which is 31% mainly of 13-14 years old and 24.6% in males mainly of 12-13 years old also the study revealed that the rate was higher in low socio economic stat and also high in students who live in urban area and those with family loss and injury.

Conclusion: The life-time prevalence of PTSD in adolescents (12-18) years of age is relatively high and it is higher in female than male and the rate is high

Baquba teaching hospital/Diyala/Iraq.

Diagnostic criteria of PTSD

The diagnosis of PTSD ,as described in the DSM-IV(APA,1994), requires the presence of definite traumatic experience and certain symptoms.

a person must have been subjected to an experience that threatened loss of or identity or serious injury and have reacted to that events with intense emotion ,horror ,fear ,helplessness or disorganized behavior .in addition specific criteria for these additional symptoms clusters must be met or at least one of theme last for one month .

- 1-Re-experiencing:- intrusive thought of trauma or repetitive post traumatic play ,recurrent nightmares(include those with recognizable content),flashback or trauma ,reenactment ,distress at reminder of trauma ,physiological reaction to trauma .
- 2- Numbing and avoidant Avoids thought and feeling ,avoids activities and people ,failures of recall trauma ,loss of interest in significant ,Detachment from others ,Restricted ,after lost sense of the future .
- 3- Hyper arousal exaggerated startle response hyper vigilance, difficulty in

concentration, irritability insomnia, memory difficulties, fear of re occurrence. Although PTSD must caused significant clinical important in social, education occupational functioning.

PTSD is categorized according to when symptoms occur and how long they last . There are 3 types of PTSD .

- 1- Acute symptoms last between one and three months after the events.
- 2- Chronic –symptoms last more than there months after the events .
- 3- Delayed onset -symptoms don't appear until at least six months after the events.

Although PTSD must have caused significant clinical impairment in social, educational, occupation functioning.

Method

This study was conducted in six secondary schools for both sexes in Baquba city.

Subject

- 1. A sample of 296 students out of 1782 students were selected randomly by taking every sixth one from the list of class.
- 2. The sample included 167 males and 129 females ,their age range from 12-18 years old.
- 3. The total number of female students are 781 students present in .
- A- Omm-salama intermediate and secondary school (493).
- B- Alhuria intermediate and secondary school (289).
- 4.the total number for male student 1001 students present in .
- A- Alsharif-Alradi secondary school (736).
- B- Burair intermediate school (265).

Design

1- A semi structured interview based on (DSM IV) criteria was used for interviewing each student to reach definite diagnosis of PTSD.

- 2- Socio-demographic characteristic had been used for those student diagnosed with PTSD.
- 3- Approval to conduct the study was taken from the general manger of education in Diyala governerate.
- 4- Consent form was taken from the students were told they are in research study exploring the percentage of PTSD in their age and it is effect on their study and their health . participating in the study is voluntary and the privacy of information were secured .
- 5-The result were subject for statistical analysis (chi-squared).

Results

For the whole data frequencies and percentage were calculated and to determined wether the distribution of frequencies for any event are different either from change or from theoretically expected destitution (chisquared) were performed whenever applicable.

- 1. table(1) shows that life-time prevalence rate of PTSD in students sample is 27.4%.
- 2. table(2) shows the rate of PTSD students sample is higher in female than male.
- 3. table(3) shows the rate of PTSD in relation family loss or injury it is higher in female.
- 4. tables(4, 5) shows the rate of PTSD in male and female students in relation to financial income is higher in low socio economic stat.
- 5. table(6) shows the rate of PTSD in male students is higher in 1st intermediate class 50% with mean age (13.1).
- 6. table(7) shows the rate of PTSD in female students is higher in secondary intermediate class 45.4 with mean age (13.5).
- 7. table(8) shows the rate of PTSD of both male and female student is higher in urban area than rural area.



Table (1): life –time prevalence of PTSD in students sample.

PTSD Groups	NO.	Percentage %	Sign.(P- value)
Positive	81	27.4	<0.01
Negative	215	72.6	
Total	296	100	

Chi-Square = 60.66

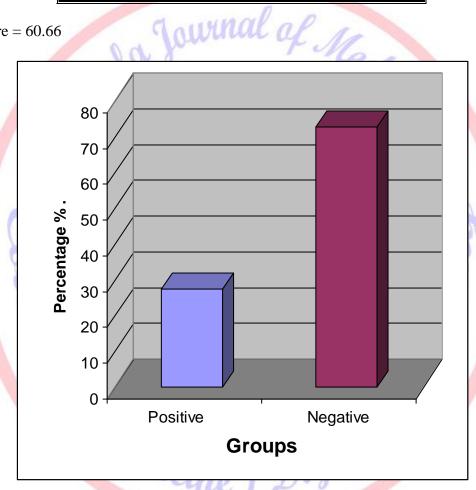


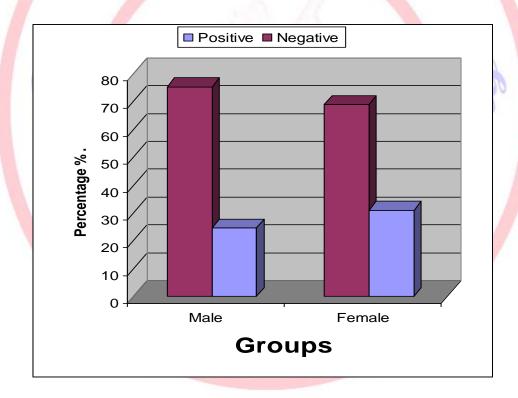
Figure (1): Bar chart of life –time prevalence of PTSD in students sample.



Table(2): Rate of PTSD in students sample in relation to gender.

Gender Groups		NO.	Percentage %	Sign.(P-value)
Male	Male Positive Negative		24.4	
			75.6	<0.01
Female	Female Positive		31	
Negative		89	69	<0.01
Total		296	100	
		410	100	

Male: Chi-Square = 43.26 Female: Chi-Square = 18.16



Figure(2): Bar chart of Rate of PTSD in students sample in relation to gender.



Table(3): Rate of PTSD in relation to family loss or injury.

Gende	r Groups	NO.	Percentage %	Sign.(P- value)
Male PTSD			34	<0.01
	Negative	27	66	
Female	Positive	16	40	<0.01
PTSD	Negative	24	60	
T	otal 🔣 🚺	81	100	

Male: Chi-Square = 47.43 Female: Chi-Square = 36.9

Low income: the income of the students and his family is not sufficient for his daily requirement.

Moderate income: the income in the students and his family is sufficient for his daily requirement.

High income: the income of the students and his family is sufficient for his daily requirement and for extra need.

Table (4): Rate of PTSD in relation to financial income in male.

Groups(Male)		NO.	Percentage %	Sign.(P-va <mark>lu</mark> e).
low	Positive	24	57.1	13
income	Negative	18	42.9	<0.01
Moderate	Positive	16	15.1	0.01
income	Negative	90	84.9	alle
	Positive	40	5.25	
High Negativ		18	94.75	
Total		167	100	

Chi-Square = 48.57



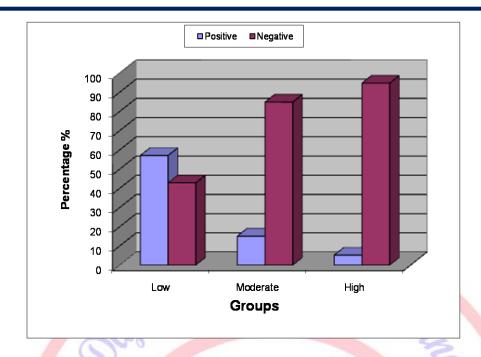


Figure (4): Bar chart of PTSD in relation to financial income in male.

Table(5): Rate of PTSD in relation to financial income in female.

Gr <mark>o</mark> ups(Female)		NO.	Percentage %	Sign.(P-value)
low	Positive	14	73.7	9
income	Negative	5	26.3	130
Moderate	Positive	20	23.3	o he
income	Negative	66	76.7	<0.01
	Positive	6	25	00
High income	Negative	18	75	
Tota		129	100	

Chi-Square = 36.9



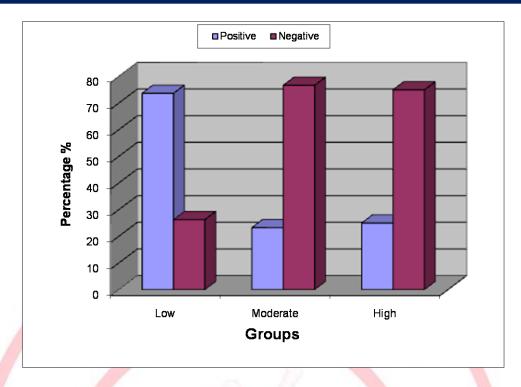


Figure (5): Bar chart of PTSD in relation to financial income in female.

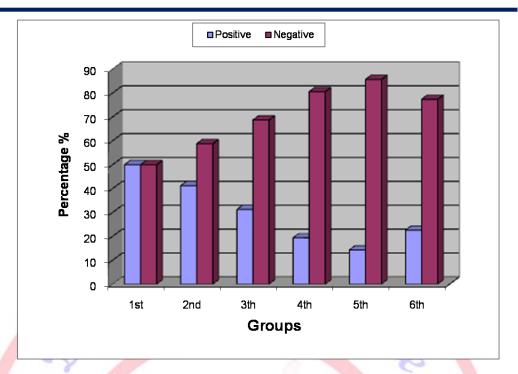
Table (6): Rate of PTSD in male students sample in relation to school class and age group.

Class (Male)	Cases	NO.	Percentage %	Min. age(Years)	Max. age(Years)	Sign.(P-value)
1st	Positive	5	50	12	13	<i>b</i> .
	Negative	5	50			
2nd	Positive	7	41.2	13	14	
	Negative	10	58.8	-	all	
3th	Positive	5	31.25	14	15	<0.01
	Negative	11	68.75	0446	0	
4th	Positive	7	19.4	15	16	
	Negative	29	80.6			
5th	Positive	5	14.3	16	17	
	Negative	30	85.7			
6th	Positive	12	22.6	17	18	
	Negative	41	77.4			
Т	otal	167	100			

S.D = 1.16 S.E of mean = 0.12

Chi-Square = 47.67





Figure(6): Bar chart of rate of PTSD in male students sample in relation to school class and age group.

Table (7): Rate of PTSD in female students sample in relation to school class and age group.

Class (Female)	Cases	NO.	Percentage %	Min. age(Years)	Max. age(Years)	Sign.(P-value)
1st	Positive	1	11.1	12	13	
	Negative	8	88.9		3	
2nd	Positive	5	45.4	13	14	
	Negative	6	54.6		all	
3th	Positive	6	37.5	14	15	<0.01
	Negative	10	62.5	aud		
4th	Positive	6	26.1	157	16	
	Negative	17	73.9			
5th	Positive	5	17.9	16	17	
	Negative	23	82.1			
6th	Positive	17	40.5	17	18	
	Negative	25	59.5			
Total		129	100			

S.D = 1.67 S.E of mean = 0.19

Chi-Square = 35.41



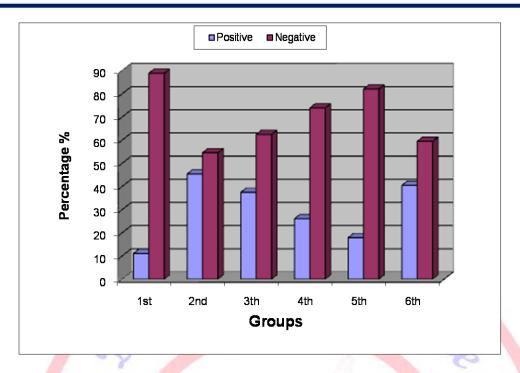


Figure (7): Bar chart of rate of PTSD in female students sample in relation to school class and age group.

Table (8): Rate of PTSD according to residential area.

					M l
Gender Groups	area	Cases	NO.	Percentage %	Sign.(P- value)
69	Urban area	Positive	30	28.8	les
Male		Negative	74	71.2	<0.01
1 6	Rural	Positive	11	17.5	0.01
	area	Negative	52	82.5	
	Urban area	Positive	31	10 34	
Female		Negative	60	66	
	Rural	Positive	9	23.7	<0.01
	area	Negative	29	76.3	
Total			296	100	

Male: Chi-Square = 10 Female: Chi-Square = 21.7



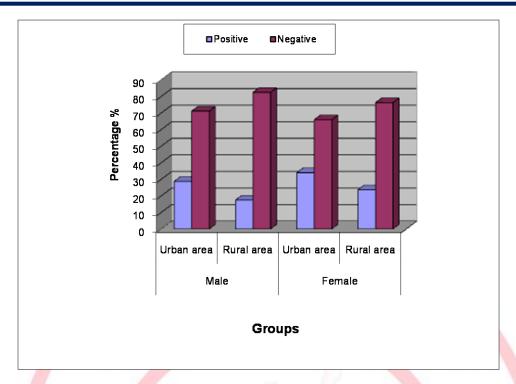


Figure (8): Bar chart of rate of PTSD according to residential area.

Discussion

present study revealed that the prevalence rate of PTSD in students sample in Baquba Governorate according to DSM IV criteria is 27.4% in comparison with other studies had been done before, In Baghdad the rate of acute PTSD was 25.4% [44]. When rate of PTSD are drawn from risk-population prevalence can vary from (3-100%) as (witness ,parental homicide , school shooting , Rape, sexual abused, exposed to violence) in some way to violence in their communities meet the criteria for PTSD [45]. In kuwait after the gulf crisis 80% of Kuwaiti children had PTSD symptoms [46] . Youngest who specially exposed to sudden unexpected manmade violence, war, will developed PTSD with prevalence rate from 27-100%[47] .In this study the percentage of PTSD response is higher in female than male which is 44.9% and 32.5% respectivly which is similar with all studies that have investigated gender as a risk factors have found that females are more likely than males to develop PTSD. the study revealed that younger adolescents aged 12-15 year old more prone

to develop PTSD than the other age groups probably because higher level of anxiety trait in younger subject and the location of school of those student are closely to police station which was exposed to many attach by armed gun man and this result matched with other study revealed the prevalence rate of PTSD in children aged 2-15 year old was (37%) [48].

In this study high level of PTSD victims were found with low income which is consistently associated with greater post disaster distress and it is matched with other study show the rate of 91% victim had PTSD with low income [49]. Also in those student with personal loss of family member or injury in the traumatic event revealed high rate of PTSD . and comparison to studies shows high rate of PTSD in family loss are injury [50]. Also that study revealed the prevalence rate is higher in adolescent how live in urban area due to severity of stressor and this result matched with the study show the range of prevalence of PTSD from 1-34% [51].



References

- [1] Sadock BJ. Sadock AV . Post Traumatic Stress Disorder .Synopsis of Psychiatry ninth edition ,vol.1,lippincott Willamc And Wilkins, 2003;16:623-631.
- [2] American Psychiatric Association Diagnostic and Statistical manual of mental disorder further edition (DSM IV) Washington D.C American psychiatric press; 1994.
- [3] lonig an CG, Shannon MP, taylor CM, Finch AJ. salle F.R. children exposed disaster II. Risk Factors for developed of PTSD. JAM A Cad child Adolescent psychiatry 1994. 33:49-105.
- [4] Boney .Mc Coys , Finkehor D. prior victimization a risk factor for child sexual abused and for PTSD related symptomolgy among sexually abused youth .child abuse and neglect, 1995;19(12):1401-21.
- [5] Pynoss RS, Steinberg AM, Goenjain AK. Traumatic Stress in Child hood and Adolescents: recent development and current controversies; traumatic stress; The effect of over whelming experience on mind, 1996; 331-58.
- [6] March JS, A maya Jackson L, Pynoos RS. Pediatric post traumatic stress disorder in: weiner JM, ed. Text book of Child and Adolescents psychiatry, second edition Washington D.C, 1997.
- [7] Shaw, J. A; Applegate, B, and Schorr, C. twenty—one month follow up study of school age children exposed to hurricane Andrew. Journal of the American Academy of child and adolescent psychiatry, 35 (3): 359-364, 1996.
- [8] Kings S.A. PTSD . An over looked diagnosis among adjudicated juvenile delinquent , Dissertation abstract international ; section B : The sciences and engineering 6/(3-B):K 38 U.S university of micro film international 2000 .

- [9] Fran , O . 2003 (PTSD) in the General population . Acta universtatis upsaliensis . Comprehensive summaries of Uppsala Dissertation from the faculty of social science 129,66 P.P Upssala .
- [10] World health organization international classification of diseases ,tenth version 1987;8:201.
- [11] Kesslar R.C Sonnega ,A,Bromet. E; Hughes ,M, and nelson C.B (1995)post traumatic stress disorder in national comorbidity survey. Archives of General psychiatriy ,52,1048-60.
- [12] Stein M.B., walker J.R, Hazen, A.L, and forder, D.R (1997) fully and partial post traumatic stress disorder. Finding form community survey American journal of Psychiatry 154,1114-19.
- [13] 3.National center for post traumatic stress disorder .Department of veterans affairs, Washington D.C.2001.
- [14] Sliva RR. Alpert M, Munoz.DM ,et al stress and vulnerability to PTSD in children and adolescent . The American journal of psychiatry 2000; 157(8):1229-1235.
- [15] Gorski TT. PTSD in children and adolescent high lights form article and commentary February ,2002.
- [16] Kilpatrik DG . Saunders BE . prevalence and consequence of child victimizations, . Result from the National survey of Adolescents .final report to the US department center . Department of Psychiatry and Behavioral science ,Medical university of south carolina charleston south carolina 29425 0742 .
- [17] Douner D.L (current psychiatric therapy II $(2^{nd} \ ed \ .)$ Philadelphia , DA . W.W Saunders company .
- [18] Kilpatric K.L and willians L.M. Potential Mediator of post traumatic stress disorde4r in child witnesses to domestic violence Child Abused and Neglected 319-330-1998.

- [19] Saiqh , P.A and Yask AE. Child-Adolescents post traumatic stress disorder . Theory research and treatment ,new York ,Guilford .press .
- [20] Brier J .psychological assessment of Adult post traumatic . 1st ed , Washington D.C American psychological association .1997 :1-23 .
- [21] MC Closkey LA, Walker MA. PTSD on children exposed to family violence and single event trauma. Journal of the American academy of child and adolescent psychiatry 2000 39(1): 108-115.
- [22] Foa, E psychological treatment of post traumatic stress disorder journal of clinical psychiatry ,61 supple ,(5) : 43-48 discussion 2000.
- [23] Simons ,D, and Silveria W .R. PTSD in children after television programs , British medical journal , Y M 308 : 1994 .
- [24] Vizek . Vidovic ,V ., Kuterovac . Jadogdic G., and Arammbasic L . post traumatic sypmtology in children exposed to war . Scandinavian journal of psychology , vol 41-2000 .
- [25] Marlyin haura Bowman , Individual differences in PTSD : problem with DSM-IV model .
- [26] Orintz E, Pynoos . startle modulation in children with PTSD : American journal of psychiatry 1989 146; :866-870.
- [27] Perry B.D. Neurobiological squeals of child trauma: PTSD in children N:Catechol amine functioning in PTSD: emerging concept Washington D.C 1994:233-255
- [28] Kendall,P.C and Ronan.K.R(1990)Assessment of Children's Anxieties. fear and phobia. In C.R Reynold and R.W Kamphaus(eds).Hand book of psychology and educational assessment of child(p.p 223-244).
- [29] Abuttein et al.,1999:post traumatic stress reaction in children of war;Adel Aziz Mousa Thabat and Panos Vostanis.

- [30]Nader,K.,Black,D.,Kriegler,J,and Pynoos,R.Clinician Administrated PTSD scale for children(CAPs.C):UCLA-Neuropsychiatric Institute and national central for PTSD-1994.
- [31] Silverman and Abauo . Anxiety interview schedule for DSM IV child and parent version , San Antonio , TX. Psychological corporation 1996 .
- [32] Kessler R.C,Sonnega A,Bromet E,Hughes M,Nelson CB. PTSD in the national co morbidity survey. Archive of General Psychiatry 1995,52;1048-60.
- [33] Goenjian AK,Pnoos RS.et. al Psychiatric comorbidity in children after the 1988 earth quake in Armenia. Journal of the American academy of Child and Adolescents Psychiatry 1995;34:1174-1184.
- [34] Yule W. UdwinO. Screening child survivors, for PTSD: experience from the "Jjupiter" sinking. British journal of Psychology.1991,30:131-138.
- [35] Perry B.DandPllard R.Homeostastis, stress of child and adaptation. A neurodevelopment view of childhood trauma. Children and Adolescent Psychiatry Clinic of North America 7(11,33-51, 1998).
- [36] Yehuda R.Giller, E.L, Levengood R. A., Southwick, S.M., and Siever L.J. Hpothalamic-Pituitary-Adrenal Functioning in PTSD. expending concept of stress response spectrum. In neurobiological and clinical consequences of stress. From normal adaptation to PTSD

(ed.M.J.

Friedman.D.C.CharingandA.V.DeutcH),PP.3 51-65.Lippincott-Ravent.Philadelphia,PA.

- [37] Bremner.J.D. Lincinio J., Durent.,et al(1997)Elevated CSF corticotrophins-releasing factor concentration in PTSD. American Journal
- Of Psychiatry 154,624-9.

- [38] Southwick S.M, Krystal , J , H , Bremner , J.D. etal(1997)-noradrenergic and serotonergic function in PTSD, Achieves of General Psychiatry 54,749-58 .
- [39] T-Allen Gore . director in patient unit .Department of psychiatry , Howard university hospital . Coauthor Georgianna Richards Resident of physicion . Department of internal university Howard university of collage of medicine post traumatic stress disorder April 27-2005 .
- [40] Perry.B.D.Neurobiological sequele of childhood trauma :PTSD in children,MurbergM. Catecholamines in PTSD emerging concept 257,276 1994 W.D.C American Psychiatric Press .
- [41] Lisa M. Shin; Christopher I. Wright; Paul A. caunistraro; Michelle M. Wedig; Katherine Mc Mullin. Archive of general psychiatry volume 62. No3 march 2005; 62:273-281.
- [42] BremnerJ.D.NeuroImaging of PTSD. Psychiatry Annalas 1998;28:445-450.
- [43] De.Bellis M.D, Kesharen MS. Clark D.B et al. Developmental traumatology part II brain development-Bio Psychiatry 1999;45:1271-1284.
- [44] yousif S.A Athesis submitted to the council of psychiatry in partial fulfilement for degree of fellowship of the Iraq board for medical specialization in psychiatry; prevelance of acute PTSD amog seconder school student in Baghdad 2005.
- [45] P.Fefferbaun B . post traumatic stress disorder in children . A review of the past 10 years . Journal of the American academe of a child and adolescent psychiatry , 36(11): 1503-1511-1997.
- [46] Hadi . F ad Liabre MM. The Gulf crisis experience of Kuwaiti children , psychological and cognitive factors . Journal of traumatic stress 11(1) 45-56 1998 .
- [47] M C Nally, R: stressor that produced PTSD in children in PTSD DSM IV and beyond, J. a.E Davidson EB, Edition 1993

- -American psychiatric press Washington D.C P . 57-74.
- [48] Jonh S. March and Lisa Amaya . Jackson : PTSD in children and adolescent . Duke university medical center .
- [49] Freedy , J,R ., Resnick H.S ,and kilpatric D.G (1992) . Conceptual frame work for evaluating disastr Impact : Implication for clinical intervention LS Austin (ED responding to disaster :A guide for mental health professional (P.3-23) Washington , DC :Americana psychiatric press .
- [50] Fran H. Norris Christopher M. Byrne and Eolia Diaz; Georgia state university and Krzysztof Kaniusty Indiana university of Pennsylvania (A Review of empirical literature . A national center of PTSD fact sheet .
- [51] Berton M.W (1996) An analysis of variable associated with post traumatic stress disorder in adolescent dissertation abstracts international: section B, 57, (1-B): 00234.

Diyala Uninew