Scientific support of non-governmental organizations of psychiatrists, narcologists and medical psychologists activities in Ukraine

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Abstract

Post-traumatic stress (combat) disorder in victims of armed conflicts and hospitalized persons, depression and alcohol dependence syndromes, psychological and mental health strategy to respond to a radiological emergency in case of accidents at nuclear reactors, using a “dirty bomb” and tactical nuclear weapons, are the current challenges of modern psychiatry caused by the current socio-political situation in Ukraine and in other parts of the world. Scientific and organizational approaches to solving these problems were discussed on December 12, 2014 at the conference of Kyiv Regional Scientific and Practical Society of Psychiatrists, Narcologists and Medical Psychologists “High ways to optimization of the psychological and psychiatric care to the population of Ukraine at the present stage”, and are reported herein.

Key words: post-traumatic stress disorder, radiation emergency situation, “dirty bomb”, mental health, non-governmental organisations of psychiatrists, narcologists and medical psychologists

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Kyiv Regional Scientific and Practical Society of Psychiatrists, Narcologists and Medical Psychologists (hereinafter — the Society) on December 12, 2014 in Kyiv, Ukraine held a conference on “High ways to optimization of the psychological and psychiatric care to the population of Ukraine at the present stage”.

It was considered: 1) organizational matters of the Society which consolidate more than 300 professionals working in 16 specialized medical institutions of various departments (speaker — Professor Napryeyenko O.K., Chair of Psychiatry Department of Bogomolets National Medical University); 2) the possibility of assistance devoted to victims of armed conflict, including hospitalized persons who have preclinical and clinical psychological and psychiatric problems (the same speaker), and 3) new approaches to mental health care of population in radiological emergency in case of accidents at nuclear reactors, using a “dirty bomb” and tactical nuclear weapons (the problem was introduced by Professor Loganovsky K.M., Head of Department of Radiation Psychoneurology of State Institution “National Research Center for Radiation Medicine NAMS of Ukraine).

In the report by O.K. Napryeyenko “Psychological and psychiatric assistance to victims of armed conflicts and peaceful protests and internally displaced persons” on the basis of the literature and the results of their research (Napryeyenko and Marchuk 2001, Ivanov 2007, Syropyatov et al. 2012) it was noted that all these contingents of the population experiencing combat stress, which is defined as the process of adaptive multi-activity of the human body in combat conditions accompanied by stress mechanisms of self-reactive and fixing specific adaptive physiological changes. At the same time, it is a destabilizing, pre-pathological condition limiting functional reserves of the body, increasing the risk of mental disintegration and sustainable somato-autonomic dysfunctions, that can lead to combat stress disorder.

Psychological and psychiatric diagnostic process is a set of related procedures that can detect the presence of stressful factors, preclinical and clinical manifestations of mental disorders, and clinic evaluation based on personal characteristics of the individual and his/her social adaptation.

These tasks are implemented comprehensively involving psychiatrists, psychotherapists, clinical psychologists, social workers and nursing staff especially trained in psychological diagnosis, correction, social and vocational rehabilitation. This team determines
the direction and amount of psychological treatment, therapeutic interventions and route of medical and social rehabilitation in each case.

In addition to clinical psychiatric diagnostic process, it is reasonable to use experimental psychological tests such as MMPI, Eysenck’s Personality Inventory, Cattell’s 16 Personality Factors Test, Questionnaire SAN (Questionnaire Health, Activity, Mood), Spielberger–Hanin Inventory (adapted State-Trait Anxiety Inventory for Adults), Eysenck’s Personality Inventory, LOBBY (Leningrad Questionnaire of Bekhterev Institute) — relation to illness, RCK (level of subjective control), “The need for achievement” and others. Subconscious and unconscious areas is examined with color Luscher test, projective test methods (pictures), by computer analysis of the psyche I.V. Smirnov (using semantic differential mode of 25° frame). According to the same pattern, the one who is recovered, passes the test and is discharged from the healthcare facility upon completion of the rehabilitation program.

According to different authors, 20—70% of people who took part in armed conflicts suffer from mental disorders. There is an increase of the incidence of mental disorders in the army 3–4 times compared with the peacetime. The most evident mental disorders are observed in individuals who have been in a combat zone for a period longer than three months. In all the patients who were wounded during local wars and armed conflicts, there are varying degrees of severity deviation in mental status. These changes are manifested primarily as reactions to emotional and physical stress, ranging from relatively short-term discomfort with manifestations of emotional stress to mental disorders up to psychotic symptoms, the spectrum of abnormalities of mental functioning is quite wide: from a variety of adjustment disorder, called combat stress reactions (CSR), initial manifestation of maladaptive disorders, and the so-called battle fatigue (BF), to post-traumatic stress disorder (PTSD) and reactive states (psychogenic psychosis, and reactive psychosis that is the most severe forms of combat psychogenic disorders).

CSR is the most common disorder observed with a prevalence raging between 10 and 50 % of the cases. Symptoms of this disorder are polymorphic, it is considered in the framework of the emotional-volitional disorders, panic attacks, phobias, avoiding behavior, hysterical-convulsive disorders, somatic-vegetative disorders, antisocial and aggressive behavior. These phenomena may become evident after a few weeks, months and even years since exposure to traumatic stress situations. Such states are described as “pre-nosological” because they do not meet all the criteria of current classifications of mental diseases.

Due to the current position of the military medical experts, these disorders are attributed by military psychiatrists to “light” — neurotic or “harder” — psychotic, often — PTSD.

Common manifestations of of PTSD are intrusion, avoidance and hyperactivity. Intrusion may take the following forms: 1) intrusive distress memories of traumatic events, 2) nightmares that recurring, 3) unexpected feeling of direct return of psychotraumatic events and re-experience them as illusions, hallucinations, and/or dissociative episodes that occur sober or intoxicated, 4) intense psychological distress influenced by circumstances which symbolize experienced traumatic events and their individual points, whether on their similarity (e.g. anniversary of this event).

Avoidance of stimuli associated with the trauma is common and is accompanied by emotional depletion, a sense of indifference to other people. There are at least three of the following manifestations: 1) conscious efforts to avoid thoughts and feelings associated with the traumatic event, 2) efforts to avoid any actions or situations that can stimulate memories of this event, 3) inability to recall important aspect of the event, 4) decreased interest in previously important, for others, 5) sense of “truncated future” (uncertainty about future career, the possibility of marriage and family life, the very life expectancy, etc.). Hyperactivity is characterized by at least two of the following manifestations: 1) trouble falling asleep or superficial sleep, 2) irritability or outbursts of anger, 3) concentrating difficulty, 4) inadequately increased vigilance, 5) overreaction to sudden stimuli 6) elevated levels of physiological reactivity on circumstances that symbolize or resemble the traumatic events of the most significant moments.

Secondary symptoms of PTSD mainly include depression, anxiety, impulsive behavior, alcohol abuse (substance abuse), psychosomatic problems, sense of time disorder, disorder of ego-functioning. Depression can be very severe, and can be accompanied by feelings of despair, meaningless of his/her own existence with neuro-psychological exhaustion, apathy and negative attitude to life. Almost one third of patients with severe course of PTSD (according to the criteria of ICD-10 — F62.0), subsequently develop enduring personality change after catastrophic experience of suffering, with the following clinically defined types of course as emotionally unstable, paranoid, hysterical, obsessive-phobic, obsessive-compulsive (Napryeyenko and Marchuk 2001). These patients are often diagnosed with comorbid somatic disorders such as hypertension, coronary heart disease, the pathology of the stomach and duodenum et al., which can be attributed to psychosomatic disorders.

Problem of depression that is associated with alcohol abuse of these patients needs special consideration. According to N.Yu. Napryeyenko (2013) these disorders occur mainly after soldiers return to civilian life. They tend to have a protracted course and therapeutic resistance. Most of them drink alcohol to eliminate painful physical sensations (due to injury) and improves mental health, reduces the degree of severity of symptoms, improves sleep, helps reduce somatic feelings of anxiety, and blunts emotions associated with bad memories and the problems that arise in the social micro- and macro-environment after returning from the war. The author pointed out the various causal relationships between depression and other forms of alcohol dependence syndromes. The etiological factors might be psychogenic, exogenous-organic (due to prolonged alcohol intoxication and other brain damage) endogenous, an/or a mix of all.

In these patients there are atypical and mixed affective states, and mostly mild to moderate depression. The common clinical features are excessive emotional lability, somato-vegetative symptoms (headaches, dizziness, tachycardia, labile blood pressure, nausea, etc.), sleep disturbances. These manifestations may often mask the anxiety, hypochondriac complaints. These patients may show “simple” depression, prevalence of depressed mood, lowered self-esteem, loss of interest, anhedonia, dysphoria, a sense of inner tension, discomfort, anxiety, asthenia hypochondriasis, or apathy.

According to the author, suggestive psychotherapy
Therapeutic and diagnostic services
(Napryeyenko 2014)

Stage 1 — the public health service. Provides assistance, emergency workers and emergency medical care, volunteers, doctors health unit established at town events, general practitioners, family doctors, district doctors, military doctors and others. Objectives: 1) identification of mental disorders by clinical (screening tests) characteristics, 2) sorting for victims register disorders (non psychotic / psychotic), 3) the provision of care within the competence of the doctor, internist, 4) referral to a psychiatrist-patient level psychiatric services (if indicated).

Stage 2 — if indicated — outpatient psychiatric service link. Assistance is given by psychiatrists, clinical and counseling offices and general hospitals, outpatient departments, departmental hospitals and health units. Objectives: 1) differential diagnosis of psychogenic, endogenous, exogenous-organic (e.g., due to TBI) mental and psychosomatic disorders, 2) establishing their primacy or exacerbation during participation in events, 3) outpatient treatment and prevention of psychological and psychiatric care; or 4) direction to neurologist or internal medicine doctor (the profile identified by psychosomatic disorder) to provide comprehensive outpatient or inpatient care, or 5) referral to a psychiatric hospital (if there is a psychotic disorder, suicidal tendencies, and other conditions that constitute a danger to the patient or his/her entourage).

Stage 3 — if indicated — providing specialized psychiatric/neurological care in the secondary link health care — mental hospitals, inpatient psychiatric units and hospitals departmental health units.

Stage 4 — if indicated — clinical supervision, implementation of measures of secondary and tertiary prevention of medical and social rehabilitation of health centers in neuropsychiatric profile, rehabilitation units.

K.M. Loganovsky presented “Mental health care
in radiological emergency in case of accidents at nuclear reactors, using a “dirty bomb” and tactical nuclear weapons” report devoted to psychological and psychiatric response to emergency radiological situation. He stated that, according to relevant publications (Serdyuk et al. 2011), starting and long-term mental health disorders may lead to major health and social problem of radiation emergency situation, including accidents at nuclear and radiological attack using radiological dispersing device (“dirty bomb”). Radiation accidents, radiological terrorist attacks and nuclear war and conflicts differ significantly from natural disasters and wars without using weapons of mass destruction. Radiation emergency cause the biggest mental response from people involved in. Such emergencies have a beginning but no end. They are quite unpredictable, and the degree of damage over time does not decrease, as the contamination of the environment can be stored for a long time. Generally decontamination of radioactive contaminated territories is not possible and requires more resources. After radiological emergencies a “non-therapeutic community” is formed in the society. It is characterized by conflict, aggressiveness, social and psychological reactions, and behavioral disturbances (Loganovsky and Zdanевич 2013). Consequently, the radiation emergencies will involve more people than were affected directly (Loganovsky and Loganovskaia 2011). The basis of psychological and psychiatric care to victims of such emergencies are: neuropsychiatric approach, biopsychosocial paradigm and effective prevention, social adaptation and rehabilitation.

Their organizational principles are: 1) preparedness and planning; 2) effective management based on flexible and coordinated structure of the health services, and efficient intersectoral cooperation, namely adequate logistical support, speed, urgency and activity accessible to all segments of the population, constant interaction and activities compatible with radiological and dosimetric (biophysical) services, scientific validity, compliance with specific radiation emergency, effective interaction and cooperation with local authorities, the headquarters of the emergency response and the administration, control of the media to provide meaningful therapeutic and preventive submitting information, prevent panic and other socially negative consequences of radiation emergency and manipulate victims, including preventing the effect of “ throng “, training and supervision related professionals, providing the most effective psychological and psychiatric care (Loganovsky et al. 2012, 2013). Such countermeasures on mental health deterioration should be implemented (Loganovsky et al. 2014): prompt, consistent and objective information to the population about radiation emergency; training on population behavior in such situations; Government commitment to these extreme situations; intelligent intervention; psychological support affected the entire population; forming an understanding of the social and economic benefits “to survive the situation” and not be a “victim”; constructive, professional and optimistic approach to the media; implementing measures of psycho-prophylaxis, rehabilitation, treatment and social reintegation.

It was concluded that there is a significant growth in Ukraine, as well as in other countries, of the prevalence of different mental disorders. The largest increase is in the cases of borderline disorder. Due to the current situation in eastern and southern Ukraine, the problems of psychopathology in individuals facing armed conflicts and possible radiation injuries require special attention.
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