

War-related trauma and post-traumatic stress disorder prevalence among Syrian university students

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Aims. PTSD is one of the most prevalent mental disorders in war-affected regions. Syria has endured 10 years of war and yet little is known about the impact of the conflict on the well-being of Syrians who remain. This study aimed to provide an estimated prevalence of PTSD among trauma-exposed university students in Deir-ez-Zor, Syria, a war-ridden region, that was under siege by the Islamic State of Iraq and the Levant (ISIS) for over 3 years. Moreover, we aimed to study the different types of trauma to which the students were exposed and studied the association between PTSD and multiple covariates including, socio-demographic characteristics, smoking habits, academic performance, and stress levels, and identify factors that influence the development of PTSD symptoms.

Method. A descriptive cross-sectional study design was used on a sample of Al-Furat university students in Deir-ez-Zor. We collected data on socio-demographics, trauma exposure, and stress levels. PTSD Checklist for DSM-5 was used to carry out PTSD diagnosis and to determine the severity of the disorder.

Result. A total of 833 Syrian students were recruited into the study, the mean was 22.4 ± 3.2 years. Of those, (22.2%) have been displaced 3 times, while (18.8%) were displaced over 5 times. (86.4%) reported experiencing at least one traumatic event, (33.8%) of the participants were exposed to one traumatic event, and (44.7%) experienced four or more traumatic events. PTSD prevalence was (28.2%), and the highest PTSD rates were found among students who were forced into sexual acts (46.3%), followed by those who witnessed childhood trauma or violence and those who witnessed violence as adults (42.6%). Sample distribution over stress levels was as follows: normal (39.5%), mild (16.0%), moderate (17.8%), severe (17.3%), and extremely severe (9.8%). A statistically significant association was found between PTSD prevalence and stress severity ($p = 0.000$). A significant association was found between PTSD and internal displacement ($p = 0.032$), academic year ($p = 0.002$), and social-economic status ($p = 0.000$). Binary logistic regression revealed that smokers (vs non-smokers, OR = 0.259, $p = .034$) and third-year students (vs fifth year, OR = 0.44, $p = .019$) were significantly associated with PTSD.

Conclusion. The results presented in this research revealed a high prevalence of trauma exposure and PTSD among a sample of university students in Deir-ez-Zor. These findings call for immediate actions to help the affected population in restoring their mental health, so they can be prepared to face the challenges and demands of the post-conflict period.

Sleep quality and adherence to medical therapy among hemodialysis patients with depression: a cross-sectional study from a developing country

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Aims. Depression is a fairly common finding among end-stage renal disease (ESRD) patients on hemodialysis and is an

independent risk factor for morbidity and mortality. The psychiatric manifestations of the disease may affect their compliance to medications and alter sleep quality that is often overlooked by nephrologists. This translates into poor quality of life and poorer disease prognosis. Thus, Our study aims to assess the prevalence of depression and its association with compliance to medical therapy and sleep quality among ESRD patients on hemodialysis.

Method. In this cross-sectional study, a total of 288 hemodialysis patients with a confirmed diagnosis of ESRD were evaluated for depression using Patient Health Questionnaire-9 (PHQ-9) scale. Only the patients with moderate to severe depressive symptoms on PHQ-9 were further evaluated for sleep quality and compliance to medications using the Pittsburgh Sleep Quality Index (PSQI) and Drug Attitude Inventory-10 (DAI-10) respectively. The characteristics of ESRD patients with depression were also assessed. Median PHQ-9, DAI-10, and PSQI scores were calculated and the correlation between study variables was assessed using spearman's correlation.

Result. Of the 288 included participants, 188 (65.27%) had depression as evaluated via PHQ-9. Of these 188 patients, 114 were males while 74 were females. A total of 113 (60.01%) of the depressed patients had poor compliance with medication while 137 (72.87%) patients had poor sleep quality. Higher PHQ-9 scores were positively correlated with disease duration, dialysis years, and time between diagnosis and therapy ($r = 0.41$, 0.39 , and 0.43 respectively) and negatively with marital and employment status ($r = -0.32$ and -0.49 respectively). Spearman's correlation matrix showed that PHQ-9 scores were negatively correlated with DAI-10 but positively correlated with PSQI scores.

Conclusion. The study indicates a high prevalence of depression among ESRD patients on hemodialysis. Poor sleep quality and non-adherence to medications are extremely common among ESRD patients with depression. These psychiatric components must be considered to optimize medical treatment and improve the quality of life in this subset of patients.

Exploring the predictive factors for depression among hemodialysis patients: a case-control study

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Aims. Depression remains an exceedingly ubiquitous entity that significantly depreciates the quality of life and disease prognosis among end-stage renal disease (ESRD) patients. Even though the deleterious effects of depression on ESRD patients are well-established in the literature, the predictive factors that predispose such patients to depression need to be explored. Our study thus aims to gauge these factors and create a predictive model for optimal psychiatric and medical management of such patients.

Method. All ESRD patients with a disease duration of at least one year underwent a complete psychiatric evaluation based on DSM-V guidelines preceded by a cognitive evaluation by Mini-Mental State Examination (MMSE). A total of 73 patients diagnosed with moderate to severe major depressive disorder were selected as cases. Patients suffering from recurrent psychotic episodes, having a past or family history of psychiatric illness, being already treated for depression, having any substance abuse (current or past), were excluded from the study. Following the similar guidelines, and exclusion criteria, 146 patients (two controls for