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Ocena zespołu stresu pourazowego w łotewskim kontyngencie w ramach działań międzynarodowych

Posttraumatic stress disorder assessment at Latvian contingent of international operations

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Introduction: Latvian combats - being on duty in Latvia and deploying as Contingent of International Operations (CIO) in Peace Support Missions (PSM) suffer from various stressors; sometimes Posttraumatic Stress Disorder (PTSD) develops.

Objectives: To assess PTSD level during PSM, it's necessary to know both PTSD levels: before PSM – Baseline (BL) and after returning from PSM – Post-Mission Level (PML). According to available literature data PTSD BL is reported from 1.0 to 9.3 %, PTSD PML – from 4.0 to 11.2 % in deployed CIO of various countries. Indeed there are difficulties in rating and interpreting because of inhomogeneous in gender, race, age and deployment factor – reservists or regular personnel, different stressful military experiences in various PSM.

Aims: To assess PTSD levels – BL and PML in Latvian CIO.

Methods: Prospective study of Latvian CIO before and after deployment in PSM in Afghanistan. Totally 143 participants of the same PSM – regular personnel (males, Europeans, average age of 27.4) were examined. Worldwide-recognized questionnaires PCL-M, valid Latvian language version were used for PTSD evaluation. The questionnaire includes 17 questions, corresponding to DSM-IV. Respondents are asked about certain troubles during last month; the answers are evaluated by 5-point scale. PCL were worked out at PTSD National Centre, USA in 1993. The PCL has a variety of purposes, including screening individuals for PTSD, diagnosing PTSD, monitoring symptom change during and after treatment. PCL-M is military version, asks about symptoms in response to "stressful military experiences" and used for active service members and veterans. The PCL-M can be completed by participants of a research study in approximately 5-10 minutes. Interpretation of the PCL-M should be completed by a clinician. PCL-M has high correlations with Mississippi scale for Combat-related PTSD (0.93), PK Scale of the MMPI (0.77), Impact of Event Scale (0.90), has high Internal consequence coefficient (0.92-0.93).

Results: BL study: response rate 97.9%. Answers of respondents corresponded to PTSD diagnosis necessary criterions, constituent 1.4%. PML study: response rate 93.8%. Answers of respondents corresponded to PTSD diagnosis necessary criterions, constituent 6.7%.

Conclusion: According to available literature data PTSD BL of Latvian CIO is lower than PTSD BL USA CIO (2.4-9.3% [Riddle JR et all, 2007], [Hoge CW et all, 2004]) and is also lower than PTSD BL UK CIO (2.4% [Iversen AC et all, 2009]). PTSD PML is lower than PTSD PML USA CIO (11.2% [Hoge CW et all, 2004]) and is close to PTSD PML UK CIO (4.0-9.5% [Hotopf M et all, 2006], [Iversen AC et all, 2009]). It means that Latvian CIO PTSD predisposition level is close to the level in their counterparts from UK and rather lower than US CIO has.

The views expressed in this article are those of the authors and do not reflect the official policy or position of the Medical Support Centre, National Armed Forces, the Latvian government, or any of the institutions with which the authors are affiliated. No conflict of interest.

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