

# [Unexpected of prospective studies was done in 2014](https://assignbuster.com/unexpected-of-prospective-studies-was-done-in-2014/)

Unexpected extreme suddentraumatic stressor may cause post-traumatic stress disorder (PTSD). 1 Accordingto the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), PTSD hasbeen included under a Trauma- and Stressor-Related Disorders(formally addressed as an anxiety disorder). 2 A report was published by the National Institute of MentalHealth (NIMH), it estimated that 7. 7 million adults or 3. 5 % of adult peoplesuffer from PTSD. 3 Posttraumatic stress disorder is triggeredby exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in whichthe individual: Directly experiences the traumatic event; witnesses thetraumatic event in person; learns that the traumatic event occurred to a closefamily member or close friend; or experiences first-hand repeated or extremeexposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

This disturbance might causes a clinically significantdistress or impairment in the individual’s social interactions, capacity towork or other important areas of functioning. 4 In the immediateaftermath of a disaster, almost everyone will find themselves unable to stopthinking about what happened. These are called intrusion or re-experiencingsymptoms. 5 Symptomsusually begin early, within 3 months of the traumatic incident, but sometimesthey begin years afterward. The severity, duration and course of symptomscan vary between individuals depending on the risk factors that make anindividual at higher risk to develop PTSD and it also depends on the resiliencefactors which can help to reduce the risk from developing PTSD. 6Delayed onset PTSD can manifest itself > 6 months after traumatic event, asystemic review and meta-analysis of prospective studies was done in 2014 haveshown that The proportion with delayed-onset PTSD was almost twice as high amongveterans and other professional groups compared to non-professional victims andthe average prevalence was 5. 6% across all follow up time for the delayed-onset PTSD. 7 Different professions are associated with a higher riskfor the development of PTSD.

Military occupations8, Police officers9, Firefighters10, Emergency medical services personal11, first responders to disasters12. Employees at these professions are at increased risk of PTSDsince the nature of their jobs expose them to traumatic events. The prevalenceof PTSD among police, fire, and emergency service workers ranged from 6%–32%. 13Not only the victims of disasterswould be affected by PTSD but also the influence might reach rescue workers; the prevalence of PTSD among direct victims of disasters was reported to be30%–40%; the rate in rescue workers was 10%–20%. 14, 15, 16 Anotherstudy revealed that, compared to an overall prevalence rate of 4% for thegeneral population, the rate in rescue/recovery occupations ranged from 5%to 32%, with the highest rate reported in search and rescue personnel(25%), firefighters (21%), and workers with no prior training for facingdisaster. 18- 25. TheTrauma and Stress Response Among Hurricane Katrina Evacuees study published inthe American Journal of Public Health assessedacute stress disorder (ASD) prevalence and factors related to ASDsymptomatology among sheltered evacuees their Results were Sixty-twopercent of the sample met ASD threshold criterion. Projections based on thepredictive power of ASD to posttraumatic stress disorder (PTSD) suggest that38% to 49% of the sample will meet PTSD criteria 2 years postdisaster.

Femalegender (odds ratio OR= 4. 08), positive psychiatric history (OR = 5. 84), injury(OR = 2.

75), increased life-threat perception (OR = 1. 37), and de- creasedsense of personal control (OR= 1. 56) were significantly related to ASD. 26. A study was published in 2008, their objective was to describemental health outcomes, social function impairment, and psychiatric comorbidityin the WTC workers. 11.

1% of the workers who completed the questionnaire metcriteria for probable post- traumatic stress disorder (PTSD). In this studythey concluded that PTSD was significantlyassociated with loss of family members and friends, disruption of family, social life, and work. 27 A systemic review was published inthe journal of psychological medicine in 2007, has identified 284reports of PTSD following disasters published in peer-reviewed journals since1980. They categorized them into three different classifications: Human made, technological and natural disasters.

In the category of Human-made disasters, most of the studies in this category assessed PTSD in adult populations. Thehighest prevalence of PTSD was found among survivors and first responders. 22.

5% and 20 % of disaster workers were found to suffer from PTSD at 2 weeks and10–15 months after the 9/11 terrorist attacks in New York City and Washington, DC, respectively. 28 Onestudy assessed the epidemiology of PTSDA after Disasters, reported theprevalence of PTSD in the first year after human-made/ technological disastersto range between approximately 25 percent and 75 percent and among personsinvolved in rescue efforts after disasters, the prevalence of PTSD ranges fromapproximately 5 percent to 40 percent lower than the prevalence documented amongdirect survivors of disasters. 29 Since exposure to traumatic stressors especially amongrescue workers increases the risk of serious mental health and behavioralproblems1, 2, this study aims to assess psychological impactsparticularly PTSD among Saudi Red Crescent Authority personal after the 2015Hajj stampede. to our knowledge there are no local data that have assessed thisissue.