

Unexpected of
prospective studies
was done in 2014



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Unexpected extreme sudden traumatic stressor may cause post-traumatic stress disorder (PTSD). 1 According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), PTSD has been included under a Trauma- and Stressor-Related Disorders (formally addressed as an anxiety disorder). 2 A report was published by the National Institute of Mental Health (NIMH), it estimated that 7.7 million adults or 3.5% of adult people suffer from PTSD. 3 Posttraumatic stress disorder is triggered by exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual: Directly experiences the traumatic event; witnesses the traumatic event in person; learns that the traumatic event occurred to a close family member or close friend; or experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

This disturbance might cause a clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. 4 In the immediate aftermath of a disaster, almost everyone will find themselves unable to stop thinking about what happened. These are called intrusion or re-experiencing symptoms. 5 Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. The severity, duration and course of symptoms can vary between individuals depending on the risk factors that make an individual at higher risk to develop PTSD and it also depends on the resilience factors which can help to reduce the risk from developing PTSD. 6 Delayed onset PTSD can manifest itself > 6 months after traumatic event, as a systemic review

and meta-analysis of prospective studies was done in 2014 has shown that the proportion with delayed-onset PTSD was almost twice as high among veterans and other professional groups compared to non-professional victims and the average prevalence was 5.6% across all follow up time for the delayed-onset PTSD. 7 Different professions are associated with a higher risk for the development of PTSD.

Military occupations⁸, Police officers⁹, Firefighters¹⁰, Emergency medical services personnel¹¹, first responders to disasters¹². Employees at these professions are at increased risk of PTSD since the nature of their jobs expose them to traumatic events. The prevalence of PTSD among police, fire, and emergency service workers ranged from 6%–32%. 13 Not only the victims of disasters would be affected by PTSD but also the influence might reach rescue workers; the prevalence of PTSD among direct victims of disasters was reported to be 30%–40%; the rate in rescue workers was 10%–20%. 14, 15, 16 Another study revealed that, compared to an overall prevalence rate of 4% for the general 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 facing disaster. 18- 25. The Trauma and Stress Response Among Hurricane Katrina Evacuees study published in the American Journal of Public Health assessed acute stress disorder (ASD) prevalence and factors related to ASD symptomatology among sheltered evacuees their Results were Sixty-two percent of the sample met ASD threshold criterion. Projections based on the predictive power of ASD to posttraumatic stress disorder (PTSD) suggest that 38% 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
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disasters, the prevalence of PTSD ranges from approximately 5 percent to 40 percent lower than the prevalence documented among direct survivors of disasters. 29 Since exposure to traumatic stressors especially among rescue workers increases the risk of serious mental health and behavioral problems^{1, 2}, this study aims to assess psychological impacts particularly PTSD among Saudi Red Crescent Authority personnel after the 2015 Hajj stampede. To our knowledge there are no local data that have assessed this issue.