

Psychosocial Follow-Up of Combatants with Borderline Mental Disorders

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Abstract: In order to carry out a retrospective analysis of the psychosocial catamnesis of combatants with borderline mental disorder (BMD), the archival data of the professional selection of 653 combatants when entering the service in the power structure were analyzed. All respondents were divided into two groups according to the presence of mental health disorders after participation in military operations: Group I - 338 people (average age is 35.3 ± 1.2 y.o.) - healthy persons and Group II - 315 people (average age is 36.2 ± 1.4 y.o.), who after participation in hostilities were diagnosed with BMD: 185 people with adaptation disorders (AD) and 130 people. - With post-traumatic stress disorder (PTSD). It is shown that the respondents of Group II in premorbid revealed elements of addictive behavior with the use of drugs and psychotropic substances against the background of hereditary burden. PTSD combatants were significantly more likely to be overly interested in stressful events, more likely to gamble and bet. It is offered to the employees, again accepted on service, carrying out psycho-preventive corrective actions and the psychotherapy based on the personality-oriented approach, including explanatory rational and cognitive-behavioral therapy, for minimization of risk of formation of BMD.

Keywords: combatants, psychosocial catamnesis, borderline mental disorders.

1. INTRODUCTION

The problem of combatants' mental disorders prevention, caused by the impact of stress factors of the combat situation, is relevant in connection with the growing number of armed conflicts in the world [3, 5]. The response to stress sometimes reaches the scale of epidemics [4]. Research in the field of traumatic stress and its consequences for humans has become an independent interdisciplinary field of science and is one of the most important tasks of health care [1].

To develop approaches to primary and secondary prevention of reactive neuroses in combatants, a comprehensive study of the combatant's personality with the identification of premorbid psychosocial factors affecting the formation, course and prognosis of borderline mental disorder (BMD) is necessary [2]. The importance of retrospective study of psychosocial catamnesis of combatants with BMD is due to the need to determine the risk

criteria of their formation, the need to systematize the methods of professional selection in the power structures and for setting psychotherapeutic targets during medical and psychological rehabilitation.

The aim of the study is to carry out a retrospective analysis of the psychosocial catamnesis of combatants with BMD.

2. MATERIALS AND METHODS

According to medical records, we analyzed the archival data of the professional selection of 653 combatants when entering the service in the power structure. All respondents were divided into two groups according to the presence of mental health disorders after participation in military operations: Group I - 338 people (average age is 35.3 ± 1.2 y.o.) - healthy persons, Group II - 315 people (average age is 36.2 ± 1.4 y.o.), who after participation in hostilities were diagnosed with BMD: 185 people with

adaptation disorders (AD), including: short-term depressive reaction (F 43.20), prolonged depressive reaction (F 43.21), mixed anxiety and depressive reaction (F 43.22), disorders of other emotions (F 43.23), AD with a predominance of behavioral disorders (F 43.24), mixed disorder of emotions and behavior (F 43.25), and 130 people with post-traumatic stress disorder (PTSD), including: anxiety, explosive, somatoform and conversion types. Statistical processing of the results was carried out using the Pearson Chi-square criterion, the differences were considered reliable at $p < 0.05$.

3. RESULTS

Retrospective analysis of the combatants' catamnesis is showed that intentional self-harm in adolescence (in the form of bodily self-harm: cuts, multiple tattoos, intentional burns, etc.), overprotection on the part of parents, emotional abandonment in childhood, low school performance were found with approximately the same frequency in the selected groups. The close relatives of the Group II respondents were significantly more likely to suffer from mental disorders; they more often had experience of using drugs and psychotropic substances in puberty, were fond of gambling and had an increased interest in stressful events (Table1).

Table1: Factors psychosocial follow-up of combatants (abs. numbers, %)

Social characteristics	Combatants				p-level
	Group I n=338		Group II n=315		
	n	%	n	%	
Intentional self-harm in puberty	5	1,5	5	1,6	0,124
Emotional a bandonmentin childhood	7	2,1	6	2,0	0,722
Over protection by parents	6	1,8	5	1,6	0,073
Burdened heredity by mental disorders	31	9,2	44	14,5	0,005
Mediocresuccessinschool	44	13,0	45	14,8	0,296
Excessive interest in stressful events	33	9,8	48	15,8	0,005
Gambling, betting	29	8,6	45	14,8	<0,001
Experience of substance use	30	8,9	42	13,8	0,005

Note: p-was calculated using Pearson's Chi-square test, the differences are significant at $p < 0.05$.

Group II combatants diagnosed with PTSD were significantly more likely ($p < 0.001$) to be overly interested in stressful events, more likely to gamble and bet, and there were no significant differences between AD and PTSD combatants in the other parameters studied.

It should be noted that in the group of combatants with BMD, 30% in premorbid showed a combination of burdened heredity for mental disorders and the presence of experience in the use of drugs and psychotropic substances. 70% had a combination of excessive interest in stressful events and gambling. This probably reflects the presence in premorbid combatants of a propensity to form BMD in the form of psycho-emotional instability, chemical and behavioral addictions.

4. CONCLUSION

Premorbid constitutional - conditioned personality traits and psychosocial catamnesis are important in the genesis of the development and severity of borderline neuropsychiatric disorders, formed under the influence of stress factors of the combat situation in combatants [6]. In combatants with PTSD in premorbid revealed elements of addictive behavior with the

use of narcotic and psychotropic drugs and a tendency to risk on the background of hereditary burden. This is probably the factors contributing to the formation of reactive neuroses after exposure to the stress factors of the combat situation in addictive individuals. The results of the study indicate the feasibility of conducting psycho-preventive corrective measures and psychotherapy based on a personality-oriented approach, including explanatory rational and cognitive behavioral therapy, to minimize the risk of BMD formation.

REFERENCES

[1] FisunA.Ya., Shamrei V.K., Marchenko A.A. et al. Ways to prevent addictive disorders in the military // Military Medical Journal. 2013. No. 9. Pp.4-10

[2] Ichitovkina E.G., SolovievA.G., Kharkova O.A.et al. Predicting the emergence of prenosological mental disorders in combatants// Human Ecology. 2016. No.10. Pp. 47-50

[3] Jones E., Hodgins-Vermaas R., Cartney H. et al. Post-combat syndromes from the Boer war to the Gulf wan a duster analysis of their nature and attribution // BMJ. 2002. No. 3.Pp.321-332

[4] Korehova M.V., Soloviev A.G., Novikova I.A. Mental disadaptation of specialists in extreme

- conditions. Arkhangelsk: Publishing House of Northern State Medical University.2014. – 139 p.
- [5] Soloviev A.G., Bondar I.V., Ichitovkina E.G. Combatant's self-assessment health//Global Journal of Physiotherapy and Rehabilitation. 2019. No. 1. Pp. 24-28
- [6] StrelnikovaYu.Yu. Structural model of personality changes in the participants of the counterterrorist operation // Bulletin of South Ural State University. Series: Psychology. 2016. Vol. 9. No. 2. Pp. 29-38

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