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

each case) having no depression were selected as controls. The cases and controls were studied and matched for a myriad of sociodemographic factors. The various risk factors for depression were evaluated using univariate and multivariate binary logistics analysis.

Result. The significant risk factors for depression among hemodialysis patients were age (OR = 1.79, CI = 0.47–3.81), comorbidities (OR = 2.13, CI = 0.51–3.96), duration of renal disease (OR = 2.54, CI 0.63–4.28), duration of hemodialysis (OR = 2.36, CI = 0.89–4.11), unemployment (OR = 2.33, CI = 0.79–3.88), and being unmarried (OR = 1.93, CI = 0.44–3.53). Prospect of survival, financial instability, social stigmatization, and effect of comorbidities on ESRD were major concerns for the cases that attributed to their depressive symptoms.

Conclusion. The factors that herald the onset of depression among hemodialysis patients include increasing age, presence of comorbidities, unemployment being unmarried, and increasing duration of hemodialysis. These factors will aid the clinicians to identify high-risk patients that require psychiatric consultation. We recommend prompt psychiatric intervention (pharmacologic or non-pharmacologic) and appropriate patient counseling so that the depressive symptoms can be alleviated and dismal disease prognosis can be prevented among such high-risk patients.

Lifetime depression and age-related changes in body composition, cardiovascular function, grip strength and lung function: sex-specific analyses in the UK Biobank

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Aims. Individuals with mental disorders, on average, die prematurely, have higher levels of physical comorbidities and may experience accelerated ageing. In individuals with lifetime depression and healthy controls, we examined associations between age and multiple physiological measures.

Method. The UK Biobank study recruited >500,000 participants, aged 37–73 years, between 2006–2010. Generalised additive models were used to examine associations between age and grip strength, cardiovascular function, body composition, lung function and bone mineral density. Analyses were conducted separately in males and females with depression compared to healthy controls.

Result. Analytical samples included up to 342,393 adults (mean age = 55.87 years; 52.61% females). We found statistically significant differences between individuals with depression and healthy controls for most physiological measures, with standardised mean differences between -0.145 and 0.156. There was some evidence that age-related changes in body composition, cardiovascular function, lung function and heel bone mineral density followed different trajectories in individuals with depression. These differences did not uniformly narrow or widen with age. For example, BMI in female cases was 1.1 kg/m2 higher at age 40 and this difference narrowed to 0.4 kg/m2 at age 70. In males, systolic blood pressure was 1 mmHg lower in cases at age 45 and this difference widened to 2.5 mmHg at age 65.

Conclusion. Individuals with depression differed from healthy controls across a broad range of physiological measures.

Differences in ageing trajectories differed by sex and were not uniform across physiological measures, with evidence of both age-related narrowing and widening of case-control differences.

Psychiatric presentations in acute illness with COVID-19: a retrospective analysis

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Aims. To assess the psychiatric presentations in patients with a diagnosis of COVID-19 referred to a liaison psychiatry department during a one month period in the peak of the global pandemic.

Method. A retrospective analysis of the patients referred to liaison psychiatry during January 2021 who also had a diagnosis of COVID-19. Confirmed cases of COVID-19 were defined as those confirmed by COVID-19 PCR in respiratory samples or clinically suspected cases from chest radiograph or CT. Severe COVID-19 was defined as those requiring supplementary oxygen due to saturations of 93% or less.

Result. During January 2021, a total of 24 patients were referred to liaison psychiatry with concurrent COVID-19 infection. Out of these patients, 63% had a previous mental health diagnosis. The most common reason for referral was low mood (37.5%), followed by agitation (25%) and psychosis (25%). When considering first psychiatric presentations with concurrent COVID-19 infection, the most common presentation was psychosis (44%). The time course of psychosis was most frequently seen in the seven days prior to a positive swab. In one case a patient was sectioned under the Mental Health Act for psychosis two days prior to developing symptoms. Two of these patients were worked up for possible encephalitis including radiological imaging and lumbar puncture. For patients defined as having severe COVID-19, the most common referral was low mood. In those referred for low mood, 66% had a history of an affective disorder. In two cases low mood was complicated by an acute stress reaction to recent bereavement. For one patient this included the bereavement of two relatives to COVID-19. For patients admitted to intensive care and intubated for respiratory support the most common referrals were low mood and agitation. These factors we found a barrier to successful rehabilitation following periods of significant illness.

Conclusion. The impact of COVID-19 on psychiatric presentations extends beyond the socio-economic factors precipitating crises across the nation. Our findings of acute psychiatric illness in the prodromal phase of the viral illness suggest a neuropsychiatric pathogenesis to COVID-19.

Contribution of birth weight to mental health, cognitive, and socioeconomic outcomes: a two-sample Mendelian randomisation

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