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STIGMA AND POSTTRAUMATIC STRESS DISORDER

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Goal: To assess perception of stigma in patients suffering from combat-related posttraumatic stress disorder.

Methods: Sixty one veterans from 1991-1995 war in Croatia (mean age 43,8 years SD 6,3) with diagnosis of PTSD according to the 10th revision of the International Classification of Diseases hospitalized consecutively on acute psychiatric department during 6 months were assessed. Stigma was measured with Internalized Stigma Mental Illness inventory that has five subscales: Alienation; Stereotype Endorsement; Perceived Discrimination; Social Withdrawal and Stigma Resistance, and with Devaluation-Discrimination Scale both rated on four possibilities Likert scale: (1-strongly disagree to 4-strongly agree). Mississippi Scale for Combat-related PTSD was used to determine the severity of PTSD symptoms. It consists of 35 statements that are rated on a 5-point Likert scale (1 - "absolutely incorrect" to 5 - "absolutely correct"). A 100mm long visual analogue scales anchored with "not at all" and "very strongly" were used for assessing religiosity, social support and family problems caused with patient's illness.

Results: Discrimination-devaluation scale was correlated with social support (r=0,373 p=0,003) indicating less discrimination with higher social support and with intensity of PTSD (r=-0,320 p=0,017). ISMI was correlated with intensity of family problems (r=0,299; p=0,019) and M-PTSD (r=0,588; p=0,001). Regression analyses indicated social support as significant predictor of less discrimination (R=0,570; p=0,021), and intensity of symptoms as predictor of high perceived stigma (R=0,653;p=0,001). Unsolved veteran invalidity status was associated with higher number of hospitalizations (t=2,097; df=59; p=0,042).

Conclusion: Stigma perception in PTSD depends on social support and intensity of the symptoms.