

Evaluation of Psychiatric Casualties

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The study involved first 100 cases of psychiatric casualties evacuated from OP PAWAN during the period of August 87 and December 88. There were overwhelming number of stress related reactive disorders in both psychotic and non-psychotic groups in comparison to peace time situations. Most of the reactive disorders occurred within the first 3 months of induction to OP PAWAN and also recovered faster than others with treatment. Incidence of neurotic illness was significantly lower in the initial 6 months of exposure than peace time situation.

Keywords : Post-traumatic stress disorders, battle reactions.

The intense stress of war or any military operation has been recognised as pathogenic agent inducing or aggravating both somatic and psychiatric disorders. The intensity and duration of exposure are the two most important factors determining this psychiatric morbidity.

Grinker and Spiegel described and classified disorders that were reactive to the stresses of combat. The irreducible conclusion from their work was "that no matter how strong, stable, or normal a man might be, with sufficient stress, he will develop a war neurosis"¹. Singh assessed the morale of the army personnel wounded in Indo-Pak conflict of September 1965. He obtained clinical data on 69 battle casualties through 32 items schedule structured interview. He found the morale of sample was very high. He concluded that faith in the leadership, faith in the cause and the willing co-operation of the civilian population were major factors in the maintenance of morale at a high level².

D'Netto analysed the psychological aspects of casualties in the Indo-Pak conflict of 1971. He was surprised to find that only 4 cases from eastern sector and 7 cases from northern sector were suffering from psychiatric illness. He attributed the low incidence to faith in authorities, inspiration from military and political leaders, short duration of conflict and quick victories in eastern sector³.

The Indian peace keeping force's role was peculiar and the psychological stress was also

different. The soldiers suddenly found themselves in a strange foreign land with un-known terrain in the midst of a generally hostile population. Apart from ill-defined enemy, poor living condition, exhaustion, lack of sleep, the soldiers had to remain under constant threat of being ambushed or killed by guerrilla fire for a considerably long period.

This study therefore aimed at finding out the magnitude and morbidity pattern of the psychiatric casualties received from the field units. The psychiatric centre of Command Hospital, Bangalore being the only major centre in the zone of evaluation was the most appropriate centre to study these cases.

Material and Methods

The population of study was the first 100 casualties of OP PAWAN with the diagnosis of battle psychosis.

A structured proforma was raised and introduced to all the 100 cases. The proforma included personal, social and relevant demographic data. A complete physical examination was done to find out any associated injuries or any physical disorder.

Mental Status Examination (MSE) was done with application of Present State Examination (PSE) of Wing et al⁴ which were found to be useful, convenient and flexible. It can elicit 'symptoms' and syndromes with qualifying scores leading to a diagnosis. The PSE was applied according to the instructions contained in the book.

The study was conducted in two phases. In the first phase each patient was interviewed and examined in the conventional manner, independently by two Psychiatrists and arrived at a clinical diagnosis. In the second phase a final diagnosis was arrived by formulation of the clinical impressions with the working out of the syndrome

list from the PSE. This procedure was repeated after one month of treatment in the hospital.

Results and Discussion

The results are indicated in table I to VI and figure 1. Out of 100 cases studied, 6 were officers (OFFR), 2 were junior commissioned officers (JCO) and 92 were other ranks (OR). Out of 6 officers, 3 were from army medical corps (AMC), 2 from Infantry and 1 from Artillery. All the 3 AMC officers were short service commissioned officers. Trade wise distribution shows (Table-I) that

Table-I Trade wise distribution of casualties

| Trade | Inf | Arty | Eng | EME | Sig | AOC | CMP | Navy | AMC | Other | Total |
|-------|-----|------|-----|-----|-----|-----|-----|------|-----|-------|-------|
| OFFR | 02 | 01 | - | - | - | - | - | - | 03 | - | 06 |
| JCO | 01 | - | - | - | 01 | - | - | - | - | - | 02 |
| OR | 61 | 05 | 06 | 04 | 05 | 01 | 01 | 02 | 04 | 03 | 92 |

infantry alone constituted 64% of the casualties. Almost all the regional/ethnic groups were affected (Table-II). Prominent amongst them were

Table-II State wise distribution of casualties

| State | Officers | JCO | OR |
|-------------|----------|-----|----|
| Andhra | - | - | 03 |
| Assam | - | - | 01 |
| Delhi | 01 | - | - |
| Haryana | - | - | 18 |
| J&K | 01 | - | 01 |
| Himachal | - | - | 01 |
| Gujarat | - | - | 01 |
| Karnataka | - | - | 02 |
| Kerala | - | - | 11 |
| Maharashtra | - | - | 11 |
| Orissa | - | - | 01 |
| Punjab | 01 | - | 21 |
| Rajasthan | - | 01 | 03 |
| Tamil Nadu | - | 01 | 01 |
| Nepal | - | - | 01 |
| UP | 01 | - | 16 |
| Bihar | 02 | - | - |
| Total | 06 | 02 | 92 |

from Punjab (21%), Haryana (18%) and UP (16%). It is quite possible that the cross section of the troops deployed were also of similar proportional

pattern and may not therefore indicate vulnerability of certain regional/ethnic groups. Marital separation is also an important stressor in a combat situation. 67% of the troops were married (Table-III).

Table-III Marital status of the casualties

| Status | OFFR | JCO | OR | Total |
|---------|------|-----|----|-------|
| Married | 05 | 02 | 60 | 67 |
| Single | 01 | - | 29 | 30 |
| Divorce | - | - | 03 | 03 |
| Total | 06 | 02 | 92 | 100 |

Table-IV Psychiatric casualties associated with injuries

| Psychiatric disability | Nature of injury | No |
|--------------------------|--|----|
| Organic brain syndrome | Sub-dural haematoma (Rt) Temporal region | 01 |
| Anxiety Neurosis | Burns | 01 |
| Battle Psychosis | Gunshot wound (Lt) Thigh | 01 |
| Acute reaction to stress | Superficial injuries | 01 |
| Depressive reaction | Superficial injuries | 01 |
| Total | | 05 |

Disability wise distribution (Table-V) shows that stress related disorders like acute reaction to stress and reactive psychosis, constituted 39% of the total morbidity. The neurotic illness constituted the next larger group with 35%.

About 82% of reactive stress disorders occurred within first 3 months of induction to the OP PAWAN and did not occur after about 6 months. On the other hand, the cases with neurotic disorders were almost absent during the first 3 months of exposure. About 80% of the cases of neurotic disorders were found during 4 to 9 months of exposure to the OP PAWAN (Fig.1).

Table-V Diagnosis wise distribution of cases

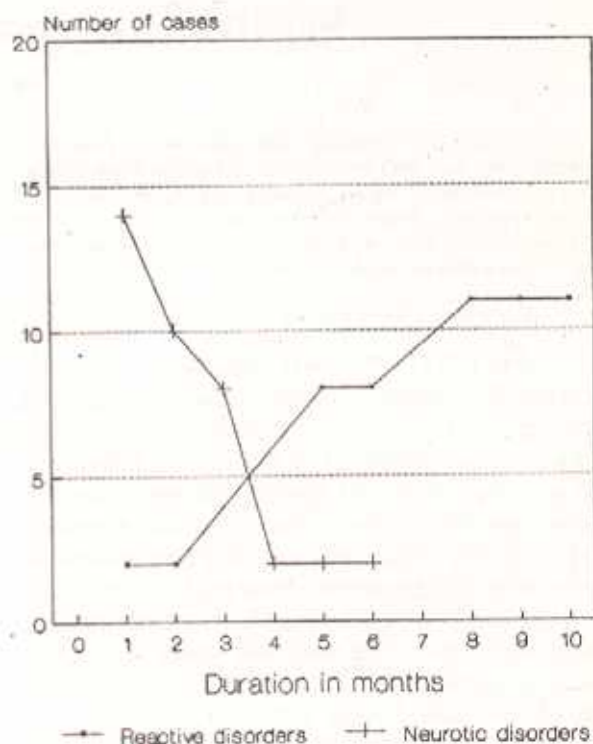
| Diagnosis | OFFR | JCO | OR | Total |
|---------------------------------|------|-----|----|---------|
| Acute Reaction to Stress | | | | |
| Emotional Disturbance | - | 01 | 11 | 12 |
| Confusional States | - | - | 03 | 03 |
| Psychomotor Excitation | - | - | 10 | 10 |
| Dissociative Reaction | - | - | 04 | 04 |
| | | | | 29(20%) |
| Psychosis | | | | |
| Organic | - | - | 03 | 03 |
| Reactive | - | - | 10 | 10 |
| Schizophrenia | 02 | - | 07 | 09 |
| Affective Disorder | 01 | - | 02 | 03 |
| | | | | 25(25%) |
| Neurosis | | | | |
| Depression | - | - | 15 | 15 |
| Anxiety | 03 | - | 14 | 17 |
| Hysterical | - | - | 03 | 03 |
| | | | | 35(35%) |
| Alcohol related disorders | - | - | 06 | 06(6%) |
| Psychiatric NAD | - | - | 04 | 04(4%) |

This phenomenon can be explained in Psychodynamic concept of ego defence mechanism, whereas in reactive disorders there is a rapid failure of the coping mechanism, in neurotic psychopathology the ego is well fancied and well protected for longer time.

Conclusion

Acute reaction to stress including reactive psychosis recover faster. Most of the cases in this category, recovered within 4 weeks of

Fig. 1 Duration of exposure & morbidity pattern



hospitalisation. Neurotic illness started occurring after about 6 months of exposure and showed steady increase. It is therefore apparent that after prolonged exposure, the morbidity pattern would have reverted back to peace time soldiering.

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