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Mémoire

Prévalences du trouble de stress post-traumatique et du stress perçu par les gendarmes : quelle(s) corrélation(s) avec la consommation de soins ?

Prevalence of post-traumatic stress disorder and perceived stress by gendarmes: What is the correlation(s) with the consumption of care?

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RÉSUMÉ

Objectifs. – Cette recherche a pour objectifs de décrire la prévalence des troubles de stress post-traumatique (TSPT) et d'évaluer le niveau de stress perçu chez les gendarmes afin de rechercher une corrélation statistique avec leur consommation de soins.

Méthodes. – Nous avons réalisé une enquête épidémiologique monocentrique, ouverte et contemporaine dans une antenne médicale de la gendarmerie nationale avec recueil de données sociodémographiques et utilisation de plusieurs outils psychométriques : Post-Traumatic Checklist Scale (PCLS), Hospital Anxiety and Depression Scale (HADS), Perceived Stress Scale (PSS), Échelle Numérique de Stress (ENS).

Résultats. – L'échantillon est composé de 187 gendarmes aux caractéristiques proches de celles de la gendarmerie nationale. La moyenne de la PCLS de l'échantillon est cotée à 22 ($\pm 7,10$) avec une médiane à 19 et un score quasi nul dans 50 % des cas. L'HAD-A est positive pour un peu plus de 2 % de l'échantillon, alors que l'HAD-D est positive pour 0,5 % du total. L'ENS et la PSS sont élevées dans respectivement 8 et 7 % des cas. Nous avons objectivé une relation statistiquement significative entre le nombre de congés maladie et les scores des échelles psychométriques PCLS, PSS et ENS.

Discussion. – Notre échantillon souffre peu de troubles anxieux et dépressifs et il présente de bonnes capacités de résistance au stress professionnel comparativement à d'autres populations spécifiques probablement moins bien sélectionnées et entraînées. Le taux de TSPT faible que nous avons retrouvé chez les gendarmes de notre étude peut s'expliquer par des déterminants cliniques : la présence de facteurs protecteurs (forte motivation et conviction en leurs missions), le caractère non nécessairement brutal de la confrontation potentiellement traumatique, les procédures de repérages et de prises en charge limitant le risque de la constitution d'un TSPT chronique.

Conclusion. – La PCLS, en fonction de ses seuils de positivité, est un bon outil de repérage des souffrances psychiques. Lui étant étroitement corrélé, le nombre de congés maladie est aussi un signal de repérage fiable.

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A B S T R A C T

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Background. – The post-traumatic stress disorders are difficult to diagnose at an early stage due to a clinic that is sometimes complex to identify. Indeed, both the psychological injury and its clinical consequences remain frequently untold for many years before the care and repair process begins, often at the entourage's initiative as symptoms worsen. For this reason, the contemporary society provide active support to people who have experienced a potentially traumatic event, either in the civil context through the creation of medical and psychological emergency cells, or in the military context with the development of a ministerial action plan. On a global scale, armies that perform a systematic screening for possible mental disorders in soldiers returning from their missions, found high rates of Post-Traumatic Syndrome Disorder (PTSD) cases among their troops, although with large epidemiological disparities related to the level of units' commitment. To our knowledge, no study has been conducted in French gendarmes so far, a category of workers that is regularly subject to cumulative stress factors as well as potentially psycho-traumatic events.

Objectives. – This research aims to describe the prevalence of PTSD cases and to assess the level of stress gendarmes perceive to search for a statistical correlation with their health care consumption.

Method. – We conducted an open and contemporary single centre epidemiological survey within a medical unit of a national Gendarmerie and collected socio-demographic data. We used the following psychometric tools: Post-Traumatic Checklist Scale (PCLS), Hospital Anxiety and Depression Scale (HADS), Perceived Stress Scale (PSS), Stress Digital Scale (ENS). Two indices of health care consumption were identified: the number of days of sick leave and the number of consultations. The statistical relationship between care consumption and the scores on the various scales was measured by using the Pearson's correlations. An ANOVA was used to measure the relationship between socio-demographic variables, health care consumption and different scales.

Results. – The sample of this study consisted of 187 gendarmes whose characteristics are close to those of the national Gendarmerie: the majority are men having a non-commissioned officer rank. Throughout his career, more than one subject out of two claimed to have experienced a service accident that occurred during a training or an intervention in equivalent proportions. Out of a total of 721 consultations, the average number of visits per gendarme is close to 4. The average PCLS sample is listed at $22 (\pm 7.10)$ with a median of 19 and a near-zero score in 50 % of the cases. The PCLS positive rate was 2.1 % but the clinical interview conducted by the military doctor raised the probability of false positives likely due to stressing events occurring in a private context. The HAD-A is positive for a little more than 2 % of the sample, while the HAD-D is positive for 0.5 % of the total. The ENS and the PSS accounted for respectively 8 and 7 % of cases. We were able to objectify a statistically significant relationship between the number of days of sick leave and the psychometric scales scores of PCLS, PSS and ENS.

Discussion. – The psychological morbidity figures objectified in our sample are lower than those found in civil and military populations. Our sample suffers from little anxiety and depressive disorders compared to other specific populations. Nonetheless, it also displays a better resilience to stress at work. In our study, the low PTSD rate we found in the population of gendarmes can be explained by clinical determinants. This population seems to be much more exposed to stress and potentially psycho-traumatic confrontations than the general population because of the nature of its missions (e.g. unusual work shifts, immediate availability of weapons, crime-related missions and maintenance of law and order...). However, these risk factors for trauma and important perceived stress are compensated by the quality of initial selection, tracking skills during career, but also other non-medical dimensions as training or team spirit, which seem to be protective factors. The nature of occupational hazard and the dramatic nature of some missions seemed to be well tolerated by these personnels who enlisted with motivation and conviction. Moreover, during potentially life-threatening interventions, the confrontation with death is not often immediately perceived as brutal, as the staff involved has often some time before to develop this awareness, and thus may protect themselves more psychically. Finally, when a psychic trauma is experienced, the screening and support procedures reduce the risk of formation of a chronic TPPT.

Conclusion. – The PCLS, according to its positivity thresholds, is a good screening tool for mental suffering. The number of days of sick leave is also a reliable cue signal because of the statistically significant relationship existing with the PCLS.

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1. Introduction

Notre époque contemporaine a développé une prise de conscience sociétale grandissante concernant les traumatismes collectifs (attentats, catastrophes naturelles, accidents industriels, guerres) et microsociaux (agressions, accidents de la route, accidents du travail). Bénéficiant d'éclairages médicaux, neuro-biologiques, épidémiologiques, psychologiques, psychanalytiques, sociétaux, anthropologiques, la psychotraumatologie est devenue

une spécialité à part entière [3]. Schématiquement, deux écoles théoriques opposaient les notions neurobiologiques de « stress » et celles, psychopathologiques, de « trauma ». Effectivement, certains sujets peuvent avoir été intensément stressés sans jamais développer de symptôme post-traumatique et, réciproquement, d'autres peuvent vivre un événement traumatique sans éprouver consciemment le moindre stress. Notons toutefois que les facteurs de stress sont un facteur de risque de développer un trouble psychique post-traumatique dans les suites d'une confrontation

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