



Post-traumatic stress disorder in internally displaced people of Colombia: An ecological study[☆]



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ABSTRACT

Background: Post-Traumatic Stress Disorder (PTSD) has been described as one of the most frequently reported mental condition among refugees and internally displaced populations (IDPs). Despite this, few has been reported about it in Latin America, even in Colombia, the country with the highest number of IDPs in the world.

Method: This ecological study assessed incidence and differences of PTSD in general population and IDPs in Colombia and its departments (32) during 2009–2012. Epidemiological data was collected from the National Health Records System (RIPS), retrieving the ICD-10 code F43.1 in both populations. We estimated PTSD incidence rates on both populations (cases/100,000 pop), using reference population of the IDPs (SISDHES and the general population was taken from the (DANE). Incidence rates ratios were calculated comparing both populations.

Results: In general population, 6619 cases of PTSD occurred (14.5 cases/100,000 pop, 95%CI 14.0–15.0) while 177 among IDPs (73.8 cases/100,000 pop, 95%CI 63.0–85.0). PTSD was 5.1 times higher among IDPs than in general population. Ranging from 1.6 (Tolima) to 15.8 (Quindío) (median: 4.4). In departments with higher incidence, also it was in IDPs ($r^2 = 0.4899$; $p < 0.01$).

Conclusion: This study evidenced a significantly higher PTSD incidence among IDPs, when compared with general population in the same territories. This has relevant implications for screening, diagnosis and management of PTSD among IDPs, especially in high incidence areas. More studies are required to improve the understanding of this condition among vulnerable populations, as well to provide better medical and psychological interventions and for the development of public policies in countries, such as Colombia, with IDPs.

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1. Introduction

According to the United Nations High Commissioner for Refugees (UNHCR), as well as the 1991 national political constitution of

Colombia, internally displaced people (IDPs) are those who search for refuge or safety without crossing international borders [1,2]. Unlike refugees, they are on the run at home. While they may have fled for similar reasons, IDPs stay within their own country and remain under the protection of their government, even if that government is the reason for their displacement. As a result, they would be considered among the most vulnerable people in the world. At the end of year 2015, a record-breaking 40.8 million people had become displaced within their own country because of violence. This include over 6.3 million people in Colombia [1,2].

In this country, the Consulting for Human Rights and

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Displacement (*Consultoría para los Derechos Humanos y el Desplazamiento*, CODHES), periodically reports estimations of IDPs at national level its territories (departments, first administrative level) [3].

In Colombia, as in many other countries, IDPs are neglected in multiple aspects, including healthcare, particularly in mental health. Displacement led to significant and varied consequences, related initially to the presence of multiple psycho-social stress factors and emotional well-being alterations. When reviewing scientific literature, much of IDPs psychiatric findings are limited to African countries, such as Nigeria or Uganda, where studies have shown that exposure to psycho-trauma among IDPs, led to post-conflict post-traumatic stress disorder (PTSD) [4]. Exposure to traumatic events and deprivation of essential goods and services suffered by IDPs and the resultant effect this has upon their mental health, is a relevant issue, evidenced in such studies [4,5].

A recent systematic review of observational studies in Colombia, has found the prevalence of the psychiatric symptoms, scale-measured cases, and formally-diagnosed psychiatric disorders to be ranging 9.9–63.0%, 21.0–97.3, and 1.5–32.9%, respectively [6]. At the same time, in studies with IDPs in other countries, there was a 9% incidence of PTSD, 5% for major depressive disorder, and 4% for anxiety disorder [4,5,7,8]. Nevertheless, more studies assessing the prevalence of psychiatric symptoms and disorders among this vulnerable population are clearly needed.

In this setting, although PTSD is not under mandatory surveillance in Colombia, one health information system is available to retrieve nationally and also detailed by departments; statistics about this condition also has been reported in general population and in IDPs. Therefore, this study aimed to estimate incidence of PTSD in general population and IDPs between 2009 and 2012 for Colombia, so incidences could be compared.

2. Methods

Colombia is a South American country constituted by 32 departments (main administrative level). As in other countries of the region, a still significant proportion of the Colombian population presents socio-economic vulnerable conditions. In this country, mental, behavioral and neurodevelopmental disorders, are not under epidemiological surveillance.

For this ecological study, the epidemiological data was collected from the personal health records system (*Registro Individual de Prestación de Servicios*, RIPS). The International Classification of Diseases 10th version (ICD-10) code F43.1 was used, to obtain the number of cases from each department of the country by year (2009–2012) given the fact that in this moment, PTSD is not under the surveillance system. Data was obtained with agreement from the Ministry of Health through the Protection Information System (SISPRO) through a Client Access server which allowed retrieving cases from the SISPRO server to a local computer. SISPRO RIPS data used for this study, are constituted from confirmed cases, which have been revised in terms of data quality. Initially we used data taken from the National Institute of Health, Colombia and later by SISPRO and its Data Cubes system. Data for this study was taken out of 33 reference notification units, one per department, and was later consolidated and centralized in Bogotá up to the SISPRO system. Currently reviewed and consolidated data, is available for the period 2009–2012. The quality of RIPS data in Colombia has been described elsewhere [9,10].

By mandate, at all health information systems in Colombia, included the SISPRO RIPS, information regarding special and vulnerable groups is registered, including if the patient is an IDP. Then, this allowed assessing diseases and conditions among this population, obtaining the number of IDPs who have been

diagnosed with PTSD during this study period.

Using official reference population data (National Administrative Department of Statistics, DANE) for general population, we estimated annual incidence rates for all departments of the country. During the study period 32 departments and the capital district, for 5 years (cases/100,000 pop) were calculated to provide estimates of the PTSD incidence by department in the country. Using official reference population data of IDPs, provided by the Information System on Human Rights and Displacement (*Sistema de Información sobre Derechos Humanos y Desplazamiento*, SISDHES) [3], we estimated the annual incidence rates on IDPs for all departments of the country; during the study period (32 departments and the capital district, for 5 years) (cases/100,000 pop), were calculated.

In addition, incidence rates ratios by departments and at the country, were calculated to compare the incidence of PTSD in general population and in IDPs. A linear regression model was performed, to assess the relationship between the incidence rates of PTSD, between general population and in IDPs by the territories. Statistical software used was PSPP. Significance at 95% ($p < 0.05$).

3. Results

During the study period, a total of 6619 cases of PTSD were reported in general population of Colombia, with a median of 1478 cases/year (ranging from 1469 to 2184). The cumulated crude national rate was estimated to be 14.5 cases/100,000 pop (95%CI 14.0–15.0) per 4 years (Table 1). Cumulated incidence rates in general population varied from 6.4 cases/100,000 pop (Putumayo) up to 29.0 cases/100,000 pop (Quindío) (Table 1).

Among IDPs, a total of 177 cases of PTSD were reported during the study period, with a median of 40 cases/year (ranging from 19 to 59). The cumulated crude national rate among IDPs was estimated to be 73.8 cases/100,000 pop (95%CI 63.0–85.0) x 4 years (Table 1). Cumulated incidence rates in IDPs varied from 12.6 cases/100,000 pop (Bolívar) up to 459.9 cases/100,000 pop (Quindío) (Table 1).

Incidence rates ratio for Colombia, between IDPs and general population was 5.1 higher in IDPs, with a geographical variation by departments from 1.6 (Tolima) to 15.8 (Quindío) (median: 4.4). Nevertheless, variations per year was higher, reaching up to 83.5 times more PTSD in IDPs from Magdalena department than in general population, during 2011 (Fig. 1).

Although PTSD incidence was significantly higher in IDPs in different departments, in those with higher incidence in general population, there was also a higher incidence in IDPs ($r^2 = 0.4899$; $p < 0.01$) (Fig. 2).

4. Discussion

According to UNHCR, IDPs do not cross international borders, but move even longer distances inside a country to find safety. They are forced or obligated to abandon their usual residence. This with the objective of avoiding the effects of armed conflict, violent situations, violation of human rights, or to scape from natural disasters or those produced by human actions [11], as seen in most territories of Colombia, specially before 2016.

Several world-wide populations, chronically and directly exposed to armed conflicts have been studied in recent years. Inhabitants of Kosovo, Southeastern Europe, long time later after being exposed to war and displaced as refugees to Switzerland, showed different degrees of mental illness, with high incidence of chronic PTSD [8].

Effects of murder and forced population displacement in northern Uganda have evidenced trauma and somatization in this

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