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CLINICAL FEATURES OF THE "DELAYED POST-COMBAT RESPONSE SYNDROME", A NEW DISORDER FROM THE GROUP OF COMBAT STRESS

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Introduction. With the emergence of military psychiatry and the increase in the number of observations, the problem of psychiatric disorders has been emphasized as a result of their proven impact on the reduction of combat capacity during service by 10 - 50% and on the quality of life and social adaptation of servicemen life [1-4].

A wide range of psychopathological reactions and conditions associated with the fighting, such as those occurring directly during combat stress or delayed nature, manifested months later, or even decades after such defeat, are combined by the concept of the "combat stress reaction" [5, 6].

Early diagnosis of conditions from a group of combat mental trauma allows you to timely introduce medical rehabilitation measures for the victims, prevent the chronicization of psychopathological disorders, prevent the development of their negative medical and social consequences.

In Ukraine, the increased need for psychodiagnosis of disorders from the group of combat mental trauma has emerged sharply since 2014 after the start of russian aggression - with the beginning of the anti-terrorist operation (ATO) in certain areas of Donetsk and Luhansk regions, and has not lost its relevance with the change of ATO format to the Joint Forces Operation (JFO) [7].

The nature of hostilities in the ATO / JFO zone is characterized by its specificity: unconventional, asymmetric and hybrid nature. This affected the structure of psychopathological manifestations that occur in military personnel under the influence of psycho-traumatic factors associated with this war [7].

The purpose of the study is to establish clinical features of the "delayed post-combat response syndrome" in military personnel who participated in combat operations in the ATO / JFO zone in Ukraine.

Materials and methods. In Zaporizhzhya Military Hospital 158 combatants with signs of mental disorders who participated in the fighting in the ATO / JFO zone in Ukraine were surveyed.

Research results. In 25% of the surveyed servicemen, the unity of the structural-dynamic and etiopathogenetic characteristics of the available psychopathological manifestations allowed them to be separated into a nosological unit called the "delayed post-combat response syndrome" and attributed it to the combat stress reaction.

In most cases, the onset of a "delayed post-combat response syndrome" occurs within a period of 1 to 3 weeks after the removal of a serviceman outside the area of the combat environment (after termination of chronic or recurrent acute psycho-traumatic factor associated with combat conditions).

Clinical features of "delayed post-combat response syndrome" is:

- the objective presence of chronic or recurrent acute psycho-traumatic factors associated with service in combat situations, which are dominated by quantitative or qualitative characteristics of psycho-traumatic factors in civil conditions;
- absence of psychopathological manifestations or subjective feeling of psychological distress while in the combat zone;
- the emergence of a subjective unprovoked feeling of psychological distress in which the emotional symptoms of arousal of the nervous system are objectively dominated: emotional tension, anxiety, irritability, aggressive behavior, anger, sleep disturbances, it is possible to add affective disorders in the form of low mood or mood swings.

The above symptoms occur immediately or within a month of returning from the war zone.

Conclusions. The peculiarities of the fighting in the ATO / JFO zone caused the emergence of new nosological units from the group of states of combat stress reaction, one of which is the "delayed post-combat response syndrome".

The identified "delayed post-combat response syndrome" requires further study to clarify its structural components, dynamics, duration, pathogenesis, medico-social consequences, and the choice of optimal prevention and rehabilitation tactics.

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