

# Abstracts of Scientific Papers

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### ORAL PRESENTATIONS

#### U.N. Military Observers — A Follow-Up Study Focusing on Mental Health and Social Adjustment of Norwegian Officers in the Years after Completed Missions

Koldslund BO, Mehlum L

Norwegian Defence International Centre (NODEFIC); Norwegian Defence Joint Medical Service/ Psychiatric Section, Lier, Norway

**Introduction:** The risk of developing mental dysfunction and social maladjustment by serving as military observer was evaluated. Military observers are exposed to greater mental stress than are the average military personnel serving in a national unit within an international peace-keeping force. Thus, they are considered to be a group at increased risk. The majority of military observers have limited access to adequate mental support in the sense of "talking oneself out" in their own language with personnel from the same cultural background. There are reasons to assume that persons on observer-duty had reduced access to stress management resources, and hence, were at enhanced risk for development of inadequate behavioral patterns or post-traumatic stress disorder (PTSD). To what degree is PTSD, dysthymia, or depression present among these personnel? Which circumstances were crucial in development these symptoms? What preventive measures can be taken? The medical selection criteria used were validated prospectively. Subjects were officers from the Norwegian Defence (army, navy, air-force) who had served as military observers in various United Nations observer missions during the years 1994 until May 2000.

**Methods:** The subjects were presented with a questionnaire that covered: 1) their present state of mental health; 2) their social and family adjustments after their duty as an observer; and 3) their work and career conditions following their tour of duty. The questionnaire used included the: 1) "Service Stress Index"; 2) "General Health Questionnaire" (GHQ-28); 3) "Sense of Coherence Questionnaire" (Antonovsky and Mehlum 1989); 4) "Gotland Scale for Male Depression, adapted version" (Rutz *et al*; Mehlum) and the 5) PTSS-10.

**Results:** A total of 239 subjects were questioned. Of these, 88.8% reported an experience-service-stress level that was greater than is the probable susceptible level. The case prevalence of PTSD was 9.1%, the possible depression-rate was 11.4%, and 13.0% reported mental-health problems.

**Conclusions:** The stress-coping ability of military observers was better than expected. Also, compared to stress-related disorders among troops exposed to severe trauma or who had been repatriated for medical or disciplinary reasons, the observers showed better coping-ability.

The assumed causes, additional information, and conclusions will be presented.

**Keywords:** coping ability; stress-related disorders; United

Nations' military observers  
E-mail: bjoern.koldslund@c2i.net  
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#### Suicide in Peacekeepers: An Epidemiological Study of Suicide in 22,275 Veterans from Norwegian Peacekeeping Operations

Thoresen S, Mehlum L, Moller B

**Introduction:** Military peacekeeping and peace-enforcing operations engage a substantial number of personnel from several different countries. Increased attention has been given to the stressors inherent in peacekeeping, and to the possible negative short- and long-term health effects for the personnel involved. This study examined mortality of Norwegian army veterans from multinational peacekeeping operations.

**Methods:** The cohort consisted of Norwegian men having served one or more six-months terms with a United Nation's or North Atlantic Treaty Organisation's peacekeeping or peace-enforcement operation in the period 01 May 1978 through 31 December 1995 (n = 22,275). The expected number of suicides was calculated for the general population of men of the same age during the same time period, and was compared with the observed number of suicides in the veterans. Separate analyzes were conducted to examine the possible impact of elapsed time since peacekeeping service, the number of service terms, the age at the time of service, the marital status of the study population, and the methods used for suicide.

**Results:** A moderately increased mortality from suicide was found in the veterans (SMR = 1.4; 95% Confidence Interval (CI) = 1.1-1.8). The mortality rate from suicide was increased significantly only for the veterans for whom >10 years had elapsed since completion of the service, and the veterans who had served only one six-months term. The younger soldiers did not have any higher risk for suicide compared to the older age groups. When adjusting the risk of suicide for marital status, the mortality rate from suicide was reduced (SMR = 1.2; CI = 0.9-1.5). In addition, a clear preference for the use of firearms (55%) and carbon monoxide poisoning (20%) was found in the veterans.

**Conclusion:** An increased mortality rate from suicide was found in Norwegian peacekeeping veterans. Marital status and possibly increased access to firearms could account for the excess rate of suicides. Further research is needed to elucidate possible relationships between the stresses associated with peacekeeping and the subsequent suicide risk, in order guide future suicide preventive efforts.

**Keywords:** cohort studies; epidemiology; firearms; marital status; military; mortality; suicide; veterans

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#### What Shall We Do with the Depressive Conscripts?

Parkkola K, Tuominen J, Piba J

Finnish Defence Forces, Finland

**Introduction:** Depression and its connection to failure in the compulsory conscript service were studied among Finnish conscripts. The presence of a state of depression is one of the strongest predictive factors for failure in military service. In Finland, compulsory military service is required for all males. More than 80% of all males do their conscript service. The reasons for interruption of conscript service are psychiatric in two-thirds of the cases. In 1997, 11% of all those liable to serve in the military were exempted: 4.3% on medical grounds (e.g., permanent disability), and 6.2% for applying for civil service