A SHAKIBEE
Changes of Adrenocorticoid Hormones among Soldiers in Response to Military Missions

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Objectives (Aims): Stress is one of the irresistible parts in every military mission. Stress causes the secretion of adrenocorticoid hormones. In the present study, military soldiers were examined in different steps of a mission in response to changes of dehydroepiandrosterone (DHEA) and salivary cortisol. Methods: 35 soldiers were volunteered to be investigated in this study. Saliva samples were collected the night before and immediately before the mission, during the mission, immediately and one day after the mission. Using ELISA method, concentration of DHEA and cortisol were measured in the study. One-way variance analysis for repeated measurements was applied using SPSS 14 software to analyze the data. Results: DHEA concentration was shown to have a significant increase one day after the mission (P<0.05). Significant rise was also detected in the concentration of cortisol immediately and during the mission (P<0.05). Conclusion: Participating in military missions is significantly effective on concentrations of DHEA and cortisol. Data acquired in this research suggested that the highest rate of stress is experienced by soldiers before and during the military missions. Thus, it is highly recommended to apply relaxation (moderation) techniques to decrease the level of stress in soldiers during military missions.

Keywords: military missions, Stress, DHEA, cortisol
BASHIR YAKASAI

Air Commodore Bashir Adam Yakasai is a certified Psychotherapist (CP) and Chief Consultant Neuropsychiatrist for the Nigerian Air Force. He is also a specialist in Clinical Neurology and Aviation Medicine. He is presently the Commander of 445 Nigerian Air Force Hospital, Ikeja-Lagos. He is a Nigerian of Yobe State extraction, born in Kano on 29 December, 1953, he grew in Kano City. He is happily married, with children and grandchildren. His hobbies include; reading, watching television and travelling.

Implication of Substance Misuse and Alcohol Dependence in Parenting and the Family

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Substance misuse and alcohol have become a global problem, and continue to find their way into the social fabric of our societies. Several studies have shown evidences for the implication of substance misuse and alcohol on parenting and the family. Most of these studies have shown a negative effect on the children while they are still young and in early adolescence. Research further highlighted the key role families can play in substance misuse treatment. Three solutions were proffered in which family can influence this process. One is to either prevent and or influence the course of the substance misuse problems. The second is to improved substance related outcome for the user, while the third is by helping to reduce the negative effect of substance misuse problems on the other family members. Inadequate parenting has been shown to be responsible for the development of aggression, antisocial behaviour and alcohol abuse during adolescence and early adulthood. The children of alcoholic parents are more likely to develop problems with substance, and are often linked to early onset of use. In other studies, the sons of alcoholics are four times more likely than the average man to develop psychiatric problems such as depression and anxiety neurosis. A number of therapeutic measures have been used to help tackle the impact of substance misuse and alcohol dependence on parenting and family. This can be demonstrated through family interventions, using three types of strategies. One strategy is by working with family members to promote the entry and engagement of substance misusers into treatment. The other strategy is by joint involvement of family members and substance misusing relatives in the treatment of latter, thirdly, by interventions responding to the needs of the family members in their own right. Finally, it is believed that by increasing resilience and protective factors among the children of addictive parents, the coping mechanism of such unfortunate children would have been enhanced.
Major Professor Shahidah Leong Abdullah is currently a Senior Lecture at the Faculty of Medicine and Defence Health, National Defence University of Malaysia. She was commissioned in 1992 and started her career as the Military Psychologist since 1996. Maj Shahidah is the one and only Clinical Psychologist having over 16 years of solid experience at the Malaysian Armed Forces Headquarters. She is actively involved in the provision of psychological support to military community and has been participating in the development and promotion of mental health programs for troops deployment. Shahidah has addressed many military conferences on issues related to stress management and deployment psychology.

The Evolution of Psychological Stressors in Peacekeeping Mission From The Malaysian Armed Forces Perspectives

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Since 1960, Malaysian Armed Forces has participated and extended its peacekeeping operations to countries around the world. With its first engagement with UN operation in Congo (ONUC), rapid changes and complexity have taken places. From a traditional type of engagement where peace accords were firmly established to interventions between warring parties that is uncertain, a new set of psychological challenges has set in. This paper attempts to identify psychological stressors from a longitudinal perspective. Psychological stressors from three different peacekeeping operations in three different time frame; namely Bosnia (1998), Lebanon (2007) and Afghanistan (2010) were collected and compared using percentage analysis. Language barrier (87.4%) has become the main stressor among the MAF troops during their deployment to Bosnia, followed by lack of guidelines (81.3%) and being away from family (80.3%). On contrary, the Malaysian soldiers underwent Arabic language classes prior to their deployment. Issues of uncertainty (73.9%) took the front seat of stressors rating among the first MAF troops to Lebanon. 69% of the deployed soldiers to Lebanon rated leadership style as another immediate stressor encountered during their tour of duty. A similar situation to Lebanon, the MAF contingent to Afghanistan which also known as ISAF has rated leadership (74%) as the center piece of the stressors they encountered. Lack of guidelines and risky of situation were rated at 65.7% and 62.9% respectively. Identifying and understanding of the type of psychological stressors is vitally important for the Malaysian Armed Forces to continuously ensure the relevancy of its training program for UN deployment.
GORDANA DEDIC
Gordana Dedic, MD, PhD, Associate professor, specialist of neuropsychiatry, psychoanalytic psychotherapist, Head of Department of Mental Health and Military Psychology of the Psychiatric Clinic at the Military Medical Academy (MMA) Belgrade, Serbia. She is a clinical professor of Medical ethics and Communication skills in the MMA’s School for Advanced Studies. Prof Dedic received her medical degree from the Medicine Faculty of Belgrade and did postgraduate studies in neurophysiology at the Medicine Faculty of Belgrade too. She received her residency training at the Military Medical Academy Belgrade. She has a doctorate in Military psychiatry (Thesis: Soldier’s maladjustment problems in adaptation period), as well as sub specialization of psychoanalytic psychotherapy at the Medicine Faculty of Belgrade (Thesis: Crisis intervention following suicide attempt). She has a National and European certification in Psychoanalytic psychotherapy. Her main research interests include: forensic psychiatry (suicide) and psychoanalytic psychotherapy. She is the author of 120 papers (7 CC), 13 chapters of books (in Serbian and English) and 6 books (Suicide/ AIDS/ Drugs prevention program in military environment, Soldier's adjustment to military environment, Alcoholism as a cause of traffic accidents in military environment and Suicide help, hope-psychotherapeutic crisis intervention following suicide attempt and Medical ethics (under review).

The First Psychotic Episode in Soldiers in the Course of their Military Service

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Introduction: In vulnerable persons, military service can be quite stressful, preceding the first occurrence of psychosis. Studies show that early detection and treatment may result in satisfactory outcome of the disorder. In the Serbian Armed Forces, features of psychotic disorder necessitate referral from the unit to the primary, secondary and tertiary mental-health teams. Aim: To define symptoms of clinical presentation of the first psychotic episode in soldiers serving their military duty in the Serbian Armed Forces. Patients and Method: The study was carried out with the group of 100 soldiers hospitalized at the Clinic of Psychiatry of the Military Medical Academy within the period 2000-2010. Socio-demographic questionnaire with hetero-anamnestic data obtained from the superior officer about the soldier's behavior during his military service as well as from the clinical record were used. Results: The most common symptoms of the first psychotic disorder are: anxiety (78%), concentration disorder (77%), paranoid symptoms (68%), social isolation (60%), sleeping disorder (59%), being upset (56%), impulsiveness (40%), agitation (26%), perception changes (21%) and suicide attempt (6%). Conclusion: Cognitive disorders and silent negative symptoms are most frequently noticed in the prodromal phase of the first psychotic episode in presented group of soldiers. Advantage of the early detection and early diagnosis of first psychotic episode in soldiers serving military duty is that they are sent to treatment immediately after occurrence of the first psychotic
episode. In that way, time between occurrence of the first psychotic episode and their evaluation is reduced. Soldiers with first psychotic episode are not fit for military service and they are evaluated as unfit for it.

Key words: soldier, psychosis, first episode, symptoms, military service

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Long-Term Mortality in PTSD Military Patients

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Investigators are uncovering the long-term consequences of post-traumatic stress disorder. In a large-scale, prospective, community-based, epidemiologic study of Vietnam-era veterans, a baseline diagnosis of PTSD was associated with higher rates of alcohol abuse, major depression, and antisocial personality disorder. In this 16-year follow-up of the same sample, researchers looked at the effect of PTSD on heart disease. Participants with severe baseline heart disease (e.g., myocardial infarction or congestive heart failure) were excluded, allowing analysis of 4328 men. Over follow-up, 52 deaths from ischemic heart disease were identified. A baseline diagnosis of PTSD more than doubled the risk for mortality related to ischemic or atherosclerotic heart disease before age 65. Even after adjustment for traditional risk factors (e.g., smoking, obesity, and depression), a PTSD diagnosis in individuals free of heart disease at baseline independently increased mortality risk, and the size of this risk correlated to PTSD severity. Risk further increased with combat exposure. The risk for early death due to heart disease is relatively low overall in this study, but the increased risk that is independently associated with PTSD remains noteworthy. Inflammatory processes associated with hypothalamic-pituitary-adrenal axis activation have been postulated as potential mechanisms contributing to atherosclerosis in individuals with PTSD. In an earlier report based on this sample, nearly 10% of those in the combat theater later met screening criteria for a PTSD diagnosis. With high numbers of veterans returning from Iraq and Afghanistan with PTSD, clinicians have many opportunities for early interventions and better ongoing surveillance that may help reduce risks for the many long-term negative PTSD sequelae, including early mortality.

Mohamed Khaled Mohamed El Hatw was born in Egypt on 6 August, 1960. He is married and has 4 children. He lives in Cairo, Egypt. His qualifications include M.D. in Paediatrics (1995), MSc in Paediatrics (1987) and MBBCh (1983) from Cairo University. In 2009, he undertook post Graduate Studies in Public Health at Liverpool University. He has many publications in the field of Paediatric Nephrology and Paediatric Psychiatry in local and international Medical Journals. He is a lecturer in
local and international conferences. He is a Registered Paediatric Nephrology consultant (Egypt) and Paediatric Consultant (Egypt and Saudi Arabia). Also, Dr El Hatw is a Member in the Egyptian Society of Nephrology, Egyptian Society of Paediatric Nephrology and the African Society of Paediatric Nephrology. He holds 10 valid patents in the Egyptian patent office and 2 patents in the USA patent office (USPTO). His biographical profile was included in “Who's Who in Science and Engineering” 6th edition, 2002-2003 and 8th edition, 2004-2005. Currently, he is Paediatric consultant in the Northern Area Armed Forces Hospital, Saudi Arabia and an Associate Consultant, equivalent to Associate Professor in the Paediatric department Cairo University. His activities include designing and developing innovations in the medical devices to solve technical and medical problems.

EL HATW
The Impact of the 2009 Jazan War on Saudi Children, a Community Cross sectional Study

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Objectives: This community based, cross sectional, study aims to assess the nutritional, psychological, behavioural, family adjustment and psychiatric assessment of Saudi children exposed to the 2009-2010 war in Jazan against “ElHotheein”. Methods: 186 internally displaced children age (5 – 16) year from Jazan “exposed” to the war and 157 “unexposed” children (5 – 17) year from King Khaled Military City, Hafr ElBatin, were assessed 6 months after the war for clinical and laboratory evidence of malnutrition, for anxiety, depression, aggression, adaptive (prosocial and planful) behavior using Child Behaviour Inventory, for deviant (neurotic and antisocial) behaviour using Rutter Scale A2 and for family adjustment using McMaster Family adjustment device. The psychological outcomes of both groups were compared and correlated with different socioeconomic variables. Results: The “exposed” children had no laboratory evidence of malnutrition. They had insignificantly higher percentile body mass index (P=0.13), significantly lower socioeconomic status, more anxiety (P=0.044), better adaption (P=0.0000005), less aggression (P=0.025), less antisocial behaviour (P=0.014) and lower family adjustment (P=0.017) involving 6/7 of its subscales (problem solving, communication, roles, affective responsiveness, behavioural control, and general functioning) compared to “unexposed” children. The “exposed” children with the lower income had more anxiety (P=0.02) and better adaption (P=0.01). Females had more anxiety (P=0.0057) and males had more antisocial behaviour (P=0.02). Older children had less deviant behaviour (P=0.0046), better adaption (P=0.0074) and better planful behaviour (P=0.00013). Children of elder mothers had better planful behaviour (P=0.039). Children from bigger families were less aggressive (P=0.049) and had less antisocial behaviour (P=0.04). The “exposed” children received free accommodation and meals but no prior psychological or psychiatric assessment. Conclusion: In children “exposed” to 2009 Jazan war, the nutritional support prevented malnutrition. Compared to children form KKMC, they have more anxiety and lower family adjustment but they have higher adaption and lower antisocial behaviour which may reflect effective adaptive mechanisms, possibly social. The socioeconomic factors affect
the psychological outcome. War children need education, psychological screening and studies for their adaptive mechanisms.

**Key words:** War children, Jazan war, malnutrition, psychological disorders, family adjustment

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**ISHIAKU BABA ABDULKAREEM**

Ishiaku Baba Abdulkareem works with the Nigerian Army as a Medical Officer and is a Specialist in Forensic Mental Health. He has been in the Nigerian Army Medical Corps (NAMC) since 1999. He trained and qualified as a Medical doctor at the Ahmadu Bello University, Zaria, Nigeria (1989-1998); His Master Degree Msc Addiction was from Kings College London (2006); He trained in Forensic Mental Health at the St George’s Hospital London (2007-2009). He had his Direct Regular Commission- Oficcer Cadet Training at the Nigerian Defence Academy, Kaduna, Nigeria (1999-2000). He was on United Nations Mission in Sierra Leone (2000-2001). His interests include golf, athletics, football, music, reading, writing and current affairs

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**Prevalence of Drug Abuse in the Nigerian Army**

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**Background:** It is generally perceived that armed forces personnel are heavy drug abusers. This is from the belief that officers and soldiers, who are exposed to danger as a frequent professional accompaniment would use illicit drugs to enhance work performance, relieve stress and boredom and as a form of recreation. This realization informed the baseline study of Nigerian Army personnel on the prevalence of drug abuse and dependence with the aim of making recommendation. **Methodology:** Ex post facto research design was employed for the study. Participants were Officers and soldiers of the Nigerian Army for screening prior to United Nations Peacekeeping Operations. It was conducted among officers and soldiers of the Nigerian Army as part of screening for participation in United Nations peacekeeping operations. A total of four thousand, nine hundred and eighteen (n=4918) personnel were screened. The instrument used was WHO ASSIST V 3.0. Four thousand, seven hundred and sixty eight (n=4718; 95.1%) were males while two hundred (n=200; 4.9%) were females. The mean age of the participants was (X = 34.8, SD=7.4). **Results:** It was found that 534 (10.8%) personnel were abusing/ dependent on alcohol, 441 (8.9%) were abusing cigarettes while 61 (1.2%) were using cannabis. Multiple consumption of drugs analysis showed that 293(6%) were using alcohol and cigarette, while 18(3.6%) were on alcohol and cannabis. Alcohol and sedatives were been used by 17(.34%).85(1.7%) were using alcohol, tobacco and cannabis. **Conclusion:** It is recommended that
adequate attention should be given to the challenges posed by drug abuse in the armed forces as many
develop the habit or become worse users while in service.

Keywords: Drug abuse, dependence, military, alcohol, sedatives, amphetamine, hallucinogen, tobacco
and Opioids.

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He has been Manager of drug and equipment of the Iran police force since 2004; Manager of health
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Kordestan Province of Iran between years 1995- 2001. He is the author of following books: -
Essentials of equipment storage management, Obesity and ways of preventing it, NBC for Soldiers (in
printing), How to keep equipments safe?

Investigating the Condition and Causes of Incidence of Depression Among Rahvar Naja’S
Personnel in Iran

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Introduction: Four hundred thousand attend to treatment of depression and 15 percent of them
commit suicide yearly. Social investigation suggests 6-15 percent of individuals who don’t ask help to
solve their problems, are depressed. Depression is a rampant illness in human societies. It is one of the
most important causes of individual's disablement particularly among those who have stressful job,
such as military force personnel especially in class of police Rahvare Naja. Instruction: Method of
research is descriptive here. Society of research include personnel who were recruited in military force
as formal or contractual and they served in police Rahvar of 30 current provinces of country and
samples were 975 personnel that acquired according to Morgan's estimation table of sample mass. In
purpose of examining the rampancy and studying mental-spiritual causes of depression, we consulted
with some groups of psychologists and psychiatrics, and a questionnaire was set. It included three
parts. In two parts individuals were asked about individual characteristic and case history (physical-
mental) and family background and service precedent. You can see some questions in part 3 which
used to examine the causer factor of depression and its indicators. Result Data collection was done
from 30 provinces of the country. 968 persons – acceptable data and data base was built. Data were
examined and analyzed and the results were elicited. Average age of participants was 32/91. 91/4
percents of them were men. Their average academic year was 13/04 years (above diploma). Marital
status of participant was: 82/13% married 15/39% single and 2/48% widower and divorced. Average
number of children was 1/3 and maximum number of them was 6. Discussion: Among demographic
and predisposing factors which have examined and after relevant analysis, it is shown that individuals
who have intense depression, are older and not high educated and gender doesn’t have affect. Also
much depressed individuals have more children, but marital status doesn’t have effect. Person who
have more service history, are more depressed and you can see lower salary among them. Depression
questionnaire items include: sadness, pessimism, fiasco, lack of enjoyment, felling of sin, sense of
punishment, self-hatred, self-criticism, thoughts of death, crying, impatience, uncertainty, lack of
energy, fatigue, jaded, losing weight, sense of physical problems and impotence. Self-criticism,
impatience, fatigue, sense of physical problems and lack of enjoyment are the items which had higher
grades in questionnaire's question.
Brigadier General Gbenga Okulate retired from the Nigerian Army after 28 years service spanning through training, administration and clinical work in psychiatry. For several years, he was involved in mental health aspects of pre enlistment screening and reviewing medical employment standards. He was actively involved in peace time care and made extensive inputs into psychiatric components of care for medically evacuated patients from the Liberian and Sierra Leonean combat operations. He has published several hospital and community based studies on his experiences in war psychiatry and mental health issues in HIV/AIDS. He has also published extensively on mood disorders, particularly depression. He is currently the Editor in Chief of the Nigerian Journal of Psychiatry. He is widely travelled and has presented papers at several international conferences. At present, he is a Consultant Psychiatrist for the Ministry of Defence, United Kingdom at the Royal Air Force Base, Leuchars, Scotland. Dr Okulate enjoys running and playing golf and would quite often spend good time chanting and enjoying hymns with his friends. He is married with children and a grandchild.

**Military Group Cohesion and the Socio-Psychological Burden of Coup D’etat.**

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Until recently, military coups were common methods of achieving change of governments in developing nations. Being inherently violent, they almost always have serious sequelae. Using social and psychological constructs/paradigms, the paper attempts to explain how the burden of a major military stress, coup de tat, could disrupt the mental health of individuals and the military, the latter manifesting as impaired group cohesion. The more repeatedly the turmoil occurs, the more likely the impairment. Group cohesion is well recognised as an inevitable attribute for success of the military mission in peace time, and even more so in battle. The Nigerian military, like any other psychologically dynamic group has its own set of mutually shared values and beliefs, notwithstanding its heterogeneity caused by ethnic and religious differences. These values are developed and enhanced through generations of training, group identification and value incorporation, using conscious and unconscious methods. Ordinarily, individuals and sub groups deviating from these values should
experience a feeling of shame and guilt and are seriously frowned upon by the group. Group disloyalty would include among others cowardice, mutinous crimes and similar antisocial behaviours. This paper construes coups as violent upheavals and military stresses of profound magnitude, capable of markedly destroying group values and cohesion. Individual and group case studies are used to illustrate the possible negative effect of such uprising on individual and group mental health. The short and long term impacts on group dynamics are also highlighted. Finally, suggestions drawn mainly from gains made from primary and secondary prevention of mental illness interventions in ours and similar military settings are made.
WALTER MOTAUNG

Colonel Walter Motaung is a Military Psychologist in the South African Military Health Service. He holds an MSc Clinical Psychology degree from the Medical University of Southern Africa. He is registered with the Health Professions Council of South Africa as a Clinical Psychologist. He has been with the military health service for the last twelve years. Currently, he is Senior Staff Officer Statutory Monitoring and Control in the Directorate Psychology of the South African Military Health Service. Apart from the current position, Col Motaung has held a number of leadership positions in the South African Military Health Service. He has been Staff Offer 1 Psychology at the Area Military Health Unit Gauteng from 2005 to 2009. He held the same functional position for a year-and-half (2009 - 2010) in the Department of Psychology at 1 Military Hospital. Col Motaung has interests in positive psychology, critical African psychology, African traditional healing, trauma, transpersonal psychologies and theology.

Psychological Risk Inventory: Screening For Psychological Combat-Readiness in the South African National Defence Force

Walter Motaung, Senior Staff Officer Statutory Monitoring and Control, Directorate Psychology, South African Military Health Service

Since the advent of a new political dispensation some seventeen years ago, South Africa's role in the international arena has increased tremendously. Multilateral institutions such as the United Nations have solicited South Africa's involvement in their peace projects, particularly on the African continent. This has necessitated the South African Military Health Service to device a strategy of maintaining a combat-ready force for the South African National Defence Force. In order to meet these expectations, the Psychological Risk Inventory was developed by the South African Military Health Service for use as a screening instrument for members of the South African National Defence Force. Extensive studies were conducted on the instrument and results indicated that the instrument is high on reliability and validity, and as such fulfils the purposes of the South African National Defence Force.
Professor Wang Zhengguo was born on 12th December, 1935. He is a specialist in Field Surgery. Between 1950 and 1956, he studied at the Medical Department of the China Medical University. He has worked as Practical Researcher of Research Institute of Field Surgery, the Academy of Military Medical Sciences, then as Assistant Researcher of Research Institute of Field Surgery. Later, he was Visiting scholar of University of Pennsylvania, member of the professoriate. He has been a Researcher of Research Institute of Field Surgery, the Third Military Medical University, an Academician of Chinese Academy of Engineering and is the President Elect of the International Traffic Medicine Association. An international award winner including Award of Medical Sciences and Technology of He-Liang-He-Li Foundation, Michael DeBakey International Award of Military Surgeon, Chen Jiageng Award of Medical Sciences and International Outstanding Achievement Award for Traffic Medicine. Between 1987 and 1988, he was Fulbright Research Award and had the Shimazaki-Shimazono Academic Award in 1992.

**Traumatic Stress Reaction (TSR) And Posttraumatic Stress Disorder (PTSD)**

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**Objective:** To review the published literature pertaining to traumatic stress reaction (TSR) and posttraumatic stress disorder (PTSD) to increase the military and clinical awareness of these conditions. **Method:** The published research reports and case reports pertaining to TSR and PTSD were collected and analyzed. **Sample:** The related data from published literatures and monographs were analyzed to summarize the general principles of treatment and prevention of these conditions. **Summary:** CSR is a temporary dysfunctional state of the professional or social functions. Only a portion of the military staff participating in the same battle may suffer from this syndrome. Clinical manifestations are psychological, behavioral and physiological disturbances or combat failure. PTSD is a common condition seen in soldiers experiencing a fierce battle, with an incidence of as much as around 15%. Clinically PTSD is characterized by depression, oversensitivity, anger, stenocardia, arrhythmia, dyspnea, dizziness, headache and dyssomnia, etc. The etiology, diagnosis and treatment of CSR and PTSD are discussed in this paper.