

## P-977 - POSTTRAUMATIC DEPRESSION: ISSUE OF COMORBIDITY

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**Background:** Posttraumatic stress disorder is considered the “signature diagnosis” of trauma. Research has shown that PTSD has an abundance of psychiatric comorbidities. Comorbidity is said to be rule rather than exception. The most often psychiatric disorders comorbid with PTSD in combat veterans are alcohol use disorders, major depression, drug abuse, and Cluster B (especially antisocial, but also borderline personality disorders).

**Objective:** The aim of the study was to analyze depressive disorders and PTSD and their relationship, from the aspect of comorbidity.

**Method:** A retrospective analysis of 347 war veterans' medical histories, who were treated between 1991-2009 at the Military Medical Academy:

**Results:** The most frequent disorders were the depressive (n=146/42.1%), among which the adjustment disorder (135/38.9%), followed by major depression (9/2.6%), and dysthymia (2/0.6%). PTSD was diagnosed in 91 veterans (26.2%), and alcoholism in 58 (16.7%). Comorbid disorders were registered in 55 (37.7%) veterans with depressive disorders. The most frequent were arterial hypertension (14/25%), PTSD (8/14.5%) and alcoholism (7/12.7%). In veterans with PTSD, the number of registered comorbid disorders was 27 (29.7%), 11 (40.7%) of them with other anxiety disorders, 8 (29.7%) with somatic and neurological illnesses, 6 (22.2%) with psychotic disorders and 2 (7.4%) with depressive disorders.

**Conclusion:** These findings suggest that war trauma produces broad psychopathological effects, as evidenced by multiple disorders arising independently in the wake of trauma. Multiaxial assessment of posttraumatic depression, especially considering first and fourth axis of the DSM-IV-TR, is necessary for a precise diagnostic process that allows the selection of appropriate treatments.